

Social Marketing and vaccination acceptance: Understanding and addressing determinants of behaviors and mechanisms of change in context

Vaccine acceptance science, policy,
and practice in a «post-fact» world



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Social Marketing

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Creating demand for HPV vaccination: Branding and social marketing strategies

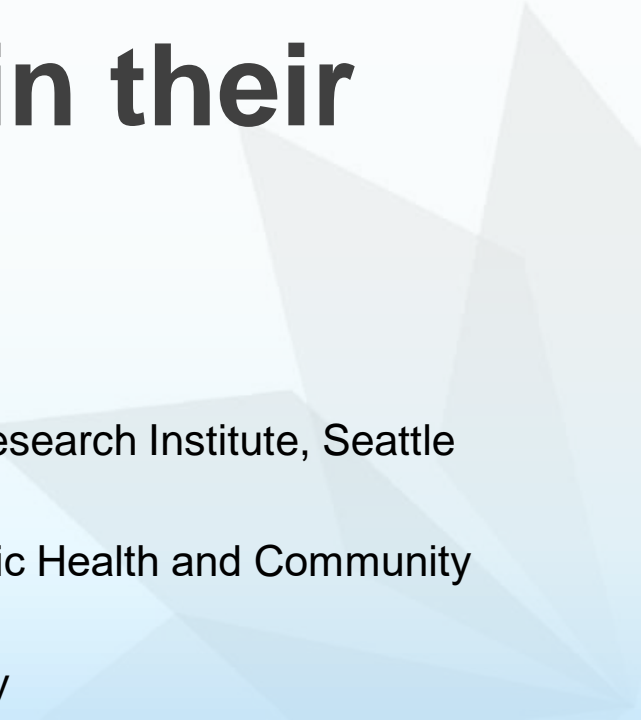
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Engaging parents to advocate for immunizations in their communities

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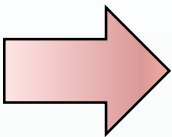
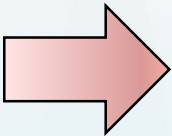
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Social Marketing

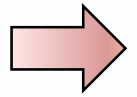
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WHO Sage Working Group on Vaccine hesitancy

Strategies to address Vaccine Hesitancy:

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- Communication can not only improve knowledge but also influence policy, the environment and realize behavioural changes.
 - Communications is a key component of strategies to address vaccine hesitancy, but communication alone will not resolve every vaccine hesitancy issue. Similarly, correcting poor communication that is contributing to vaccine hesitancy will not necessarily correct vaccine hesitancy.
- 
- Review of industry and other organizations' approaches to changing behaviour suggests that **social marketing** techniques may be useful in changing vaccine hesitancy. The WHO –EUR Tailoring Immunization Programmes to address hesitancy is based upon social marketing principles.

What is Social Marketing?



Is it...

- Communicating social issues/ behaviors?
 - No.
- Selling augmented products?
 - No.



What is Social Marketing?

Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good.

- *Social Marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable.*

Tapp, A., Brophy, R., Carausan, M., Carruthers, J., Peattie, S., Revill, S., Chamberlain, M., Lee, N., Sherif, S., Beall, T., Morgan, W., Lellig, C., Suggs, L.S., & French, J (2013).

Endorsed by iSMA, ESMA, AASM

What is not social marketing?

It is not only communication...



... but
communication can be leveraged as an helper to promote the social marketing
“product” (i.e. the desired behavior).



