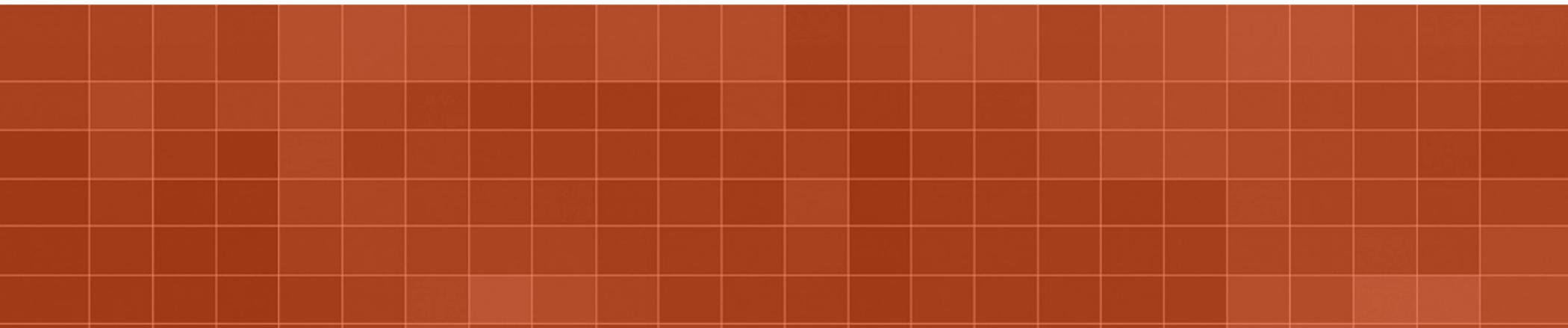




## **Communicating Effectively About Vaccines:**

New Communication Resources for Health Officials



## Project Overview

Communicating effectively with parents about the importance of vaccines is a key issue for the public health community to address. In August 2009, ASTHO commissioned a survey of U.S. parents and guardians to gather information about effective messages and materials for state and territorial health officials to use to better address parental concerns and promote the benefits of vaccines.

ASTHO partnered with Porter Novelli, a global public relations agency to develop and test new, innovative messages based on data from this study to reach parents about the importance and safety of vaccines. The messages are included in this packet along with a few basic communications tools to help state and territorial health officials create new and effective vaccine campaigns.

The subject of vaccines is especially contentious today. There are numerous messages circulating both for and against vaccines. Meanwhile, data shows that an increasing number of parents have concerns about vaccines, and some are following alternative schedules. ASTHO hopes these new resources will assist state and territorial health officials in their multifaceted roles of communicating effectively on the benefits and safety of vaccines to parents, policy makers, media, and the public as a means to better support informed decision making.

## Target Audiences

The target audiences for these new key messages and advertising concepts include:

### Primary: Vaccine-hesitant parents

1. Parents with children ages 0-5, who have concerns about the safety of vaccines, but are not adamantly, decided against vaccinating their child

### Secondary: Core influencers of vaccine-hesitant parents

1. Parents who vaccinated their children
2. Providers
3. Pediatricians
  - a. Family practice
  - b. OB/GYNs
4. Media
5. Policy makers



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## New Resources

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- 2. Secondary audience objectives** 6  
A brief outline of the key audiences who influence parents, and the objectives for engaging them in a campaign.

### Key Messages

- 3. Key message map** 7  
The vaccine conversation has changed in recent years and it is paramount that public health officials change their messages too. Through ASTHO's research, various messages were tested to determine how to best address parents' concerns about the safety of vaccines.

The new messages provided in this message map are designed to increase parents' confidence in vaccines. If they have already made the decision to vaccinate, the material should reinforce that it was a good decision. If they are questioning or concerned about immunizing their child, the messages should calm their fears about safety by creating a culture that immunization is good, and the social norm.

- 4. Applying key messages** 8  
A brief overview of how to use these new messages.

### Creative Advertising Concepts

- 5. Print and Web ads** 10  
A suite of creative advertising concepts were developed and tested to compliment the new messages. The two winning concepts are provided in this toolkit in the format of print and Web banner ads.

After focus groups with parents showed a lack of understanding about "community immunity," a visual representation of that concept was created. Parents need education about community immunity for it to be a factor in their decision to vaccinate.

Comprehensive advertising campaigns can expand upon these ads to update existing materials, or to develop new resources.

## Appendix

### ASTHO-commissioned survey, August 2009 12

An executive summary of the survey results with U.S. parents and guardians about effective vaccine messages. The research served as the basis for developing the key messages provided in this packet.

