Vaccine Messaging and Communication

State Public Health Symposium
Atlanta, GA

June 22, 2022
State Action on Vaccine Messaging & Communication

- Raise Awareness
- Disseminate Accurate Information & Address Equity
Raise Awareness

- **Illinois HR 196** (2019) – Increases public awareness of the importance of preteens and adolescents receiving vaccines against meningococcal disease, HPV, influenza, tetanus, diphtheria, pertussis, measles, mumps and rubella, and promotes outreach and education efforts concerning vaccination.

- **Nebraska LR 95** (2021) – Recognizes August as National Immunization Awareness Month and cites the importance of vaccines to maintain and improve child and adolescent health.

- **South Carolina HR 5226** (2020) – Calls attention to the connection between HPV and cervical and other cancers and spreads awareness of vaccine protection.
Disseminate Accurate Information & Address Equity Equity

○ **Arkansas HB 1547** (2021) – Requires all data and information about the safety and effectiveness of any FDA-approved vaccine be available on a public website maintained by the health department.

○ **Florida HB 9** (2021) – Prohibits the dissemination of false or misleading vaccine information with specified intent.

○ **Massachusetts HB 5164** (2020) – Requires health equity in design, development, implementation and oversight of the state's vaccine plan, including culturally and linguistically diverse public education and outreach.
NCSL Resources

- State Public Health Legislation Database
  - Vaccines: Access, Insurance & Workforce, Registries & Reporting, Requirements
- Maternal and Child Health Database
  - Child Immunization Requirements
- State Action on Coronavirus (COVID-19)
  - Health: Vaccine
- Vaccine Policy Toolkit
- States With Religious and Philosophical Exemptions From School Immunization Requirements
Faculty

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Vaccine Communications

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Social Listening Programs

Mis/Disinformation Monitoring

Since 2019, Project VCTR has tracked vaccine-related public communications within all 50 US states. Each week, PGP’s analysts provide insights on trending or emerging misinformation, as well as legislation and advocacy related to vaccines.

Project VCTR is a free resource designed for health organizations, health educators, or members of the press who report on health.

The VDO is a UNICEF-led initiative that identifies, tracks, and responds to vaccine misinformation. It provides three services that work together in concert: (1) Identifying misinformation & information gaps; (2) responding to misinformation through local UNICEF offices; and (3) training and technical assistance.
March 1, 2020 - June 21, 2022
All vaccine references in U.S.

Total Mentions: 484.3M
Average Counts: 574,593 Average Per Day
Potential Impressions: 8.5T

Conversation Theme Trends
Deeper into COVID narratives

Some of the most widely discussed throughout 2021:
Deeper into COVID narratives, 2022

People are still discussing variants, boosters, and side effects:

January 1st - June 21st, 2022
March 1, 2020 - June 21, 2022
Vaccine opposition references in U.S.


Drivers of Vaccine Misinformation

Anti-vaccine rhetoric was led by niche groups up to 2020, but the pandemic has exploded it into the mainstream. It’s becoming inseparable from identity.

Vaccine misinformation spikes every time federal, state, or local authorities make decisions.

During the pandemic, a top anti-vaccine Twitter account referenced vaccines over 47,000 times before it was suspended.

Even though many more groups are skeptical or opposed to vaccines than prior to 2020, the talking points still come from identifiable sources.

Each issue represents a complex conversation.
Emerging Data

Vaccine Skepticism

• Skepticism and opposition to COVID-19 vaccine policy is now extending to all other vaccines.

• Political identity appears to be the main driver – this is very new - and messaging by well known anti-vaccine and anti-government individuals and groups are leveraging this.

• US discourse on vaccines is reaching every corner of the globe. We find statements from US elected officials, fringe health care providers, and pundits shared and echoed in even the most remote places on Earth.
Vaccine Messaging and Communication

State Vaccine Confidence and Communication Campaigns

Claire Hannan, MPH
Association of Immunization Managers
Executive Director

NCSL State Public Health Symposium
June 22, 20
The Association of Immunization Managers (AIM) represents the 64 immunization programs that receive funding from CDC’s National Center for Immunization and Respiratory Diseases (NCIRD)

50 states, 6 major cities, 8 territories/federated states

AIM works to:
- Collaborate with partners
- Promote efficient allocation of resources
- Promote development/implementation of policies and programs
- Provide a forum for information sharing and leadership development
Today’s Discussion

