



Turning the Tide: Collaboration, Social Marketing, and Vaccine Hesitancy

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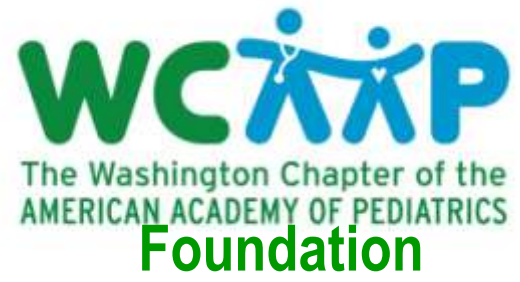
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Social Marketing

- Behavior change strategy
- Applies traditional marketing principles to influence target audience behaviors that benefit society as well as the individual
- Social marketing is more than just a communication strategy



Social Marketing Planning Steps*

1. Background, Purpose, Focus
2. Situation Analysis
3. Target Audience Profile
4. Marketing Objectives and Goals
5. Factors Influencing Adoption of the Behavior
6. Positioning Statement
7. Marketing Mix Strategies (4Ps)
8. Plan for Monitoring and Evaluation
9. Budget
10. Plan for Implementation and Campaign Management

*Social Marketing: Influencing Behaviors for Good by Nancy Lee, Phillip Kotler



Step 1

Background:

Need to address vaccine hesitancy in Washington

- Lower immunization rates (NIS data)
- Higher immunization exemption rates
- Vaccine safety concerns
- Negative media about vaccines
- Increasing burden on health care providers
- Disease outbreaks (pertussis, varicella, measles)