### Mom chat results, September 2010 14

#### *Key messages*

Draft messages were tested in three focus groups with moms in Atlanta, Washington D.C. and Seattle. We included the key takeaways from these focus groups to provide additional context for the final key messages. Based on the moms' feedback to the draft key messages (page 7), substantial changes occurred on the final message map. Moms wanted statements supported by facts, stories, and anecdotes. They considered being "thanked" for vaccinating their child patronizing. They found phrases that "pull on the heart strings too much" condescending. It may be useful to compare the draft messages to the final messages to see what did not work well in order to avoid using that type of language in the future.

#### *Creative concepts*

Four concepts were developed and tested with moms in Seattle and Washington D.C. These sample concepts and notes about the moms' reactions to each are included. The favorite ad concepts varied by region. The top choices in D.C. and Seattle are included, though the comments from the testing should be considered to indicate what will work best in a given state. Testing both ads is another option.

## Target Audience Profile: Vaccine Hesitant Parents

Parents are encountering messages in popular media and from friends about risks of vaccination. This is prompting more of them to wonder if fully vaccinating their children is safe. In some communities, vaccination rates are dropping, posing a significant public health threat that needs to be proactively addressed.

**The primary audience is moms with young children, ages 0-5, who have varying degrees of questions and concerns about vaccination, but do not strongly object to childhood vaccinations. With the right education and information from the right sources, these moms will make the best decision for their children's health—to vaccinate.**

- Positive messages about vaccination generally rate much more convincing and believable than negative messages
- Messages that cite data, scientific studies, and figures are not resonating
- Emotional, personal messages and stories are most effective
- First and foremost, moms depend on their pediatricians for information about vaccines and trust their counsel the most
- Only two-thirds of all parents feel their pediatrician spends enough time explaining the risks and benefits of vaccinations. This percentage is even lower among vaccine-hesitant parents. [ASTHO]
- Moms are also influenced by their spouse, media reports, websites, blogs, and friends with experience.

### Most often, these moms can be defined as:

- Ages 30-45
- College graduates
- Upper income
- Planned pregnancy – read all the books!
- Worried about being a good mom
- Worried about her children's progress relative to development stages
- Engaged in mom groups – PEPS, church, daycare
- Information seekers
- WebMD is the most used and influential website, followed by CDC, AAP, MayoClinic, and blogs by other parents [ASTHO]
- Listens to NPR, watches Oprah, reads parenting magazines, follows the mommyblogs, etc.
- Risk adverse
- Environmentally responsible
- Health-conscious
- Organic-food-buying
- Talks to her family practice doctor – does not always get answers and is probably a bit frustrated



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“By far the most common reason parents delay vaccines is because they are concerned that too many vaccines being given at the same time is unsafe.”

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“By far, the most common reason parents support vaccination is to protect their child's health. The next most commonly mentioned reason is to prevent the spread of disease.”

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“Parents generally have a fairly positive view about the role of public health. They tend to agree that protecting and improving public health is an important job of the government.”

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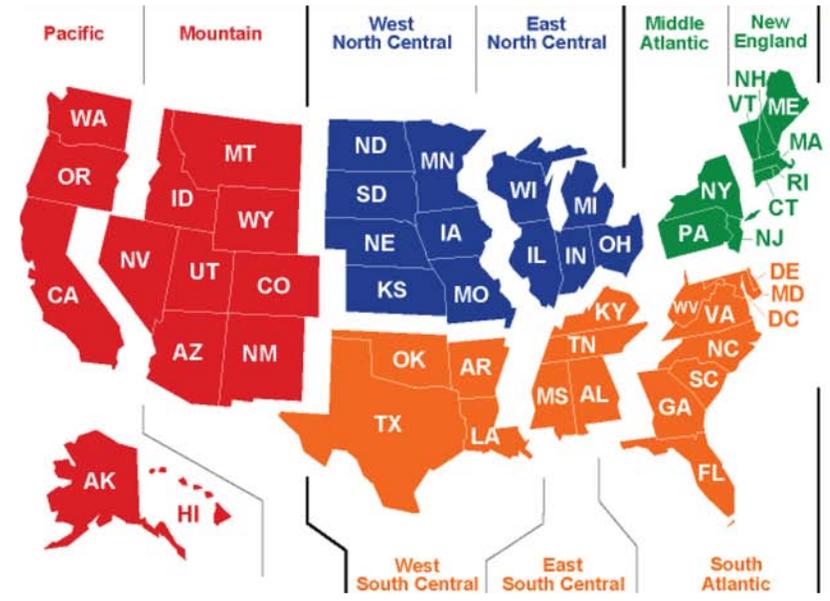
These moms are in communities nationwide; however, they exist in larger concentrations in the Pacific and Mid Atlantic states.

