The Countermeasures Injury Compensation Program: Awareness, Perception, and Communication Strategies

Countermeasures Injury Compensation Program (CICP) Outreach and Marketing

Research Report

Presented by Banyan Communications and Altarum Institute
for the U.S. Health Resources and Services Administration's Countermeasures and Injury Compensation Program

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1. Introduction and Background

In 2010, Banyan Communications (Banyan), in partnership with Altarum Institute (Altarum), was contracted by the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) to develop short-term messages and strategies and conduct research to construct a long-term Marketing and Outreach Plan for the Countermeasures Injury Compensation Program (CICP). The CICP within HRSA's Healthcare Systems Bureau administers the compensation program specified by the Public Readiness and Emergency Preparedness Act (PREP Act). The CICP provides compensation for people thought to be seriously injured by countermeasures such as vaccines, drugs, biologics, or medical devices defined in the PREP Act declarations that are administered or used for pandemic, epidemic, or security threats. Individuals have one year from the date on which the vaccine or other covered countermeasure was administered or used to request compensation benefits under the CICP. Individuals interested in requesting benefits must submit a completed request form.

The Banyan-Altarum approach to this work includes three distinct phases:

PHASE I Formative Research
PHASE II Create Marketing and Outreach Plan
PHASE III Prepare Final Presentation of Plan
PHASE IV Implementation of Initial Phase of Marketing and Outreach Plan

This research report summarizes and provides a synthesis of the formative research activities and addresses the following research areas:

PHASE I: Formative Research
Literature Review and Environmental Scan • CICP-related legislation • Awareness of countermeasures and CICP • Understanding the target audiences • Existing stakeholders and sources of CICP information • Effective communication strategies
Focus Groups • Understanding of the target audiences • Trusted sources of CICP information • Effective communication strategies

2. Review of the CICP Literature

a. Methodology

This section of the report presents the findings of a review of the peer-reviewed, United States-published literature and environmental scan on consumer behavior regarding countermeasures and compensation for serious injury and deaths due to countermeasures such as certain vaccines, antiviral medications, personal respirator protection devices, personal respiratory support devices, other medical devices, antimicrobials, antibiotics, biologics, drugs, and diagnostic devices. Key questions that this literature review investigated included the following:

- What is the perception and understanding, if any, of the CICP?
- Who is the target audience's trusted source(s) for information about countermeasures and CICP processes and compensation?
- What efforts, if any, have been conducted to educate CICP target audiences?

The search of peer-reviewed literature began in November 2010 and was conducted using electronic journal databases that included MEDLINE, Academic Search Complete, ProQuest, and PubMed. Search engines such as Google were also used in obtaining relevant reports and publications. Various combinations of a select set of search terms were used to conduct the search.

The available literature regarding awareness of countermeasures and the CICP is very limited, and no peer-reviewed literature examines the level of awareness of the general public regarding CICP, given that it's a new program. Nevertheless, several findings from areas such as general vaccine risk/benefit communication, specifically countermeasures such as smallpox and H1N1 vaccines, might relate to an outreach and marketing plan.

Select Literature Review Themes

Limited awareness and communication about countermeasures and CICP

Evident consumer messaging and tone preferences

Timing of communication important

No clear stakeholders given that CICP is a new program

Legislative Context

The literature reveals three main pieces of federal legislation that form the basis for countermeasures injury compensation. They have served the dual purpose of providing liability protection for those involved in the manufacture and administration of a countermeasure and offering compensation to those injured by countermeasures.

- The Swine Flu Act of 1976 made the United States "vicariously liable" for adverse shot reactions through the Federal Tort Claims Act. This "gave legal protection to vaccine companies and physicians who administered the shot," and therefore "state tort claims related to the swine flu

shot were preempted." This affected nearly 5,000 injured vaccinees, typically people who suffered from some form of paralysis from Guillain-Barre Syndrome (LeRoy, p. 604).

- The Smallpox Emergency Personnel Protection Act of 2003 "provides medical and lost employment income coverage as a payer of last resort to individuals who received a smallpox vaccination voluntarily under a DHHS-approved smallpox emergency response plan and who sustain a covered medical injury as a direct result of the vaccination. In addition, certain individuals who sustained smallpox vaccine injuries through exposure to the vaccine by coming into physical contact with vaccine recipients would also be considered for Program benefits (vaccinia contacts), as would individuals who are exposed to other vaccinia contacts" (Clark & Levin, p. S179).[1]
- The PREP Act established the CICP. Parmet et al. note, "When Congress focused on pandemics in 2005, it again combined tort immunity with no-fault compensation." Under the PREP Act, manufacturers, distributors, and health care providers administering vaccines and other countermeasures are granted total immunity (except in cases of willful misconduct) when the Secretary of Health and Human Services invokes such immunity while declaring a public health emergency. The PREP Act also authorizes limited no-fault compensation for persons harmed by covered countermeasures, but it does not allow for judicial review or civil litigation (p. 1949). Administratively, the PREP Act directs the Secretary of Health and Human Services to follow the Smallpox Emergency Personnel Protection Act, with limited exceptions.

Current Compensation Process

As previously noted, the PREP Act authorized the CICP, through which individuals who believe that they have been negatively affected by covered countermeasures can apply for compensation for medical benefits and lost employment income that are not covered by other third-party payers, and survivor death benefits. Individuals have one year from the date on which the vaccine or other covered countermeasure was administered to request compensation benefits. The Request for Benefits package[2], the official application to the CICP, must be completed by every requester within the filing deadlines. Requesters do not need to obtain legal representation to pursue benefits under this program. However, "requesters may have a legal or personal representative (e.g., lawyer, guardian, family member, or friend) submit the Request Form and/or Request Package on their behalf. However, payment of fees and/or costs by CICP of an attorney or other representative is not permitted. Requesters or their representatives must submit appropriate documentation sufficient to enable the Secretary to determine whether requesters are eligible for program benefits. The documentation required will vary depending on whether the requester is filing as an injured countermeasure recipient, survivor, or estate (through the executor or administrator)" (*Federal Register* 75:199, p. 63667). All payment decisions are made by the Secretary.

[1] To be considered for Program benefits, smallpox vaccine recipients or their survivors must have filed a request for benefits within 1 year after receiving the smallpox vaccination. Vaccinia contacts or their survivors must have filed for benefits within 2 years after the onset of symptoms. After it is determined that a requester received a smallpox vaccine under an HHS-approved smallpox emergency response plan or came into contact with someone who did or with another vaccinia contact, the requester must provide sufficient medical documentation to show that the medical injury was the direct result of exposure to vaccinia. For individuals whose injuries are described in the Vaccine Injury Table and satisfy the prescribed time-filing deadline, it is presumed that their injuries were caused by the vaccine if no other cause is found. Once it is determined that an individual has met the program's eligibility criteria, the medical expenses, lost employment income, and/or death benefits are calculated. Because the program is the payer of last resort, all other payments for which an individual is eligible for this injury are to be deducted from the amount of compensation paid by the program.

[2] The program has made this package available on HRSA's website, http://www.hrsa.gov/gethealthcare/conditions/countermeasurescomp/howtofile.html, currently as a PDF or Microsoft Word document. A Web-based version of the package that will allow individuals to file a claim online is in development.

b. Awareness of Countermeasures and CICP

Awareness

The available literature regarding awareness of countermeasures and the CICP is limited and focuses mostly on various groups' attitudes and experiences regarding countermeasures, rather than a general population survey of awareness. No peer-reviewed articles examine the awareness level of the general public regarding the CICP, given that it is a new program. Quinn et al., for example, explored the public's willingness to take a vaccine or drug authorized under an Emergency Use Authorization (EUA) following the declaration of a public health emergency due to the H1N1 pandemic. They found that "when asked about their willingness to accept an EUA drug, such as Tamiflu, given the information provided in the current Tamiflu EUA factsheet, 54.4% of respondents would definitely or probably accept the drug for themselves, and 48.8% would definitely or probably accept it for their children. However, 21% said they would be very or extremely worried, and 29.9% said they would be moderately worried about taking this drug…. People who are undecided about accepting an H1N1 vaccine are important targets for risk communication messages." They found that Black and Hispanic race/ethnicity, lower income, and a lower education level are associated with being undecided about accepting the vaccine. This is similar to the regular acceptance of the seasonal flu vaccine in the past and higher perceived personal consequences from swine flu, while a higher level of education and a high degree of worry about the unapproved vaccine decreased the odds of being undecided rather than refusing the vaccine (p. 284).

In another study of awareness of countermeasures, Maurer et al. note, "Despite comprehensive media coverage of the H1N1 pandemic, awareness of government influenza vaccination recommendations among adults is low" (p. 490). Individuals who had a recent visit with their health care provider and those who obtained a provider-issued vaccine recommendation were more likely to be aware of government recommendations regarding vaccination and know whether they were part of a target population. Other studies, such as a series of focus groups conducted by Carter-Pokras et al., focus on the knowledge and attitudes of a Latino community in suburban Washington, DC, but address emergency preparedness as a whole, and do not specifically examine countermeasures awareness. A similar study conducted by the Tomas Rivera Policy Institute and the Asian Pacific American Legal Center examined the state of disaster preparedness of Limited English Proficiency communities in Southern California, but again, this study focused on disaster preparedness and emergency response and did not address countermeasures specifically (Mathew & Kelly, 2008).

The available literature mirrors these studies' overall approach in assessing the public's attitudes about countermeasures, and their implications for effective emergency planning and response. While they do not directly address the CICP's purpose and concerns, lessons can be learned regarding issues that may arise when trying to communicate with different racial/ethnic and other types of groups within the United States, particularly around emergency-related issues.

Affected Groups

Groups who have traditionally been targeted for countermeasures are military personnel and first responders. For example, during the smallpox vaccination program initiated in 2002–2003, smallpox vaccination was mandated for a portion of the U.S. Armed Forces and was administered to medical and emergency personnel on a voluntary basis (Bartlett, p. 883).

The available literature also examines the experiences of postal workers, particularly African-American postal workers, who were targets of the countermeasure program instituted after the anthrax attacks of 2001. Rubin

et al. state, “As we have learned from the natural catastrophe of Hurricane Katrina, not only terrorism, if mishandled, can exacerbate pre-existing social fault lines. This may be particularly true where the event itself, through bad luck, poor planning, or deliberate targeting, has a disproportionately large impact on specific sectors of society” as was the case with postal workers, who perceived the response to the attack and subsequent countermeasure distribution and recommendations as giving preferential or “better” treatment to Senators and media executives (p. 234–235). Quinn, Thomas, & Kumar (2008) note that affected African American postal workers also drew parallels to Tuskegee, given that the recommended vaccine and antibiotic protocol was considered an “investigational new drug protocol” (p. 322).

The H1N1 pandemic of 2009 resulted in a larger group of individuals for whom vaccination was recommended, including individuals aged 18–24, those aged 18–64 with a high-risk health condition (diabetes, heart disease, chronic lung disease, asthma, neurologic or neuromuscular disease, immune system problems, kidney disease, liver disease and sickle cell disease or hemophilia), pregnant women, health care workers, or individuals having close contact with infants less than 6 months of age. These recommendations are in addition to the recommendations for seasonal influenza vaccine, which further broaden the target population (Maurer et al.).

Target Populations

Given the paucity of available literature regarding countermeasures awareness and the potential for countermeasures to affect the entire population depending on the nature of the threat, the target audience for CICP communication, education, and outreach should remain as broad as is feasible. While military personnel and first responders have been the targets of recent countermeasures efforts, such as smallpox, and may therefore constitute an initial focus area for communication efforts, the H1N1 pandemic demonstrates the potential for a broader section of the population to be affected.

Those segments of the population that may have limited interaction with health service providers, such as the un- or underinsured and low levels of health literacy are of particular interest as the CICP is a specialized program that may not be as widely known outside of the public health community. According to published literature on health service usage, an overwhelming number of Americans are uninsured (Cheong et al., 2007; Cheong, 2007; Shoen et al., 2008). According to most recent estimates, 46.6 million Americans are uninsured—approximately 16% of the total population (Dutta & King, 2008). In a study exploring communication choices of the uninsured, Dutta & King note that in general, “the uninsured are more likely to be young, childless, white citizens who are employed, but have a low income. The majority of uninsured are under the age of 65, because Medicare typically covers the elderly. However, Hispanics are disproportionately represented in the uninsured population, making up 14% of the total population, and 30% of total uninsured” (p. 98). In addition, a 2008 study by Schoen et al., using the Commonwealth Fund 2007 Biennial Health Insurance Survey, indicates that the number of adults under the age of 65 who are underinsured increased by 60% from 2003 to 2007. Schoen et al. further discuss that the “risks of being underinsured have moved up the income ladder: Adults with incomes above 200 percent of poverty accounted for 75% of the increase in the number of underinsured; rates of underinsured nearly tripled in this group. Including those without coverage during the year, an estimated 75 million adults under age 65 (42%) were either underinsured or uninsured during 2007” (p. w306).

In addition, a literature review conducted for the HRSA Vaccine Injury Compensation Program (VICP) examining communication preferences and strategies for the general public found that the only available literature regarding VICP perceptions underscores the importance of reaching the provider population, one of the primary avenues through which the public receives information regarding

vaccines. It stands to reason that providers would also be an important avenue for information regarding countermeasures (HHS, 2010).

c. Existing Stakeholders and Sources of Information

No clear stakeholders and influencers have emerged, given that the CICP is a nascent program. However, a scan of the online environment revealed several sources of information regarding the CICP and suggests several potential stakeholders, which are likely to evolve and expand as the program is launched and becomes operational.

At this point in the CICP's development, the primary stakeholder and source of information regarding the CICP is HRSA (http://www.hrsa.gov/gethealthcare/conditions/countermeasurescomp/). Efforts to communicate with stakeholders and the public regarding the CICP include presentations to immunization officials, and groups such as the Association of State and Territorial Health Officials (ASTHO); Vaccine Adverse Event Reporting System letters; the H1N1, Anthrax, and Smallpox Vaccine Information Statements; their website; and e-mail and phone contact points (HRSA, 2010). Efforts by other organizations to educate the target audience include information on the development of the CICP, as well as reporting on experiences thus far with countermeasures. Examples follow:

- The Centers for Disease Control and Prevention's (CDC) website offers information for the general public and health professionals regarding H1N1 and countermeasures, including situation updates, podcasts, question and answer documents, and other information (http://www.cdc.gov/h1n1flu/). A similar website, www.flu.gov, is an HHS website offering similar information on influenza. In addition, CDC's *Morbidity and Mortality Weekly Report* has reported on various issues related to countermeasures, such as potential side effects from the H1N1 vaccine, as well as reported cases of smallpox vaccinia from contact with a vaccinated individual (CDC, 2010).
- The Center for Infectious Disease Research and Policy offers online articles related to claims of harm from H1N1 vaccine submitted to CICP, and the growing number of letters declaring intent to file once the program becomes operational (http://www.cidrap.umn.edu).
- ASTHO has also published reports addressing relevant topics, including a report on effective ways of communicating about vaccines with parents.

