Using CDC’s Childhood Immunization Campaign Materials in Your Community

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Learning Objectives

After attending this presentation, participants should be able to:

- Understand the importance of audience segmentation when planning for materials dissemination
- Identify CDC childhood immunization campaign materials that can be used to reach different parent audience segments
- Know how to access and use CDC childhood immunization campaign materials
Audience Segmentation

- Identify a group of people who have enough in common that you can reach them or motivate them in the same way.
- Get as specific as you can in describing who you are reaching.
- Disseminate the right messages through the right channels to the right audience.

Source: The CORE Group, AED, and USAID. Applying the BEHAVE Framework
Examples of Ways to Segment Consumer Immunization Audiences

- Demographics
- Vaccine attitudes
- Vaccination behavior
- Healthcare approach
- Information/decision-making style
CDC Childhood Immunization Campaign

- **Target Audiences:**
  - Parents of children under 2 years old
  - Pregnant women
  - Health care professionals (HCPs)

- **Objectives**
  - Reinforce the social norm of vaccination
  - Increase awareness of vaccine-preventable diseases
  - Educate about benefits and risks of vaccination so parents can make informed decisions
  - Support HCPs in the vaccine conversations they are having
CDC Research

- 2008, 2009, 2010 HealthStyles mail surveys
- 2008 and 2009 focus group research with moms
- 2008 online testing of draft educational materials with moms
- 2010, 2012, 2014, 2016 (upcoming) national polls of vaccine attitudes and behaviors
- 2010 cognitive interviews and focus groups with moms to test readability of Vaccine Information Statements
- 2011 focus groups and intercept interviews with parents to discuss vaccination barriers and facilitators, and to test message concepts
- 2014 longitudinal survey of first-time expectant mothers
- 2016 in-depth interviews with parents (upcoming)
Most important sources of vaccination information

- **For parents of children younger than 6:**
  - Their child’s healthcare professional
  - Family and/or their child’s other parent
  - CDC and AAP
  - Internet
  - Friends

- **For pregnant women (first time expectant moms):**
  - Internet search engines
  - Family
  - Their healthcare professional (ob/gyn or primary care)

*Source: 2014 National Poll and 2015 ConsumerStyles Survey

Information Seeking Styles of Parents

Parents fall along a spectrum......

Low information seekers → High information seekers
Vaccination Decision Making Styles of Parents

- **Norm followers**—tend to follow social norms; do minimal assessment of vaccine information.

- **Reliers**—rely on recommendations of trusted sources within their own networks.

- **Searchers**—conduct their own research and critical review of information sources; not influenced by social norms or networks.

- **Categories do not necessarily equate with vaccine attitudes**

*Source: Adapted from Brunson, E. How parents make decisions about their children’s vaccinations. *Vaccine*. 2013: 5466-5470.*
Childhood Immunization Campaign

- When thinking about materials and channels, we view parents and pregnant women on a spectrum:
  - Low → high information seeking
  - Norm followers → relies → searchers

- Did not design campaign this way—but helps ensure we have materials and tactics that reach everyone.
Materials/tactics that promote social norms and remind parents to vaccinate

- Radio and television PSAs
- Digital display ads
- Print ads/posters
- Matte articles
- CDC parent website (basic content)
Tactics that encourage conversations and social sharing

- Provider Resources for Vaccine Conversations with Parents
- Social media content/events: Thunderclap, Twitter chat, social media posts, blog relay, listicles, infographics
- Partnerships and/or media buys with organizations that parents trust: AAP, Every Child by Two, Baby Center, March of Dimes, Lamaze, Mocha Moms What to Expect, and digital influencers (Ex: mommy bloggers, @SeattleMamaDoc)
Materials that Offer In-Depth Education

- CDC parent website (in-depth fact sheets, vaccine safety fact sheets)
- In-depth infographics
- Longer educational videos
- Potential new products: motion graphic infographic; “how to” videos
Caveat

Different types of decision-makers will likely be exposed to all types of materials/tactics. For example:

- Searchers may view PSAs that aim to promote social norms
- Norm followers may see social media posts designed to encourage information sharing
- Reliers may review an in-depth educational video

Just more likely to be influenced by the tactics and materials that fit their decision-making style.
How to Use CDC Materials

- **Provider Resources** — Promote them to healthcare providers in your community through e-newsletters or in-person trainings/events.

- **CDC website and digital assets** — Promote CDC’s vaccine website for parents and link to our digital assets (infographics, listicles, videos) from your own website.

- **Print ads** — See if your local parenting magazine or another local publication could be willing to donate ad space.

- **Posters** — Order copies from the CDC warehouse and post in clinics, health departments, and community venues.
How to Use CDC Materials (cont’d)

- **Fact sheets**—Download, print and distribute them in health departments, clinics, and community venues.
- **Matte articles**—Place in your local community paper, on your website, in your newsletters or repurpose into blog posts.
- **Radio and TV PSAs**—Pitch them to the PSA directors of your local stations (see the PSA pitching guide on NIIW website: [http://www.cdc.gov/vaccines/events/niiv/](http://www.cdc.gov/vaccines/events/niiv/))
- **Social media messages**—Post sample content on your Twitter/FB accounts and participate in social media events (Ex: Thunderclaps, Twitter chats).
New Vaccine Website for Parents

cdc.gov/vaccines/parents
Provider Resources for Vaccine Conversations with Parents

http://www.cdc.gov/vaccines/hcp/conversations
Questions?
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.