**Pacific**

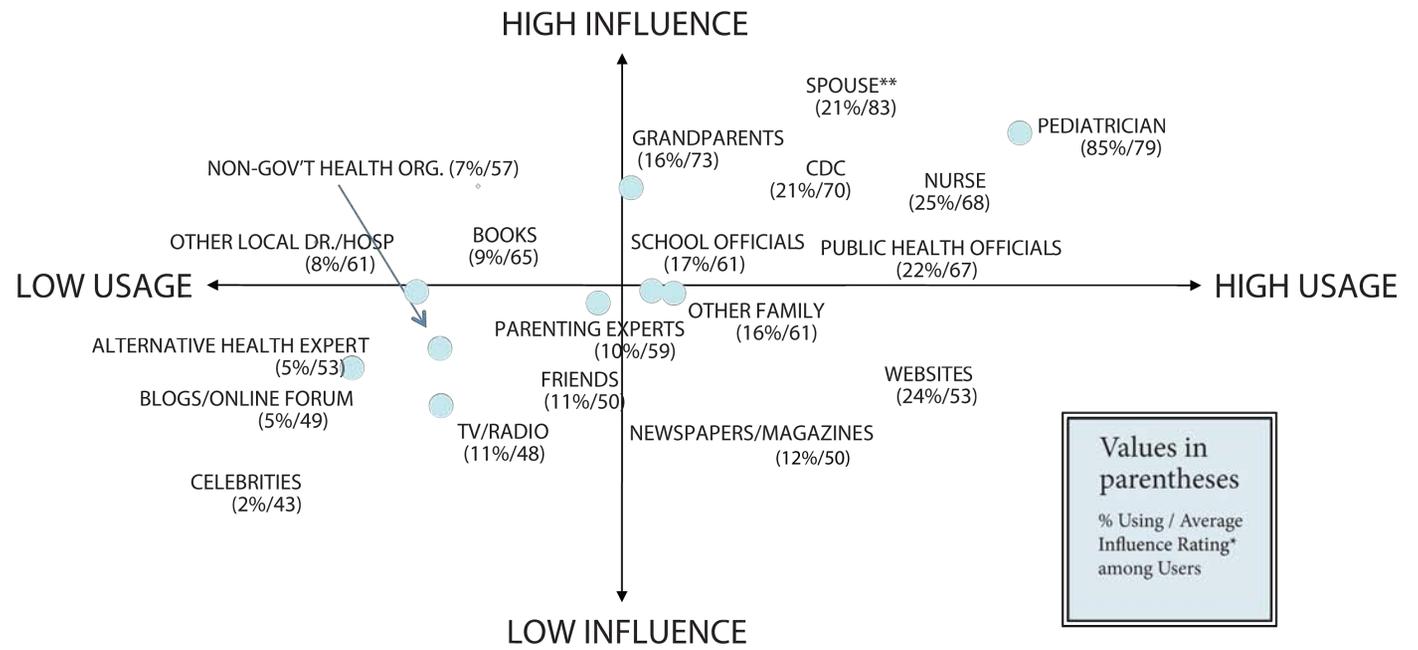
Significant Refusers	14%
Minor Refusers	8%
Vax - Major Concerns	6%
Vax - Minor Concerns	27%
Vax - No Concerns	45%

**Middle Atlantic**

Significant Refusers	13%
Minor Refusers	6%
Vax - Major Concerns	6%
Vax - Minor Concerns	35%
Vax - No Concerns	40%



### Information Sources About Vaccinating Children



# Secondary Audiences and Objectives

## 1. Parents who vaccinated their children

### Objectives:

- Activate parents who vaccinated their children as advocates for childhood immunizations.
- Reinforce their decision to vaccinate.
- Educate parents about the importance of community immunity and the vaccination rates in their community.
- Provide parents with tools and resources to have conversations with others in their peer groups who may be vaccine hesitant.

## 2. Providers

### Objectives:

- Increase uptake and usage of ASTHO messaging.
- Support providers by providing messages and information about vaccines that address concerns of vaccine questioners.
- Increase outreach to OBs to help engage and educate parents early when they are a “captive” audience.