• Background: vaccination rates and what is at stake
• Building confidence in vaccines
  • Supplemental funding to state and local health agencies
  • CDC guidance
• State communication and confidence campaigns
  • Public perceptions (KANSAS)
  • Community engagement (WISCONSIN, TEXAS)
  • Provider education (INDIANA, NORTH DAKOTA, WA STATE)
  • COVID campaign example (ALASKA, MARYLAND)
• Tips and resources
Building Confidence: Supplemental Funding and Guidance
COVID-19 supplemental funding guidance for immunization program awardees

- COVID-19 Funding
  - Coronavirus Response and Relief Supplemental Appropriations Act of 2021
  - The American Rescue Plan Act of 2021

- Supplemental Funding Opportunities
  - COVID-19 Vaccination Supplemental #3 Funding Guidance
  - COVID-19 Vaccination Supplemental #4 Guidance
  - Addendum to COVID-19 Vaccination Supplement 4
Using a community driven approach to reduce vaccination disparities

- This guidance provides a community-driven approach to identifying partners as well as increasing vaccine confidence and uptake using five steps
  1. Use data to identify and prioritize communities of focus
  2. Identify relevant government officials and community partners
  3. Understand barriers in community and create an implementation plan
  4. Help community partner networks implement plans
  5. Conduct continuous program evaluation

Guide-For-Awardees-for-Community-Driven-Strategies.pdf
State Communication and Confidence Campaigns
Kansas Statewide Survey: Attitudes Toward Vaccines

Key findings from a statewide survey of 600 registered voters in Kansas, conducted January 27-February 3, 2022.
More than 80% of Kansas voters say wellness vaccines are completely/mostly safe and completely/mostly effective.

“Do you believe wellness vaccines are completely safe, mostly safe, somewhat safe, mostly unsafe or completely unsafe?”

“Do you believe wellness vaccines are completely effective, mostly effective, somewhat effective, mostly ineffective or completely ineffective?”

- More than 80% of Kansas voters say wellness vaccines are completely/mostly safe.
- More than 80% of Kansas voters say wellness vaccines are completely/mostly effective.
When it comes to wellness vaccine info, physicians are the dominant source of information and by far the most trusted.

**“Where do you receive most of your information about wellness vaccines?”**

- Physician or Health Provider: 66%
- Internet/Social Media: 10%
- Government Health Agency (Local, School, State, National): 10%
- Friends/Family: 9%
- Other: 5%
- Don’t Know: 1%

**“What source would you say you trust the most when it comes to information about wellness vaccines?”**

- Physician or Health Provider: 75%
- Government Health Agency (Local, School, State, National): 10%
- Friends/Family: 8%
- Internet/Social Media: 1%
- Other: 4%
- Don’t Know: 1%

^Split Sample A, N=296; ^^Split Sample B, N=304.
We know that vaccines work. Before the polio vaccine was created in the 1950s, there were over sixteen thousand cases of polio in the U.S. every year. By 2019 there was not a single case of polio in the U.S.

We know that vaccines in the U.S. have saved lives and eliminated or significantly reduced the number of infectious diseases. Each year in the U.S. wellness vaccines given to children will prevent forty-two thousand early deaths and 20 million cases of disease.

The Kansas Medical Society, which represents nearly three thousand medical doctors across Kansas, strongly supports children receiving wellness vaccines.

The Kansas State Nurses Association, which represents over forty thousand registered nurses across Kansas, strongly supports children receiving wellness vaccines.

All four messages in support of taking wellness vaccines resonate strongly; the polio example resonates the most.

“We now like to read you some statements people have made in support of taking wellness vaccines, and after I read each statement, please tell me if you think that statement is very convincing, somewhat convincing, not very convincing, or not at all convincing as a reason to take wellness vaccines.”