As mentioned above, there have also been a number of *Federal Register* notices regarding declarations under the PREP Act, as well as announcements of programmatic details related to the development of the CICP. Media attention has been given to issues such as safety of the seasonal influenza vaccine, but since the program is new, media attention is mostly limited to brief discussions of the program in media outlets directed towards professionals directly affected (e.g., doctors, lawyers).

d. Messaging and Promotion Research

The literature is similarly sparse when examining (1) factors that may affect target audiences' perceptions and behavior regarding countermeasures and (2) associated lessons that can be learned and applied to developing a countermeasures education campaign. While the literature only addresses countermeasures or, in some cases, emergency preparedness even more generally rather than the CICP, the information can form a basis for exploring possible CICP communication methods and strategies.

Socioeconomic and Demographic Factors

With regard to socioeconomic and demographic factors that may impact audiences' perceptions, behavior, and decision making about pandemic, epidemic, and security countermeasures, most of the literature discusses the need for the use of demographics and greater cultural understanding in emergency planning, but little data actually exist right now. Allen et al. note the following:

> "The most documented use of demographic data in PHEP [public health emergency planning] research is using population characteristics—such as age and immigration information—to assess perceptions of preparedness within a given population. Studies have indicated that preparedness levels are correlated with demographic characteristics such as size of a given community, age, and migration flows. For example, immigrants, particularly those for whom English is not their first language, are often not as knowledgeable about how to prepare and react to a public health emergency. At this writing, this information does not appear to have been formally integrated into improved preparedness plans, even though there is a recognition within the PHEP policy community of the need to address vulnerable populations in planning, including populations for whom English is not their first language…. Identifying vulnerable populations through demographic data allows PHEP to target groups for additional preparedness efforts or different forms of communication. PAHPA [the Pandemic and All-Hazards Preparedness Act of 2006] already recognizes that vulnerable individuals are a subpopulation that must be addressed in PHEP, stating that core education and training about public health emergencies needs to take into account the needs of at-risk individuals" (p. 531–532).

The importance of the role of culture in emergency situations is also discussed in the literature. Carter-Pokras et al. note that effective risk communication requires both "knowledge of people from other cultures and respect for their diversity," but "the lack of extensive research in the crisis and risk communication literature about differing cultural groups reveals is a weakness." (p. 466). They also reiterate the importance of addressing language barriers to effective risk communication. Rubin et al. discuss the importance of understanding whether and how culture and social background might influence behavioral reactions to emergency situations:

> "In the sarin, 9/11, and 7/7 studies, those attacked were generally of middle class, commuting or at the office, likely to have been accustomed to rational, well-structured cooperation with authorities. During the anthrax attacks, many of those caught up were from media outlets or Congress or postal workers. Perhaps Londoners have become somewhat accustomed and resilient to conventional weapons terrorist attacks following the IRA mainland bombing campaign. Perhaps the proverbially dutiful Japanese workforce encouraged a moderate behavioural response to the sarin attack. Surely, further research to understand how social and cultural backgrounds within and between countries affects risk perception of terrorism threats and attacks would be of considerable value for developing effective risk communication strategies. These rely on understanding how stakeholders frame their perceptions" (p. 239).

As previously mentioned, little data exists regarding behavior and attitudes regarding emergency planning and countermeasures. Studies that do address this issue usually examine a specific incident or a specific group's attitudes and behaviors. For example, Ibuka et al. analyzed risk perception and precautionary behaviors in relation to H1N1 influenza by age, gender, and household size. Temporal and geographic differences were also examined. They found that "respondents from larger households reported stronger interest in taking medications and engaged in more precautionary activities, as would be normatively predicted. Perceived risk increased over time, whereas interest in pharmaceutical preventive interventions and the engagement in some precautionary activities decreased over time. Respondents who live in states with higher H1N1 incidence per population perceived a higher likelihood of influenza infection, but did not express greater interests in pharmaceutical interventions, nor did they engage in a higher degree of precautionary activities. Perceived likelihood of influenza infection, willingness to take medications and engagement in information seeking activities were higher for women than men" (p. 1). The Quinn study, which examined attitudes around the H1N1 vaccine, was discussed above in the Awareness section. While these studies are helpful in beginning to understand how demographic and socioeconomic characteristics influence attitudes and behavior in emergency situations, there are too few to draw any strong conclusions regarding target audiences for countermeasures and CICP education.

Key Message Considerations

Given the similarities between the VICP and the CICP, it is useful to reiterate two of the messaging lessons learned through the VICP literature review:

Audience Segmentation. In a Gust et al. (2008) study to develop tailored immunization materials for mothers, audience segmentation is described as dividing "people into segments based on shared characteristics so that interventions and educational materials can be tailored to best address their concerns and needs" (p. 499).

Message Framing. The implication of message framing (or information framing) is mentioned a number of times in vaccine risk/benefit communication literature as well as in literature on general health behaviors. In Irving, Salmon, & Curbow's (2007) risk communication research, they encountered a number of references to the fact that risk perception may be affected by how messages are framed; i.e., the order or context by which a message is delivered (HHS, 2010).

Many of the same lessons gleaned from the VICP literature review apply to a CICP educational campaign, but the "emergency" nature of countermeasures adds a layer of complexity related to communication regarding countermeasures and the CICP. Some overarching considerations that are highlighted in the emergency planning and countermeasures literature follow:

Do Not Assume Panic. Rubin et al. question the common misperception of a "panic-prone public" that acts irrationally and instinctually in the face of terrorist or chemical/biological/radiological (CBR) attack. Instead, Rubin et al. examine a limited number of case studies that describe the public reaction to terrorism or CBR and conclude that widespread panic remains rare. They state, "Although the public may change their behaviours or attitudes, in ways that might be viewed as irrational by public authorities, to reduce their risk of being personally exposed or threatened by terrorism, these actions tend to have an internal logic and as such are amenable to change. Assumptions of panic may therefore be counterproductive" (p. 220). They further state that portraying public panic in the face or real or perceived threats may be counterproductive to effective communication regarding these threats. For example, "the perceived threat of Iraq's biological weapons programme in the run up to the 2003 invasion, the

development of a smallpox vaccine stockpile in the US, and the beginnings of a vaccination campaign for Americans, contributed to a populace increasingly concerned about contracting smallpox, as reflected in a late 2002 national survey. Americans began considering smallpox vaccination for themselves." Rubin et al.'s study also suggests that the mere availability of countermeasures may stem the panic associated with a CBR attack, in certain circumstances: "Evidence from the 1995 sarin attack, from 9/11, from the 2001 anthrax attacks, and from the 7 July 2005 London bombings suggests that panic does not typically break out following a CBR terrorist strike or a mass casualty conventional attack. Society is reasonably resilient. A note of caution must be sounded, as some uses of CBR weapons in the past have clearly resulted in panic. Evidence from poison gas use during World War I suggests that panic may occur when appropriate counter measures are unavailable, or where the weapon is particularly unfamiliar" (p. 223).

The Importance of Timing. Much of the available literature discusses the importance of timing and calls attention to the confusing, potentially contradictory communications that can occur during a rapidly changing event involving an attack or other emergency requiring countermeasures. Again, while the literature does not discuss the CICP (or sometimes even countermeasures) directly, the idea of beginning communications as soon as possible, prior to an emergency, is worthwhile to consider in developing a communications campaign. However, Rubin et al. caution, "While general advice to the public in advance assists in the event of a major attack, many may not take notice of the information until an event has occurred or a threat has become imminent. Effective risk communication involves not just the provision of advance information and an understanding of the audience's perceptions. It demands providing advice when an event has occurred, getting the right information to the concerned public in a timely manner, and advising on which information portals to access from the media to government public information in hardcopy and electronic formats. User-friendly government websites will be needed, rather than fragmented and unclear content spread across a number of sites" (p. 241).

Use Clear, Honest, and Frequent Communication. Rubin et al. highlight the importance of two-way communication, honesty "about what is known and the quality of the information provided," and avoiding information vacuums. They state, "Unnecessary delays, leading to information vacuums, communicating risk in a restrictive 'one-way' fashion, and attempting to cover-up facts have been demonstrated, in certain circumstances, to alienate concerned citizens, causing public distrust, threatening the perceived legitimacy of government agencies" (p. 226). Quinn et al. reiterate the importance of communication from healthcare providers and community leaders, as well as hotlines and other forms of two-way communication, particularly when trying to overcome the worry associated with a potential (or actual) attack or other emergency event (p. 286).

Cultivate Trust. Rubin et al. also address the concepts of risk and trust: "When authorities attempt to minimise undue alarm or panic by restricting information about risk, they fail to recognise that they are undermining their own credibility and increasing public distrust. Distrust in government agencies and officials caused by such incidents is known to heighten perceived risks and to hinder future public health efforts, especially those which rely upon the voluntary cooperation of the public" (p. 227). Similarly, Gostin (2006) highlights the related concepts of fairness and ethics: "Public cooperation in a health emergency is more likely if citizens accept the fairness and legitimacy of allocation decisions. Advance discussion of ethical principles keeps the public informed and engages it in a participatory decision-making process" (p. 556).

Variety of Trusted Sources of Information. Unlike the VICP, while health care providers were cited as an important potential source of information regarding countermeasures, the most commonly cited actual source of information regarding emergency situations/countermeasure was the media. For example, Ibuka et al. found that 92% of respondents reported that they first learned about the H1N1 influenza outbreak through radio (8.0%), online source (17.9%), or TV (65.9%), "suggesting the importance of mass media in information collection regarding the outbreak" (p. 5). Similarly, media inattention to the subject may have also been responsible for the public's declining interest, since "the number of news articles per day shows a systematic decline that roughly parallels the decline in willingness to accept preventive interventions and information seeking activities" (p. 5). However, the role of the media does not downplay the importance of public health and government authorities, as a previous study shows that national and international public health authorities were the most important source of information on H1N1 influenza in media reports (p. 9).

Other studies highlight a variety of trusted sources of information. In the previously mentioned study of a Latino community's attitudes and knowledge regarding emergency planning in suburban Washington, DC, Carter-Pokras et al. cite the following trusted sources of information for the Latino community during an emergency: "firemen and police, the Red Cross, charismatic individuals who are well trained, doctors, community leaders, television and radio announcers, and Spanish-language newspapers…. The groups were unanimous in saying that whoever the person was, he or she should be well informed, should be Latino, and should speak Spanish." Carter-Pokras et al. also found that there was general agreement that governmental entities are trusted sources of information, "but a few participants expressed concern about how ready the government is to deal with an emergency" (p. 473). Sorcar et al. also echo the importance of the media in disseminating information about an attack or outbreak, stating that the public learned about avian influenza through conventional news media, "but hardly through official prevention education campaigns" (p. 370).

3. Target Audience Focus Groups

a. Methodology

Throughout April 2011, 10 1-hour focus groups with target audiences for the CICP marketing and outreach plan were held to obtain audiences' familiarity with the CICP, if any, and their opinions on effective CICP messaging and communication strategies. Focus group audiences and locations were identified in consultation with Banyan Communications and CICP and through review of the peer-reviewed countermeasure literature, environmental scan, and geographical research to reach the best mix and range in participant demographics. One focus group for each audience was held in each location, with the exception of Baltimore, MD, which held two focus groups for English-speaking un- or underinsured individuals. Selected audiences and locations follow:

Audiences	Locations
English-speaking un-and underinsured adult consumers	Baltimore, MD
Spanish-speaking un- and underinsured adult consumers	Fort Wayne, IN
Health care providers, including primary care physicians, nurses, physician assistants, and more (e.g., private practice, hospitals, community health center)	Oklahoma City, OK

Group participants were recruited by the professional focus group facilities at which the focus groups were held, based on specific criteria to ensure diversity in demographics such as race or ethnicity; gender; education level; and, in the case of health care providers, diversity in professions (e.g., physicians, nurses, physician assistants), and work settings (e.g., hospital, private practice, community health center, school). Ten to 12 potential participants were recruited for each group to ensure nine final participants.[3] When more than nine participants appeared, the most appropriate and diverse participants were selected for the group; the others did not participate.

Upon arrival at the focus group facilities, participants were briefed on the purpose of the CICP Outreach and Marketing project and the role that their responses would play in the development of a CICP marketing and outreach strategy. Participants were asked a series of approximately 25 questions[4] covering the following topics:

- Knowledge of countermeasures and the CICP;
- Current countermeasure and CICP practices and perceptions;
- Trusted sources of countermeasure and CICP information; and

[3] No more than nine participants were permitted, in accordance with Office of Management and Budget clearance guidelines. All focus groups had nine participants.

[4] Focus group discussion guides are included in Appendix 4.

- Future considerations for effective CICP outreach and communication, including a review of proposed CICP materials (e.g., brochure), preferred message format and tone, and images.

The following focus group results are presented by target audience, namely (1) health care providers and (2) consumers.[5] For each target audience, the results are described according to the various research areas addressed in the focus group protocols. Cross-cutting themes that emerged between the two target audiences are summarized in further detail in the section conclusion.

b. Expanded Results: Health Care Providers

Participant Composition

Three focus groups were conducted with health care providers in Baltimore, MD, on April 6; in Fort Wayne, IN, on April 8; and in Oklahoma City, OK, on April 14. A total of 27 individuals participated across all groups. Appendix 1 summarizes some of the relevant characteristics of providers.

Knowledge and Perceptions of Countermeasures and the CICP

Most providers had heard of the word "countermeasures," and some were able to give examples (mostly related to H1N1), but most also agreed that the populations that they serve will likely have a low level of awareness of countermeasures. Out of all three groups, only one participant was familiar with the CICP, and most did not have any initial feelings or perceptions about the term or the program, though one participant did call it "damage control," while another felt it was necessary to provide compensation if certain countermeasures caused injury. Another participant stated that it would be a difficult thing to explain to patients.

Trusted Sources of Information

Health care providers cited a variety of trusted sources for information on countermeasures and programs like the CICP. Some participants stated that they would conduct their own research regarding specific countermeasures by reading journals and other publications geared toward health professionals, while others would use online search engines such as Google and search the websites of organizations such as CDC and the Mayo Clinic. Some also read blogs as sources of information. State health commissioners were also thought to be trusted sources of information, as were the providers' employers and/or the health care facilities at which they worked.

Participants provided mixed feedback on the role of the federal government as a trusted source. A certain level of distrust was noted, with one participant stating that "they lie to us" in order to control the level of panic in a situation. Another stated, "I still listen to them, but with critical thinking."

