Influencing Policy Through Media Strategy

The Colorado Experience

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Partnering to
KEEP COLORADO KIDS HEALTHY

OUR MISSION

Founded in 1991, the Colorado Children’s Immunization Coalition (CCIC) is a statewide 501(c)3 nonprofit that strategically mobilizes diverse partners and families to advance children’s health through immunizations.
Who We Are

Founded in 1991, the Colorado Children’s Immunization Coalition (CCIC) is the only statewide 501(c)3 nonprofit dedicated to increasing childhood immunization in Colorado.

Our core program areas are coalition building, community outreach and awareness, provider education and public policy.

We do not accept funding from vaccine manufacturers and distributors.
Public Policy
CCIC’s public policy agenda engages coalition members and policy makers to identify and advance solutions to challenges in Colorado’s vaccine financing, access, and delivery system.

Community Outreach and Awareness
CCIC’s community outreach efforts, including the award-winning ImmunizeforGood.com and VaccunalosporSuBien.com online campaigns, build awareness among English- and Spanish-speaking parents about the safety and importance of immunization.

CCIC also shares vaccine information with health care providers, parents, the media, and organizations across the country via print resources, social media, the Team Vaccine blog, and more.
Health Care Provider Education
CCIC’s health care provider education services strengthen Colorado’s health care work force by increasing knowledge of clinical guidelines, data, emerging research, and other timely information and resources on immunizations.

Coalition Building
CCIC’s coalition building and engagement strategies leverage the collective voice of diverse children’s health partners to ensure that CCIC leads the state in systems-level support, infrastructure, and resources for children’s immunization.

Low-Cost Immunization Services
CCIC believes that no child should miss out on the benefits of vaccination due to a parent’s inability to pay. We work with partners to host free and low-cost immunization clinics for children and families facing financial or other barriers to care.
How is Colorado Doing?

$20.6 MILLION

There were $20.6 MILLION in hospital charges for treating Colorado children for vaccine-preventable diseases. Actual costs of those not hospitalized but with office and/or emergency department visits and pharmacy costs, as well as missed work, are much higher.

63.8 PERCENT

Immunization helps to protect our youngest and most vulnerable community members. 63.8 PERCENT of Colorado children hospitalized with vaccine-preventable disease are four years of age or younger.

$400 MILLION

Vaccination prevented over 8,600 hospitalizations and averted nearly $400 MILLION in hospitalization charges among Colorado children.

2.5 MILLION

Worldwide, vaccines save 2.5 MILLION children’s lives each year.

25.7 PERCENT

25.7 PERCENT of two-year-olds in Colorado are under- or unvaccinated against one or more vaccine-preventable diseases.

According to the most recent data — *Source: 2015 Vaccine-Preventable Diseases in Colorado’s Children Report*
What is Mass Media?

Mass media is defined as technology that is intended to reach a mass audience. It is the primary means of communication used to reach the vast majority of the general public.

The most common platforms for mass media are newspapers, magazines, radio, television, and the Internet.
Average daily media consumption

- Television
- Internet
- Outdoor
- Radio
- Newspapers
- Magazines
- Cinema

Source: http://qz.com/416416/we-now-spend-more-than-eight-hours-a-day-consuming-media/
Mass Media & Advocacy: Why Do We Need It?

Amplify Message

 Priming

Agenda Setting

 Framing
Mass Media & Advocacy: Why Do We Need It?

Convey Public Attitudes

Activate Supporters

Tell a Story
Background: HB 14-1288

Effective July 1, 2014:

• Licensed childcare centers and schools must publicly disclose, upon request, their immunization and exemption rates

• CDPHE is required to assist school districts in the analysis and interpretation of the immunization data collected

• CDPHE was required to create an online education module on the benefits and risks of vaccines

• The Colorado Board of Health was directed to update rules regarding the frequency parents are required to submit a nonmedical (personal belief or religious) exemption certificate

• A joint policy on immunization data collection and information sharing between the CDPHE and other state agencies must be established
Developing Our Media Strategy

The **HB 1288 Coalition**, consisting of key child health and advocacy leaders, serves to develop and execute strategies to assist with the implementation of HB 1288, including communications and outreach.

**Media Strategy Partners:** CCIC, Healthier Colorado, and Amy Fletcher Media
Developing Our Media Strategy

1. Identify Goals
2. Define the Target Audience
3. Craft Key Messages
4. Develop/Execute Plan
5. Monitor and Evaluate
What do we want to achieve?

1. Inform the public

2. Rally public support

3. Influence rule makers
Proposed Rule Changes

Effective July 1, 2016:

• **Licensed child care:** Parents submit non-medical immunization exemption (NME) forms following each age immunizations are recommended on the schedule developed by ACIP.

• **K-12/college:** Parents submit NME forms annually during enrollment/registration.

• Schools and licensed child care centers must report aggregate immunization and exemption information to CDPHE via an online form by December 1 of each year.

• CDPHE will publish school and child care immunization rates online.
Who do we want to reach?