## 3. Media

### Objectives:

- Increase share of voice in the media for the benefits of vaccines, especially online.
- Increase the percentage of media coverage that features public health officials as key spokespeople.
- Increase coverage of stories that tell consequences of exposure to vaccine preventable disease.

## 4. Policy Makers

### Objectives:

- Increase their understanding of the consequences of policies that make vaccine exemptions easier to achieve.
- Increase their understanding of the consequences of poor vaccination rates.
- Increase their understanding of the value of vaccines to protect their constituents.
- Increase their understanding of the cost/benefit of vaccines.



## Campaign Goal: Increase confidence in the safety of vaccines

### Core Message: Vaccines are part of a healthy life for your child.

#### Key Message 1

You make decisions that impact your child's future every day. Vaccines are the most effective way to protect your child from life-threatening illnesses. It's your choice—get the facts.

#### Support Messages

- The diseases that vaccines prevent still pose a real threat for your child.
- Unvaccinated children are 23 times more likely to get whooping cough compared to fully immunized children. [Source - 2009 study published in Pediatrics and conducted by researchers from Kaiser Permanente Colorado's Institute for Health Research]
- Measles can lead to pneumonia, seizures, brain damage, and death. Mumps can lead to deafness and meningitis.
- Even chicken pox, which many think of as "harmless," can affect infants and children with serious bacterial infections involving skin, lungs, bones, joints, and the brain.
- Despite overwhelming scientific evidence failing to support a link between childhood vaccination and autism, many parents still have fears. It is ok to be worried, but get the facts. Twenty different scientific studies, including a new CDC study, find no link between vaccines and autism.
- The decision to vaccinate your child can be complex and difficult. But vaccines still remain the best way to keep your child healthy. If you are concerned about the safety of vaccines, talk to your doctor and find information on our website.
- Why are there more vaccinations than when you were a child? We can now prevent more diseases. That results in more immunizations.
  - For example, Hib meningitis killed 600 children each year, and caused seizures among many survivors, as well as permanent deafness and mental retardation. Since the vaccine's introduction in 1987, the incidence of Hib has declined by 98% in the U.S.

#### Key Message 2

States, cities and towns with lower vaccination rates have higher rates of life-threatening diseases. Even if your child is vaccinated, this still puts them at some level of risk.

#### Support Messages

- Diseases spread faster in communities with higher percentages of unvaccinated people. The more people that are vaccinated, the less likely a disease can move from person to person. That is called "herd," or "community" immunity.
- In our community [address local community immunity rates and specific risks in that state, a recent local outbreak...]. Find out the rates in your community.
- A vaccine can only work when its used. Because of lower vaccination rates, 4,223 children in California contracted whooping cough in 2010 (as of September 21), the most in 55 years, with nine deaths reported. [Source - California State Health Department]
- Vaccinating your child protects not only your child, but all other children, include those who are too young or unable to be vaccinated.
- In Washington State, an outbreak of measles occurred in 2008, involving 19 cases. All of the persons with measles were unimmunized except one person who had been vaccinated. Of the other 18 cases, one was an infant who was too young to be vaccinated, two were younger than 4 years of age, and the remaining 15 were of school age. (Source - The New England Journal of Medicine, May 7, 2009)
- Between January 1 to April 25, 2008, five measles outbreaks and a total of 64 cases were reported in the United States. All but one person were either unvaccinated or did not have evidence of immunization. Thirteen cases occurred in children too young to be vaccinated. In 18 cases the disease was acquired in a health care facility. (Source - The New England Journal of Medicine, May 7, 2009)
- We live in a global society. That has an impact on the way diseases spread today. Whooping cough, measles, and mumps still proliferate in other countries and are just a plane ride away from unprotected children.

#### Key Message 3

We're not just doctors and public health officials. We are parents too, and we vaccinated our children, and ourselves.

#### Support Messages

- The role of public health is to promote and protect the health and safety of everyone in our community, including you and your children.
- Health officials and providers care about every child's health. That is why we chose this profession.
- As public health officials, we have analyzed the latest vaccine research data and encourage you to vaccinate your child. It is up to you to make that choice for your child. Get the facts before you do.
- Vaccine preventable diseases are still a threat in our community. That is why it is important to vaccinate.

Call to action: **It's your choice. Get the facts. Visit [state health department Web site] to learn more.**

## Applying Key Messages

These messages represent the general tone and key points to guide communications about vaccines with the target audiences, from presentations and one-on-one conversations with parents, to press releases, Q&As, website copy, and more.