Participants also noted that the required or necessary level of awareness on the part of a provider would depend upon their level of responsibility. For example, one participant noted, "There are people in here who have different levels of responsibility. When patients are coming to me saying, 'What are my options?', I need to be prepared to respond to those questions at a variety of different levels, or I'm at risk of my clinic being closed down, because I'm the primary physician. It's contingent on me knowing it. I got a lot of questions if people came in for a regular appointment, and they were asking for Tamiflu or Cipro information."

[5] Given the overwhelming similarities in results from the focus groups composed of English- and Spanish-speaking consumers, these results are described in terms of the entire consumer audience. Any marked differences between these populations are noted in the text.

Communicating About the CICP

Timing. There was debate among participants about the best time to provide information about the CICP. Some said to be transparent and provide the information at the time of countermeasure receipt. Eventually, all agreed that the best time to provide information about the CICP is after the receipt of a countermeasure and only if the patient experiences an adverse reaction; otherwise, it may deter them from receiving the countermeasure or create an onslaught of the "worried well" contacting the program. For example, one participant stated, "If you even hint that there might be a problem, they will have that problem; if you hand this out, you will have hundreds of people calling this number[6] with the symptom." Another noted, "I wouldn't want to give this[7] to someone while I give them the H1N1 vaccine; it will be like saying, 'Now here is how you get compensated.' I'm afraid it will make them feel like you gave them something bad. I think I would give it to someone who's had something bad happen to them."

Proposed CICP Brochure[8]. Participants felt that the brochure is appropriate for health care providers. They liked the bold headers, bulleted lists, and definitions of key terms. The section on what is not covered was considered a good idea.

However, most participants felt that this brochure would be difficult to understand for their patient populations. One participant noted that it was "enough information to scare somebody" and that it used too much "government jargon." Participants felt that most patients would probably throw it out or need to have someone else read it to them. As previously mentioned, while the term "countermeasures" is fine to use with health care providers, it might be a difficult term for the general population. Suggestions to improve the brochure for the general population included simplifying the language, listing the potential side effects, changing the pictures, talking about the benefits of countermeasures, and being clearer about who runs the program.

There was also some discussion among participants about whether to focus on the broad support provided to the patients or the monetary compensation alone. Most of the participants said to focus on the broad support, echoing the sentiment, "If you have been injured, this program will help you get back on your feet." Another participant suggested to frame the program in a way to "build confidence that this exists in the off chance that something" bad happens, and that the likelihood of that happening is "so rare that [they] are confident they can have a program like this."

Suggested Methods of Communication. Providers felt that the best way to reach health care providers about CICP is to implement a mixed-methods approach, using a combination of active and passive strategies, such as print materials that are made available at professional association conferences and other profession-specific venues, online resources, in-service seminar with a federal program representative, and accredited training in multiple languages to ensure that all providers are informed. Providers mentioned a variety of sources through whom this information could be disseminated, including State and local health departments, HHS, patient advocacy groups, and professional association such as the American Medical Association (AMA). Providers could then, in turn, communicate the information to their patients. Given the likelihood that a pandemic or other event that results in the use of countermeasures may have an element of urgency and emergency, participants also noted the importance of informing emergency rooms and using "push" methods such as email blasts to

[6] Referring to the phone number listed in the CICP brochure presented for the focus group participants' review and comment.

[7] Referring to the CICP brochure presented during the focus group for review and comment.

[8] The CICP proposed brochure is included in Appendix 6.

ensure quick dissemination of needed information, because "if it's an epidemic, I need to know right now."

c. Expanded Results: Un- and Underinsured Consumers

Participant Composition

Seven focus groups were conducted with un- and underinsured consumers. Four of the focus groups were conducted in English: two in Baltimore, MD, on April 6 and 7 and one each in Fort Wayne, IN, on April 8 and Oklahoma City, OK, on April 14. The remaining three groups were conducted in Spanish in Baltimore on April 7, Fort Wayne on April 8, and Oklahoma City on April 13. A total of 63 individuals participated across all groups. Appendix 2 summarizes some of the relevant characteristics of the participants.

Knowledge of Countermeasures and the CICP

Among the four English-speaking focus groups, approximately half the participants had heard of the word "countermeasure"; among the three Spanish-speaking groups, most had not heard of the word before. Although some participants did claim to have heard of the word, it was clear from their elaboration on their responses that many did not fully understand the word, particularly in the context in which it is used for purposes of the CICP. Most could not provide an example of a countermeasure. Of note, a few participants across groups mentioned countermeasures' relationship to "war," and several others incorrectly connected the term to required school vaccines. When further prompted, those that had heard of the word and could provide an example most often linked it to the H1N1 pandemic and receipt (or rejection) of the swine flu vaccine in recent years.

Participants expressed mixed feelings on whether the word countermeasure has negative connotations. For example, one participant stated, "For every action, there is an opposite reaction. It means that you are fighting back, and this is a defense. Defense is not necessarily negative." Others felt the term was "confusing" and would need more information to decide whether it was positive or negative.

None of the participants had heard of the CICP.

Trusted Sources of Information

In the event of an adverse reaction to a countermeasure, most participants indicated that they would return to the physician's office where they had received the countermeasure ("I would retrace my steps") or go to the emergency room, depending on the severity of the reaction. After seeking medical help and determining whether what they were experiencing was a result of the countermeasure, most agreed that the next step would be to seek out an attorney.

Other trusted sources of information included websites (e.g., WebMD, Mayo Clinic, CDC), family, friends, and pharmacists (some actually felt pharmacists were more trustworthy than physicians). Others mentioned local health departments and community health centers. Interestingly, some participants did not trust messages from public health and medical organizations, such as the American Public Health Association and AMA. Participants also had mixed reactions to placing trust in government sources, such as the Food and Drug Administration, CDC, and the Department of Homeland Security. While some individuals said that they did not have an inherent distrust of government, one person noted that they "wouldn't know where to begin" on a government website.

One notable difference between the English- and Spanish-speaking groups was the Spanish-speaking participants' heavy reliance on family and friends if faced with a potential adverse reaction to

countermeasures. Community centers, churches, and schools are important sources of information. One participant stated, "Among Hispanics…there is…often a lack of information or…there are cultural or educational limitations that doesn't [sic] allow us to know our rights and look for ways…to find solutions." A number of participants noted that they would not know where to go or what to do if faced with an adverse reaction to a countermeasure. Their lack of insurance also factors into where they would seek information or help, since most report that they do not go to the doctor often and instead rely on herbal/home remedies as a first line of defense. However, Spanish-speaking participants also stated that they would go to the doctor if they felt that it was important (one participant noted that they would think that it was important if they saw it on TV). The Internet also was not as important a source of information among Spanish-speaking groups, since many indicated that they had little or no access to the Internet or relied on their children to access it for them. Also of note, while the Spanish-speaking groups overall were more trusting of the federal government, in particular HHS, some participants noted that immigration status may factor into ways in which government information would be accessed; for example, they would trust government information given to them but would not go in person, for fear of being asked for immigration papers or identification.

Communicating About the CICP

Timing. Initially, most participants wanted to receive information about the CICP at the time that the countermeasure was being administered. However, after the groups' discussions, some thought that it made more sense to provide the information only to those that have experienced an adverse reaction to a countermeasure. Some participants expressed concern that the information might scare people unnecessarily. One participant noted that there was "no reason to interrupt my soap operas" to provide information on it, but a number of participants did feel that they would want this information at the time that they received a countermeasure so that they would know what symptoms might arise.

Proposed CICP Brochure. Overall, participants felt that the proposed brochure, while providing good information, should be more "people friendly," less technical, and less complicated and "grab people's attention." Participants provided a number of suggestions regarding the proposed brochure:

- The brochure should clearly outline the list of countermeasures that the CICP covers, as well as the associated injuries. It should also outline a timeline for the process.
- The words "declarations," "pandemic," and "countermeasures" need clarification and are too difficult to understand. The language is "very wordy" and full of jargon. Some participants suggested using the actual countermeasure name (such as the H1N1 vaccine) rather than the term "countermeasure" to dispel any confusion.
- The brochure should be simplified and include statements to the effect of "If you have these side effects, then call this number."
- One approach that most participants liked to capture patients' attention is to "tell a story of a person who's been affected by this and then, after the story, provide information about the program." Along these lines, some participants felt that making it more personal ("Did this happen to you?") would capture people's attention.
- All participants agreed that compensation/money would capture patients' attention, but the general support that the program provides could be an effective strategy as well. Participants likened it to a "safety net"—not to be afraid of it, but to be aware of it. However, the phrasing "make you whole again" was not very well received; patients did not feel that it was necessarily appropriate and that money might not make them whole, especially in the case of a death.

- More (different) pictures should be used, including images of countermeasures. This was thought to be particularly important for those with limited literacy.
- The Spanish-speaking groups also suggested explicitly stating that the program is not involved in immigration and that it is free.

Of note, some participants noted that the brochure creates doubt and questions about countermeasures and how many people die or get sick from them: "This to me means the government wants to pay because they killed people. CICP was formed because the government screwed up."

Suggested Communication Methods. Participants outlined a number of different ways in which they would prefer to receive information about the CICP, and highlighted a mixed-methods push-and-pull approach. Some participants expressed interest in receiving phone calls or other communications from the entity that administered the countermeasure about possible injuries. Other suggestions follow:

- Signage in a bus or other public transportation;
- TV ad;
- Refrigerator magnet;
- Brochure stapled to the front of prescriptions from the pharmacy;
- Signage at grocery stores;
- Ads at the bank, library, and other public places; and
- Billboards.

Reactions were mostly negative with regard to text messages, and many felt that something in the mail might just "get thrown out" (although some indicated that they might read a postcard). Social messaging methods, such as Facebook and Twitter, were generally not felt to be a good method of disseminating this information. Some participants also felt that employers might be an effective method of disseminating information about countermeasures and CICP, particularly if the employer is involved in distributing countermeasures. The Spanish-speaking groups suggested videos that provide "testimonials" and information to watch while waiting in the doctor's office, as well as radio and newspaper ads.

Age and socioeconomic status factored into how participants felt that it would be best to contact various audiences, noting that older individuals might be more inclined to answer the phone than search online, while individuals of lower socioeconomic status might not have Internet access at all.

d. Focus Groups: Key Themes and Conclusions

Several overarching themes and conclusions can be drawn from the analysis of focus groups conducted with both providers and consumers:

- Health care providers are somewhat knowledgeable about countermeasures, while consumers are not. Most participants' knowledge was limited to experiences with H1N1 influenza. Neither providers nor consumers have heard of the CICP.
- Participants rely on a variety of trusted sources of information that varied somewhat by group. Health care providers were more likely to conduct their own research, relying on websites of organizations such as the CDC and Mayo Clinic, peer-reviewed journals, and professional organizations. They also tend to turn to their employer for information on things such as countermeasures. Most consumers were more likely to rely on their doctor or other provider who administered the countermeasure, using their own Internet searches as a secondary source

of information. Spanish-speaking consumers emphasized the importance of family and friends, as well as community health centers and organizations targeted toward the Latino population.

- Participants preferred mixed media and simple messages to communicate about the CICP. Given the variety of trusted sources of information and channels through which participants indicated they would like to receive information about the CICP, a mix of print media, online resources, and accredited training in multiple languages should be employed to ensure that everyone is informed about the program.
- Health care providers and consumers require different "levels" of information about the CICP. While providers felt that the proposed brochure was appropriate for health care professionals, they and the consumer participants felt the brochure was too technical and complicated for the general public. Use more (but different) pictures, simpler words, personal stories, and "an attention-grabbing title" to appeal to and draw in the general public.
- Providers and consumers had opposite reactions to the question of whether to emphasize the broad support offered by the program or focus on the compensation offered. Most consumers felt that it was best to emphasize the compensation offered through the program, questioning whether the assertion that the CICP will "make you whole again" was really true or appropriate, whereas most providers felt that focusing on the overall support provided by the CICP was the better option.
- Providers and consumers also had opposite and mixed reactions with regard to when to give information regarding the CICP. Providers felt that it should be shared only when there is a potential injury from a countermeasure for fear of flooding the program with the "worried well" or creating fear over countermeasures, whereas consumers felt they should be given beforehand or, at the very least, when they receive the countermeasure. However, after the consumer groups' discussions, some thought that it made more sense to provide the information only to those that have experienced an adverse reaction to a countermeasure. Providers and consumers struggled with the best way and time to inform individuals who have a need to know about the CICP, with the desire not to create fear of countermeasures.

4. Discussion: Key Themes and Future Considerations

The formative research provides valuable insights about the level of awareness of the CICP and preferred communication strategies. This information points to several major themes that should be considered in the development of an effective outreach and marketing plan for the CICP.

KEY THEMES

- A CICP communications strategy is necessary for public education as there is little knowledge about countermeasures and no awareness of the CICP across both consumers (English- and Spanish-speaking un- and underinsured) and health care providers.
- Given the potential for countermeasures to affect the entire population depending on the nature of the threat, the target audiences for CICP communication, education, and outreach should remain as broad as is feasible. However, populations appropriate for the first phase of CICP outreach and marketing include un- and underinsured consumers, Spanish-speaking un- and underinsured consumers, and health care providers to the un- and underinsured.
- There is no focus on the factors that impact perceptions and behaviors regarding countermeasures in the literature that can be applied to developing a countermeasure education campaign. There are a variety of trusted sources of information regarding countermeasures that can vary by population. Primary sources of information may be supplemented by secondary sources, such as the Internet or family and friends.
- Clear and rational CICP communication is necessary. Messaging should be informative but simple, fact-based, and timed and tailored appropriately for the audience.
- Communication preferences of Spanish-speaking consumers can differ from the English-speaking. Culturally competent strategies must be considered when developing approaches for audiences of different backgrounds and languages.
- Health care providers and consumers disagree on several aspects of CICP messaging and material dissemination, including the level of detailed information needed and the most appropriate time to disseminate materials.

5. References

Peer-Reviewed Literature

Allen, H., & Katz R. (2010). Demography and public health emergency preparedness: Making the connection. *Population Research and Policy Review, 29*(4), 527.

Bartlett, J., Borio, L., Radonovich, L., Mair, J.S., O'Toole, T., Mair, M., et al. (2003). Smallpox vaccination in 2003: Key information for clinicians. *Clinical Infectious Diseases, 36*(7), 883–902.

Beigi, R. H., & Farrell, R. M. (2009). Pandemic influenza and pregnancy: An opportunity to reassess maternal bioethics. *American Journal of Public Health, 99*(S2), S231.

Bouye, K., Truman, B. I., Hutchins, S., Richard, R., Brown, C., Guillory, J. A., et al. (2009). Pandemic influenza preparedness and response among public-housing residents, single-parent families, and low-income populations. *American Journal of Public Health, 99*(S2), S287.