- Geographic regions that align with certain decision makers’ districts
- Parents, particularly those of school-age children
- Community members
- Educators and school employees
- Areas with high/low rates
STEP 3: CRAFT KEY MESSAGES

**Questions to ask:**

- Why should the audience care?
- Why does frequency of NMEs matter?
- Why is transparency important?
- What is the impact on communities?
- What is the impact on education and learning environments?
- Why now?
STEP 3: CRAFT KEY MESSAGES

Key considerations:
• Understand your resistance points
• Facts alone may not be enough – appeal to logic *and* emotion
• Know exactly what is being proposed
• Clearly state the potential benefits or consequences for your specific audience
• Keep it simple; focus on repetition and saturation
• Know the decision makers
General Public/Parents:

These changes will...

• **Provide parents with more accurate, up-to-date immunization rates and data** at schools and childcare facilities, and empower them to seek this data out and to make informed decisions about where to send their children.

• **Prevent parents from exempting out of convenience.** Currently, a parent must only submit an exemption form once throughout a child’s education career – making it easier and more convenient to elect a personal belief exemption than to provide immunization records.

• **Actively affirm parents’ decision of whether or not to vaccinate their child.** We have experienced a pertussis epidemic in Colorado and are seeing the return of measles in the United States. With these environmental changes, parents may want to reconsider their choices, and this provision gives them the ability do so on a regular basis.
Sample Messages

• **Better assist schools by defining a standardized approach to reporting** that minimizes the burden on schools to provide immunization and exemption data, upon request, per House Bill 14-1288.

• **Create healthier schools and communities.** The best way to keep our communities healthy is to take every step possible to prevent the disease from coming to the school in the first place.

These changes respect the rights of parents to make decisions for their families and respect the right for parents to know the level of risk of the environments in which they put their children.
Tactics:

- **Create a fact sheet** to clarify changes and benefits and illustrate amount of support.
- **Develop standard talking points** for media spokespersons.
- **Coordinate geographically-targeted letters to the editor (LTEs) and opinion editorials (op-eds)** from diverse stakeholders (e.g. parents, teachers, nurses, medical experts and religious leaders).
- **Use existing partners’ channels** to spread messages (e.g. blogs, websites, newsletters).
- **Use measles inquiries** as opportunity to say *Here’s what Colorado is doing to address this problem.*
- **Time new vaccine-preventable disease report release** around Board of Health hearing to highlight problem and propose solutions.
- **Pitch local health, education and political reporters** and offer expert interview.
- **Issue media advisory** to attend public hearing.
- **Issue press release** to announce BOH vote.
STEP 4: EXECUTE PLAN

Timeline:

February:
- Develop background materials (fact sheet, talking points, LTE templates)
- CDPHE releases proposed changes to BOH rules
- Meet with reporters
- Request for BOH Rulemaking Hearing (2/18/15) marks official start of 60-day public comment period

March:
- Implement earned media plan, including op-ed placements
- Draft specific talking points as needed

April:
- Continue to implement earned media plan
- BOH Rulemaking Hearing on 4/15/15
Tips for Reaching Local Media

• Get to know local health reporters

• Start early & be proactive rather than reactive

• Keep in mind media outlets are increasingly under resourced (be ready to deliver)

• Make it as easy as possible for individuals to contribute

• Designate media-trained spokespersons
Tips for Reaching Local Media

Is your content newsworthy?

- Timely
- Relevant
- Local
- Significance
- Prominence
- Conflict
- Consequence/Impact
- Human Interest
- David vs. Goliath
- Surprising
Planning for Media Interviews

• Develop 2-3 main talking points
• Ask for or anticipate questions
• Assume the audience is non-scientific and non-technical
• If you’re citing research, give the practical application (Why does this matter?)
• STOP talking once you’ve made your point
• Assume everything is recorded
• Ask who else is being interviewed (discourage false balance)
• Ask when and where it will air
• Keep the interview on track using bridging techniques that refocus from answer to message
Monitor daily for:

- Mentions
- Opportunities to respond
- Activity from the opposition
- New audiences, concerns or perspectives

Evaluation measures:

- # of outlets reached
- # of stories placed
- # reach and impressions per article (when available)
- # of visits to website from digital articles
OUTCOMES

• 25 stories placed from Feb. 2015 – April 2015
• 40 related stories/mentions
• 6 opinion pieces
• 14 individuals representing health care professionals/medical experts, parents, education professionals, and child care provided testimony
• Several organizations submitted letters of support
• Action alert garnered more than 50 responses
Vaccination rules strengthened in Colorado

Parents asked to reaffirm opt-out decision regularly

New Report: Colorado’s Vaccine Rates Fall Short

One in four kids in Colorado are considered under-immunized, according to the latest state report on vaccine-preventable diseases. We spoke to co-author Dr. James Todd about what parents can do to protect their children.

By Lindsey & Mckeeber
February 22, 2015, 8:00 am

GUEST COLUMN: Access to information helps parents make the best decisions for children

Maeve Williams and Melissa Goodwin and Jake Williams
April 5, 2015

Health board votes to toughen rules for opting kids out of immunizations

By Ann Schimke
April 15, 2015 - 2:00 p.m. EDT

Measles redux, the unnecessary epidemic

By Blake J. Adamson
On April 15, 2015, the Colorado Board of Health voted unanimously (6-0) to approve the Colorado Department of Public Health and Environment’s proposed changes to the frequency and process of submitting non-medical immunization exemptions for school or child care.
Lessons Learned

• Timing helps!
• Act carefully
• Have current, local data
• Emotional stories are difficult to find
• Normalize vaccination when possible
• Discourage false balance
• Determine how you’ll measure goals before you begin
• Make new friends!
Thank You!

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