These messages can be improved by customizing them and adding local data points and personal anecdotes and stories that support the importance and safety of vaccines. Stories and facts/figures are what parents continue to ask for and mention is most influential in countering the anti-vaccine movement's messages.

Moms also want a clear “call-to-action.” It will be important to emphasize and repeat the recommended call-to-action, which is: **It's your choice. Get the facts. Visit [state health department website]** to learn more. And in some instances it may be appropriate to also suggest: **“talk to your provider,”** since moms trust providers' input the most when it comes to vaccines.

### Key message 1:

**You make decisions that impact your child's future every day. Vaccines are the most effective way to protect your child from life-threatening illnesses. It's your choice—get the facts.**

#### Target Audience: Parents

- This message acknowledges the parents' decision to vaccinate their child, and supports the safety of vaccines by showing that not vaccinating puts a child at even greater risk.
- Health officials should find and tell even more anecdotes and facts about the risks of NOT vaccinating. Existing messages about the risks of side effects from vaccines, as transparent as they are and even if it is “less than one in one million,” do not ease vaccine-hesitant parents' concerns about the safety of vaccines. Changing the conversation to the risks of not vaccinating, as clearly as possible, seems to be more effective.
- Even today, many parents are still concerned about autism, a clear trend from our focus groups. Health officials must continue to address this directly.
- These messages are ideal for responding to parental concerns about the side effects of vaccines, and to ease fears that vaccinating is risky.
- These messages can be appropriate when speaking to parents who did vaccinate their children, since they reinforce that they made the best decision. These parents may be empowered to share these messages with other others as reasons they decided to vaccinate.

### Key message 2:

**States, cities and towns with lower vaccination rates have higher rates of life-threatening diseases. Even if your child is vaccinated, this still puts them at some level of risk.**

#### Target Audiences: Parents, Media, Policy Makers

- First and foremost, this message works to educate target audiences about the importance of community immunity.
- Parents need education about this concept in order for it to be a factor in their decision to vaccinate. Based on focus groups with moms, with this education, the concept of community immunity may be a deciding factor for some parents.
- As parents who vaccinated their children learned more about community immunity, there appeared to be great potential for activating them as advocates for vaccines. They were eager to know the immunization rates in their daycare, school, and community, and the risks to their children, even if they are vaccinated.
- It is important to focus on this message in outreach to media, providers and policy makers. Media and providers are needed to help educate parents and policy makers. For policy makers, understanding local rates and the concept of community immunity may increase their support for vaccine policies and their interest in the issue.

### Key message 3:

**We're not just doctors and public health officials. We are parents too, and we vaccinated our children, and ourselves.**

#### Target Audiences: Parents, Media

- Vaccine-hesitant parents do not understand the role of public health programs, and as a result, question health officials' authority and intent on the subject. Educating these parents about public health programs is critical to earning their trust and influencing them.
- It is important to incorporate these messages into any vaccination campaign implemented. This message set can also be incorporated into the department of health re-branding campaign that ASTHO recently rolled out.



## Print Ads

THINK HE'S PROTECTED?



HE'S NOT VACCINATED

It's your choice. Get the facts. Visit [state department and URL here].

Your logo here

THINK SHE'S PROTECTED?



SHE'S NOT VACCINATED

It's your choice. Get the facts. Visit [state department and URL here].

Your logo here

THINK HE'S PROTECTED?

