



World Health Communication  
Associates

***Social marketing - insight driven  
approaches to vaccination  
confidence building for all***

**Annecy**  
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TECHNICAL DOCUMENT

### Social marketing guide for public health programme managers and practitioners



TECHNICAL DOCUMENT

### Social media strategy development

A guide to using social media for public health communication

*This presentation builds upon several ECDC and WHO guides developed by WHCA for public health programme managers and practitioners.*



### Let's talk about protection

Enhancing childhood vaccination uptake



Communication guide for healthcare providers

### Let's talk about hesitancy

Enhancing confidence in vaccination and uptake



Practical guide for public health programme managers and communicators



THE SOLID FACTS

# Health Literacy



# Aims - Messages



***(Re) emphasise the importance of***

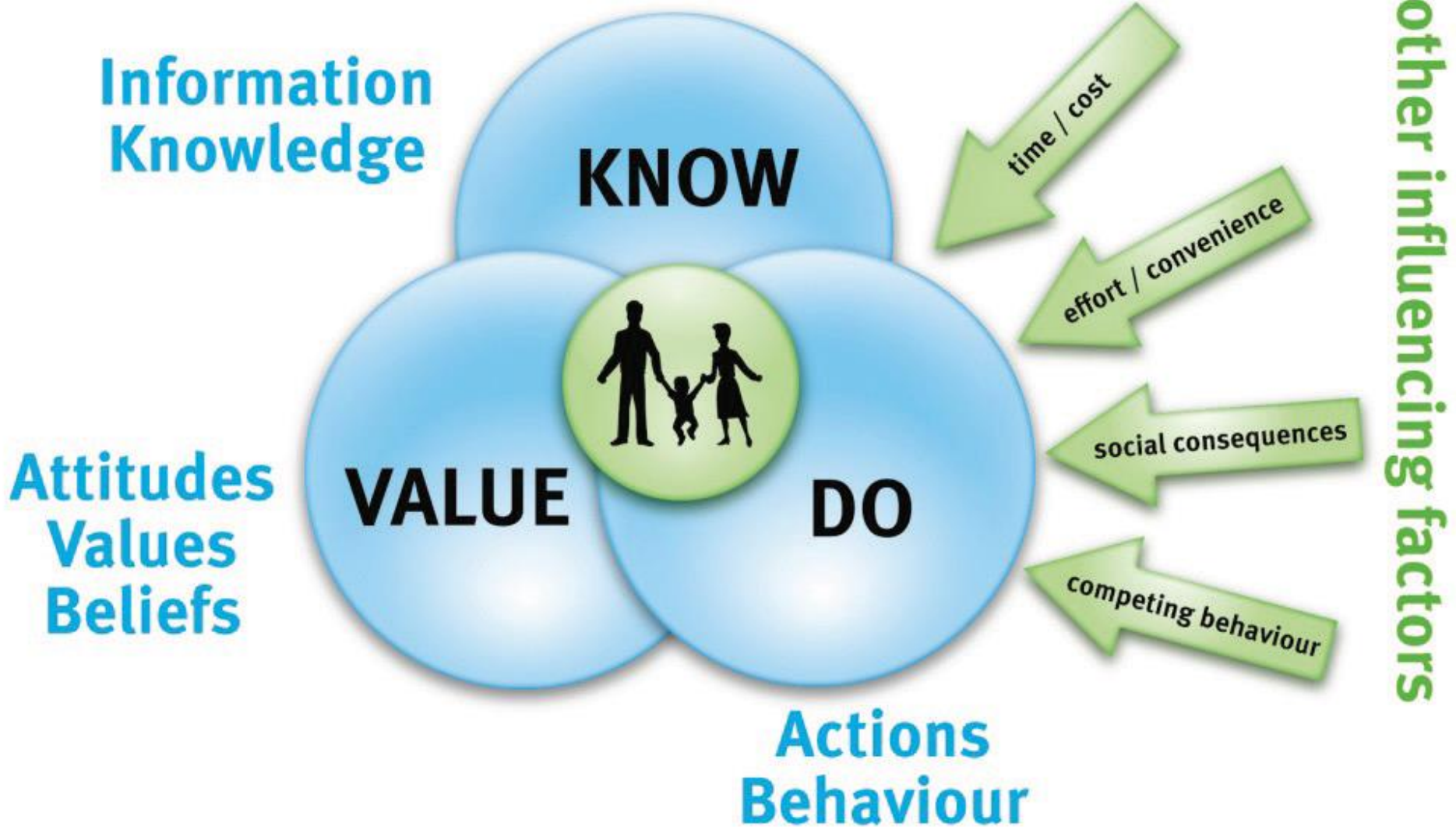
- 1. Listening*** to gain insights on target specific determinants of hesitancy
- 2. Matching*** interventions to specific determinants
- 3. Sustaining*** interventions through adaptive framing and engagement strategies

# Social marketing

## Definition

Social marketing is an active interventional approach that seeks to integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for social good.

# Behaviour is influenced by:



# Social Marketing Characteristics



- Rational, logical systematic approach
- Draws on many theories and approaches
- Flexible and adaptable (Real world )
- Commercial marketing informed but...