Carter-Pokras, O., Zambrana, R. E., Mora, S. E., & Aaby, K. A. (2007). Emergency preparedness: Knowledge and perceptions of Latin American immigrants. *Journal of Health Care for the Poor and Underserved, 18*(2), 465.

Clark, P. T., & Levin, S. (2008). The smallpox vaccine injury compensation program. *Clinical Infectious Diseases*, 46, S179-S181.

Cheong, P. (2007). Health communication resources for uninsured and insured Hispanics. *Health Communication, 21*(2), 153–163.

Dutta, M., & King, A. J. (2008). Communication choices of the uninsured: Implications for health marketing. *Health Marketing Quarterly, 25*(1/2), 97–118.

Gostin, L. O. (2006). Medical countermeasures for pandemic influenza: Ethics and the law. *JAMA, 295*(5), 554–556.

Gostin, L. O., & Powers, M. (2006). What does social justice require for the public's health? Public health ethics and policy imperatives. *Health Affairs, 25*(4), 1053–1060.

Hargan, E., O'Brien, D., Benjamin, G., & Sherman, S. (2007). Vaccine law 101. *Journal of Law Medicine & Ethics, 35*(4), 72–76.

Ibuka, Y., Chapman, G., Meyers, L., Li, M., & Galvani, A. (2010). The dynamics of risk perceptions and precautionary behavior in response to 2009 (H1N1) pandemic influenza. *BMC Infectious Diseases, 10*, 296.

Schoen, C., Collins, S. R., Kriss, J. L., & Doty, M. M. (2008). How many are underinsured? Trends among U.S. adults, 2003 and 2007. *Health Affairs, 27*(4), w298–w309.

LeRoy, M. H . (2005). Pox Americana? Vaccinating more emergency doctors for smallpox: A law and economics approach to work conditions. *Emory Law Journal, 54*(1), 597.

Mathew, A. B., & Kelly, K. (2008). *Disaster preparedness in urban immigrant communities: Lessons learned from recent catastrophic events and their relevance to Latino and Asian communities in southern California*. Retrieved May 16, 2011, from http://demographics.apalc.org/wp-content/uploads/2008/07/disaster-report_final.pdf.

Maurer, J., Uscher-Pines, L., & Harris, K. (2010). Awareness of government seasonal and 2009 H1N1 influenza vaccination recommendations among targeted US adults: The role of provider interactions. *American Journal of Infection Control, 38*(6), 489–490.

McDonald, B., & Matthew, R. A. (2006). Cities under siege. *Journal of the American Planning Association, 72*(1), 109.

Parmet, W. E . (2010). Pandemic vaccines—The legal landscape. *The New England Journal of Medicine, 362*(21), 1949–1952.

Quinn, S., Kumar, S., Freimuth, V., Kidwell, K., & Musa, D. (2009). Public willingness to take a vaccine or drug under emergency use authorization during the 2009 H1N1 pandemic. *Biosecurity and Bioterrorism-Biodefense Strategy Practice and Science, 7*(3), 275–290.

Quinn, S. C., Thomas, T., & Kumar, S. (2008). The anthrax vaccine and research: Reactions from postal workers and public health professionals. *Biosecurity and Bioterrorism, 6*(4), 321–334.

Rubin, G. J., Wardman, J. K., Sheppard, B., & Wessely, S. (2006). Terrorism and dispelling the myth of a panic prone public. *Journal of Public Health Policy, 27*(3), 219.

Santos, S. L., Simon, J. D., Copeland, L., Fotiades, J., & Helmer, D. A. (2007). Developing a bioterrorism preparedness campaign for veterans: Using focus groups to inform materials development. *Health Promotion Practice, 8*(1), 31–40.

Sorcar, P., Chung, H., Um, S., Lee, Y. S., & Kim, P. (2009). Effects of episodic variations in Web-based avian influenza education: Influence of fear and humor on perception, comprehension, retention, and behavior. *Health Education Research, 24*(3), 369–380. doi:10.1093/her/cyn031

Environmental Scan and Grey Literature

Association of State and Territorial Health Officials. (2010). *Communicating effectively about vaccines: New communication resources for health officials.* Retrieved May 16, 2011, from http://www.vdh.state.va.us/clinicians/pdf/vaccinations.pdf.

Association of State and Territorial Health Officials. (2010). *Communicating effectively about vaccines: Summary of a survey of U.S. parents and guardians*. Retrieved May 16, 2011, from http://www.astho.org/Display/AssetDisplay.aspx?id=5018.

Centers for Disease Control and Prevention. (2010). *2009 H1N1 flu*. Retrieved May 16, 2011, from http://www.cdc.gov/h1n1flu/.

Centers for Disease Control and Prevention. (2010, June 2). Preliminary results: Surveillance for Guillain-Barré syndrome after receipt of influenza A (H1N1) 2009 monovalent vaccine—United States, 2009–2010. *Morbidity and Mortality Weekly Report, 59*, 1–5.

Centers for Disease Control and Prevention. (2010, July 2). Vaccinia virus infection after sexual contact with a military smallpox vaccinee—Washington, 2010. *Morbidity and Mortality Weekly Report, 59*(25), 773–775.

Irving, F. (2010, October 21). *Regulations provide compensation for injuries due to use of certain flu countermeasures*. Retrieved March 31, 2011, from http://community.advanceweb.com/blogs/ir_4/archive/2010/10/21/regulations-provide-compensation-for-injuries-due-to-use-of-certain-flu-countermeasures.aspx.

Roos, R. (2010, March 12). *HHS preparing to handle claims of harm from H1N1 vaccine*. Retrieved March 31, 2011, from http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/mar1210comp.html.

Kutner, C. E. (2009). *Suing for swine flu: Are physicians at risk for H1N1 lawsuits?* Retrieved March 31, 2011, from http://www.physiciansnews.com/2009/12/08/suing-for-swine-flu-are-physicians-at-risk-for-h1n1-lawsuits/.

Roos, R. (2010). Pending injury claims over 2009 H1N1 vaccine increase. Retrieved March 31, 2011 from http://www.cidrap.umn.edu.

Uplend, R. (2010). HHS preparing to handle claims of harm from H1N1 vaccine. Retrieved March 31, 2011 from http://www.vaccinenewsdaily.com.

U.S. Department of Health and Human Services. *Flu.gov.* Retrieved May 16, 2011, from http://www.flu.gov.

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2008, October 6). Declaration under the Public Readiness and Emergency Preparedness Act. *Federal Register, 73*(194), 58239–58242.

U.S. Department of Health and Human Services, Health Resources and Services Administration. *Countermeasures Injury Compensation Program*. Retrieved May 16, 2011, from http://www.hrsa.gov/gethealthcare/conditions/countermeasurescomp/.

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2010, October 15). Countermeasures Injury Compensation Program (CICP): Administrative implementation, interim final rule. Interim final rule with request for comments. *Federal Register, 75*(199), 63656–63688.

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2008, October 10). Declaration under the Public Readiness and Emergency Preparedness Act. *Federal Register, 73*(202), 61864–61866.

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2008, October 17). Declaration under the Public Readiness and Emergency Preparedness Act. *Federal Register, 73*(202), 61866–61869.

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2008, October 17). Declaration under the Public Readiness and Emergency Preparedness Act. *Federal Register, 73*(202), 61869–61871.

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2008, December 22). Declaration under the Public Readiness and Emergency Preparedness Act. *Federal Register,* 73(246), 78362–78364.

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2010, March 5). Pandemic influenza vaccines—Amendment. *Federal Register,* 75(43), 10268–10272.

U.S. Department of Health and Human Services, Health Resources and Services Administration, Division of Vaccine Injury Compensation. (2010, June). *The National Vaccine Injury Compensation Program: Awareness, perception, and communication considerations*.

U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Systems Bureau. (2009, September 16). *Countermeasures Injury Compensation Program: Program update for National Vaccine Advisory Committee*.

U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Systems Bureau. (2010, February 4). *Countermeasures Injury Compensation Program: Program update for National Vaccine Advisory Committee*.

6. Appendices

Target Audience Focus Groups

1. Health care provider characteristics
2. Un- and underinsured consumers' characteristics
3. Focus group screening guides
   a. Health care professionals
   b. Un- and underinsured consumers
   c. Un-and underinsured consumers (Spanish version)
4. Focus group discussion guides[9]
   a. Health care professionals
   b. Un- and underinsured consumers
   c. Un-and underinsured consumers (Spanish version)
5. Justification for target audiences and locations
6. The Countermeasures Injury Compensation Program (CICP) brochure (English and Spanish Versions)

[9] Discussion guides as originally submitted to and approved by the CICP are included. Several revisions to questions and/or follow-ups were made on site at focus groups with the CICP Project Officer present.

Target Audience Focus Groups

APPENDIX 1.

Relevant characteristics of the health care provider focus group participants

Location	Number of Participants	Position	Type of Facility
Baltimore, MD	9	2 nurse 1 social worker 1 physical therapy 2 community health worker 2 home health worker 1 wound ostomy continence nurse	2 hospital 3 community health center 2 home health agency 2 other (e.g., Hopkins outpatient clinic, care resources)
Fort Wayne, IN	9	4 nurse 1 physician 1 physician's assistant 2 community health worker 1 home health worker	3 hospital 1 community health center 2 home health agency 3 other (e.g., clinical services LLC, one orthopedic)
Oklahoma City, OK	9	1 nurse 2 social worker 1 physician's assistant 5 other (e.g., LPN, home health care worker)	3 hospital 2 community health center 1 health department 3 other (e.g., nursing home, home health agency)

APPENDIX 2.

Relevant characteristics of the un- and underinsured focus group participants

Location	Language	Number of Participants	Insurance Status	Gender	Race/Ethnicity	Age
Baltimore, MD	English	9	2 Medicaid 7 uninsured	5 male 4 female	2 African American 5 Caucasian 1 American Indian 1 Asian Indian	4 age 20-39 years 4 age 40-59 years 1 age 60+ years
Baltimore, MD	English	9	2 Medicaid 7 uninsured	3 male 6 female	3 African American 5 Caucasian 1 Latino	5 age 20-39 years 2 age 40-59 years 2 age 60+ years
Baltimore, MD	Spanish	9	1 Medicaid 8 uninsured	4 male 5 female	9 Hispanic/Latino	4 age 20-39 years 4 age 40-59 years 1 age 60+ years
Fort Wayne, IN	English	9	5 uninsured 1 underinsured 1 Medicare 1 Medicaid 1 "Other"	5 male 4 female	8 Caucasian 1 American Indian	2 age < 20 years 2 age 20-39 years 2 age 40-59 years 2 age 60+ years 1 N/A
Fort Wayne, IN	Spanish	9	6 Uninsured 2 Underinsured 1 Medicaid	5 male 4 female	9 Hispanic/Latino	1 age 20-39 years 6 age 40-59 2 age 60+ years
Oklahoma City, OK	English	9	1 Medicaid 8 Uninsured	4 male 5 female	5 Caucasian 3 African American 1 American Indian	7 age 20-39 years 2 age 40-59 years
Oklahoma City, OK	Spanish	9	1 Medicaid 8 Uninsured	5 male 4 female	9 Hispanic/Latino	2 age < 20 years 5 age 20-39 years 2 age 40-59 years

APPENDIX 3a.

Altarum Institute & Banyan Communications

Countermeasures Injury Compensation Program (CICP) Outreach and Marketing

Focus Group Screening Guide: Health Care Providers

Hello, my name is _____, and I am calling from _____ on behalf of the U.S. Department of Health and Human Services. The Department has asked Banyan Communications - in conjunction with Altarum Institute, a research and consulting organization - to develop a communications plan to help increase the public's awareness of a Federal program that provides compensation to people in the case they are found to be injured by certain countermeasures.[10] This Federal program is called the Countermeasures Injury Compensation Program, also known as the CICP. As a part of the plan, the Banyan/Altarum team is conducting focus groups with select target audiences. One of the audiences is health care providers to the un/underinsured.[11] We are interested in learning about what providers know about the Countermeasures Injury Compensation Program and their opinions on effective program messaging and communication strategies.

Would you be interested in participating in a group discussion?

- ❑ Yes *(Continue)*
- ❑ No *(Thank and terminate call)*

Great, I would like to ask you some questions to determine which, if any, focus group you could participate in. These questions will only take a few minutes of your time.

What is your position within your health care facility?

- ❑ Physician's Assistant (PA) *(2-3 out of 9 desired)*
- ❑ Nurse *(2-3 out of 9 desired)*
- ❑ Home Health Care Worker *(2-3 out of 9 desired)*
- ❑ Community Health Worker *(2-3 out of 9 desired)*
- ❑ Social Worker (*At least 1 out of 9 desired)*
- ❑ Other (specify) _____

[10] The CICP provides compensation for people thought to be seriously injured by vaccines, drugs, biologics, devices, and more, defined in the PREP Act declarations that are administered or used for pandemic, epidemic, or security countermeasures. For example, individuals who were administered or who used a 2009 pandemic H1N1 influenza vaccine as a countermeasure used to prevent the transmission and spread of the pandemic swine flu may receive compensation benefits if seriously injured by the vaccine.

[11] Countermeasures may include vaccines, drugs, medications, therapies, and devices that are administered or used to identify, prevent, or treat certain conditions related to a pandemic, epidemic, or security threat. For example, the 2009 pandemic H1N1 influenza vaccine was a countermeasure used to prevent the transmission and spread of the pandemic swine flu.

Approximately what percent of the population you serve are un/underinsured?

- ❑ Under 5%
- ❑ 5-10% *(2-3 out of 9 desired)*
- ❑ 11-15% *(3-4 out of 9 desired)*
- ❑ Over 15% *(5-6 out of 9 desired)*

How would you best describe the health care facility in which you work?

- ❑ Community health center *(4-5 out of 9 desired)*
- ❑ Local/State health department *(3-4 out of 9 desired)*
- ❑ Hospital *(2-3 out of 9 desired)*
- ❑ Other (specify) _____

How many years of experience do you have in your position (overall, not just at your current facility)?

- ❑ Under 3 years
- ❑ 3-5 years
- ❑ 5-10 years
- ❑ Over 10 years

What is your gender?

- ❑ Male *(4-5 out of 9 desired)*
- ❑ Female *(4-5 out of 9 desired)*

What is your race?

- ❑ White or Caucasian *(4-5 out of 9 desired)*
- ❑ Black or African American *(2-3 out of 9 desired)*
- ❑ American Indian or Alaska Native *(at least 1 desired)*
- ❑ Asian/Pacific Islander *(at least 1 desired)*
- ❑ Multiple races
- ❑ Other (specify) _____

Are you of Latino origin or descent?

