Creating demand for HPV vaccination: Branding and social marketing strategies

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

- Define branding for health promotion
- Health branding & behavior change theory
  - Multi-level approach to branding health behavior
  - Reframe choices, create “shortcut” to health decisions, create demand for healthy behaviors and health services
- Branding has been effective in demand creation across a wide range of health behaviors
- Case study of branding HPV vaccination
Are we client or agency?
“A brand is a set of associations linked to a name, mark, or symbol associated with a product or service…A name becomes a brand when people link it to other things.” (Tybout & Calkins, 2005)

Behaviors can also be branded by creating mental associations with beneficial behavioral outcomes (wants, needs, hopes, dreams)
Products Have Identities: It’s not just a shoe...

...it’s $220 USD at http://store.nike.com! Why so much?

Final edition, 2016
Brands as Identities

- Not just a logo or tagline (physical manifestation), but an identity: a representation in the consumer’s mind
- Benefits for the consumer are represented
- Associations with beneficial brand characteristics
- Functional – easy to use, fast
- Social/Emotional – fun, sexy
- Behaviors, products, services, organizations, etc. all have these same characteristics
Health Branding & Behavioral Theory

- Brands create positive **brand equity** in healthy behaviors
  - Brand equity has a basis in Social Cognitive Theory (SCT) & Integrated Model (IM) (Evans, 2016)
- Specifies the modeling component of SCT
  - Testable process by which the **benefits of healthy behaviors** may be depicted through social role models
- Specifies attitude component of IM – changes in attitudes targeted by health messages are mediated by brand equity
- **Brands are social marketing strategies for behavior change**

Positioning behavior
Truth Body Bags
Concept

Every day
1200 people
die from
tobacco.

truth
• **Brands can increase demand for behavior change**
• Position behaviors against competition
• **Products/ideas/other behaviors can be framed as competition**

![Diagram](image)

- **Anti-Smoking**
  - “Just Say No”
  - “Think, Don’t Smoke”
  - “Tobacco is Whacko”

- **Tobacco**

- **Empowering**
- **Controlling**
- **Rebellious**
Published Health Brands (n = 75)

- Effect sizes avg $d = .12$ compared to $.05-.09$ in review of all campaigns in same period (Synder et al, 2013)
- Many have large effects up to $d = .32$
- Wide range of topics
- Global reach
- There’s more!
Case Study: Branding HPV Vaccination

- Can vaccination be branded like tobacco control or HIV prevention?
Literature on HPV Vaccination Promotion

- Substantial literature on HPV and cervical cancer awareness and risk perceptions
- Very limited literature on communication and social marketing efforts
- Most studies in rich countries (US, Europe)
- No published studies on effectiveness of branding for HPV vaccination
Evidence of potential motivators/barriers to vaccination promotion

In LMIC, HPV vaccine recommendation from the health care provider as beneficial for easing parental concerns and influencing their intent to vaccinate child (Nowak et al., 2015; Paul et al., 2014; Vielot, et al., 2017)

Wamai et al. (2012) evaluated a campaign in Cameroon.

“As part of the campaign strategy, at least six trained health workers visited schools, clinics, churches, and communities, sharing information about HPV and cervical cancer, and encouraging them to understand the risks of HPV.”

Limited evidence on promotion suggests need for new efforts
New project: Branding HPV Vaccination in Rwanda

- Co-sponsored by Girl Effect and GAVI
- Based on existing branding developed by Girl Effect
- Research question: How to adapt branding efforts to promote HPV vaccination?
- Just getting started, design and formative work to report now
Ni Nyampinga (NN) is an existing brand, source of health information

- NN magazine and radio show are most accessible and trusted sources of information on health among target age girls in Rwanda.

- BAZA SHANGAZI (your Aunt you can tell everything) plays an important role in providing girls with information about health.