# Systematic Approach

1. Setting goals and SMART objectives
2. Analysing situation and influencing factors
3. Understanding target audience(s)
4. Developing exchange proposition(s)
5. Selecting marketing interventions

**SCOPE**

6. Pre-testing and piloting

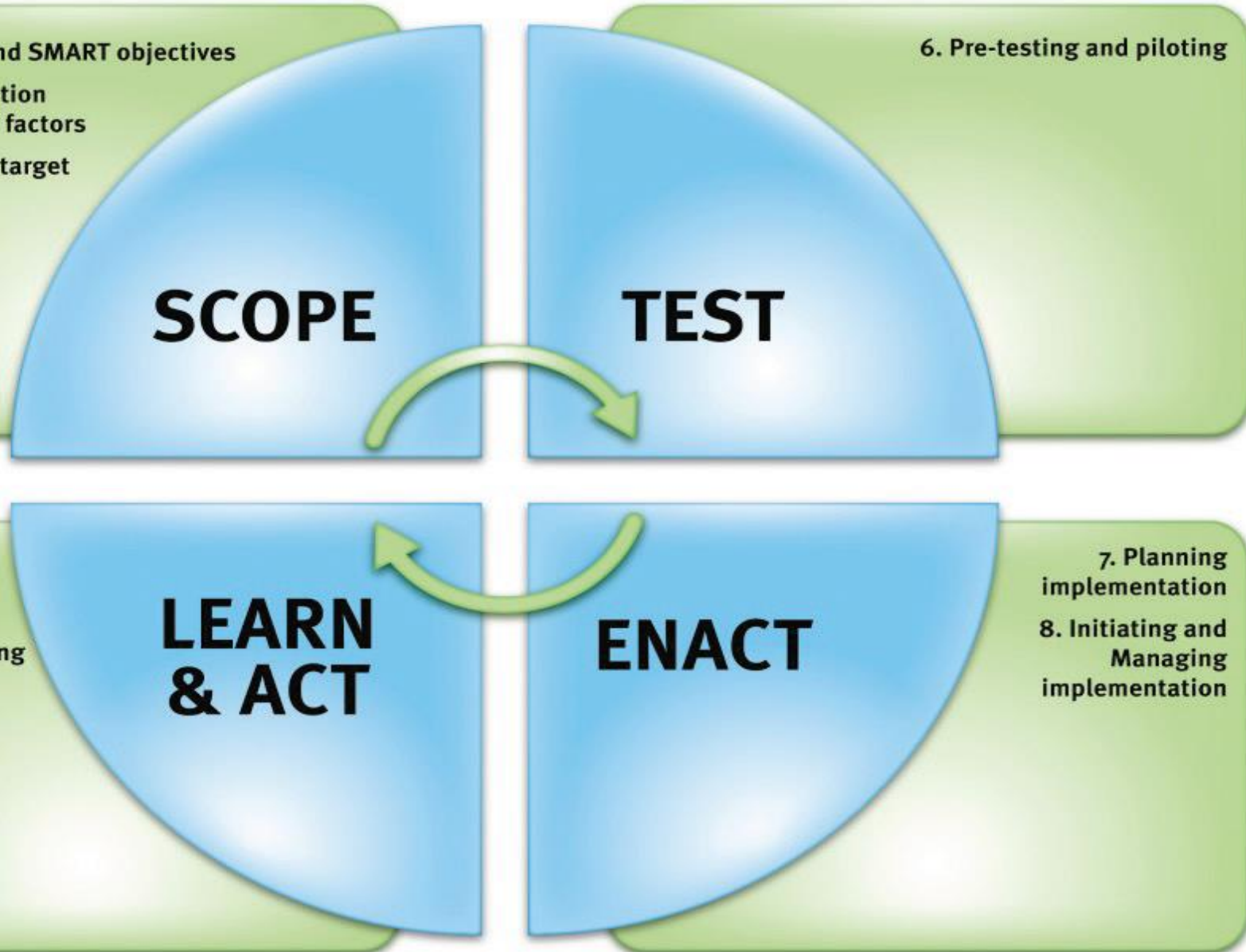
**TEST**

9. Evaluating and reporting
10. Reviewing and building learning

**LEARN  
& ACT**

7. Planning implementation
8. Initiating and Managing implementation

**ENACT**



## Overview of steps, tasks, activities and tools

Steps	Tasks	Activities	Tools (see Part3)
Scope	1. Setting goals and SMART objectives	1. Explain what action is needed	Tools 1–3
		2. Identify the target group and behaviours you want to change	
		3. Set SMART objectives	
	2. Analysing situation and influencing factors	1. Do situation analysis	Tools 4–11
		2. Do competition analysis	
		3. Review evidence and data	
		4. Map and record assets	
	3. Understanding target audience(s)	1. Gather target audience insights	Tools 12–17
		2. Segment your audiences	
	4. Developing exchange proposition(s)	1. Develop behaviour promotion strategy	Tools 18–22
		2. Make the case for compliance	
	5. Selecting marketing interventions	1. Select interventions	Tools 23–26
		2. Do intervention cost-benefit analysis	
Test	6. Pre-testing and piloting	1. Test each potential intervention and hypothesis	Tools 27–29
		2. Report on the impact of the pilot programme	
Enact	7. Planning Implementation	1. Intervention plan	Tools 30–36
	8. Initiating and Managing implementation	1. Manage partners, risk and opportunities	Tools 37–43
2. Report on process			
Learn and Act	9. Evaluating and reporting	1. Evaluate outcomes	Tools 44–46
		2. Make recommendations	
	10. Reviewing and building learning	1. Identify follow-up actions	Tools 47–50
		2. Identify future implications	



