

# PROGRAM PRACTICES SUBMISSION FORM

IMMUNIZATION PROGRAM PRACTICES INFORMATION			
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Does AIM have permission to share this information on the publicly accessible AIM website? All materials submitted will be posted on the AIM website.	_X_Yes	No	
BULL'S-EYE AWARD			
The <b>Bulls-Eye Award for Innovation and Excellence in Immunization</b> recognizes immunization strategies that "hit their mark" and achieve immunization goals with special consideration for practices that are innovative and easily replicated. Each year, AIM awards three programs the Bull's-Eye Award. Only those practices with activities that are <b>currently ongoing</b> or <b>concluded during 2016</b> (including implementation, follow-up, and/or evaluation activities) will be considered for the award.			
Would you like for this submission to be considered for the 2017 AIM Bull's- Eye Award?	_X_Yes	No	
PROGRAM PRACTICE INFORMATION			
Title  #BhepBfree - Hepatitis B Social Media Awareness Campaign			
Keywords (up to 5 main terms/phrases that describe the practice) Hepatitis B, Thunderclap, social media, health promotion, awareness			
<b>Is this practice Evidence / Guideline Based?</b> (if yes, please include reference below)	_X_Yes	No	
Reference: http://www.thecommunityguide.org/vaccines/communityintervention	s.html		
One or more interventions to increase community demand (client reminder and recall systems, manual outreach and tracking, client or community-wide education, client incentives, client-held paper immunization records, and case management).			

### **Background** (scope of the immunization need or problem)

About one million people in the United States are living with hepatitis B infection and don't know it. Most of those people have no symptoms, don't feel sick and haven't been tested. Every year 3,000 of those one million Americans die from cancer or liver failure as a result of their undiagnosed viral infection. Social media has become increasingly popular for parents to discuss health options, specifically topics surrounding immunizations and pregnancy. With young parents relying heavily on internet and mobile web devices for immediate answers to health concerns we decided to host a social media awareness campaign encouraging hepatitis B immunization and testing starting with birth-dose vaccination to help Washington parents make informed, evidence-based decisions for their family. We created the hashtag #BhepBfree to attach to all messaging and invited our partners and supporters to include it in all their own efforts as well.

#### **Program Practice Description**

Describe the practice goals and objectives.

To host a #BhepBfree social media campaign during May (National Hepatitis Awareness Month) with weekly, targeted messages, videos, and images tailored around specific immunization activities and audiences. Our goal was to increase awareness of the importance of vaccination and testing of hepatitis B.

What were the main implementation activities?

The Dept. of Health (DOH) piloted using Thunderclap, an online crowdsourcing platform, to attract a support network throughout April promoting our message of birth-dose vaccination. The message went out on May 1<sup>st</sup>. We then encouraged our supporters to create their own #BhepBfree messaging and reciprocate posting & sharing with each other on social media platforms (Facebook and Twitter) throughout the month of May during Hepatitis Awareness Month.

We created a new birth-dose hepatitis B resource webpage for parents and provider resources and promoted the Thunderclap campaign on internal web pages, live webinars, newsletters, email and in-person immunization conferences.

We posted native-language cultural messaging in Mandarin, Korean and Vietnamese to high-risk Asian and Pacific Islander (API) populations (WA state is 8.4% API) across Twitter encouraging family members to get tested.

Promotion of the campaign continued via our collaborative network of partners including Washington state agencies, federal agencies, clinics, hospitals, pharmacies, and non-profits.

DOH both hosted and participated in webinars and teleconferences promoting the #BhepBfree campaign and answered any questions or concerns partners had in lending support.

Where and when did the practice take place?

Our campaign ran April 1st – May 31st, 2016.

How much staff time was involved?

Our office collaborated on putting together a committee that included an immunization health educator, health services consultant, immunization database specialist and perinatal hep-B coordinator. Committee work was conducted within regular working hours.

What were the costs associated with the activity? What was the funding source?

There were no promotional expenses involved; all web traffic was organic. Original graphic design work and photos were created by internal staff with additional, existing resources provided by CDC. All messaging

content was developed internally. The only cost involved was \$500 for deliverable analytics upon completion of the Thunderclap campaign, funded by AFIX grant, which was optional. It proved to be very insightful following campaign completion.

Identify the target population that the practice affected.

Parents, at-risk groups, providers and hepatitis B coalitions.

If partners were involved, include who was involved, and how.

Stakeholders were invited to participate in supporting the campaign, and in turn they were asked to recruit others. Overall we amplified a local message into larger national (and international) social reach. While our partners contributed largely to amplifying our message, they did not develop content or material for the campaign.

### **Timeframe of Implementation (Start and Stop Dates)**

April 1, 2016 to May 31, 2016

#### Data:

Thunderclap portion of the campaign (April 1 - May 1)):

- 228% of our support goal
- Increased social reach from 16,000 local to 1.1 million worldwide
- over 1,400 Thunderclap web clicks to DOH post-May 1<sup>st</sup> launch

Facebook audience-specific weekly posts in May (6 posts total):

- 7,649 social reach
- 424 engagements

Twitter audience-specific weekly posts in May (6 posts total):

• 54 engagements

## **Conclusions / Lessons Learned / Key Factors for Success**

Through the exclusive use of online social networks and social marketing, the Washington State Dept. of Health successfully increased hepatitis B awareness to local, state, national and international audiences by providing engaging topics and resources tailored for the digital age of mass consumption. Through the use of Thunderclap we were able to reach a wider audience than ever possible through our own efforts.

A no-cost, organic approach (phone calls, webinars, emails, in-person Q&A) proved beneficial to allowing us to educate our partners on how to run their own successful campaign in the future.

In addition, the Thunderclap platform was realized to have great potential for future use, when appropriate, in complementing concurrent immunization campaigns and saving external promotional expenses.

**Key factors/Lessons learned that contribute to success:** 

- "Real" photos earn larger engagements than stock images or graphic designs
- Create education resources around how to properly use social media for prospective supporters
- Know your audience and their limitations; technological barriers need to be recognized

### Check if any of the following are being submitted to complement your submission:

(All materials will be posted on the AIM website)

Testimonials	Project photo(s)
Quote from partner/participant	_X_Publication (e.g., news story, journal article)
_X_Sample of materials produced	Video/audio clip
Press release	_X_Website URL
_X_Promotional materials	Tables or graphs
	Other — Explain:

\*\*Email the completed form to Mary Waterman (<u>mwaterman@immunizationmanagers.org</u>) with the subject line "Program Practices Submission."