- ❑ Yes *(2-3 out of 9 desired)*
- ❑ No

We would like the indicated combination of the above positions, genders and races/ethnicities; as well as a well-distributed combination of the above health care facilities and levels of experience. If the person ***does not qualify*** *for the focus group:*

Based on the answers you gave me, I can see the group meeting you would fit into is already full. Thank you for your time.

*If the person **does qualify** for the focus group:*

Based on your responses, we would like to invite you to participate in one of our group meetings. First, I would like to tell you a little more about the meeting:

It will last no longer than 1 hour and 15 minutes and you will be asked some questions about your familiarity with the Countermeasures Injury Compensation Program and your opinion on CICP messaging and communication strategies. Your comments will be confidential. Your name will not be attached to anything you say in the group.

The focus group will consist of a minimum of 7 and a maximum of 9 other health care professionals. There will be light refreshments and we will provide you $XX cash for your time.

The group will take place on [Date] at [Time] at [Location].

Now that you know more about the group meeting, will you be able to attend?

- ❑ Yes
- ❑ No *(Thank and terminate call)*

(Inform them of parking and public transportation/bus options)

Thank you for answering my questions. So that we can start on time, please arrive at [Time]. We will not be able to let people in after the meeting has started. People who come late will not receive the $125.

The group meeting is for invited participants and is not open to the public. You cannot send someone else in your place.
We are counting on your help, so please call us well in advance of the meeting if something comes up and you are no longer able to attend. You can call _____ *(give appropriate [facility name] phone number/office hours)*. We will also send you a confirmation with information about the group meeting. This confirmation will include a telephone number as well.

Before we hang up, I would like to get the correct spelling of your name, your email address *(mailing address or other alternate contact info, if no email)*, and your phone number, so that I can send you a confirmation with the date, time, and location of the group meeting. Also, someone will call you the day before the meeting to remind you.
What is your name, email address *(or other)*, and phone number?

_____

Do you have any questions you would like to ask me?

Thank you again for your time. We look forward to seeing you at the group meeting.

APPENDIX 3b.

Altarum Institute & Banyan Communications

Countermeasures Injury Compensation Program (CICP) Outreach and Marketing

Focus Group Screening Guide: Un/underinsured[12] Consumers

Hello, my name is _____. I am calling from _____, on behalf of the US Department of Health and Human Services. The Department has asked Banyan Communications - in partnership with Altarum Institute, a research and consulting group - to develop a plan to increase the public's knowledge of a Federal program that provides compensation to people if they are found to be injured by certain countermeasures[13]. This Federal program is called the Countermeasures Injury Compensation Program, or CICP. The Banyan/Altarum team is holding group discussions with select audiences. One of the audiences is people who have little or no health insurance. We are interested in learning what this group knows about the CICP and their opinion on good ways to educate the public about the program.

Would you be interested in participating in a group discussion?

- ❑ Yes *(Continue)*
- ❑ No *(Thank and terminate call)*

Great, I would like to ask you some questions to find out which group, if any, you could participate in. These questions will only take a few minutes of your time.

Are you employed?

- ❑ Yes
- ❑ No

If yes, what is your job/position?

_____

What type of health insurance do you have, if any?

- ❑ Medicaid *(3-4 out of 9 desired)*
- ❑ Uninsured *(5-6 out of 9 desired)*
- ❑ Other (specify) _____

[12] The Census Bureau considers people uninsured if, for the entire year, they were not covered by any type of health insurance (*Income, Poverty, and Health Insurance Coverage in the United States: 2009*, http://www.census.gov/prod/2010pubs/p60-238.pdf). The Delaware Healthcare Association, for example, defines underinsured as "people with public or private insurance policies that do not cover all necessary medical services, resulting in out-of-pocket expenses that exceed their ability to pay" (*Glossary of Health Care Terms and Acronyms*, http://www.deha.org/Glossary/GlossaryU.htm).

[13] Countermeasures may include vaccines, drugs, medications, therapies, and devices that are administered or used to identify, prevent, or treat certain conditions related to a pandemic, epidemic, or security threat. For example, the 2009 pandemic H1N1 influenza vaccine was a countermeasure used to prevent the transmission and spread of the pandemic swine flu.

What is the highest level of education you have completed?

- ❑ Did not complete high school
- ❑ High school
- ❑ Associate's
- ❑ Bachelor's
- ❑ Master's/Doctorate
- ❑ Other (specify) _____

What is your race?

- ❑ White or Caucasian *(4-5 out of 9 desired)*
- ❑ Black or African American *(2-3 out of 9 desired)*
- ❑ American Indian or Alaska Native *(at least 1 desired)*
- ❑ Asian/Pacific Islander *(at least 1 desired)*
- ❑ Multiple races
- ❑ Other (specify) _____

What is your age?

- ❑ Under 20 years
- ❑ 20 – 39 years
- ❑ 40 – 59 years
- ❑ 60+ years

What is your gender?

- ❑ Male *(No more than 4-5 out of 9 desired)*
- ❑ Female *(No more than 4-5 out of 9 desired)*

Are you of Latino origin or descent?

- ❑ Yes
- ❑ No

---

*We would like the indicated combination of the above genders, types of insurance/lack thereof and races/ethnicities; as well as a well-distributed combination of the above types of education, age groups, and employment statuses. If the person **does not qualify** for the focus group:*

Based on the answers you gave me, I can see the group meeting you would fit into is already full. Thank you for your time.

*If the person **does qualify** for the focus group:*

Based on your responses, we would like to invite you to participate in one of our group meetings. First, I would like to tell you a little more about the meeting:

It will last no longer than 1 hour and 15 minutes. You will be asked some questions about what you know about the Countermeasures Injury Compensation Program (CICP) and your opinion on CICP messaging and ways to tell the public about the program. Your comments will be confidential. Your name will not be attached to anything you say in the group.

The focus group will consist of 7 to 9 other people. There will be light refreshments. We will provide you $XX cash for your time.

The group will take place on [Date] at [Time] at [Location].

Now that you know more about the group meeting, will you be able to attend?

- ❑ Yes
- ❑ No *(Thank and terminate call)*

(Inform them of parking and public transportation/bus options)

Thank you for answering my questions. So that we can start on time, please arrive at [Time]. We will not be able to let people in after the meeting has started. People who come late will not receive the $75.

The group meeting is for invited participants. It is not open to the public. You cannot send someone else in your place.

We are counting on your help, so please call us well in advance of the meeting if something comes up and you are no longer able to attend. You can call _____ *(give appropriate [facility name] phone number/office hours)*. We will also send you a confirmation with information about the group meeting. This confirmation will include a telephone number as well.

Before we hang up, I would like to get the correct spelling of your name, your email address *(mailing address or other alternate contact info, if no email)*, and your phone number, so that I can send you a confirmation with the date, time, and location of the group meeting. Someone will call you the day before the meeting to remind you.

What is your name, email address *(or other)*, and phone number?

_____

Do you have any questions?

Thank you again for your time. We look forward to seeing you at the group meeting.

APPENDIX 3c.

Altarum Institute & Banyan Communications

Programa de Compensación por Lesiones a causa de Contramedidas (CICP) - Alcance y Mercadeo

Guía de pre-selección para el grupo de enfoque: Consumidores Hispanohablantes Sin Seguro/Sin suficiente Seguro Médico[14]

Hola, me llamo _____. Estoy llamando de _____ de parte del Departamento de Salud y Servicios Humanos de los Estados Unidos. El Departamento le ha pedido a Banyan Communications, en asociación con el Instituto Altarum, un grupo de investigación y consultoría, que desarrolle un plan para incrementar el conocimiento del público general de un programa federal que compensa a la gente si se encuentra que han sufrido lesiones por cause de ciertas contramedidas[15]. Este programa federal se llama el Programa de Compensación por Lesiones a causa de Contramedidas, o CICP. El equipo Banyan/Altarum está llevando a cabo discusiones en grupo con audiencias selectas. Una de esas audiencias es la de personas hispanohablantes que tienen poco seguro médico o que no tienen seguro. Nos interesa conocer más acerca de lo que este grupo sabe acerca del CICP y sus opiniones sobre que serían buenas maneras de educar el público sobre el programa.

Tendría interés en participar en una discusión en grupo?

- ❑ Sí *(Continuar)*
- ❑ No *(Dar las gracias y terminar la llamada)*

Excelente. Me gustaría hacerle unas preguntas para determinar si hay un grupo en que podría participar. Estas preguntas tomaran solo unos minutos de su tiempo.

Tiene usted trabajo?

- ❑ Sí
- ❑ No

Si tiene trabajo, cúal es?

Qué tipo de seguro médico tiene, si es que tiene seguro?

- ❑ Medicaid *(se buscan 3-4 de 9)*
- ❑ No tengo seguro *(se buscan 5-6 de 9)*
- ❑ Otro (especifique) _____

[14] El Departamento del Censo considera que alguien *no tiene suficiente* seguro medico si, por el año entero, no tuvieron cobertura alguna de seguro medico (Income, Poverty, and Health Insurance Coverage in the United States: 2009, http://www.census.gov/prod/2010pubs/p60-238.pdf). La Asociación de Cuidados de Salud de Delaware, por ejemplo, define a una persona sin suficiente seguro como "Personas con policas de seguro público o privado que no cubren todos los servicios médicos y que resultan en pagos por parte propia que exceden su presupuesto" (Glossary of Health Care Terms and Acronyms, http://www.deha.org/Glossary/GlossaryU.htm).

[15] Contramedidas pueden incluir vacunas, drogas, medicamentos, terapias y dispositivos administrados o usados para identificar, prevenir o tratar ceritas condiciones relacionadas a una pandemia, epidemia o amenaza a la seguridad. Por ejemplo, la vacuna para la pandemia de influenza H1N1 de 2009 fue una contramedida usada para prevenir la transmisión y propagación de la pandemia de la gripe porcina.

Cuál es el nivel de educación más alto que ha completado?

- ❑ No terminé la secundaria
- ❑ Secundaria (high school)
- ❑ Título de Asociado (Associate's)
- ❑ Licenciatura (Bachelor's)
- ❑ Maestría/Doctorado
- ❑ Otro (especifique) _____

Cuál es su raza?

- ❑ Blanca o caucásica *(se buscan 4-5 de 9)*
- ❑ Negra o Afroamericana *(se buscan 2-3 de 9)*
- ❑ India Americana o Nativa de Alaska *(se busca por lo menos 1)*
- ❑ Asiática/Isleña del Pacífico *(se busca por lo menos 1)*
- ❑ Razas Múltiples
- ❑ Otro (especifique) ———————————

Cuál es su edad?

- ❑ Menor de 20 años
- ❑ 20-39 años
- ❑ 40-59 años
- ❑ +60 años

Cuál es su género?

- ❑ Masculino *(no mas de 4-5 de 9)*
- ❑ Femenino *(no mas de 4-5 de 9)*

Es de descendencia u origen Latino?

- ❑ Sí
- ❑ No

Cuál es su país de origen?

_____

Habla ingles?

- ❑ Sí
- ❑ No

_____

Nos gustaría la combinación indicada de los géneros, tipos o falta de seguro y razas/etnias; también una combinación mixta de los nombrados tipos de educación, países de origen, edades y situaciones de empleo. Favor de notar que buscamos a personas cuya primera lengua es el español. Si la persona no califica para el grupo de enfoque:

Basado en la respuestas que me dio, veo que el grupo para el cual usted califica ya está lleno. Gracias por su tiempo.

Si la persona sí califica para el grupo de enfoque:

Basado en la respuestas que me dio, nos gustaría invitarla/o a participar en una de nuestras reuniones en grupo. Primero, me gustaría contarle un poco más acerca de la reunión:

No durará más que una hora y le vamos a hacer unas preguntas acerca de lo que sabe del Programa de Compensación por Lesiones a causa de Contramedidas (CICP) y su opinión sobre los mensajes de CICP y las maneras de contarle al público acerca del programa. Sus comentarios serán confidenciales. Su nombre no estará conectado a ninguna cosa que diga en el grupo.

El grupo de enfoque estará compuesto por 7-9 personas mas. Habrá un refrigerio y le daremos $xx en efectivo por su participación.

El grupo se llevará cabo el [fecha] a las [hora] en [lugar].

Ahora que sabe más acerca del grupo, dígame: podrá asistir?

- ❑ Sí
- ❑ No *(Dar las gracias y terminar la llamada)*

(Informarles acerca de opciones de transporte público y estacionamiento)

Gracias por responder a mis preguntas. Para que podamos empezar a tiempo, por favor llegue a las [hora]. No podremos dejarle entrar después de que haya comenzado la reunión. Personas que lleguen tarde no recibirán los $XX.

Esta reunión en grupo es para participantes invitados y no es abierta al público. No puede mandar a otra persona en su lugar.

Contamos con su ayuda, así que por favor llámenos antes de la reunión si piensa que no podrá llegar. Puede llamar a _____ *(dar el [nombre del local] número de teléfono/horas de oficina apropiados).* Le mandaremos confirmación con información acera de la reunión en grupo. Esta confirmación incluirá un número de teléfono, también.

Antes de colgar, me gustaría asegúrame que tengo correcto su nombre, su dirección de correo electrónico *(dirección de casa u otra información de contacto, si no tiene correo electrónico)* y su número de teléfono para que le pueda mandar la confirmación con la fecha, hora y local de la reunión en grupo. También, alguien le llamará el día antes para recordarle de la reunión.

Cuál es su nombre, dirección de correo electrónico *(u otra)* y número de teléfono?

Tiene alguna pregunta para mi?

Gracias nuevamente por su tiempo. Esperamos verla/o en la reunión en grupo.

APPENDIX 4a.

Countermeasures Injury Compensation Program (CICP) Outreach and Marketing
Focus Group Discussion Guide: Health Care Professionals Serving Un- and Underinsured

I. Background

Welcome and thank you for being here today. My name is _____ and I will be leading this focus group with you. I work for Altarum Institute, a research and consulting organization, based in Washington, DC. Altarum, in partnership with Banyan Communications, is helping the Federal Government's Health Resources and Services Administration (HRSA) at the US Department of Health and Human Services (DHHS), to develop a plan to increase the public's awareness of a Federal program that provides compensation to people in the case they are found to be injured by certain countermeasures. Countermeasures include certain vaccines, drugs, biologics, devices, etc. that are administered in the event of a pandemic, epidemic, or other emergency event. This Federal program is called the Countermeasures Injury Compensation Program (CICP). As a part of this research, we are conducting focus groups with select target audiences. One of these audiences is primary care providers and health care professionals like you who serve uninsured and underinsured individuals and families. In this focus group, we are interested in learning about your familiarity with the CICP and your opinions on effective CICP messaging and communication strategies.