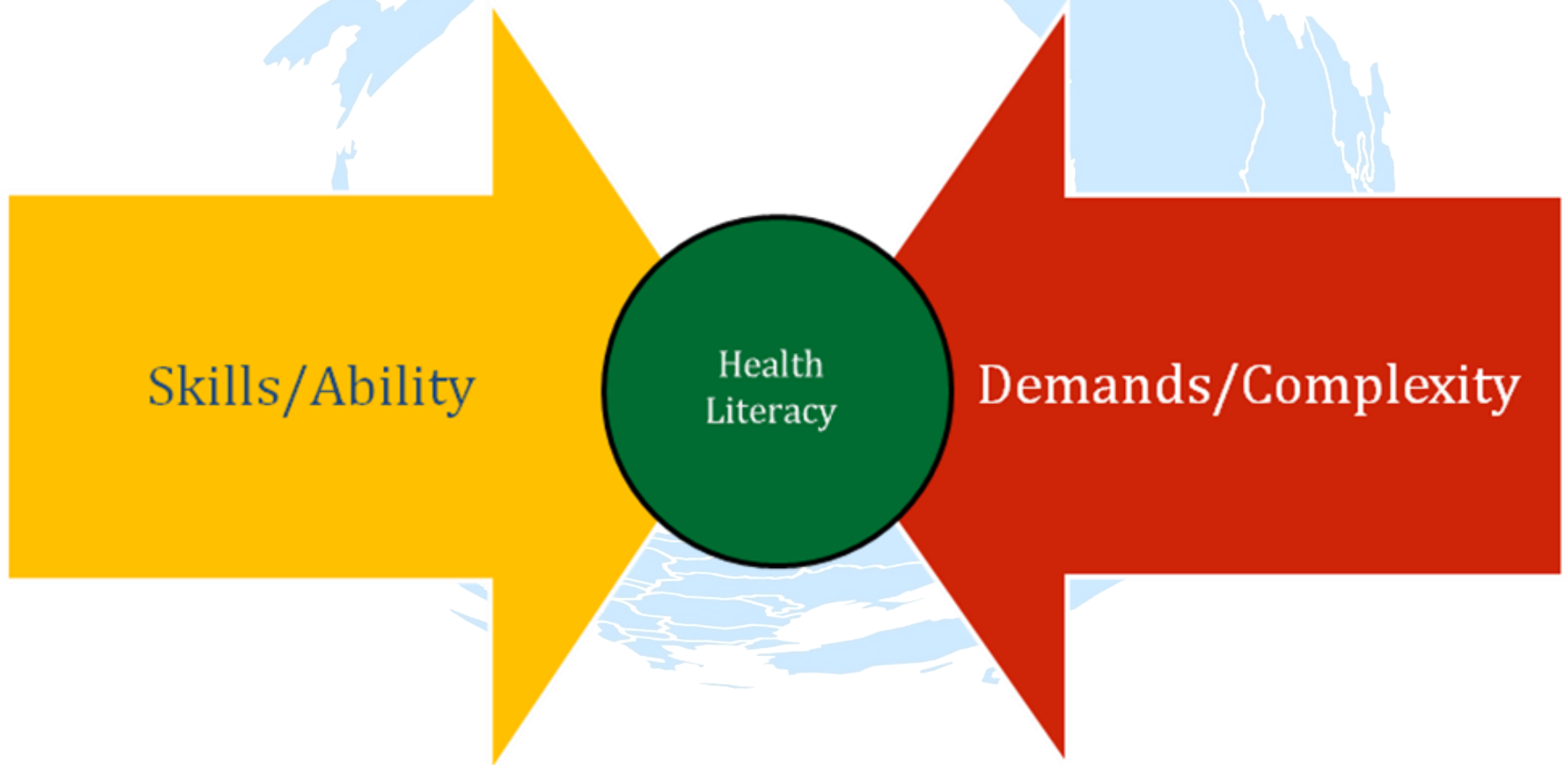
# Behavioural theories



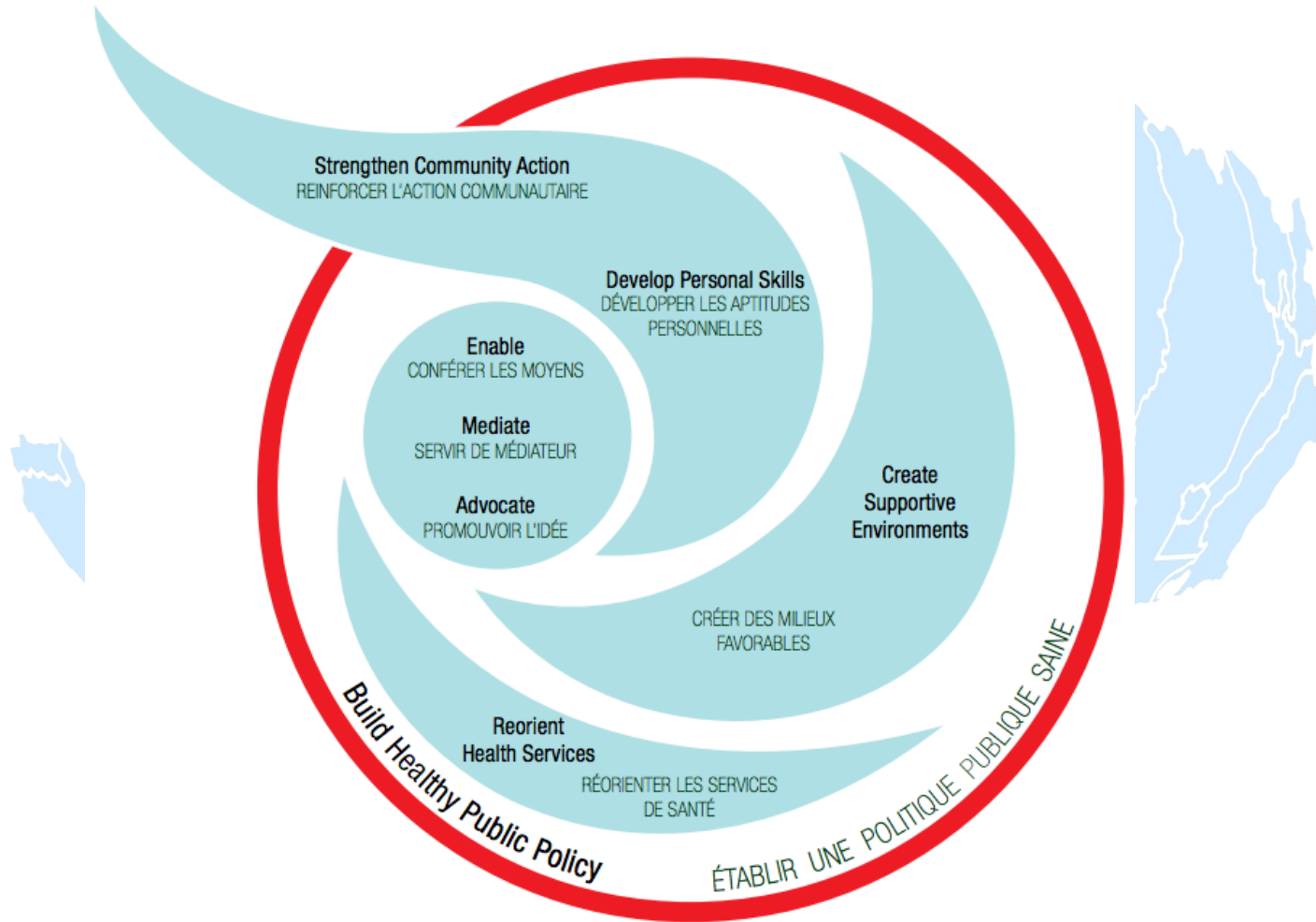
- Diffusion of innovation theory (Everett 1962)
  - Transmission of information
  - Study of persuasion
- Transtheoretical model (Prochaska, et al, 1994)
  - Stages of change
- Ecological model (Abroms and Maibach 2008)
  - A range of social and behavioural determinants
  - “Layers” of influence