Ranked by % Very Convincing

<table>
<thead>
<tr>
<th></th>
<th>Very Convincing</th>
<th>Total Convincing</th>
<th>Not At All Convincing</th>
<th>Total Not Convincing</th>
</tr>
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<tbody>
<tr>
<td>We know that vaccines work. Before the polio vaccine was created in the 1950s, there were over sixteen thousand cases of polio in the U.S. every year. By 2019 there was not a single case of polio in the U.S.</td>
<td>72%</td>
<td>93%</td>
<td>6%</td>
<td>10%</td>
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<tr>
<td>We know that vaccines in the U.S. have saved lives and eliminated or significantly reduced the number of infectious diseases. Each year in the U.S. wellness vaccines given to children will prevent forty-two thousand early deaths and 20 million cases of disease.</td>
<td>58%</td>
<td>88%</td>
<td>10%</td>
<td>8%</td>
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<td>The Kansas Medical Society, which represents nearly three thousand medical doctors across Kansas, strongly supports children receiving wellness vaccines.</td>
<td>52%</td>
<td>90%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>The Kansas State Nurses Association, which represents over forty thousand registered nurses across Kansas, strongly supports children receiving wellness vaccines.</td>
<td>50%</td>
<td>82%</td>
<td>18%</td>
<td>5%</td>
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^Split Sample A, N=296; ^^Split Sample B, N=304.
Wisconsin Department of Health Services
Vaccination Community Outreach Grant Program

- **Over 4K** Vaccination Events
- **Over 131K** vaccinations administered
- **Over 24K** education events
- **Nearly 3T** paid and social media ads
- Estimated trillions of impressions
Funded Projects

Funded organizations include:

- Federally Qualified Health Centers (FQHCs)
- School districts
- Local/tribal health departments
- Community-based organizations

**Round 1:** 6.3M to 101 Community level organizations

**Round 2:** 11.6M to 135 Community level organizations
“Our goal was for 5,000 households to be reached through door-to-door canvassing, and we exceeded that goal with over 8,000+ households reached over a 7-week period.”

“We were able to help vaccinate over 400 Hmong and Southeast Asian elders and adults. Individuals shared with us that if it was not for our mobile vaccine clinics, they would not have been able to get vaccinated because they lacked the computer skills to register online...[and] due to language barriers”

Sherman Park Community Association

The Hmong Institute
Utilize and Build Trusted Relationships

“the trust that exists in pre-existing relationships between OASD liaisons and family members helped families feel more comfortable about the vaccine.”

Oshkosh Area School District

“Focus more on one-on-one outreach activities in communities with low vaccination rates. Empower community members to share their own experiences when they get vaccinated to dispel myths and misconceptions. Personal experience was the most requested and effective way to share vaccine information.”

Wisconsin Literacy Inc.
Texas COVID-19 Vaccine Outreach & Education Grant Program

Building vaccine confidence through supporting local community focused activities.
Creative Community Engagement & Partnerships

Communication Service for the Deaf (CSD) & Deaf Action Center (DAC)

El Paso ISD

Faith-Based
Enhance your community's health

Locations
Ongoing Vaccine Confidence Campaign
Community-based Vaccine Confidence Building
LESSONS LEARNED

• Offer COVID vaccine + other vaccines
• Address misinformation
• Messages from local, trusted medical professionals
• Partnerships with trusted community members: churches, workplaces, or schools
• Flyers and posters in common community spaces
• Information in multiple languages
Community-based Vaccine Confidence Building

LESSONS LEARNED

• Fear tactics and dire warnings ineffective
• Specific and targeted messaging
• One-on-one conversation at community events
• Messaging focused on overall healthy behaviors or community health
We are rounding the corner into another pandemic summer, and COVID vaccine uptake for children continues to be slow. That's a problem as new COVID-19 variants continue to spread. With boosters for children 5 - 11 being approved and the possibility that a vaccine for children under five may finally be available for children this summer, it's essential to be ready to have conversations with parents.

Researchers at UMass Medical School found that "COVID-19 vaccine-hesitant individuals became less hesitant after a brief recommendation from a doctor." That means doctors and healthcare providers have a unique opportunity to persuade parents who may be on the fence. Luckily, there are tips to help you with those conversations.

A recent study conducted by IUPUI in collaboration with the Indiana Department of Health and the Indiana Department of Education looked at the factors that differentiate COVID-19 vaccine intentions among Indiana parents.

The researchers determined that to motivate parents that are hesitant to vaccinate their children, rather than highlighting the risks of COVID, healthcare providers should emphasize the safety and efficacy of the vaccine. Click the button below to read a summary of the findings.
Conference Objectives

- Explore strategies to address COVID-19 vaccine with patients, to ultimately increase vaccination rates in healthcare practices.
- Examine the role social media can play in COVID-19 vaccine communication.
- Summarize COVID-19 vaccine safety monitoring systems and safety data.
WORKING TO ADDRESS VACCINE CONFIDENCE IN WASHINGTON STATE
Intervention: respectful, proactive communication


Not hesitant
(or planning to follow the recommended schedule)

Ask.
Offer parents the recommended childhood immunization schedule.
Ask what questions they have about the schedule. Use open-ended questions. Clarify and restate their concerns to make sure you understand.