**Protect
your baby,
protect
yourself**

Get the Whooping Cough Vaccine

PROTECT PREVENT IMMUNISE

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Health Service Executive

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Don't give it.**

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ANYWHERE**

You could come in contact with influenza
anywhere at anytime. Get immunised today
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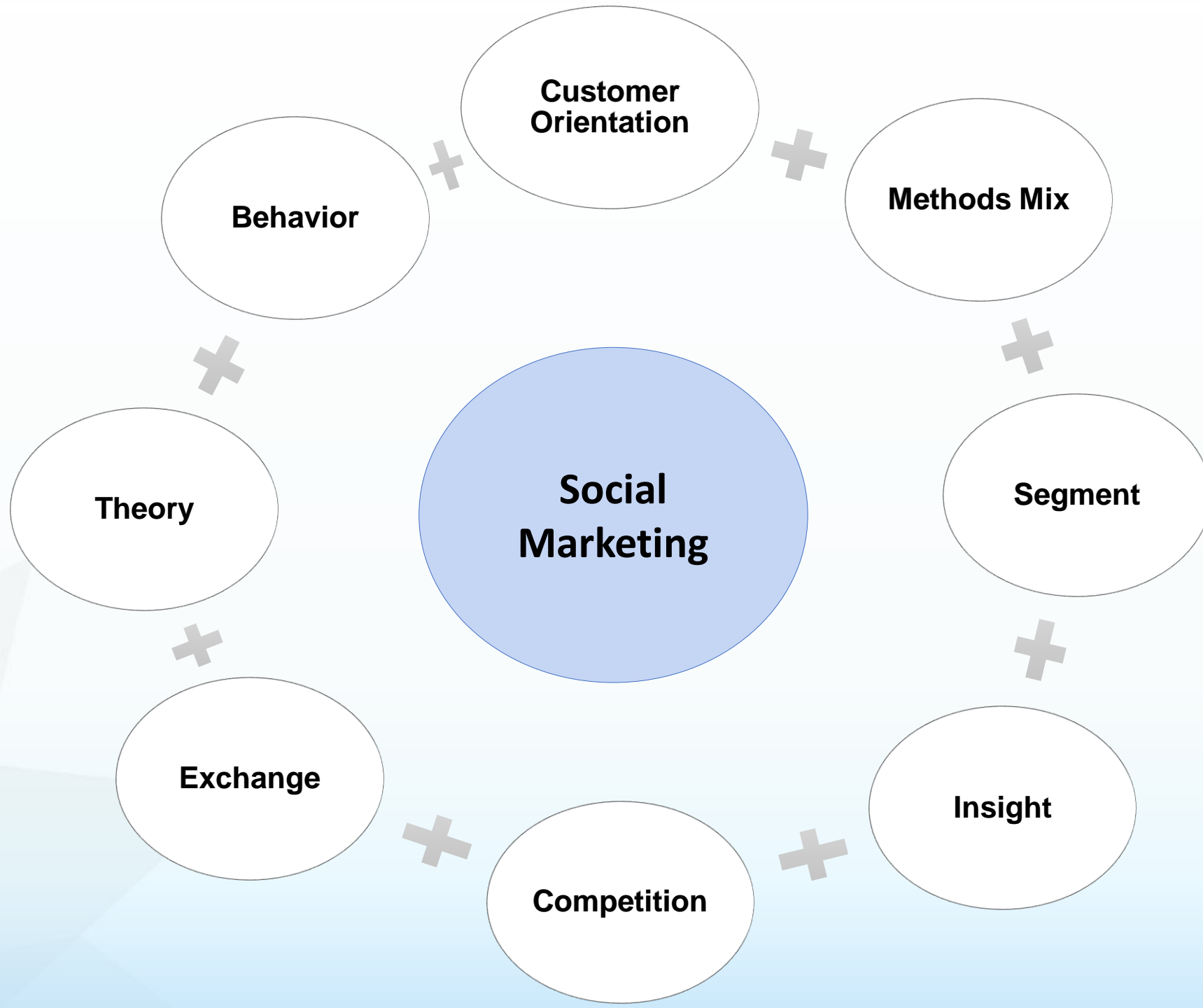
The information on this leaflet is not available from vaccination programmes for those not eligible for the vaccination.
See the rights and responsibilities of the donor and the recipient. The information on the vaccine is not available for those
who are not eligible for the vaccine. See the rights and responsibilities of the donor and the recipient. See the rights and responsibilities of the donor and the recipient.

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Vaccination uptake behavior: more than a communication problem

“Given the diverse reasons for parental refusal of or delay in immunizations, a one-size-fits-all approach to health promotion founded on expert authority or the articulation of the scientific evidence that supports immunization ignores the realities of how people are persuaded.
Social marketing may hold the key.”



The Social Marketing Mix = 6 Ps



Product	What vaccination are you trying to get people to “buy”? (Core product) What is the benefit of that vaccination (actual product) Are there tangible or non tangible objects or services that would support vaccination uptake?	HPV Vaccination Flu vaccination Whooping cough vaccination To follow the vaccination schedule
Price	What is the perceived “value” of vaccination? What are the barriers to uptake? What do people get in return? (monetary and non monetary)	Psychological, Emotional, Cultural, Social, Behavioural, Financial
Place	Where is vaccination available? How easy is vaccination to access?	School, Doctor’s office, Pharmacy, Primary Health Clinic, Community events, Homes
Promotion	What messages work? Who are trusted sources? Where do people get information about vaccination?	Communication, Advertising, Direct mail, Doctor, Teacher, ICT
Policy	What policies influence vaccination uptake?	Reimbursement, Location (access), Exemptions
Partnerships	Are all partners who facilitate vaccination uptake involved?	HCPs, schools, media, parents, the public, and policy makers

The Social Marketing Mix



Product	<p>What vaccination are you trying to get people to “buy”? (Actual)</p> <p>What is the benefit of that vaccination (Core)</p> <p>Are there tangible or non tangible objects or services that would support vaccination uptake? (Augmented)</p>	<p>HPV Vaccination</p> <p>Flu vaccination</p> <p>Whooping cough vaccination</p> <p>To follow the vaccination schedule</p>
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The Social Marketing Mix



Product

What vaccination are you trying to get people to
(Actual)

What is the benefit of that vaccination (Core)

Are there tangible or non tangible
that would support us

Price

vaccination?