# Health Literacy

People's ability to access, understand and use information for health



# Health Promotion



# Social vs Commercial Marketing

Social Marketing	Commercial Marketing
Objective - change behavior	Objective - Earn Money
Sells- intangible product	Sells- tangible product
Funded by taxes and donations ( often third parties)	Funded by companies
Long term goals	Short term goals
Influenced by social and political imperatives	Influenced by profit incentives
Primary measures are non-financial	Primary measures are financial

# Aim 1- Listening first- -Changing our 'mind-set'

Traditional information communications & 'message based' approach

OUR mission  
& crafting  
'our messages'

communicating the  
information  
& messages



## Customer orientation & insight based social marketing approach

'the audience'



starting with  
'the customers'

understanding  
1: the customer &  
2: the behaviour

everyday lives hopes & fears /  
values & beliefs behaviour &  
influences

generating  
'insight'

what really  
'moves & motivates'

# Aim1- Listening

Put your mind into gear before your mouth into motion...



# Eduardo's Home



# Eduardo's Community





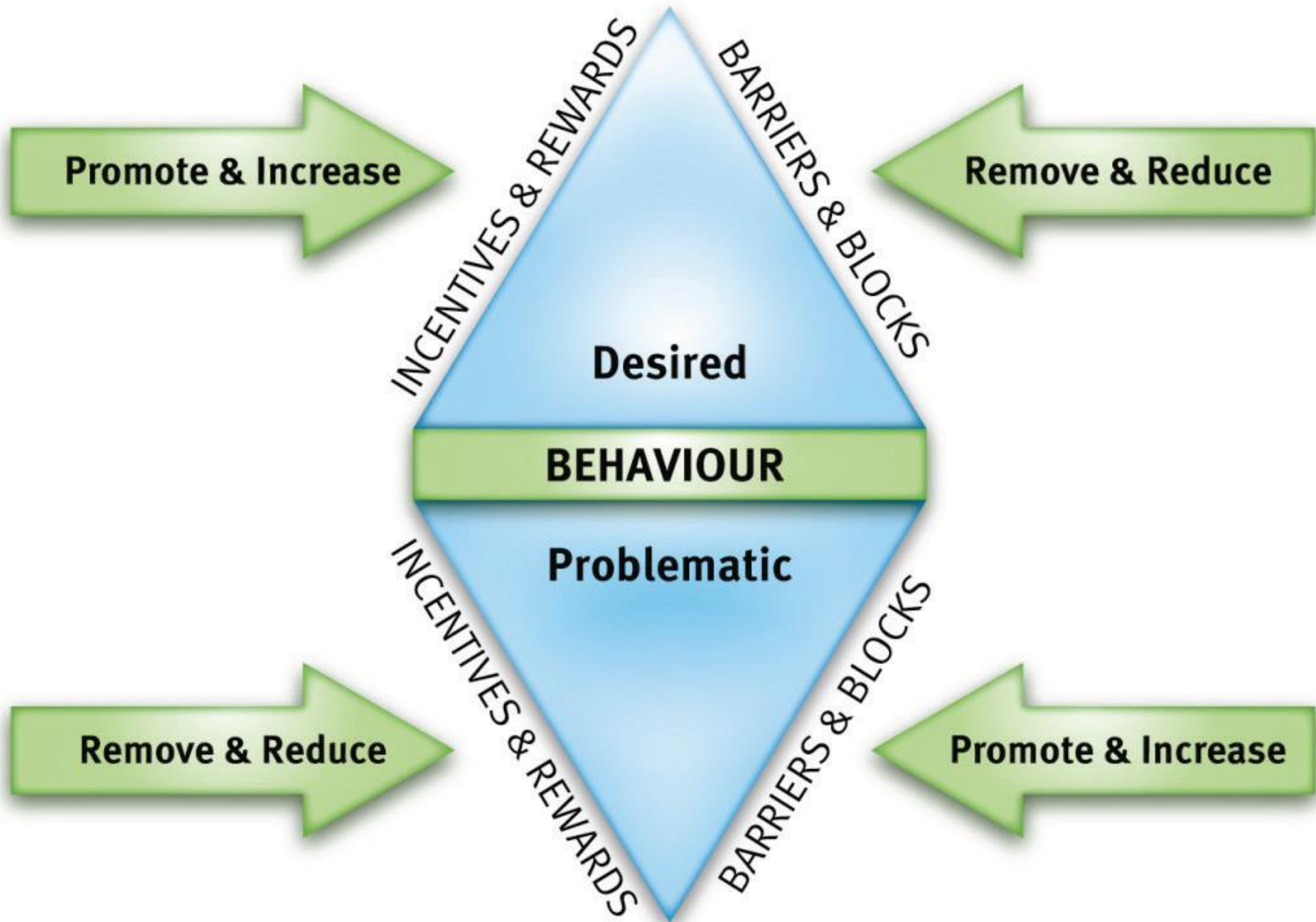
# Roma - focus group messages

**Know more about us.**

**Reframe 'hard-to-reach' as mainly 'poorly reached' system failures.**

**View immunisation as one part of a larger health challenge.**

**Integrate us into mainstream programmes .**



# Message 2

## *Matching interventions to determinants*



# Hesitancy Determinants – Sage Model



# Hesitancy Determinants

Determinants of vaccine hesitancy by category and number of times recorded

	Determinant	Number of times recorded*	References
<b>Contextual Influences</b>	Conspiracy theories	7	11, 12
	Religious fatalism	5	12, 13, 14, 15, 16
	Negative exposure to media	3	2, 17, 18
	Violation of human rights	3	11, 12
<b>Individual and group influences</b>	Vaccine safety	31	6, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31
	Lack of information	12	2, 6, 11, 18, 20, 25, 26, 29, 30, 32
	Low risk/severity of disease	10	13, 17, 22, 25, 28, 31, 32
	Vaccines not effective	10	16, 17, 21, 22, 26, 27, 28, 29, 30, 33
	Mistrust in health institutions	9	6, 11, 20, 22, 27, 31
	Healthy bodies	9	17, 22, 26, 33
	Social norms	6	2, 13, 14, 17, 27
	Vaccination not a priority	6	16, 18, 19, 21, 26, 32
	Against vaccination in general	6	18, 25, 27, 29, 31, 32
	Alternative prevention methods	5	12, 16, 24, 26, 27
	Diseases are beneficial	4	17, 22, 26, 27
	Fear of injection	4	13, 20, 27, 30
	Previous negative experiences	4	16, 17, 26, 32
	Humans too weak to fight vaccines	3	11, 17, 27
	Responsibility if something bad happens	2	11
	<b>Vaccine and vaccination issue influences</b>	No medical need	9
Access		7	2, 14, 16, 18, 19, 24, 31