Not hesitant
(or wanting to follow an alternative schedule)

Acknowledge.
Support parents’ decisions to follow the recommended schedule.

"Staying up to date on vaccines is the single most important thing you can do to protect your child from serious diseases."
"I think you’ve made a great decision."

Advisement.
Encourage parents to get up to date on their own vaccines. Emphasize the importance of getting vaccines with future vaccinations. Suggest parents think about whether or not people’s care for their child is up to date on their vaccines.

Bestialt
(or wanting to follow an alternative schedule)

Acknowledge.
Emphasize it is the parents’ decision. Applaud them for wanting what is best for their child. Name the emotions you observe. Acknowledge risks and conflicting information sources. Be clear that you are concerned for the health of their child, not just public health safety.

Many parents have these same questions.

"If I want to do everything you can to keep your child safe, and so do I!"

"To have to help you have the information you need to make decisions that will work for your family,"

"There are a lot of different opinions about vaccines."

Advisement.
Tailor your advice to parents’ specific concerns. Using the Frequently Asked Questions at right. Offer written resources. Allow time to discuss the pros and cons of vaccines. Be willing to discuss parents’ ideas. End with at least one action you both agree on.

Frequently Asked Questions

What are the benefits of vaccines?
Vaccines protect against diseases that can harm your child. Some diseases like polio can cause serious long-term health problems or death.
Vaccines have saved more lives than any other medical intervention, including antibiotics or surgery. Vaccines also help prevent disabilities such as blindness and paralysis that can be caused by disease.

What are the risks of vaccines?
Vaccines can cause mild side effects that usually appear within a couple days. The most common are fever or swelling where the injection was given. Serious side effects from vaccines are extremely rare. For example, only one in a million may have a severe allergic reaction to a DTP vaccine. There is no evidence that vaccines are linked to chronic diseases such as autism, autoimmune disorders, asthma, or diabetes.

Haven’t we gotten rid of these diseases in the U.S.?
No. The vaccines we recommend are for diseases that still occur in the U.S. or are still a risk. You may have heard about whooping cough (pertussis) becoming more common in the Northwest. There were more than 4,000 cases in Washington and Oregon between 2004 and 2007. Other diseases may be just a flu bug away.

Will my child be exposed to toxins from these vaccines?
No. Vaccines do not contain any. Vaccines do not contain any harmful substances from the body. In fact, babies get more aluminum from breast milk or formula than they do from vaccines.

The aluminum in some vaccines is used to stabilize the vaccine, which can reduce the risk of allergic reactions. This is not harmful.

Why does my child need all these vaccines at such a young age? Is it safer to delay some shots?
The vaccines we offer young babies are to diseases that are especially dangerous to them. These diseases can have devastating long-term effects on your baby’s health.

It is actually more dangerous to delay vaccines than to give them. This is because the diseases that vaccines prevent are more serious than any side effects. Most of the time, young babies are exposed to diseases from people around them every day, such as a brother, sister, parent, and other family members, and caregivers.

Isn’t this too many shots at one visit?
There is no evidence that getting more than one vaccine at the same time will harm your child. Newborn babies successfully respond to more new substances every day than are in the vaccines we recommend. The human immune system can recognize and respond to thousands of organisms in the body at the same time. This is even true for newborn babies.

Your choice to stick to the recommended schedule actually makes your child’s immune system stronger.

Can’t separate the MMR vaccine into individual shots?
Separate MMR shots are not available in the U.S. But that’s a good thing. When the MMR was given separately, there were gaps of time when children still susceptible to these very serious diseases the MMR prevents: measles, mumps, and rubella.

We use the combination MMR because we know it’s safe — and because it protects against these diseases in one shot. That’s less discomfort for your child.

Can’t use an alternative schedule?
The evidence suggests that there is no benefit to delaying vaccines. In fact, it actually increases your child’s risk for getting a disease that vaccines could have prevented.

There is flexibility within the recommended schedule. Let’s look over it together and come up with a plan that you’re comfortable with.

