



PROGRAM PRACTICES
SUBMISSION FORM

IMMUNIZATION PROGRAM PRACTICES INFORMATION

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Program: Vaccine-Preventable Disease Section

Does AIM have permission to share this information on the publicly accessible AIM website? All materials submitted will be posted on the AIM website. Yes No

BULL'S-EYE AWARD

The **Bulls-Eye Award for Innovation and Excellence in Immunization** 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 **currently ongoing** or **concluded during 2016** (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? Yes No

PROGRAM PRACTICE INFORMATION

Title
Diverse Media Project

Keywords (up to 5 main terms/phrases that describe the practice)
Media, outreach to diverse populations, immunization education, culturally appropriate advertisements

Is this practice Evidence / Guideline Based? (if yes, please include reference below) Yes No

Reference:

Background (scope of the immunization need or problem)
Sizable Hispanic, African-American, and Native American communities live in Minnesota composing about 4.9%, 5.5%, and 1.3% of the population respectively. Minnesota is also home to a large foreign-born population. The 2011 measles outbreak in Minnesota highlighted the need for specific outreach on immunizations and vaccine-preventable diseases to diverse communities. Of the 21 total cases, nine were Black African-American, eight were Black and of Somali descent, three were American Indian, and one was White. Overall, seven of the cases were unvaccinated because parents refused vaccination.

Program Practice Description

Describe the practice goals and objectives.

The goal of this project is to reach out to diverse communities through targeted media outlets that are trusted in order to provide accurate and reliable immunization information while using messages and images that are relevant to their culture.

What were the main implementation activities?

The immunization and refugee health programs identified 10-14 print and online publications as well as a couple of local radio stations that reach diverse populations in the state. Many of the media outlets print/air content in a variety of languages. Text on print and online advertisements was translated for publications that print in Amharic, Somali, Spanish, and Hmong. The radio PSAs were translated in eight languages for targeted broadcasting. The topic of the ad changed depending on the needs of the community and the time of year.

Where and when did the practice take place?

The project started in January of 2012 and is an ongoing project. Messages are created on a bi-monthly basis (6 messages per year).

How much staff time was involved?

One staff person from the communications unit and one staff from the refugee and international health unit manage the project. These two staff devote approximately 15 hours every two months. Content matter experts are also involved depending on the topic. They contribute about 4-8 hours of time for a given topic.

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

This project is written into our federal grant each year. Total cost for a year of ads is \$25,000.

Identify the target population that the practice affected.

The intended audiences included African American, Ethiopian, Eritrean, Filipino, Hispanic, Hmong, Khmer, Liberian, Oromo, Native American, Pan-Asian, Pan-African, Somali, and Vietnamese in Minnesota.

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

The immunization program worked with communications and refugee health program staff internally. Staff also partnered/contracted with the media outlets who run the ads and PSAs. We pay for the ads and PSAs to run, but many media outlets also run an article about the immunization topic for free. This allows us to give more in-depth information.

Timeframe of Implementation (Start and Stop Dates)

Began January 2012 - present (ongoing project)

Evaluation Data: Was the implementation and/or effectiveness of this practice assessed? (if "yes" or "limited," provide any data that is available) Yes No Limited

Data: MDH staff met with representatives from the media outlets running our ads after the pilot phase of this project in the summer of 2012. They provided feedback on the ads and reported that they had received some positive feedback from their communities about the health content we were supplying.

Conclusions / Lessons Learned / Key Factors for Success

Research shows that sources that are deemed similar to the viewer and are trusted are more persuasive for health messages than other sources. The contracted media organizations are trusted by the communities, giving the messages increased credibility. The images and language in each ad were tailored to be representative of the intended audience; this increases the likelihood of being well-received.

We initially started out doing an ad every month and found that we did not have the staff time/capacity to do something that frequently. Doing a message every other month allows more time to put materials together. The strong relationships between our refugee health program and the diverse media outlets was key to the success of the program. Working with internal partners (communications and refugee health) is also vital to creating culturally appropriate and clear messages.

Reaching out to diverse communities through targeted media outlets provides a valuable opportunity to impact specific populations with messages and images that are relevant to their culture and make sure they are receiving accurate and reliable immunization information.

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

(All materials will be posted on the AIM website)

- | | |
|--|--|
| <input type="checkbox"/> Testimonials | <input type="checkbox"/> Project photo(s) |
| <input type="checkbox"/> Quote from partner/participant | <input type="checkbox"/> Publication (e.g., news story, journal article) |
| <input checked="" type="checkbox"/> Sample of materials produced | <input type="checkbox"/> Video/audio clip |
| <input type="checkbox"/> Press release | <input type="checkbox"/> Website URL |
| <input type="checkbox"/> Promotional materials | <input type="checkbox"/> Tables or graphs |
| | <input type="checkbox"/> Other — Explain: _____ |

****Email the completed form to Mary Waterman (mwaterman@immunizationmanagers.org) with the subject line “Program Practices Submission.”**

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PIENSE EN EL SARAPIÓN.

El sarampión está ampliamente diseminado en lugares tales como
Europa, África, Asia, India y las Filipinas.



**Hable con su médico sobre
las vacunas que usted y su
familia necesitan antes de viajar.**

Para obtener más información, visite www.cdc.gov/travel.

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Badbaadso dadka aad jaceshahay. Is-Tallaal.

Dumarka uurka leh waxay ilaalin karaan
naftooda iyo dhallaankooda iyago qaata
tallaalka hargabka iyo xiiq-dheerta markasta
muuddada uurka ay leeyihiin.

**Waa badbaado in aad is-tallaashid
inta aad uurka leedahay.**

Wax dheeraada ka baro
www.cdc.gov/vaccines/adults/rec-vac/pregnant.html

American Indians are at high risk for flu complications.

Flu and pneumonia rank in the top 10 causes of death for American Indians in the US.



A yearly flu vaccine protects you and others around you.

Get vaccinated against flu.

For more information, go to:
<http://www.health.state.mn.us/immunize>



**Koj muaj lub zog los pov thaiv koj
tus menyuam los ntawm tej kab
mob uas ua rau lawv mob heev tau.**



Hlub lawv.

**Tiv thaiv
lawv.**

**Txhaj
tshuaj tiv
thaiv lawv.**

**Xav paub lus qhia ntxiv, mus xyua
www.health.state.mn.us/immunize**

MDH Minnesota
Department of Health

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<http://www.health.state.mn.us/immunize>