Financial cost		6	2, 20, 24, 30, 32, 33
Lack of recommendation from providers		4	18, 29, 31
Vaccine novelty		2	24, 27
Inconsistent advice from providers		2	6, 24



# Hesitancy Determinants



- **Contextual**
  - Distrust in institutions
  - **Conspiracy theories**, religious fatalism
- **Individual and group influences**
  - **Vaccine safety**, lack of information
  - Social norms, Personal experience, Beliefs, attitudes, motivation
- **Vaccine and vaccination-specific issues**
  - No medical need
  - Convenience- Lack of **access**, cost

# Hesitancy Determinant Interventions

## Summary of recommendations for content of communication strategies and interventions

	Recommendations	Reference
Design	Tailor content by conducting health needs assessments and by making use of existing social networks	6, 13, 18
	Involve hesitant populations in design	20, 33
	For online communication campaigns: use search engine optimisation to improve visibility	12
Format	Specific and adapted to determinants identified for targeted audience	18, 34
	Clear, effective, and easy to find	20, 33
	Continuous information, with regular updates and monitoring	24
	For online communication campaigns, transparent and monitoring hesitant populations	12
Content	The risk and consequences of diseases	17, 24, 27, 29, 33
	The risk of not being vaccinated	17, 24, 27, 29, 33
	Effects of vaccines on the immune system	17, 24, 27, 29, 33
	Alternative modes of prevention and how they compare to vaccination	17, 24, 27, 29, 33
	For online communication campaigns, avoid criticising hesitant populations, empower individuals to ask doctors the right questions, clear and easy-to-understand facts on vaccination, ability and responsibility to protect others (children)	12

## Five Intervention Types (deCIDES)

### CONTROL

control / rules / require / constrain / restrict / police / enforce / regulate / legislate / incentivise

### INFORM

inform / communicate / prompt / trigger / remind / reinforce / awareness / explain

### DESIGN

design of or change in physical product / environment / organisational system / technology / process

### EDUCATE

enable / engage / train / skill development / inspire / encourage / motivate / develop critical thinking skills

### SUPPORT

service provision / practically assist / promote access / social networking / social mobilisation



# Hesitancy Determinant Intervention

## Some exemplary interventions

Determinant	Exemplary Intervention
<b><i>Individual beliefs</i></b> Won't affect me- low risk	Discussion, information, education
<b><i>Contextual</i></b> Mistrust in institutions	Development of regulatory initiatives on vaccine safety and adverse reporting systems
<b><i>Vaccination or vaccine related</i></b> Convenience- Cost and access	Reducing costs , extending opening or identifying more convenient locations