The purpose of focus groups is to get the honest opinions of small groups of people about a specific topic. Again, we want to hear what you know about the CICP and your opinions on how you think CICP should communicate about the program. Your comments will be used to inform HRSA's outreach and communication efforts.

Before we begin, I would like to review a few more details about our discussion:

- Altarum is an independent contractor. I don't work for HRSA, so please feel free to share your thoughts, whether they are positive or negative.

- It is ok to disagree with one another. I want to hear everyone's point of view. If you disagree, please do so respectfully.

- Only one person should talk at a time. We are tape recording this session so that we don't miss anything important. I may remind you of this during the group discussion.

- We would like everyone to participate. But, each person doesn't have to answer every question. You don't have to raise your hand either. If, however, I really want to know what you think about a particular question, I may call on you.

- We have a lot to talk about today. So, don't be surprised if at some point I interrupt the discussion and move to another topic. But, don't let me cut you off. If there is something important you want to say, let me know and you can add your thoughts before we change subjects.

- Everything you say is confidential. We would be using first names only today. After we conduct several of these focus groups, we will write a summary report for HRSA. Your name will not appear anywhere in the report and nothing you say today will be attached to your name at any point. We also ask that you don't tell other people what was said by anyone here today.

The group will last approximately one hour and 15 minutes. We will finish by _____. If you need the leave for a restroom break, the bathrooms are _____.

Do you have any questions before we start?

II. Introductions

I would like to start by going around the room and having each of you tell us a little about yourself. Please share your first name and your favorite type of dessert. I'll start.

1. My name is _____.

2. My favorite dessert is _____.

III. General Practice and Vaccination Information

3. In what setting/type of health care facility do you work? (e.g. private practice, community health center, etc.)

4. What is your position/role at your health care facility? (e.g. physician, physician's assistant [PA], nurse practitioner[NP], nurse, social worker)

5. How often does your health care facility provide vaccines, drugs, biologics, devices, etc. that are administered or used for pandemic, epidemic, or security countermeasures to patients? (Frequently? Infrequently?)

6. To whom does your health care facility primarily provide countermeasures? (e.g. children/adolescents, adults/pregnant women, older adults, travelers)

7. What percentage of patients at your facility is uninsured? Underinsured?

IV. Knowledge and Perception of the CICP

8. Are you familiar with which vaccines, drugs, biologics, devices, etc. are defined as "countermeasures" under federal legislation? *(Facilitator: If "no" for a significant amount of participants, provide examples of covered countermeasures. Examples include: H1N1 vaccine, Tamiflu, Relenza, N-95 masks, mechanical ventilators).*
   a. If so, which countermeasures are you aware of?
   b. Which countermeasures do you provide most frequently at your facility?

9. Are you familiar with the CICP? *(Facilitator: If "no" for a significant amount of participants, provide introductory CICP information.* The CICP **may** provide money to people who have been seriously injured as a result of receiving a countermeasure for a public health threat, such as pandemic flu, anthrax, smallpox, or botulism. The CICP will cover **reasonable, out-of-pocket** medical expenses, lost salary or wages from your job, and also expenses related to death, if it applies.

   a. If so, how familiar? (Do you know the process/requirements for requesting benefits?)
   b. If so, when and how did you become aware of this program?

10. In your opinion, are your patients familiar with the CICP?

11. What perception/opinion do you have of the CICP, if any? *(Facilitator: Do not ask question if no participants have heard of the CICP.)*

    Follow-up:
    - Easy or difficult to access
    - Clear or confusing process
    - Fair or unfair system

V. Trusted Sources of Information

12. Where do you get your information about the risks and benefits of countermeasure vaccines, drugs, biologics, devices, etc.?

    a. Which organizations or agencies are your trusted sources of information for this? And why?
    b. How do these organizations/agencies communicate with you about the risks and benefits of countermeasure vaccines, drugs, biologics, devices, etc.? How do you prefer to receive this information? (e.g., print, verbal/training, etc.)

13. Where do you get your information about the CICP, if any? *(Facilitator: Do not ask question if no participants have heard of the CICP.)*

    a. Which organizations or agencies are your trusted sources of information for this? And why?
    b. How do these organizations/agencies communicate with you about the CICP? How do you prefer to receive this information? (e.g., print, verbal/training, etc.)

14. If/when you seek out information about the risks and benefits of countermeasure vaccines, drugs, biologics, devices, etc. and/or the CICP,

    a. Do you access the Internet for this information? Are there particular Web sites and/or search engines you access? Which one(s)? Why?
    b. Do you read certain magazines, newsletters, newspapers? Which one(s)?
    c. Do you listen to talk shows, radio stations? Which one(s)?
    d. Other ways you seek out countermeasure information?

15. Do (or would) messages from the U.S. Department of Health and Human Services regarding countermeasure vaccines, drugs, biologics, devices, etc. evoke trust and confidence? (e.g., CDC, HRSA)

    a. If yes, why?
    b. If no, why?

16. Which other government agencies' (Federal or local) countermeasure-related messages (would) evoke trust and confidence, if any? And why? (e.g., Department of Homeland Security, Department of Defense)

17. Which public health and medical organizations' countermeasure-related messages (would) evoke trust and confidence, if any? And why? (e.g, American Medical Association, American Public Health Association)

    a. Are there other organizations or agencies that would evoke trust and confidence regarding countermeasure-related messages?

VI. Communicating About the CICP: Actual

18. What information on the risks and benefits of countermeasures do you provide to your patients, if any?

    a. In what format is this information? (e.g. verbal, print, online, video, mobile communication, etc.)
    b. Do you feel you have sufficient information?
    c. If you do not provide any information, why?

19. What information on the CICP do you provide to your patients, if any?

    a. In what format is this information? (e.g. verbal, print, online, video, mobile communication, etc.)
    b. Do you feel you have sufficient information?
    c. If you do not provide any information, why?

20. When do you provide countermeasure risk/benefit and/or CICP information to your patients?

    a. Do you feel you have sufficient time to review this information with your patients?
    b. How do you provide this information to your patients?
        i. How would you prefer to provide this information to your patients?

21. Who in your health care facility provides countermeasure risk/benefit and/or CICP information to your patients?

VII. Communicating About the CICP: Future considerations

22. What is your reaction to the CICP brochure? *(Facilitator: Distribute brochures)*

    Probes:
    - Readability/User-friendliness
    - Images
    - Detail and Content
    - Format

23. What (additional) information about the CICP would you like to see in the brochure, if any?
    a. What level of detail?

24. What additional information would you like to know about the CICP that you can then share with patients who have suffered an injury related to a countermeasure?

    a. What level of detail?
    b. In what format? (e.g. verbal/training, print, online, video/tv, mobile communication, etc.)

25. When communicating about the CICP, what recommendations do you have about the type of messaging that is used to best communicate to health professionals and populations similar to your patient base?
    Follow-up:
    - Specific terminology to use or avoid. Should we focus on the support provided by CICP (i.e., "CICP makes you whole again") or the compensation/money aspect of the program?
    - Images to use or avoid
    - Tone to use or avoid

26. What (additional) information about the CICP would you like to provide to your patients, if any?

    a. What level of detail?
    b. In what format? (e.g. verbal, print, online, video, mobile communication, etc.)

27. Would you like for CICP to send you information about the program proactively or would you rather seek out information about the program on your own when you need it? For instance, only when encountering a patient who has suffered an injury related to a countermeasure.

    a. How would you like CICP to reach out to you with information about the program? (e.g., online training, brochures, booklets, updates provided by health care associations or other medical associations, conferences, etc.)
    b. Would you be interested in accredited training on CICP? Would you take this training if it were free?

28. Would you recommend directing all messaging about the CICP directly to the health care providers or to the patients?
        i. Why?
        ii. If you recommend direct messaging to patients, should materials be developed for the general education for a wide audience or targeted to people who have been injured by a countermeasure?
        iii. What format would you recommend for these materials directed at patients? (e.g., print, booklets, brochures, online, video, mobile communication, etc.)

29. Do your patients who are uninsured have computers to your knowledge? Are printed materials a more effective way to communicate with them about the CICP?

30. Before we end today, is there anything I have not asked that you feel is important to keep in mind when communicating about the CICP? Do you have any final questions?

Thank you again for your time and insights.

APPENDIX 4b.

Countermeasures Injury Compensation Program (CICP) Outreach and Marketing
Focus Group Discussion Guide: Un- and Underinsured

I. Background

Welcome and thank you for being here today. My name is _____ and I will be leading this group discussion with you. I work for Altarum Institute, a research and consulting organization, based in Washington, DC. Altarum is working with Banyan Communications to help the government learn how best to communicate with the public about the Countermeasures Injury Compensation Program (CICP). Countermeasures include certain vaccines, drugs, biologics, devices, etc. that are given to people if a pandemic, epidemic, or other emergency event occurs. The CICP provides money to people who might be hurt by certain countermeasures. We are interested in learning what you know about the CICP and your opinions on good ways to let the public know about the program and what it provides.

This discussion is called a "focus group". The purpose of focus groups is to get the honest opinions of small groups of people about a specific topic. Again, we want to hear what you know about the CICP and how you think CICP tells people about the program. Your comments will be used to improve CICP's outreach and communication efforts.

Before we begin, I would like to review a few more details about our discussion:

- Altarum is an independent contractor. I don't work for the Federal government or CICP, so please feel free to share your thoughts, whether they are positive or negative.
- It is ok to disagree with one another. I want to hear everyone's point of view. If you disagree, please do so respectfully.
- Only one person should talk at a time. We are tape recording this session so that we don't miss anything important. I may remind you of this during the group.
- We would like everyone to participate. But, everyone doesn't have to answer every question. You don't have to raise your hand either. If, however, I really want to know what you think about a particular question, I may call on you.
- We have a lot to talk about today. So, don't be surprised if at some point I interrupt the discussion and move to another topic. But, don't let me cut you off. If there is something important you want to say, let me know and you can add your thoughts before we change subjects.
- Everything you say is <u>confidential</u>. We will be using first names only today. After we conduct several more of these focus groups, we will write a report for CICP. Your name will not appear anywhere in the report and what you say today will not be attached to your name at any point. We also ask that you don't tell other people what was said by anyone here today.

The group will last approximately one hour and 15 minutes. We will finish by _____. If you need the leave for a restroom break, the bathrooms are _____.

Do you have any questions before we start?

II. Introductions

I would like to start by going around the room and having each of you tell us a little about yourself. Please share your first name and your favorite type of dessert. I'll start.

1. My name is _____.

2. My favorite dessert is _____.

III. Knowledge and Perception of Countermeasures and the CICP

3. Have you ever heard of the word "countermeasure?"

4. What does the word "countermeasure" mean to you?
    a. Does it sound like a positive or negative word?

5. Are you familiar with which vaccines, drugs, biologics, devices, etc. are defined as "countermeasures" under federal legislation? *(Facilitator: If "no" for a significant amount of participants, provide examples of countermeasures. Examples include: H1N1 vaccine (not the seasonal flu), Tamiflu, Relenza, N-95 masks, mechanical ventilators)*
    a. If so, which countermeasures are you aware of?

6. Have you ever received vaccines, drugs, biologics, devices, etc. administered for pandemic, epidemic, or security countermeasures? (e.g., pandemic flu H1N1, smallpox, botulism, anthrax)
    a. If yes, why did you choose to receive these vaccines, drugs, biologics, devices, etc.?
    b. If no, why did you choose not to receive these vaccines, drugs, biologics, devices, etc.?

7. Are you familiar with the CICP? *(Facilitator: If "no" for a significant amount of participants, provide introductory CICP information.* The CICP **may** provide money to people who have been seriously injured as a result of receiving a countermeasure for a public health threat, such as pandemic flu, anthrax, or smallpox. The CICP will cover **reasonable, out-of-pocket** medical expenses, lost salary or wages from your job, and also expenses related to death, if it applies. [Reasonable, out-of-pocket expenses are what you paid for any medical expenses.]

    a. If so, when and how did you become aware of this program?

8. What perception/opinion do you have of the CICP, if any?

   Follow-up:
   - Easy or difficult to access
   - Clear or confusing process
   - Fair or unfair system

For the purpose of this discussion, let's assume that each of you has received a countermeasure and had an adverse reaction or injury that caused you to stay home from work for a few days, go to the doctor or hospital, etc.

IV. Trusted Sources of Information

9. In the event that you suffer an injury as a result of a countermeasure, where would you seek help and information about how to deal with the injury?
   a. What people or organizations or agencies would you trust for this information? And why?
   b. How would you like these people or organizations/agencies to communicate with you about the injury and what to do next?

10. Do (or would) you trust and have confidence in messages from the U.S. Department of Health and Human Services regarding countermeasures? (e.g., CDC, HRSA)
    a. If yes, why?
    b. If no, why not? What types of messages would you trust from these groups (e.g., CDC, HRSA)?

11. Which other government agencies' (Federal or local) countermeasure-related messages do (or would) you trust, if any? And why? (e.g., State or local health departments, community health centers, Department of Homeland Security, Department of Defense)

12. Which public health and medical organizations' countermeasure-related messages do (or would) you trust, if any? And why? (e.g., American Medical Association, American Public Health Association)

V. Communication About the CICP: Actual

13. Does your physician's office /or other health care setting(s) you visit provide any information on the risks and benefits of countermeasures?
    a. If yes, in what format is this information? (e.g. verbal, print, online, video, mobile communication, social media, etc.)
       i. Do you feel the information is helpful?
    b. If not, in case of a suspected injury by a countermeasure, what kind of information would you want to receive from your physician's office /other health care setting (s) you visit?

14. What information on the CICP, if any, is provided to you by your physicians' office and/or other health care setting(s) you visit?
    a. In what format is this information? (e.g. verbal, print, online, video, mobile communication, social media, etc.)
    b. Do you feel the information is helpful?

15. Who in your physician's office or other health care setting(s) provide(s) you information on the risks and benefits of countermeasure and/or the CICP?

16. Do you receive information on the risks and benefits of countermeasures or the CICP anywhere else?
    a. If so, where/from whom?

VI. Communicating About the CICP: Future considerations

17. What is your reaction to the CICP brochure? *(Facilitator: Distribute brochures)*

    Probes:
    - Readability/User-friendliness
    - Images
    - Detail and Content
    - Format

18. What (additional) information about the CICP would you like to see in the brochure, if any?
    a. What level of detail?

19. What (additional) information about the CICP would you like to know?
    a. What level of detail?
    b. In what format? (e.g. verbal/training, print, online, video/tv, mobile communication, social media, etc.)