For more resources visit vannorthwest.org
Sleeves Up, Alaska

- **Sleeves Up for Summer**
  - Community-driven campaign to increase COVID-19 vaccinations statewide
  - Events planned by local communities, business groups and health care and community organizations

- **Sleeves Up for School (2021-2022)**
  - DHSS provided information about COVID-19 vaccinees for Alaska's youth and families
Maryland Department of Health GoVAX Campaign
Resources
COVID-19 Communication Resources

Resources to improve informed decision-making, health equity & COVID-19 vaccination coverage in communities.

COVID-19 Vaccine Communication Resources

- COVID-19 vaccine checklist for kids ages 5-11 (Centers for Disease Control and Prevention)
- Does the COVID-19 Vaccine Cause Miscarriage? (CDC)
- The Science behind COVID-19 Vaccines: Parent FAQs (CDC)
- Resources for Providers
  - COVID-19 vaccine education and communication guide (PDF)
  - Venting Communication Toolkits for Provider Populations
  - Toolkit helps find and tell facts around COVID-19 Vaccines and Facility Goals (PDF)
- Resources for Faith-Based Organizations
  - Masks Faq (Centers for Disease Control and Prevention)
  - CDC - COVID-19 Resources: Best Practices for Community and Faith-Based Organizations (PDF)
  - Global Health Communicator Center - Back 2 Basics Website (website with downloadable materials)
- Hispanic Faith Community Toolkit (English/Spanish)
- How Can Faith Leaders Help Support the COVID-19 Vaccination Effort? (English/Spanish)
- Public Health Authority - Vaccine Facts for Health Authority (PDF)
- COVID-19 Communication Resources for Community-Related Populations (PDF)

Power and Innovative Information for Protecting Our States & Our Communities (PDF)
- Rack Community Education Toolkit (Website with messaging and shareable resources)

Resources for Hispanic Populations:
- COVID-19 Vaccine Information: Fact vs. Fiction (English/Spanish) (60-second animated video)
- Hispanic Education Toolkit (English/Spanish) (Website with messaging and shareable resources)
- How to Support COVID-19 Vaccine Confidence in Latinx Communities (Infographic)

Resources for Native American Populations:
- American Indian/Alaska Native Tribal Leaders Toolkit (Fact sheets and social media materials) (PDF)
- COVID-19 Native Tribal Youth Vaccination Toolkit (PDF)
- COVID-19 Vaccine Information: Fact vs. Fiction (English/Spanish) (60-second animated video)
- How to Support COVID-19 Vaccine Confidence in Native American Communities (Infographic)
- Indian Health Service COVID-19 Vaccine Confidence Materials (Website with downloadable files and sign)
- Snowflake Vaccine Efforts in Indian Country (Report of survey data and strategies)

Resources for Community Leaders/Trustee Messengers (church leaders and others):
- How to Support COVID-19 Vaccination Efforts: Back to School (Website)
- How Can Faith Leaders Help Support the COVID-19 Vaccination Effort? (English/Spanish)

Resources for African American Populations:
- African American Coalition, Black Communities Education Toolkit
- COVID-19 Vaccine Information: Fact vs. Fiction (English/Spanish) (Video)
- How to Support COVID-19 Vaccination Efforts: Back to School (Website)
General Resources/Toolkits for Communities

Community Health Workers Toolkit: We Can Do This

COVID-19 Community Resources

Welcome to the COVID-19 Community Resource Center. This site was created to support community-based organizations, specifically those that serve communities of color, in their tireless efforts to protect the people in their communities from COVID-19. Here you will find free resources to complement your existing work. If you are looking for something specific that is not currently available, please tell us what you need by filling out this short survey and we will review your request.
Summary of Key Activities

• Community-driven messaging and messengers
• Building trusted relationships in communities
• Reviewing science and data with providers
• Education campaigns for public
  • Using familiar voices
  • Acknowledging questions are okay but vaccinating is the norm
  • Encourage discussion with pediatrician/medical home
• Monitoring and dispelling myths and misinformation
Tips for Vaccine Policy Discussions

• Know the audience (constituent versus organized natl campaign)
• Expect media and public attention
• Build on core values and common ground
  • Everyone wants children to be healthy
• Don’t get bogged down arguing the specific details of the science
  • Science and data must be considered in their totality
• Be respectful: put information out that is factual and accurate
• Be empathetic: listen to constituents; acknowledge that it is ok to have questions
• Invest in data and evaluation
• Invest in communities
Thank you!
Thank you!

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