# Active Decision

Conscious / Considered



Incentive / Reward

e.g.: Offering rewards for being vaccinated

e.g.: Penalty fine for not being vaccinated



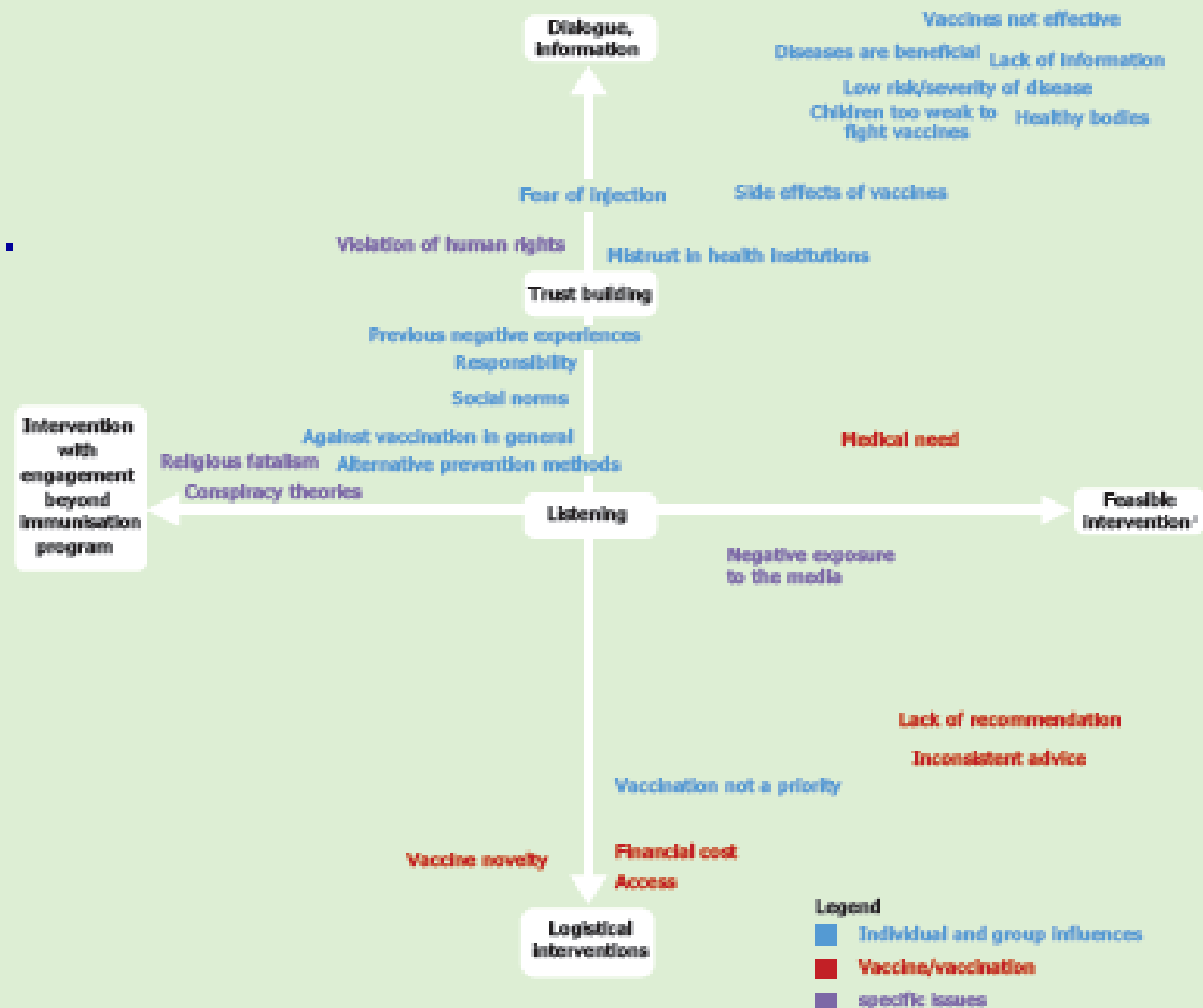
Automatic / Unconscious

e.g.: Vaccination given unless the parent opts out

e.g.: Requirement for vaccination before school enrolment

# Passive Decision

# Matrix of vaccine hesitancy determinants and interventions



# Healthcare provider concerns

Selected key 'concern' statements by healthcare providers as reported in ECDC-commissioned study [4]

There are too many vaccines

Children are too young to be vaccinated

Trust is an important influencer on vaccination and we have mistrust especially of the pharmaceutical industry (and of the health authorities in some countries)

We are not comfortable talking to patients about concerns around vaccination

Diseases are beneficial for the immune system

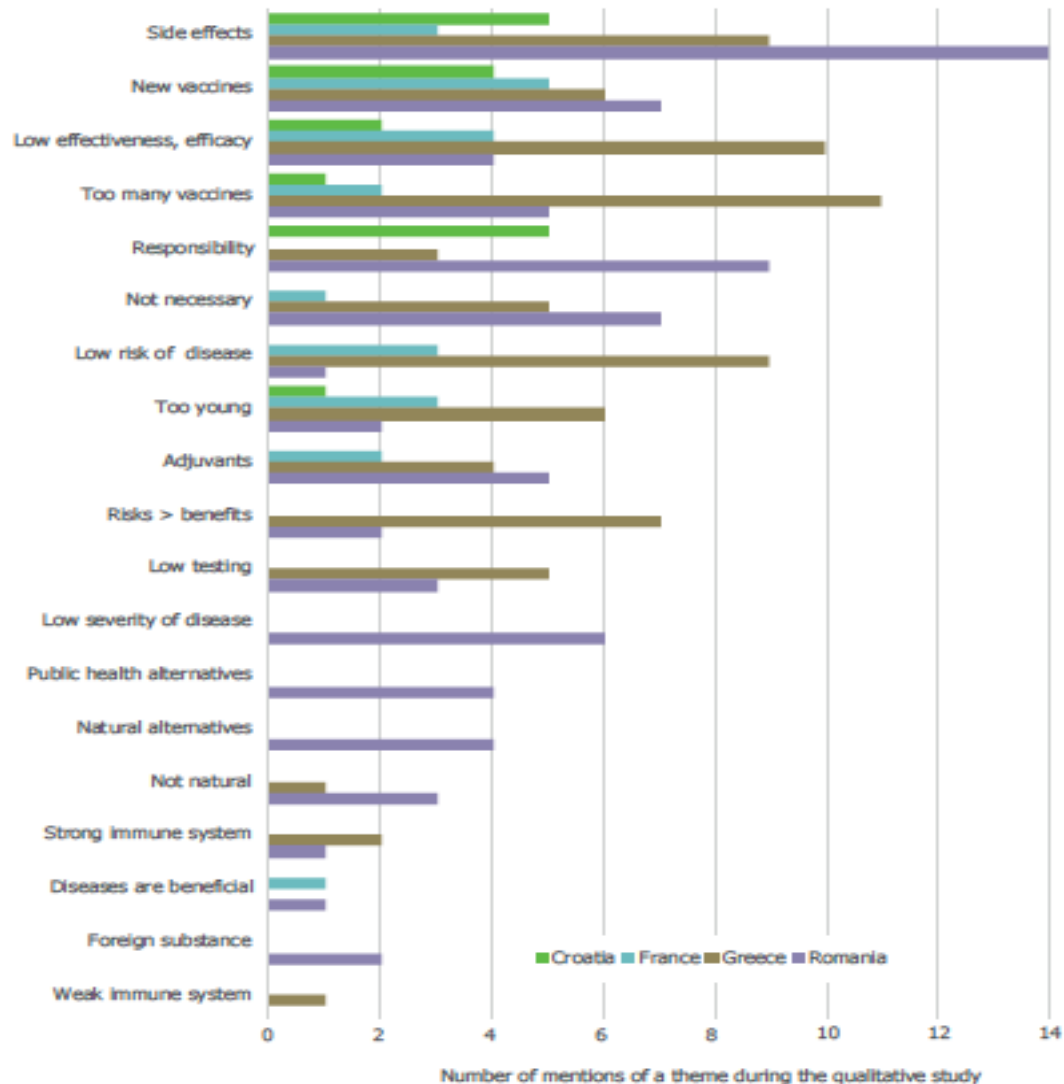
Side effects and safety (especially adjuvants) – it is the doctor's fault