VII. Communication Preferences

20. Who do you trust for health information?
    - Health care provider
    - Local/State health department
    - Federal government/agency
    - Associations

21. If you suspect that an injury has occurred as a result of a countermeasure and you were seeking information about CICP, what information would you respond to?
    Probes:
    - Terminology
    - Images
    - Tone

22. Who would you like to deliver this information?

    Sample responses:
    - Health care provider
        - Let's say your health care provider is not available, who or what other source of information would you turn to?
        - What additional information would you like to know from your health care provider other than additional medical treatment?
    - Local/State health department
    - Federal government/agency

23. What format is the most effective way to deliver this information?

    Sample responses:
    - By mail
    - Social media
    - In person
    - Text messages

24. Now that you know what the program is all about, what should the message focus about the program be?
    a. The support provided by CICP…"CICP makes you whole again, CICP is there to help you?" or
    b. The compensation/money?

25. How many of you own a cell phone?
    a. How many of you send or receive text messages on your cell phone?

26. How many of you own computers?
    a. If you do not own a computer, do you have access to a computer?

27. How many of you use the Internet on a regular basis?
    a. How do you access the internet?
        i. Personal computer
        ii. Ask neighbors or friends to access the internet for me
        iii. Using my smart phone
    b. What websites do you visit and trust to obtain health information?
    c. Do you use social media (e.g., Twitter, Facebook, YouTube)? Would you trust the health information delivered to you by social media?

28. Do you currently see yourself at risk for encountering pandemic/traumatic/security events?

29. Before we end today, is there anything I have not asked that you feel is important to keep in mind when communicating about the Countermeasures Injury Compensation Program (CICP)? Do you have any final questions?

Thank you again for your time and insights.

APPENDIX 4c.

I. *Información De Fondo*

Bienvenidos y gracias por participar hoy en este grupo. Yo me llamo Sara Nelson y voy a estar guiando esta conversación con ustedes. Trabajo para el Instituto Altarum, una organización de investigación y consultación, basado en Washington DC. Altarum está trabajando con Banyan Communications para ayudar al gobierno aprender como mejor comunicar con el público sobre el Programa de Compensación para Heridas para Contramedidas (CICP – siglas en inglés). Contramedidas (como remedios) incluyen ciertas vacunas, drogas, biológicos, aparatos, etc. que se dan a la gente en caso de un pandémico, epidémico, u otro evento de emergencia. El CICP provee dinero a la gente que pueda estar lastimado por ciertas contramedidas. Nos interesa aprender lo que ustedes saben sobre el CICP y sus opiniones de maneras buenas para avisarle el público sobre el programa y lo que provee.

Esta conversación se llama un grupo de enfoque. El propósito de grupos de enfoques es aprender las opiniones honestas de grupos pequeños sobre un tema específico. En este caso, nos interesa escuchar lo que ustedes saben del CICP y cómo piensan que el CICP informe a la gente sobre su programa. Sus comentarios serán usados para mejorar los esfuerzos de CICP de conectar a la gente y también mejorar sus formas de comunicación.

Antes de empezar, me gustaría repasar algunos otros detalles sobre nuestra conversación:

- Altarum es un contratista independiente. Yo no trabajo para el gobierno federal o para el CICP, así que favor de sentirse a gusto en compartir sus pensamientos, que sean positivos o negativos.

- Está bien si no están de acuerdo unos con otros. Queremos escuchar los puntos de vista de todos. Sin embargo, si no están de acuerdo, por favor sean respetuosos.

- Sólo una persona debe hablar a la vez. Estamos grabando esta sesión para no omitir algo importante. Pueda ser que les recuerdo que solamente una persona debe hablar a la vez.

- Queremos que todos participen. Pero, a la vez, no todos tienen que contestar cada pregunta. Tampoco no es necesario levantar la mano. Sin embargo, si quiero saber lo que usted opina de una pregunta específica, pueda ser que le pregunto directamente.

- Estaremos hablando de muchas cosas hoy. Para poder hablar de todo, no se sorprendan si en algún momento interrumpo la discusión para pasar a otro tema. Pero, me dicen si le interrumpo. Si hay algo importante que usted quiere decir, déjemelo saber para que pueda compartir su opinión antes de cambiar el tema.

- Todo lo que digan es <u>confidencial</u>. Usaremos solamente el primer nombre hoy. Después de hacer varios más grupos de enfoques, haremos un informe para el CICP. Su nombre no aparecerá en ninguna parte del informe y lo que dicen no será incluidos con sus nombres en ninguna parte. También pedimos que ustedes no compartan con otros lo que los demás dicen hoy.

La discusión tomará aproximadamente 1 hora y 15 minutos. Terminaremos no más tarde que _____. Si necesitan usar el baños, estos están en _____.

Alguna pregunta antes de comenzar?

II. *Presentaciones*

Me gustaría empezar por dejar que todo en el grupo comparte un poco de si mismo. Favor de compartir su primer nombre y su postre favorito. Yo voy a empezar.

1. Yo me llamo Sara.
2. Mi postre favorito es flan.

III. *Conocimiento Percepción De Contramedidas El CICP*

3. Se han oído de la palabra "contramedida"?

4. Para usted, qué significa "contramedida"?
    a. Suena como una palabra positiva o negativa?

5. Usted conoce cuales vacunas, drogas, biológicos, aparatos, etc. están considerados como "contramedidas" bajo la legislación federal?
    a. **Sí -** Qué contramedidas conoces que son contramedidas?
    b. No - Facilitator – If "no" for a significant amount of participants, provide examples of countermeasures. Examples include:
        i. Vacuna H1N1
        ii. Tamiflu
        iii. Relenza
        iv. Máscaras N-95
        v. Ventiladores Mecánicos

(Facilitator: If "no" for a significant amount of participants, provide examples of covered countermeasures. The CICP provides money to people who have been seriously injured as a result of receiving a countermeasure in the case of an emergency event, such as pandemic flu, anthrax, smallpox, or botulism. The CICP will cover medical expenses, lost salary or wages from your job, and also expenses related to death, if it applies. In order to determine if you or a family member is eligible to receive the money, you must file your claim within 1 year of when you received or used the countermeasure.*)*

6. Usted ha recibido vacunas, drogas, biológicos, aparatos, etc. que fueron dados para pandémicos, epidémicos, u otras amenazas de seguridad? (e.g. gripe pandémico H1N1, viruela, botulismo, ántrax)
    a. **Sí** - Por qué escogió recibir estas vacunas, drogas, biológicos, aparatos, etc.?

7. Ha experimentado efectos negativos que resultaron de estas vacunas, drogas, biológicos, aparatos, etc.? Conoce alguien que ha experimentado un efecto negativo que resultó de una contramedida?
    a. **Sí** – Favor de explicar.

8. Conoce el CICP?
    a. **Sí** - ¿Cúando y cómo empezó a conocer este programa?
    b. **No** – Facilitator – If "no" for a significant amount of participants, provide introductory CICP information

(Facilitator: If "no" for a significant amount of participants, provide examples of covered countermeasures. The CICP provides money to people who have been seriously injured as a result of receiving a countermeasure in the case of an emergency event, such as pandemic flu, anthrax, smallpox, or botulism. The CICP will cover medical expenses, lost salary or wages from your job, and also expenses related to death, if it applies. In order to determine if you or a family member is eligible to receive the money, you must file your claim (presentar una reclamación) within 1 year of when you received or used the countermeasure.*)*

9. Qué opinan del CICP, si opinan algo?
    a. **No** – Facilitator – If "no" for a significant amount of participants, provide introductory CICP information
    b. Follow-up:
        i. Facil o dificil de aceder
        ii. Un proceso claro u confuse
        iii. Un sistema justa o injusta

IV. *Fuentes De Informacion confiables*

10. En el caso que usted sufre una lesión/herida como resultado de una contramedida, ¿dónde buscaría/acudiría ayuda o información para saber qué hacer?
    a. Con cuáles personas, organizaciones o agencias tendrías confianza para información así? Y por qué?
    b. Cómo le gustaría que estas personas, organizaciones, o agencias le comunicarían con usted sobre la lesión/heridas y los próximos pasos que tomar?

11. Usted tiene o tendría confianza en la información/mensaje del Departamento de Salud y Servicios Humanos de los EEUU sobre contramedidas? (eg. CDC – Centros para Control y Prev de Enfermedades, HRSA – Admin de Recursos y Servicios de Salud)
    a. Sí - Por qué?
    b. No - Por qué no? En qué tipos de mensajes confiarían que estos grupos (eg. CDC, HRSA) producen?/ Hay información/mensajes que estos grupos producen con el cual tendrían confianza?

12. ¿Hay otras agencias del gobierno (federal o local) en que confiarían para información sobre contramedidas?/ Cuáles son y qué información? / Si tiene, con cuáles otros mensajes relacionados con contramedidas que son de agencias del gobierno (federal o local) tendría confianza? Y por qué? (e.g. departamentos de salud estatales o locales, centros de salud comunitarios, el Departamento de Seguridad Nacional, Departamento de Defensa)

13. ¿En qué información de contramedidas confiarían de organizaciones de salud públic y centros médicos? / Si tiene, con cuáles mensajes relacionados con contramedidas que son de organizaciones de salud pública y organizaciones médicas tendrías confianza? Y por qué? (e.g. Asociación Médica Americana, Asociación Americana de Salud Pública)

V. *Comunicación Sobre El CICP: Corriente*

14. ¿La oficina de su doctor u otro centro de salud donde usted visita provee alguna información sobre los riesgos y beneficios de contramedidas?
    a. Sí - En qué formato aparece esta información? (e.g. verbal, impresa, en línea, video, comunicación móvil, medios de comunicación sociales, etc.)
        i. La información le ayuda (un beneficio)?
    b. No – Digamos que usted tiene una lesión/herida causada por una contramedida, ¿qué tipo de información le gustaría recibir de la oficina de su doctor u otro centro de salud donde visita?

15. Si hay, qué tipo de información sobre el CICP, está proveído en su oficina de doctora u otro centro de salud donde visita?
    a. Sí - En qué formato aparece esta información? (e.g. verbal, impresa, en línea, video, comunicación móvil, medios de comunicación sociales, etc.)
    b. La información le ayuda (un beneficio)?

16. Quién en la oficina de su doctor u otro centro de salud donde visita le provee con información sobre los riesgos y beneficios de contramedidas y/o el CICP?

17. Usted recibe información sobre los riesgos y beneficios de contramedidas o el CICP en algún otro lugar?
    a. Sí - Dónde y de quién?

VI. *Comunicando Sobre El CICP: Consideraciones Futuras*

18. Conoce el sitio de Internet de CICP?
    a. Qué opinan de este sitio? (Facilitator: share printout of website)

    Follow-up:
    - Que tan fácil para leer / Usar
    - Tono
    - Imágenes
    - Detalle y contenido
    - Diseño / enlaces

19. Qué otra información le gustaría ver en este sitio de Internet?

20. Qué opinan del folleto de CICP? (Facilitator: distribute brochures)

    Follow-up:
    - Que tan fácil para leer / Usar
    - Tono
    - Imágenes
    - Detalle y contenido
    - Diseño / enlaces
    - Formato

21. Qué otra información sobre el CICP le gustaría ver en el folleto?
    a. Cuánto más detalle quieren?

22. Qué otra información sobre el CICP en general le gustaría saber?
    a. Cuánto más detalle quieren?
    b. En qué formato? Cómo les gustaría recibir la información? (eg. Verbal/entrenamiento, impresa, video/tv, en línea, móvil, medios de comunicación social, etc.)

VII. *Preferencia De Comunicación*

23. En quién confíen para recibir información de salud?
    a. Proveedor médico
    b. Departamento de salud local/estatal
    c. Gobierno federal, agencia del gobierno
    d. Asociaciones

24. Si usted sospecha que una lesión ha ocurrido como resultado de una contramedida y le gustaría buscar información sobre el CICP, qué mensajes le llamaría la atención?

25. De quién le gustaría recibir este mensaje?
    Por ejemplo:
    - Proveedor de salud
    - Departamento de salud local/estatal
    - Gobierno federal, agencia del gobierno

26. Qué sería la mejor manera compartir esta información?
    Por ejemplo:
    - Correo
    - Medios de comunicación social
    - En persona
    - Mensajes de texto

27. Cuántos de ustedes tienen un teléfono celular?
    a. Cuántos mandan o reciben mensajes de text en su cell?

28. Cuántos de ustedes tienen computadoras?
    a. Si no tienen computadora, tienen acceso a una?
    b. Cuántos de ustedes usan el Internet regularmente?
    c. Cuáles sitos de Internet visitan y con cuáles tengan confianza para obtener información de salud?
    d. Usan medios de comunicación social (eg. Twitter, Facebook, YouTube)? Confiarían información de salud compartido por medios de comunicación social?

29. Usted se siente que está en riesgo de enfrentarse con eventos pandémicos/traumáticos/eventos de seguridad?

30. Antes de terminar, hay algo que yo no les he preguntado que sienten es importante en cuanto al CICP y su forma de comunicación? Tienen preguntas finales?

Gracias por su tiempo y perspectivas!

APPENDIX 5.

RECOMMENDED TARGET AUDIENCES AND FOCUS GROUP LOCATIONS

RECOMMENDED TARGET AUDIENCES

Based on a preliminary search for peer-reviewed literature within the past 10 years on awareness of and communication regarding the CICP, there is a dearth of information regarding the level of public knowledge about this new Program and the audience(s) targeted for general countermeasure and CICP education. Through additional environmental scanning and discussion with CICP leadership, however, several populations do arise that are likely most appropriate for the first phase of CICP outreach and marketing research and primary data collection:

- ***Un-/Underinsured[16] Consumers***: The un-/underinsured typically have lower health literacy[17] levels than those with health insurance and easier access to health care. A National Assessment of Adult Literacy study, as reported by the Pfizer Clear Health Communication Initiative, indicated that 28% of the uninsured's level of health literacy was *below basic* and only 7% were *proficient*. The only group reported with lower literacy rates were Medicaid recipients at 30% *below basic*; Medicaid recipients could also be considered underinsured. Comparatively, only 7% of consumers with employer-provided health insurance were reported at *below basic* literacy.[18] It is un-/underinsured consumers that would have notably less access to information regarding specialized programs such as the CICP.
- ***Spanish-speaking Un-/Underinsured Consumers***: The CICP has not yet attempted outreach with the Spanish-speaking population. This, coupled with the fact that the Census Bureau reports Hispanics (any origin) are uninsured at a significantly higher rate than White/White Non-Hispanic, Black, and Asian populations,[19] makes for an appropriate target audience.
- ***Health Care Providers to the Un-/Underinsured***: While not the priority primary target audience for the CICP at this phase, front-line health care providers (e.g., nurses, social workers, discharge planners, community health workers) are commonly where consumers turn first for health-related information. Surveying at least a small sample of providers for their current knowledge and perceptions of the CICP could be an important starting point when learning how best to communicate with consumers about countermeasures and countermeasure compensation through health care settings.
  In the case of the un-/underinsured, these health care providers would predominantly work within settings such as community health centers and local/state health departments.