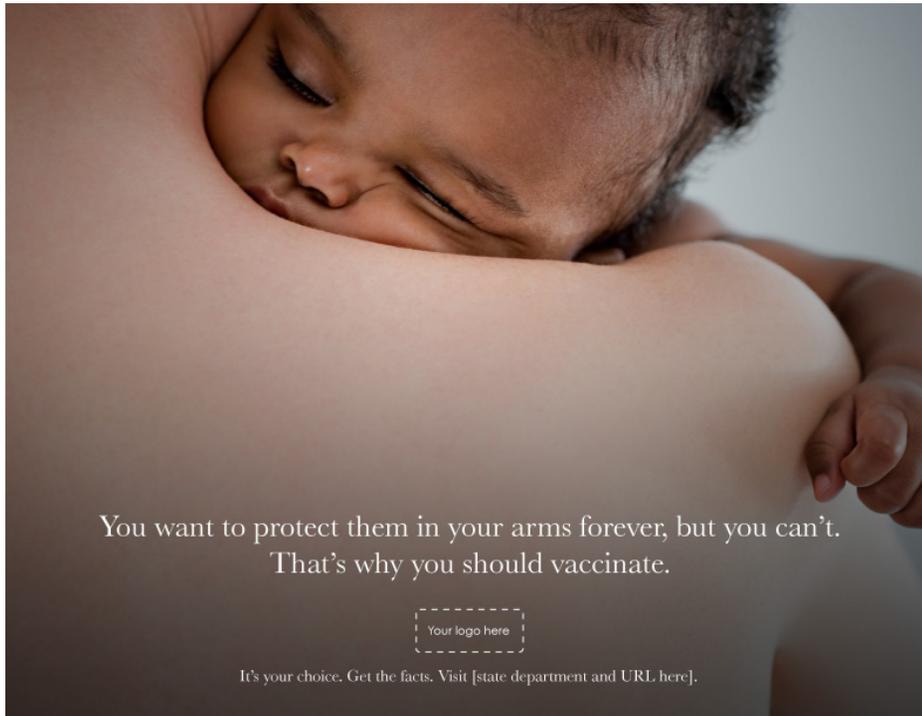


HE'S NOT VACCINATED

It's your choice. Get the facts. Visit [state department and URL here].

Your logo here

## Print Ads



You want to protect them in your arms forever, but you can't.  
That's why you should vaccinate.

Your logo here

It's your choice. Get the facts. Visit [state department and URL here].



If they aren't vaccinated, is my child at risk?

Get the Facts.  
Visit [state department and URL here].

Your logo here

## Appendix:

### Executive Summary: Communicating Effectively About Vaccines Results of A Survey of U.S. Parents and Guardians

Immunization rates continue to be high but concerns about vaccine safety are increasing. Current communication methods do not appear to lead to more comfort with vaccines, making it more important than ever that state and territorial public health agencies understand the growing reluctance among parents and guardians to fully vaccinate their children and identify effective messages about the benefits of vaccines.

In August 2009, ASTHO commissioned a survey of 1,278 U.S. parents and guardians to gather information about effective messages and materials for addressing parental concerns, support more informed decisions on the part of parents and guardians, and how best to clearly and accurately promote the benefits of vaccines in ways that resonate with family decision makers. The study was designed to explore:

- The reasons parents and guardians have for not vaccinating their children.
- The most effective messages for addressing this resistance.
- Information sources about vaccines that are the most trusted and influential.

An additional objective was to understand the characteristics that distinguish parents who vaccinate from those who refuse, including their demographics, attitudes and beliefs, and responsiveness to messages for and against childhood vaccinations.

## Results

The results of this survey support the notion that a strong majority of parents support vaccinations, but continue to have concerns about

their safety and the potential for adverse effects. This study found that 90% of respondents were either very comfortable or comfortable vaccinating their children. However, there are a range of concerns and comfort levels among parents that need to be addressed. Two unique aspects of this research were the testing of messages parents have heard and their reactions to them, and what sources of information were most influential.

### Vaccine Acceptance

The study found that 16% of parents have refused a vaccine for their child. Of these, 6% are “minor refusers” (who refused Hep A, HPV, or flu vaccines), and 10% are “significant refusers,” who refused one or more of the other routinely recommended childhood vaccines. In addition to these 16%, another 5% of parents and guardians have major concerns about vaccinating their children, but have not yet refused a vaccine. A vaccine has been delayed by 13% of surveyed parents and guardians.

The most frequently refused vaccines are HPV and flu (8%), followed by varicella (5%). However, parents who refused HPV or flu refused the fewest other vaccines. Parents who refused Hib or polio vaccines refused the highest number of other vaccines.

### Messages

The study found that positive messages were generally rated as more convincing and believable than negative messages. The positive message that resonated most was, “Vaccination is one of the most important ways I can protect my child from life-threatening illness and it’s the best-known protection against a number of infectious diseases.”

The negative messages that resonated most with parents were: “Vaccines are unsafe due to ingredients such as thimerosal or aluminum.”

\* Parents and guardians who refused Hep A, HPV, or flu vaccines were designated “minor refusers” because the majority of states do not have school entry requirements for these vaccines. Parents who refused one or more of the other routinely recommended vaccines were more likely to have to seek an exemption to enroll their children in school, thus requiring additional steps to refuse the vaccine.

and, “Too many vaccines given too soon can harm children.” Conversely, the least effective positive message is, “Scientific studies do not support the concern that thimerosal causes autism.”

### **Influencers**

This study found that the most influential source of information about vaccinations, aside from other parents, is the pediatrician. This is consistent with other findings. Both the Centers for Disease Control and Prevention (CDC) and public health officials are listed as a resource for all groups, with varying ratings of influence.