- Meetings, radio and community practice are the sources of information parents rely on
The focus on Rwanda will be to examine the effect of the brand at improving:

- **Knowledge** of HPV vaccines
- **Attitudes** towards the vaccines
- **Intention to act** (to go to the health facility and / or to get vaccinated)

This will be examine through three pieces of research:

1. Formative research to understand the context & needs of audiences (in process)
2. A format test to identify the most effective format to deliver messages on
3. Efficacy study to evaluate effects of direct & indirect messages on outcomes

**Formative research** (qualitative)

To develop appropriate content for audiences (Feb – April)

**Format testing** (qualitative)

To identify the most effective formats for delivery (Oct – Nov)

**Efficacy testing** (mixed methods)

To examine the efficacy of the brand (Dec – Mar 18)
Topline findings: Formative research in 2017

• Girls hold positive views of vaccines generally

• However, girls are developing negative attitudes towards the HPV vaccine specifically

• Trusted sources of information, such as the radio and NN, play a major part in improving attitudes towards the vaccine

• Providing information on the HPV vaccine should focus on a) the purpose of the vaccine and b) dosage (how much and why; and when)
Different levels of knowledge of HPV vaccine

Source: They have never heard it

Not aware

Who: Some of girls who have not yet vaccinated and out of school
Some of mothers

Heard

● Sisters
● Friends
● Other people in the community

Heard

● Teachers

Aware

● Radio programmes

Who:

● Some girls who have not yet vaccinated.
● Some girls who have vaccinated

● Few girls who have not yet vaccinated.
● Few girls who have not yet vaccinated.

● Female parents
● Some of male parents

● Some of male parents
Rumours on HPV Vaccinations

- There is lack of systematic, reliable, and trusted information on HPV which leaves girls exposed to ‘rumours’

- There are rumors that have been developed around HPV vaccine
  - Example: not giving birth/ not menstruating

Because
- Of lack of sources of official informations.
- Focusing on a specific ages and sex.
- Negative experience of the vaccine

Yes, we have concerns because there are many thought around that vaccine where they said that if you have been vaccinated you will not give birth. Female parent Rubavu district
Girls have negative experience toward HPV vaccination

- Girls are not properly informed on:
  - What is HPV vaccine?
  - The purpose of HPV vaccine in the body
  - How many doses of HPV vaccine to receive?
  - Why is the targeted group of girls?
  - The time when HPV vaccination has to happen
- Vaccines are generally associated with ‘needles’. So is HPV!
- Girls aged 13 believe that the needle is painful and this develops a fear around HPV vaccine
  - Girls report to have hidden and run away from both inoculations
There is contradiction of what vaccinator are saying and what girls are saying

<table>
<thead>
<tr>
<th>Audience</th>
<th>Girls</th>
<th>Parents</th>
<th>Health care worker</th>
<th>Vaccinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience</td>
<td>● Selection of girls aged 12 from class.</td>
<td>They are not aware of what is happening</td>
<td>● Community lack information</td>
<td>● One week before</td>
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<tr>
<td></td>
<td>● The needle is painful</td>
<td></td>
<td></td>
<td>● 30 minutes before vaccinating</td>
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<tr>
<td></td>
<td>● Girls are not informed</td>
<td></td>
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<tr>
<td>Communication</td>
<td>● Teachers tell girls that they are going to receive the HPV vaccine on the day.</td>
<td>Parents are not informed.</td>
<td>● HPV vaccine is for girls aged 12.</td>
<td>● What is HPV vaccine?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>● Finding and sending out of school girls at the health centre.</td>
<td>● The purpose</td>
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<td></td>
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<td>● The number of dose to receive</td>
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<td></td>
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<td>● The negative effect</td>
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**Health seeking behaviour**: Demonstrating a successful demand model at low operational cost

- The biggest cost driver for HPV vaccination programmes = cost of vaccine distribution to remote locations
- That cost is substantially reduced in a health facility-based delivery setting, but with the challenge of getting girls to the health facility a concern for coverage
- Improving health-seeking behaviour has relevance & importance beyond HPV and immunisation
- Supporting individual health seeking behaviour can drive demand for a broad range of adolescent services available at the point of delivery—creating opportunity for integration & building an adolescent health platform
- Demonstrating success will demonstrate a sustainable model in adolescent health, and not just HPV/immunisation
Future Directions: Health Branding

- Health branding = tool to build demand for behavior change
- Need more health branding rigorous quasi-experimental and experimental research
- Need education & research agenda in health branding to increase its use in social marketing
- Behavior change campaigns need to apply branding principles to their research, programs, and services
Thank you! Questions?

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