There are natural alternatives to vaccines

Vaccines are not needed anymore because these diseases no longer exist or there is a very low chance of getting them

# Healthcare provider concerns

Snapshot of type of concerns expressed about vaccination and vaccine-preventable diseases by healthcare providers in four countries



Source: European Centre for Disease Prevention and Control. Vaccine hesitancy among healthcare workers and their patients in Europe – A qualitative study. Stockholm: ECDC; 2015.

# Aim 3- Sustaining interventions

## Contextualisation

**Contextualisation** is putting insights/intelligence/evidence into meaningful and real contexts where they can be applied to create social good, health and wellbeing.

From social marketing perspective this is the testing, enabling, learning and acting

# Contextualising - 1

- Packaging – guides, toolkits, checklists, metrics, protocols, resource banks
- Prototyping and Piloting
- Positioning – trustworthiness

# Contextualising – 2

## Stakeholder engagement

### 5-step approach to translation & adaptation

1. Careful selection of materials and process coordinators
2. Early review by content and linguistic experts
3. Translation and quality check
4. Comprehension testing
5. Proofreading, design, networking and evaluation





# Contextualising – 3

## – Public engagement

- Framing
- Traditional media
- Social media

## – Policy Advocacy

- Framing
- Influencers



# Thank You!

Feedback welcome

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# Extra Slides

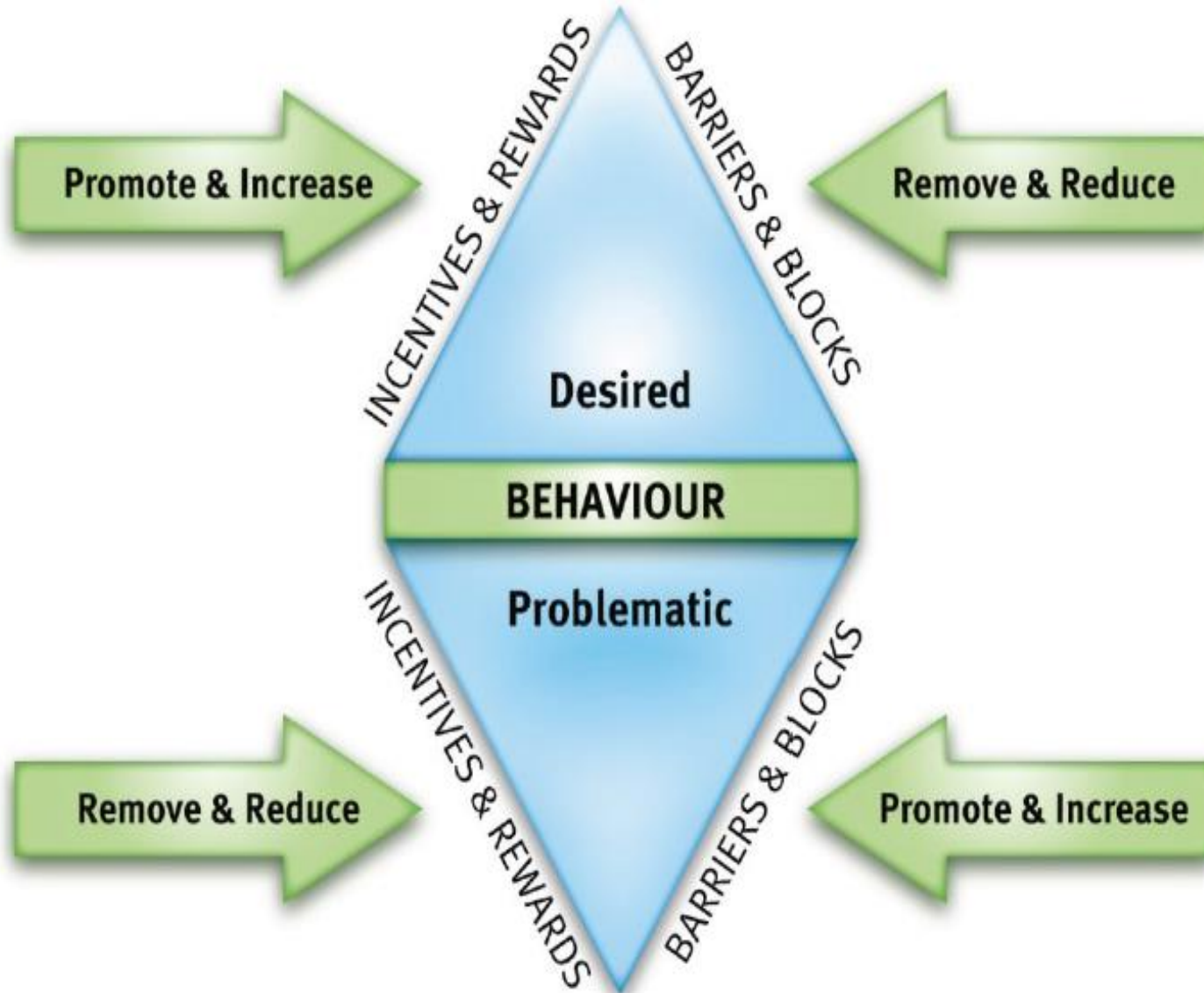


**Social Marketing Concepts**  
**Hesitancy Determinant Results**

# Social marketing concepts

<b>Concept 1: Insight</b>	<p>Social marketing is based on developing insight into people's lives and on what motivates, enables or prevents them from behaving in health enhancing ways. By developing a deep understanding about why people think and act as they do it is possible to develop 'actionable insights' that inform the development of intervention programmes and tactics that people will respond to.</p>
<b>Concept 2: Exchange</b>	<p>Exchange is based on observing that we tend to change our behaviour when we perceive that it is in our interests to do so. We are also normally seeking value in experiences or things that make us feel better, safer or more respected.</p> <p>Forms of intervention include:</p> <ul style="list-style-type: none"><li>• Hug: high cognitive engagement with a positive reward</li><li>• Nudge: low cognitive engagement with a positive reward</li><li>• Shove: low cognitive engagement with a penalty</li><li>• Smack: high cognitive engagement with a penalty</li></ul>
<b>Concept 3: Competition</b>	<p>Competition analysis examines both internal and external competition as well as barriers and enabling factors that impact on behaviour. Internal competition includes psychological factors, pleasure, desire, and risk-taking whereas external competition includes wider influences and influencers on behaviour, promoting and reinforcing alternative or negative behaviours.</p>
<b>Concept 4: Behaviour</b>	<p>Social marketing is focused on influencing people's behaviour, based on SMART objectives. SMART stands for Specific, Measurable, Achievable, Reliable and Time bound. Interventions are then developed to focus on specific behaviours. There is a focus on what triggers and establishes behaviours and what influences the maintenance, compliance and reinforcement of behaviour.</p>
<b>Concept 5: Audience segmentation</b>	<p>Target audiences are segmented using insight and behavioural data into sub-groups that share common beliefs, attitudes and behaviours.</p> <p>Interventions are directly tailored to specific audience segments rather than relying on a broad approach which covers a large general audience. Segmentation strengthens traditional public health targeting with additional data focusing on 'why people act as they do' what they think and believe about health issues and data collected from observing their actual behaviour.</p>