The survey asked, “Of the convincing reasons for vaccinating your child, what is the most convincing source?” Pediatricians were the most convincing source for all positive messages, with CDC and public health officials rated as moderately influential on most messages. Those listed as somewhat influential included non-governmental health organizations, websites, and experts in alternative medicine.

### **Discussion**

This research is consistent with others in finding that parents continue to have concerns about vaccines and vaccine safety. The most common reason parents gave for not vaccinating was the perceived risk of adverse events. There continue to be misconceptions about vaccines, including concerns about thimerosal. Messages that scientific studies do not support the concern that thimerosal causes autism were the least convincing and least believable of the messages tested, according to the findings. These types of findings suggest that additional factors contribute to parents’ decision-making process than just the current scientific facts.

Respondents were similarly concerned by messages such as, “Vaccines can cause serious health problems like auto-immune disorders, asthma or autism.” and that, “Too many vaccines given too soon can harm children.” The challenge for public health is how to effectively address these underlying concerns so that they do not lead to more parents delaying or refusing vaccines.

The ASTHO research found that 16% of respondents refused at least one vaccine, while 13% have delayed a vaccine. When looking at these groups, there appear to be at least two explanations. One, parents are influenced by negative messages such as, “Combination vaccines are more likely to cause adverse reactions.” as evidenced by the most commonly delayed vaccine – diphtheria, tetanus, and acellular pertussis (DTaP). Two, the benefits of the vaccine do not outweigh the perceived risks of the vaccine, supported by comments such as, “Some vaccine-preventable diseases, like flu and chickenpox, are not that serious.”

These findings also suggest that not all vaccine refusers are alike. Parents who refused HPV or flu vaccine were far less likely to refuse any other vaccine for their children, while parents who refused Hib or polio were far more likely to refuse additional vaccines. Targeted messages for these groups may be helpful in addressing different underlying concerns.

### **Conclusion**

The results of this survey bolster the notion that a strong majority of parents support vaccinations, but continue to have concerns about their safety and the potential for adverse effects. The fear of disease is not as prevalent as it was in the past, so convincing parents that vaccines continue to be necessary is an ongoing challenge.

While immunization rates continue to be high, concerns about vaccine safety are increasing. Current communication methods based on scientific research do not appear to lead to more comfort with vaccines. The results of this survey suggest that pediatricians, public health officials and the Centers for Disease Control and Prevention are seen as reliable sources of information on vaccine issues. With a better understanding of which messages resonate with the public about the benefits of vaccines, public health officials can tailor their communications in a way to address the concerns of parents along the spectrum. This will ultimately, contribute to maintaining high rates of coverage and avoiding unnecessary loss of life due to vaccine preventable diseases.

## NOTES: MOM CHATS

AUGUST 31 (ATLANTA), SEPTEMBER 9 (SEATTLE)  
AND 14 (WASHINGTON, D.C.), 2010

### Basic Demographics of Participants

*Atlanta:*

Number of years in ATL	Ages of children (in years)		
11	2		
23	8	5	1
33	5	2	
13	6	4	
13	5	2 ½	
3	3	1	
12	3	9 months	

*Washington, D.C.*

Number of years in D.C.	Ages of children (in years)		
D.C. native	6 ½	3	
D.C. native	6	4	1 ½
13	6	5	3 ½
5	2 ½		
10	8	6	3
D.C. native	4		
12	3 months		

*Seattle:*

Number of years in SEA	Ages of children (in years)		
20	6	3	
10	13 months		
7	3	Child due in December	
15	5 ½	2 ½	1
Seattle native	3	Child due in February	
10	4		

## Top Line Results: Key Message Testing (on all three messages from all cities)

We talked with three groups of moms in Atlanta, Seattle, and Washington D.C. in order to get their reactions to our draft message map (page 7) The themes from these conversations are included below.

### On a scale of 1-10 how did you rate materials?

A couple of 8, but preponderance of 9s.

### Overall general thoughts/impressions of literature – all cities



Fact statements win moms over



Any subjective comments



Any statements made directly about me as a mom



Anything resembling a patronizing tone



“We know...” statements – can be seen as authoritative, but depends on the audience.