What are the barriers to uptake

What do people get in return?
(monetary and non monetary)

Non-monetary

Safety concerns

Accessibility

Lack of knowledge about threat of vaccine-
preventable diseases

Lack of trust in medical authorities

Beliefs / ideology

Influential people / Social networks

Health literacy

Monetary

Copayments or administration fees

Location

The Social Marketing Mix



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Promotion	What do people need to know? What message framing works? Who are trusted sources? Where do people get information about vaccination?	Communication, Advertising, Direct mail, Doctor, Teacher, ICT

The Social Marketing Mix

Product

What vaccination are you trying to “buy”? (Core product)

What is the benefit of that product?

Are there tangible or non-tangible services that would support the product?

Price

What is the perceived “value” of the product?

What are the barriers to uptake? What do you get in return? (monetary and non-monetary)

Place

Where is vaccination available? How easy is vaccination to access?

Promotion

What do people need to know?

What message frame is most effective?

Who are trusted sources?

Where do people get information?

What information about vaccination is most effective?



Last season the majority of VCH staff got the flu shot (88% of medical staff; 81% of all other staff) - the rest wore a mask.

Join the ...

FLU FIGHTERS!

PROTECT YOUR PATIENTS, YOUR COWORKERS, YOUR FAMILY, AND YOURSELF.

Get a flu shot today from:

- a peer nurse immunizer on your unit
- your family doctor
- VCH immunization clinics (select sites)
- a local pharmacy

Jenny & Jenny, Richmond Hospital

Visit www.vch.ca/staff-flu for details

Vancouver Coastal Health

The Social Marketing Mix



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SM effectiveness in vaccination behavior



Colombia Immunization Program

- A social marketing approach to child immunization resulted in an increase immunization coverage:
 - **From 20%** in 1979 **to 60%** in 1984 among children under one;
 - And **from 20%** in 1979 **to 80%** in 1984 among children under four.

Philippines Immunization Program

- The percentage of children that complete the full range of vaccines before their first birthday increased **from 32.2% to 56.2%** in one year (survey sample from 1990)

[Social Marketing: Its Place in Public Health](#)

*Jack C. Ling, Barbara A.K. Franklin, Janis F. Lindsteadt, and Susan A.N. Gearon
Annual Review of Public Health 1992 13:1, 341-362*

SM effectiveness in vaccination behavior



“County-Sponsored Social Marketing Campaign to Increase Mothers’ Initiation of HPV Vaccine for Their Preteen Daughters in a Primarily Rural Area”

Cates et al. (2011)

- Based on Health Belief Model
- HPV Vaccination rates increased by **2%** in a 6-month campaign for 9-13 year-old girls

“Intervention effects from a social marketing campaign to promote HPV vaccination in preteen boys” Cates et al. (2014)

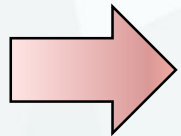
- Both parents and providers were targeted
- 3-month intervention
- Intervention effect: during the program the probability of vaccination increased by **34%** (intervention counties Vs. control counties)

Context fit: one size does not fit all

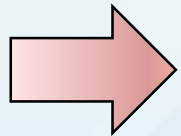


“The causes of vaccine hesitancy varied in the different countries and were context-specific, indicating a need to strengthen the capacity of national programmes to identify the locally relevant causal factors and to develop adapted strategies to address them.”

Dubé et al. (2014)




The determinants of vaccine uptake vary according to different factors, such as **culture, religion, ideology, & policies**.



Vaccination uptake campaigns must be tailored according to the specific target audience characteristics and the environment in which they live to be efficient and effective.

Conclusions

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- ➔ Policies are increasingly suggesting that Social Marketing be used to address wicked and complex health problems that are behavioral based (including health enhancing policies).
 - ➔ Unless a mandate is in place, vaccination is a voluntary behavior (to some extent).
 - ➔ Social marketing looks **beyond communication** and investigates the determinants of vaccination **in context**
 - ➔ **Transferability** and **scalability** of the social marketing process and possibility to **tailor** the single components according to the context and determinants of behavior / non behavior

Conclusions

- ➡ Too many have excuses for not doing social marketing properly
- ➡ One campaign is not enough
- ➡ Formative research is not a “nice to have”. It is essential.
- ➡ Community and target audience engagement... (Clarissa Hsu)
- ➡ Branding programs and behavior... (Doug Evans)



Thank You

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- www.i-socialmarketing.org/





References

Bernhardt, J. M. (2004). Communication at the Core of Effective Public Health. *American Journal of Public Health*, 94(12), 2051–2053.