[16] The Census Bureau considers people uninsured if, for the entire year, they were not covered by any type of health insurance (http://www.census.gov/prod/2010pubs/p60-238.pdf). The Delaware Healthcare Association, for example, defines underinsured as "people with public or private insurance policies that do not cover all necessary medical services, resulting in out-of-pocket expenses that exceed their ability to pay" (http://www.deha.org/Glossary/GlossaryU.htm).

[17] The Institute of Medicine defines health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (http://www.pfizerhealthliteracy.com/asset/pdf/Low-Health-Literacy_Implications-for-National-Health-Policy.pdf).

[18] Vernon, J. A., Trujillo, A, Rosenbaum, S., & DeBuono, B. (2007, October). *Low health literacy: Implications for national health policy*. Retrieved May 16, 2011, from http://www.pfizerhealthliteracy.com/asset/pdf/Low-Health-Literacy_Implications-for-National-Health-Policy.pdf.

[19] DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2010, September). *Income, poverty, and health insurance coverage in the United States: 2009*. Retrieved May 16, 2011, from http://www.census.gov/prod/2010pubs/p60-238.pdf.

Given the demographically broad target audiences at this initial marketing phase, within these audiences it is recommended to recruit as diverse a set of focus group participants as possible (i.e., variety in gender, race/ethnicity/origin, age [adult], profession/work setting), including those consumers targeted for widespread countermeasures, such as the 2009 H1N1 vaccine (e.g., pregnant women, 18-24-year olds, etc.).[20]

**Secondary target audience.* To see that a greater number of the primary target audiences (un-/underinsured consumers) are reached in this research phase, it is recommended that the military not be included at this point. However, it is suggested that the long-term marketing plan include an approach to the military in future outreach phases. Although the military population will not be a focus in this outreach effort, it is a unique group that is targeted for countermeasures and could have specific communication preferences.[21]

RECOMMENDED LOCATIONS AND DISTRIBUTION

In response to the CICP's long-term marketing goals that any individual who may need to know about the CICP is aware that (1) the Program exists, (2) it may provide assistance, and (3) information can be found on the CICP website, it is recommended that focus groups be conducted in areas that will:

- allow access to a relatively broad population base—but a good number of the un-/underinsured and Spanish-speaking populations
- exhibit regional variety, and
- fall into three types of locations:
    - an area that has experienced a traumatic event(s)/exposure to countermeasures,
    - an area at high risk of experiencing a traumatic event, and
    - an area at lower risk of experiencing a traumatic event.

Conducting focus groups in a location for each of these types should best ensure that even with a limited number of focus group data on a variety of levels of trauma/countermeasure familiarity can be collected, and similarities and differences compared.

[20] Centers for Disease Control and Prevention. *2009 H1N1 vaccination recommendations*. Retrieved May 16, 2011, from http://www.cdc.gov/h1n1flu/vaccination/acip.htm.

[21] Military Health System. *Medical countermeasures: Helping protect America's armed forces from illness and disease*. Retrieve May 16, 2011, from http://fhp.osd.mil/mcm/.

The following cities are offered for consideration:

1. Experienced a Traumatic Event(s)/Exposure to Countermeasures

   Oklahoma City, OK
   Percent uninsured: 18.9%
   Percent Hispanic or Latino origin: 10.1%

2. At High Risk[22]

   Baltimore, MD[23]
   Percent uninsured: 12.9%
   Percent Hispanic or Latino origin: 1.7%

3. At Lower Risk[24]

   Fort Wayne, IN
   Percent uninsured: 13.8%
   Percent Hispanic or Latino origin: 5.8%

Upon determining locations from the above, it is recommended that the following number and distribution of focus groups be held:

Target Audience	Number of Groups	Distribution
Un-/underinsured	4	1 in area that experienced trauma 2 in high risk 1 in low risk
Spanish-speaking un-/underinsured	3	1 in each area
Health care providers	3	1 in each area

[22] Piegorsch, W. A., Cutter, S. L., & Hardisty, F. (2007). Benchmark analysis for quantifying urban vulnerability to terrorist incidents. *Risk Analysis*, 27(6), 1411–1425. Retrieved May 16, 2011, from http://www.lionclad.com/files/RiskAn071.source.prod_affiliate.36_1_.pdf.
University of Arizona. (2008, March 3). *BIO5 researcher identifies cities at risk for terrorism*. Retrieved May 16, 2011, from http://uanews.org/node/18586.
[23] The higher number of groups and therefore cost-effectiveness of this area were also taken into account when recommending.
[24] http://www.lionclad.com/files/RiskAn071.source.prod_affiliate.36_1_.pdf & http://uanews.org/node/18586.

APPENDIX 6.

The Countermeasure Injury Compensation Program (CICP) brochure (English and Spanish versions)

Is there a filing deadline?

Yes. Individuals have one year from the administration or use of the covered countermeasure to submit a Request for Benefits Form.

How to apply?

To obtain the instructions and forms, call 1-888–Ask HRSA (275-4772) or go to www.hrsa.gov/countermeasurescomp.

Please read the Instructions for the CICP Request for Benefits Form and Instructions for the Authorization for Use or Disclosure of Health Information Form.

Please complete the CICP Request for Benefits Form. Also, complete the Authorization for Use or Disclosure of Health Information Form to request medical records from each doctor that treated your injuries from the covered countermeasure. Medical records from one year before the injury to the present time should be to be sent directly to the CICP from your doctor's office.

The completed Request for Benefits Form and copies of each Authorization Form are to be sent to the CICP at:
Health Resources and Services Administration
Healthcare Systems Bureau
Countermeasures Injury Compensation Program
5600 Fishers Lane, Room 11C-06
Rockville, MD 20857

To find more information about the Countermeasures Injury Compensation Program, contact:

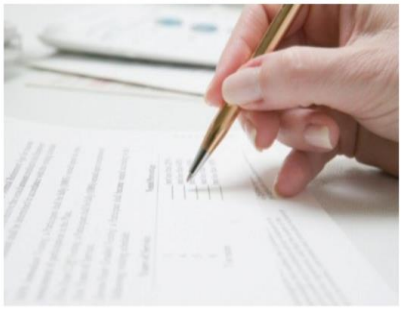
U.S. Department of Health and Human Services
Health Resources and Services Administration
Healthcare Systems Bureau
Countermeasures Injury Compensation Program
5600 Fishers Lane, Room 11C-06
Rockville, MD 20857

Website: www.hrsa.gov/countermeasurescomp

Phone: 1-888–Ask HRSA (275-4772)

March 2011

COUNTERMEASURES INJURY COMPENSATION PROGRAM



A Federal government injury compensation program

Countermeasures Injury Compensation Program

What is the Countermeasures Injury Compensation Program (CICP)?

Occasionally, a pandemic, epidemic, or security danger threatens our country. For example, in 2009, there was an outbreak of the pandemic H1N1 influenza virus. To combat these threats, the Federal government may support the development and use of countermeasures. In the case of the 2009 H1N1 virus, the Federal government supported the development or use of vaccines, antiviral drugs, and devices to combat this pandemic.

The CICP was created so that in the unlikely event you experience a serious injury or side effect from a covered countermeasure, you may be considered for compensation.

What are covered countermeasures?

A countermeasure is a vaccine, medicine, mechanical device or other item used to diagnose, prevent or treat a pandemic, epidemic or security threat. A Federal declaration issued by the U.S. Secretary of the Department of Health and Human Services specifies covered countermeasures.

On the rare chance you suffered a severe injury or side effect or death from the administration or use of a covered countermeasure, you may qualify for compensation.

Pandemic Influenza A Covered Countermeasures:

- 2009 H1N1 vaccine and other pandemic flu vaccines such as the vaccine being developed for H5N1 "Bird Flu"
- Tamiflu, Relenza, and/or Peramivir (For 2009 H1N1 only)
- N-95 filter face masks and other filter face or surgical type masks
- Personal Respiratory Protection Devices and Personal Respiratory Support Devices
- Mechanical ventilators
- Diagnostic devices

Botulism (botulinum toxin), Acute Radiation Syndrome and Sequella, Anthrax or Smallpox or Other Orthopoxviruses Covered Countermeasures:

- Vaccines
- Antiviral, antimicrobial, antibiotic, other medicines
- Diagnostic device

Declarations are available at www.hrsa.gov/countermeasurescomp.

Seasonal influenza vaccines are not covered countermeasures under the CICP. If you received the seasonal influenza vaccine or other vaccines covered by the National Vaccine Injury Compensation Program (VICP) such as the tetanus vaccine and think that you had a side effect from one or a combination of these covered vaccines, visit the VICP Website at www.hrsa.gov/vaccinecompensation or 1-800-338-2382.

Who may be eligible for benefits?

- A person seriously injured by a covered countermeasure
- A survivor of a person who died as a result of administration or use of a covered countermeasure
- The estate of a person who died after being seriously injured by a covered countermeasure

What type of benefits are available?

- Unreimbursed reasonable medical expenses
- Lost employment income
- Death Benefits

Hay una fecha límite para solicitar beneficios?

Sí. Tiene un año desde la administración o el uso de la contramedida cubierta bajo el CICP para presentar un Formulario de Solicitud de Beneficios.

Cómo puedo solicitar?

Para obtener las instrucciones y los formularios, llame al 1-888–Ask HRSA (275-4772) o visite a www.hrsa.gov/countermeasurescomp. Por favor, lea las instrucciones del Formulario de Solicitud de Beneficios del CICP y las instrucciones para el Formulario de Autorización para el Uso o Divulgación de Información de Salud. Por favor llene el Formulario de Solicitud de Beneficios del CICP. También llene el Formulario de Autorización para el Uso o Divulgación de Información de Salud para pedir historiales médicos de cada doctor que trató sus lesiones causadas por la contramedida cubierta. La oficina de su médico debe enviar su historial médico con fecha de un año antes de la lesión hasta el presente directamente al CICP.

El Formulario de Solicitud de Beneficios y las copias de cada Formulario de Autorización deben enviarse debidamente llenados a la siguiente dirección del CICP:

Health Resources and Services Administration
Healthcare Systems Bureau
Countermeasures Injury Compensation Program
5600 Fishers Lane, Room 11C-06
Rockville, MD 20857 Fax: 301-443-0704

Para mayor información sobre el Programa de compensación por lesiones a causa de contramedidas, comuníquese con:

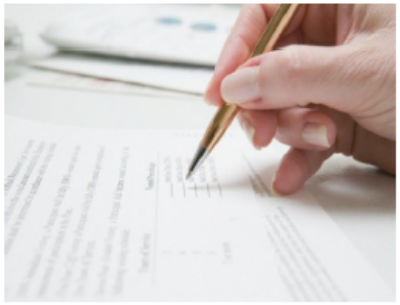
U.S. Department of Health and Human Services Health Resources and Services Administration
Healthcare Systems Bureau
Countermeasures Injury Compensation Program
5600 Fishers Lane, Room 11C-06
Rockville, MD 20857

Sitio Web: www.hrsa.gov/countermeasurescomp

Teléfono: 1-888–Ask HRSA (275-4772)

Marzo 2011

PROGRAMA DE COMPENSACIÓN POR LESIONES A CAUSA DE CONTRAMEDIDAS



Programa de compensación por lesiones del gobierno federal

Countermeasures Injury Compensation Program

Qué es el Programa de Compensación por Lesiones a causa de Contramedidas (CICP, por sus siglas en inglés)?

Ocasionalmente, una pandemia, epidemia o peligro de seguridad amenaza a nuestro país. Por ejemplo, en el 2009, hubo un brote del virus pandémico de la gripe H1N1. Para combatir estas amenazas, puede que el gobierno federal apoye el desarrollo y el uso de contramedidas. En el caso del virus H1N1 del 2009, el gobierno federal apoyó el desarrollo o el uso de vacunas, medicamentos antivirales y dispositivos para combatir esta pandemia. Se creó al CICP para que usted pueda ser considerado para recibir compensación en el caso poco probable de que experimente una lesión o efecto secundario grave a causa de una contramedida cubierta bajo el CICP.

Qué es una contramedida cubierta bajo el programa?

Una contramedida es una vacuna, medicina, dispositivo mecánico u otro artículo usado para diagnosticar, prevenir o tratar a una pandemia, epidemia, o amenaza a la seguridad. Una declaración federal hecha por el Secretario del Departamento de Salud y Servicios Humanos de los EEUU especifica las contramedidas cubiertas bajo el CICP. Usted pudiera calificar para recibir compensación en el caso poco probable de haber sufrido una lesión o efecto secundario severo, o la muerte, a causa de la administración o el uso de una contramedida cubierta bajo el CICP.

Contramedidas cubiertas para la pandemia gripe A:

- Vacuna contra el H1N1 del 2009 y otras vacunas contra pandemias de gripe como la vacuna en desarrollo contra la "gripe aviaria" H5N1
- Tamiflu, Relenza, y/o Peramivir (solo para el H1N1 del 2009)
- Máscaras para la cara con filtro N-95 y otras máscaras con filtro para la cara o de estilo quirúrgico
- Dispositivos de Protección Respiratoria Personal y Dispositivos de Apoyo Respiratorio Personal
- Ventiladores mecánicos
- Dispositivos de diagnóstico

Contramedidas cubiertas relacionadas al botulismo (toxina botulinum), síndrome agudo por irradiación y secuela, ántrax o viruela u otros virus ortopox:

- Vacunas
- Antivirales, antimicrobianos, antibióticos, otras medicinas
- Dispositivos de diagnóstico

Las declaraciones están en www.hrsa.gov/countermeasurescomp. Las vacunas contra la gripe estacional no son contramedidas cubiertas bajo el CICP. Si usted recibió la vacuna contra la gripe estacional u otras vacunas cubiertas bajo el Programa Nacional de Compensación por Lesiones a Causa de Vacunas (VICP, por sus siglas en inglés), como la vacuna contra el tétano, y piensa que ha experimentado un efecto secundario a causa alguna de ellas o una combinación de estas vacunas cubiertas bajo el VICP, visite el sito Web del VICP, www.hrsa.gov/vaccinecompensation, o llame al 1-800-338-2382.

Quien puede recibir beneficios?

- Una persona que sufrió una lesión seria a causa de una contramedida cubierta bajo el CICP
- El sobreviviente de una persona que murió a causa de la administración o el uso de una contramedida cubierta bajo el CICP
- La herencia de una persona que murió a causa de la administración o el uso de una contramedida cubierta bajo el CICP

Que clase de beneficios están disponibles?

- Gastos médicos razonables que no hayan sido reembolsados
- Ingreso salarial perdido
- Pensión por defunción