Multiple partners with shared interest in addressing this issue



Step 1

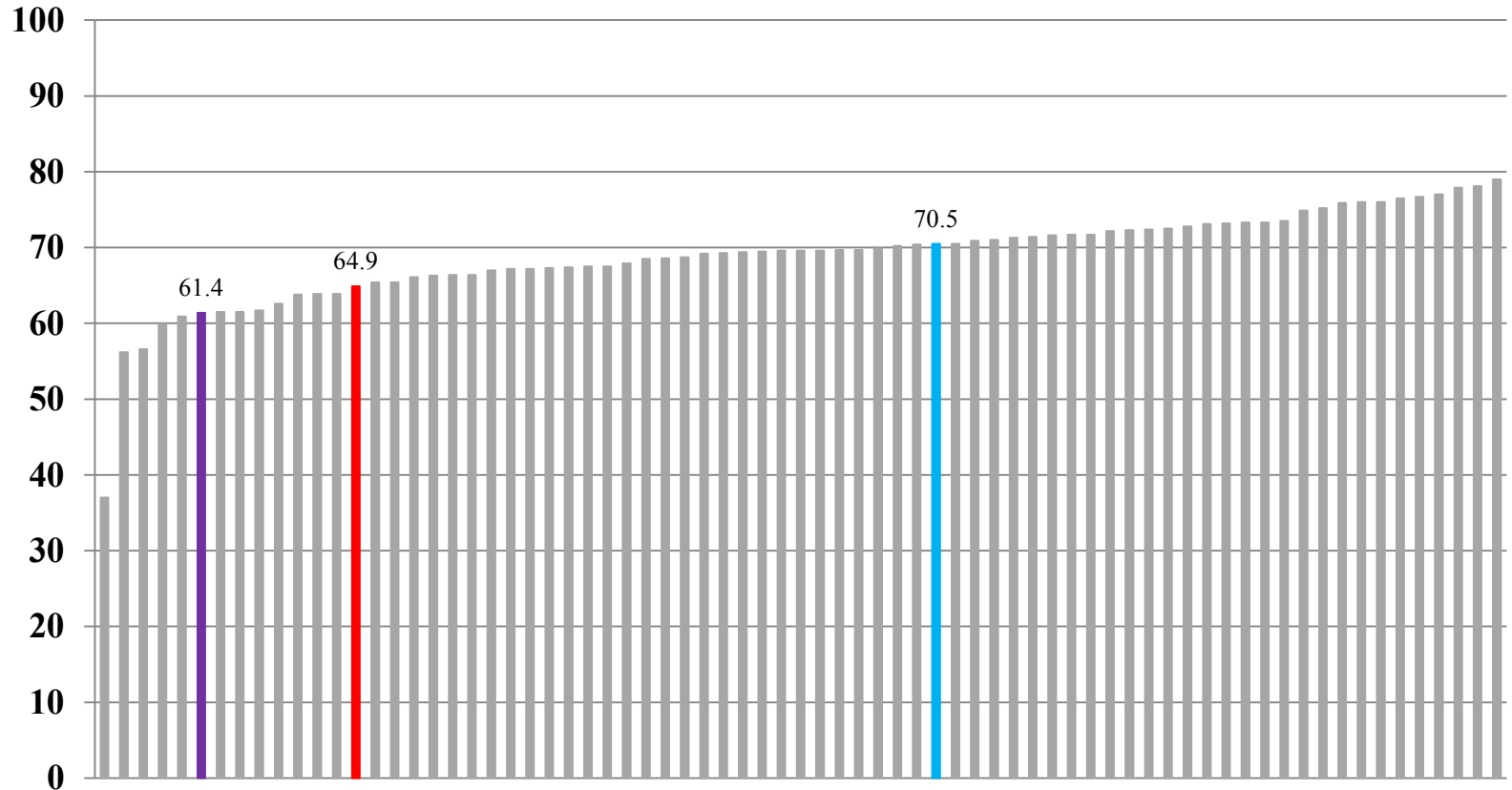
Focus: Vaccine hesitant parents

Purpose: Increase timely immunizations,
birth to age 24 months
in Washington State



Lower Immunization Rates

431x314 Coverage Levels by State, 19-35 Months of Age; NIS 2009



U.S. National Average:

Blue

Washington State:

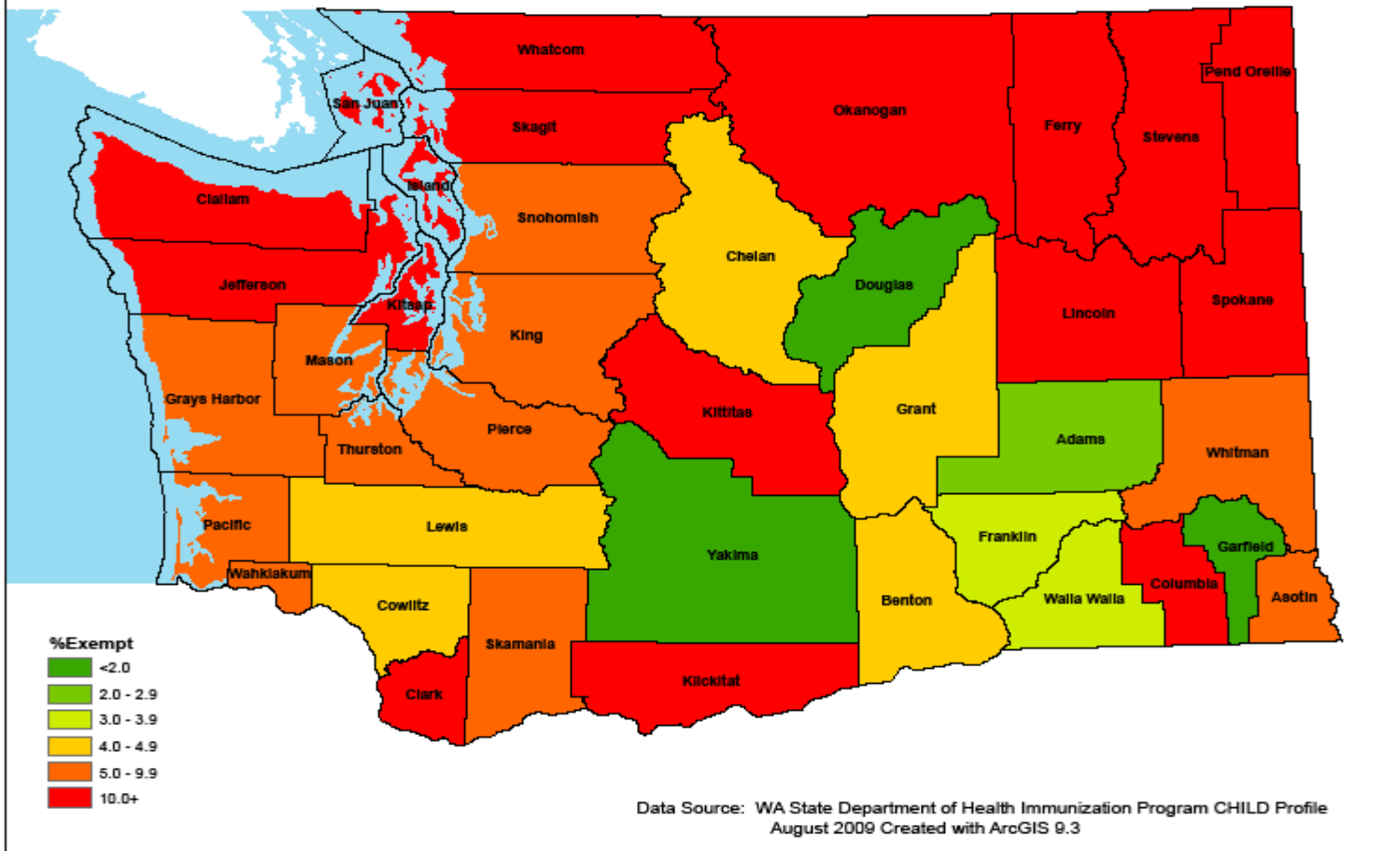
Red

Eastern/Western WA:

Purple

More Exemptions

WA State Kindergarten Immunization Exemption Rates
by County for SY 2008-09



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VACCINATE
GARDASIL KILLS!



EDUCATE B
VAC
GARD



ESCAPE
XLT





Step 2

Situation Analysis: SWOT

Strengths

Public/private partnerships

Funding and staff resources

Strong science

Lots of data available

Weaknesses

Distrust

Reimbursement challenges

Provider hesitancy/inconsistent msgs

Easy exemption policy

Opportunities

Immunization is a priority

Parents want to do what is best

Majority of parents do immunize

Increasing attention to hesitancy

Threats

Anti-immunization grps, media, internet

State legislators with vaccine concerns

Communities with high exemptions

Emotion vs. science



Step 3

Target Audiences

Hesitant Parents
of children under 2 years old

Prenatal Care Providers

- OB/GYNs
- Midwives
- Family Practitioners
- Naturopaths
- Nurse Practitioners
- Nurses, MAs and other clinic staff

Pediatric Care Providers

- Pediatricians
- Family Practitioners
- Naturopaths
- Nurse Practitioners
- Nurses, MAs and other clinic staff



Step 4

Marketing Goals

A new patient engagement guideline for providers

- **Ask** – Identify hesitant parents
- **Acknowledge** – Questions and concerns
- **Advise** – Answer specific questions





Step 5

Factors influencing provider engagement in immunization discussions

Disincentives to engage in the clinic setting

- Hesitant parents require more time when less time is available per patient
- Distrust of government and pharma extending to physicians
- Not reimbursed for consultation time re: vaccines
- Lack of consistent – external messaging
- Fighting emotional battle with science
- Feel unprepared for challenging interactions



Provider Research – Pre-Test

AAA Guideline (Ask, Acknowledge, Advise)

Opportunities

- Shows respect for patients
- Builds rapport
- Straightforward and proactive
- Good way to elicit stance on vaccines
- More efficient conversation

Challenges

- May open Pandora's box
- Presumes they have some opinions
- May be hard to empathize
- Does not assert authority
- Disagree over modification of schedule
- Too many handouts



Step 5

Factors affecting hesitant parents to vaccinate on time

Schedule is overwhelming – media heightens concerns

- Higher Income – educated
 - » Age > 30
 - » Income > \$70,000
 - » College degree
- Perceived inflexibility of providers
- Information available to validate any point of view
- Predisposed to question recommendations re: vaccines
- Want to do what's best for their child



Parent Research

Provider use of the AAA Guideline

Opportunities

- Starts with parent's perspective
- Allows time to discuss schedule
- Good if provider actually "listens and "advises" in an unbiased way

Challenges

- Will only work if provider is open to adjusting schedule
- Providers may not know as much as parents on the subject
- Provider may ask only as a formality – not open to discussion
- Providers should discuss pros and cons



Step 6

Positioning Statement

- Easy, efficient and effective
- Identifies hesitant parents
- Structures conversations
- Improves relationships



Step 7

Social Marketing Strategies

- Provider Toolkit – Triple A & Double A Guidelines
- Outreach to Parents/Social Norms
- Alliance/Partnerships



Step 8-10

Implementation and Evaluation

- Develop the Provider Toolkit
- Establish Provider Pilot Sites (4 clinics)
- Evaluation Planning
- Formation of the Alliance
- Fund Development



Toolkit Evaluation

- Pre-testing
- Feasibility Study
- Pilot in 4 clinics
- Long term:
 - Pilot in clinics outside Group Health setting
 - Efficacy evaluation
 - Immunization outcome evaluation



Social Norms

Activating Communities and Parents

- Connect with other states
- Conduct research of the target market
- Identify effective messaging
- Define intervention strategies
- Establish pilot projects