| **Author, Year** | **Type of Study** | **Objective**  ***(Type of MCE)*** | **Study Location** | **Population Characteristics**  **(n = sample size)** | **Key Findings** | **Quality Score (of 7)** |
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| Bailey, 2011 181 | Web-based survey | To investigate the views of students and staff at the university on the allocation of scarce resources during an influenza pandemic  *(pandemic influenza)* | Edmonton, Canada | Students and staff at University of Alberta; 70% females  (n = 5,220) | *Resource Allocation Policy:* 1. The goals of the allocation system include: save the most lives, follow a ranking system, and save those most likely to die, with most respondents supporting "save the most lives".  *Priority Criteria:* 1. Most respondents gave the highest priority to health care workers and emergency workers , followed by children; 2. Lower priority was given to politicians;  3. "First come, first served" was least preferred. | 5 |
| Braunack-Mayer, 2010 176 | Deliberative forum | To elucidate informed community perspectives on the allocation of scarce pharmaceuticals in a pandemic  *(pandemic influenza)* | Adelaide, Australia | 6 females  (n = 9) | *Resource Allocation Policy:* 1. Preserving society in the long run, rather than saving the most lives, was the goal if forced to choose between the two.  *Priority Criteria:* 1. Priorities should be given to the following potential recipients in the order of: health care workers, researchers and laboratory staff dealing with pandemic influenza, essential services (water, power, waste, etc.), and military;  2. The elderly and the chronically ill were explicitly excluded from the list of potential recipients. | 3 |
| de Carvalho Fortes, 2002183 | Interview-based survey | To explore the public's views regarding priorities for allocating scarce resources during surge/emergencies | São Paulo, Brazil | Persons visiting patients in one public hospital  n=395; 147 male, 248 female | Majority of survey respondents accept social values driving decisions regarding allocation of scarce resources, largely based on justice, equity, and priority for the most vulnerable  Examples: In hypothetical scenarios, majority favored scarce resources for a 7-yr old over 65-yr old; 7-yr old over 1-yr old; 65-yr old over 25-yr old males; mother of more children over mother of fewer children; married female over single female; out-of-town male over male resident; poor female over rich female; unemployed over employed person | 5 |
| Docter, 2011 175 | Deliberative forum | To test how the resource allocation plan of the Australian government (for antiviral drugs and vaccines) corresponds with community views about the priority groups in a severe pandemic  *(pandemic influenza)* | Adelaide, Australia | Participants in the age group 20 - 29 were absent; oversampling of female members  (n < 12) | *Resource Allocation Policy:* 1. A committee consisting of a variety of experts and policy makers, but not politicians, should make allocation decisions. They are essential for the fair and effective allocation of scarce resources.  *Priority Criteria:* 1. Both antiviral drugs and vaccines were allocated to groups in the following order: primary health-care workers, viral and vaccine researchers and workers, essential workers and military;  2. Lowest priority groups include: political decision makers; elderly, chronically ill and disabled people were excluded. | 4 |
| Poll, 2010 177 | Telephone survey | To understand the public's opinion about prioritizing children's needs in disaster planning and response  *(disaster – unspecified)* | United States | U.S. residents  (n = 1,030) | *Resource Allocation Policy:* 1. The same medical treatments currently available for adults should also be readily available for children .  *Priority Criteria:* 1. If resources are limited and tough decisions must be made, children should be given a higher priority for life-saving treatments rather than adults with the same medical condition. | 2 |
| PEPPPI, 2005 178 | Deliberation meeting and feedback session | To pilot test a new model for engaging citizens on vaccine related policy decisions when supplies of vaccine are limited and scarce resources need to be allocated efficiently in a severe pandemic  *(pandemic influenza)* | GA (Atlanta), MA, NE, OR | Adults aged 18-78; a larger proportion of participants aged 55-64; more females, more participants with higher education  (n = 250) | *Resource Allocation Policy:* 1. The goals of the allocation system should be 1) assuring the functioning of society using the minimum number of vaccine doses, and 2) reducing the individual deaths and hospitalizations due to influenza (protecting those who are vulnerable and at risk);  2. Transparency and open communication are key to ensure the fairness and trust essential to the plan's success; 3. The federal government role should be providing broad guidance; responsibility for more specific interpretation and implementation should remain with state and local health authorities;  4. Public health experts rather than political appointees should make the vaccine priority decisions.  *Priority Criteria:* 1. Top priorities should be given to society's caretakers and persons at high risk; 2. Little support for giving priorities to young people, using a lottery system, or "first come, first served". | 5 |