<b>Concept 6: Method Mix</b>	<p>Social marketing applies an appropriate mix of methods to achieve the goals of the programme. A range of different approaches are examined and used to establish the most effective, efficient and cost effective mix of methods.</p> <p>Types of intervention include:</p> <ul style="list-style-type: none"><li>• Control - to require, regulate, and enforce</li><li>• Inform - to communicate facts and attitudes</li><li>• Design - to alter social, physical or service environment</li><li>• Educate - to enable and empower</li><li>• Support - to serve and practically assist</li></ul> <p>Social marketing also considers the development and promotion of social products and services</p>

# Insight



# Exchange

## Active Decision

e.g.: Offering rewards for being vaccinated

Conscious / Considered

e.g.: Penalty fine for not being vaccinated



Incentive / Reward

Disincentive / Punishment



e.g.: Vaccination given unless the parent opts out

Automatic / Unconscious

e.g.: Requirement for vaccination before school enrolment

## Passive Decision

# Competition

External competition	Internal competition
Social influences	Over-confidence
Cultural influences	Temporal discounting (value the immediate over the long-term)
Media influence	Loss aversion
Physical environment influence	Pleasure and temptation
Economic influence	Lack of effort
Close family and friends influence	Habit
Availability of services or products	Addiction
Systems barriers	Biological drives

# Behaviour – behaviour theory and behavioural goals

## SMART approach

- Specific: Precise – not open to different interpretations;
- Measurable: Can observe and collect objective measures;
- Achievable: With the resources available;
- Reliable: Consistent, relevant, can be gathered;
- Time bound: Measured within the time frame of the intervention



# Audience segmentation

- ‘The hesitant’-Those who have concerns about perceived safety issues and/or are unsure about needs, procedures and timings for immunising.
- ‘The unconcerned’-Those who consider immunisation a low priority and have no real perceived risk of vaccine-preventable diseases.
- ‘The poorly reached’-Those who have limited or difficult access to services, related to social exclusion, poverty and, in the case of more integrated and affluent populations, factors related to convenience.
- ‘The active resisters’-Those with personal, cultural or religious beliefs which discourage or exclude vaccination.

# Method Mix

## Five Intervention Types (deCIDES)

### CONTROL

control / rules / require / constrain / restrict / police / enforce / regulate / legislate / incentivise

### INFORM

inform / communicate / prompt / trigger / remind / reinforce / awareness / explain

### DESIGN

design of or change in physical product / environment / organisational system / technology / process

### EDUCATE

enable / engage / train / skill development / inspire / encourage / motivate / develop critical thinking skills

### SUPPORT

service provision / practically assist / promote access / social networking / social mobilisation

# Vaccine Hesitancy-Definition

Vaccine-hesitant individuals are a heterogeneous group that holds varying degrees of indecision about specific vaccines or vaccination in general. Vaccine-hesitant individuals may accept all vaccines but remain concerned about vaccines, some may refuse or delay some vaccines, but accept others; some individuals may refuse all vaccines’.

## Determinants

Vaccine hesitancy is defined here as ‘a behaviour, influenced by a number of factors including issues of confidence (e.g. low level of trust in vaccine or provider), complacency (e.g. negative perceptions of the need for, or value of, vaccines], and convenience (e.g. lack of easy access) ‘