Betsch, C., Brewer, N. T., Brocard, P., Davies, P., Gaissmaier, W., Haase, N., ... Stryk, M. (2012). Opportunities and challenges of Web 2.0 for vaccination decisions. *Vaccine*, 30(25), 3727–3733.

<https://doi.org/10.1016/j.vaccine.2012.02.025>

Butler, R., & MacDonald, N. E. (2015). Diagnosing the determinants of vaccine hesitancy in specific subgroups: The Guide to Tailoring Immunization Programmes (TIP). *Vaccine*, 33(34), 4176–4179.

<https://doi.org/10.1016/j.vaccine.2015.04.038>


Cates, J. R., Diehl, S. J., Crandell, J. L., & Coyne-Beasley, T. (2014). Intervention effects from a social marketing campaign to promote HPV vaccination in preteen boys. *Vaccine*, 32(33), 4171–4178.

<https://doi.org/10.1016/j.vaccine.2014.05.044>

Cates, J. R., Shafer, A., Diehl, S. J., & Deal, A. M. (2011). Evaluating a County-Sponsored Social Marketing Campaign to Increase Mothers' Initiation of HPV Vaccine for Their Preteen Daughters in a Primarily Rural Area. *Social Marketing Quarterly*, 17(1), 4–26.

<https://doi.org/10.1080/15245004.2010.546943>

Diekema, D. S. (2012). Improving Childhood Vaccination Rates. *New England Journal of Medicine*, 366(5), 391–393. <https://doi.org/10.1056/NEJMp1113008>





References

Dubé, E., Gagnon, D., Nickels, E., Jeram, S., & Schuster, M. (2014). Mapping vaccine hesitancy—Country-specific characteristics of a global phenomenon. *Vaccine*, 32(49), 6649–6654.

<https://doi.org/10.1016/j.vaccine.2014.09.039>

Freed, G. L., Clark, S. J., Butchart, A. T., Singer, D. C., & Davis, M. M. (2010). Sources and Perceived Credibility of Vaccine-Safety Information for Parents. *PEDIATRICS*, 127, S107–S112.

<https://doi.org/0.1542/peds.2010-1722P>

Goldman, N. A., Romina. (2017, June 15). E-health literacy and the vaccination dilemma: an Israeli perspective [text]. Retrieved September 20, 2017, from [http://www.informationr.net/ir/22-](http://www.informationr.net/ir/22-2/paper751.html)

[2/paper751.html](http://www.informationr.net/ir/22-2/paper751.html)

Hull, P. C., Williams, E. A., Khabele, D., Dean, C., Bond, B., & Sanderson, M. (2014). HPV vaccine use among African American girls: Qualitative formative research using a participatory social marketing approach. *Gynecologic Oncology*, 132(Supplement 1), S13–S20.

<https://doi.org/10.1016/j.ygyno.2014.01.046>

Jeudin, P., Liveright, E., del Carmen, M. G., & Perkins, R. B. (2014). Race, Ethnicity, and Income Factors Impacting Human Papillomavirus Vaccination rates. *Clinical Therapeutics*, 36(1), 24–37.

<https://doi.org/10.1016/j.clinthera.2013.11.001>

Ling, J. C., Franklin, B. A. K., Lindsteadt, J. F., & Gearon, S. A. N. (1992). Social Marketing: Its Place in Public Health. *Annual Review of Public Health*, 13(1), 341–362.

<https://doi.org/10.1146/annurev.pu.13.050192.002013>





References

- Mah, M. W., Hagen, N. A., Pauling-Shepard, K., Hawthorne, J. S., Mysak, M., Lye, T., & Louie, T. J. (2005). Understanding influenza vaccination attitudes at a Canadian cancer center. *American Journal of Infection Control*, 33(4), 243–250. <https://doi.org/10.1016/j.ajic.2004.12.006>
- Nowak, G. J., Gellin, B. G., MacDonald, N. E., & Butler, R. (2015). Addressing vaccine hesitancy: The potential value of commercial and social marketing principles and practices. *Vaccine*, 33(34), 4204–4211. <https://doi.org/10.1016/j.vaccine.2015.04.039>
- Opel, D. J., Diekema, D. S., Lee, N. R., & Marcuse, E. K. (2009). Social Marketing as a Strategy to Increase Immunization Rates. *Archives of Pediatrics & Adolescent Medicine*, 163(5), 432–437. <https://doi.org/10.1001/archpediatrics.2009.42>
- Streefland, P. H. (2003). Introduction of a HIV vaccine in developing countries: social and cultural dimensions. *Vaccine*, 21(13), 1304–1309. [https://doi.org/10.1016/S0264-410X\(02\)00685-0](https://doi.org/10.1016/S0264-410X(02)00685-0)
- WHO Sage Working Group on Vaccination Hesitancy (2014)
http://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf
- 