| Public Engagement Project, 2009 180 | Public engagement forum | To better understand the public's values and priorities regarding the delivery of medical services during a severe influenza pandemic  *(pandemic influenza)* | WA (Seattle / King County) | 70% females; 2/3 Whites; diverse age span and education level; large number of participants living near poverty line  (n = 123) | *Resource Allocation Policy:*  1. Altered decision-making processes and protocols will be required to determine allocation of scarce medical resources during an influenza pandemic; 2. The system should be relatively simple to support successful implementation and administration but should be consistent at state or national level; 3. Guidelines should allow some flexibility to facilities; 4. The goals of the allocation decisions should be 1) treat as many people as possible even if it means compromised standard of care; 2) The prioritization system should be fair and accessible to all people.  *Priority Criteria:* 1. Priority treatment should be given to health care providers and first responders;  2. Children and pregnant women should receive some priority when all other factors are equal; 3. Survivability is a priority treatment consideration; 4. Strategies rejected: "first come, first served", randomization, ability to pay, strategies that discriminate according to race, gender, culture, legal status, nationality, or language.   *Other:* 1. Decisions for withdrawing life-saving care should be made by the patient or patient's family with input from a doctor or health care provider. | 5 |
| SSA Consultants, 2011184 | Deliberative forum with exercises and consensus development | To better understand the public's values, beliefs, and opinions regarding the implementation of crisis standards of care | Baton Rouge, LA and Shreveport, LA | Age 20-69;  68% female;  63% Caucasian, 33% African-American | Highest priorities:   1. First responders (fire fighters, police, ambulance workers) should have priority for medical care because they are important to everyone’s safety. 2. Saving the greatest number of people, even if it means that some people aren’t going to be treated and will die. 3. Give priority for medical care to patients with the best chance of survival. Otherwise, it’s not the best use of resources. 4. Doctors, nurses, and medical workers should have priority for medical care because they can help everyone else when they recover. 5. It’s a better use of medical resources to help the most people even if we can’t give the same level of care as we could in non-emergencies.   Lowest priorities:   1. People without transportation should be given priority for medical care. It may take them a lot longer just to get to the hospital and then they will be at the end of the line. 2. People who do not speak English very well have greater difficulty accessing the health care system so they should be given priority for medical care. 3. People should be given medical care on a first come, first serve basis. People should be treated in the order they arrive in the hospital. 4. People who can afford to pay should be given priority for medical care. 5. Patients should be randomly selected for medical care because it is too difficult to figure out a way to give anyone priority.   Findings were remarkably similar to similar exercises performed in Seattle, particularly:   * Providing treatment to the most numbers of people * Survivability criterion * Prioritization of first responders * Rejection of first come, first served, randomization, ability to pay. | 2 |
| Vawter, 2011182 | Community forum, small group discussion, solicitation of written comments | To solicit broader public input on rationing scarce health resources in Minnesota in a severe influenza pandemic, with a particular focus on attending to the needs of the socially vulnerable when rationing resources | Minnesota, United States | Not stated. Referred to other document for details | Resource allocation policy:   * Ensure that health disparities are not exacerbated. * Protect the population’s health * Protect public safety and social order   Rationing:   * Do not ration on the basis of race, ethnicity, income, geography, or first-come first-served. * Do not prioritize based on differences in social vulnerability. | 3 |
| Vawter, 2010 179 | Community forum, small group discussion, solicitation of written comments | To solicit broader public input on rationing scarce health resources in Minnesota in a severe influenza pandemic  *(pandemic influenza)* | MN | 66% females, 9% Hispanic/Latino, 82% White  (n = 441) | *Resource Allocation Policy:*  1. Three objectives should be balanced when rationing health care resources allocation: 1) reduce deaths, 2) treat people fairly, and 3) protect public health and infrastructure; 2. Transparency and public education are important to ensure fairness.  *Priority Criteria:* 1. Priority rationing should not be based on gender, race, ability to pay, or first-come first served; 2. A large majority supported age-based rationing and prioritized children and young adults before seniors; seniors over age 85 were de-prioritized by some; 3. It is important to pay attention to the needs of vulnerable populations. | 3 |