- Fact-based is very important.
- Statements, such as “very safe” or “low risk,” turn moms off unless they are backed with specific, good facts.
- Good if the information empowers women to make good decisions. They don’t want to be told what is best or made to feel guilty. Moms like information that says : “Here are the facts. But, it’s your decision.” Moms mentioned pediatricians do that – gives the facts and tells about the cases they’ve seen, but then says it’s your choice. This makes moms feel better.
- Overall, messages did not change the moms’ decisions on immunization.
- Nothing in the material made the moms change their attitudes about alternate schedules. They may investigate something further and discuss a point with their pediatrician.
- The news about pertussis outbreaks is chilling. Good to have cause and effect tangible – 2,492 whooping cough is a good example.
- Very important to clearly state and repeat the call to action.
- Moms don’t like to be only given one choice – such as this is the schedule and you must follow it. Some moms felt the messages needed to be more targeted.
- A lot of the messages have phrases that “pull on the heart strings too much,” (e.g. consider children suffer when they get these diseases, we worry about your children. Moms thought this language was condescending and cheesy/not sincere. Makes it sound like doctor cares about my kids more than I do.)
- Limited awareness on the role of public health officials, and their intentions.
- Messages that mix talking about polio and chicken pox don’t work. They aren’t the same. No parent wants their child to have polio – that was devastating. But a lot of us had chicken pox and we’re ok. So, those aren’t the same type of decision. Need to make sure it’s apples to apples comparisons.

## Detailed Notes: Key Message Testing

### Q: Why did you get your child immunized? Did you have any concerns about immunization?

#### Atlanta:

- Concerns on both sides i.e. for and against getting child vaccinated.
- Undertook own research online looking at sites such as the AAP and the CDC and also consulted pediatrician. Pediatrician understood the woman's concerns.
- Main concern is autism scare.
- Half of the group had a modified vaccination schedule for their child.
- One participant's friend's son is autistic and mother of autistic child convinced it is because of the vaccine. This led the participant to carry out a lot of research before getting her own child vaccinated.
- One woman expressed she had no concerns about getting her child vaccinated until she spoke to in-laws and friends about the topic.
  - She does not allow child to have vaccinations in clusters.
  - Waited until her child's body weight had increased before MMR vaccination as has to be in cluster as difficult to split up.
- One mom had concerns but the requirements to get into school stipulate the vaccinations required so had to go through with it.
- One participant chose her pediatrician purely on her ability to delay vaccinations. This perspective recognizes ability of parent to make decisions. Pediatrician never clustered vaccines and woman let pediatrician make a lot of decisions in the end.
- One participant who is a proponent of vaccines and knew scientific literature on vaccines said the minute it is your own child getting vaccinated your intellect is challenged by your instinct, despite what you knew pre-pregnancy. This mom said having a son was a particular worry due to the higher rate of autism in boys.
- One participant said she was comfortable with knowledge and evidence regarding vaccines and that evidence made her feel better about her decision.

- Often the tipping point is the pediatricians view. What is great to hear is a pediatrician saying "I have all my children vaccinated" or "I would do this for my children".
- One participant said she did not want her child to have all the shots at one time. Her child did have a reaction of a high fever and vomiting after one vaccination, but she was told this was normal.
- One woman said that it never occurred to her to not have her children vaccinated. Just what you do. There is so much conflicting evidence about vaccines and autism but there is no evidence swaying the decision one way or the other. No-one will know if vaccines cause autism for a very long time.
  - It is the personal stories that put a question mark in your head about vaccinations.
- Said on a number of occasions during session – you don't see kids with measles, but you see kids with autism.

#### Seattle:

- Mom had a "natural" pregnancy; really against all western medicine. Daughter was really hard right from birth – colicky and couldn't nurse. Finally had to go into the hospital as the baby was suffering from dehydration. She was influenced by her dad, who is an MD, to vaccinate her baby at that time. Was tired and fed up from colic - she didn't think about it. She is here tonight because she is undecided about vaccinating for the next child that is on the way.
- Partial immunization at first. Every time she went to doctor, her daughter received one shot. She worked in medical industry, thinks they are just in it for the money, work influenced her decision. Her daughter is now fully immunized now. Mentioned comparing her immunization history it to her daughter's – seems to her that kids get way more shots now. She also did research around autism versus the increased immunizations that children receive today versus when she was a child and noted a correlation that drove her to an alternative schedule.
- Unsure at first. Then, she decided to just do it, "everybody is doing

it.” She is not sure if she will be more selective with her second child. Like another participant, she is here to listen to what others have to say tonight.

- Recommended by ER pediatrician and felt pressured by her pediatrician. Mentioned that right after you give birth you have to do Hepatitis B shot which caught her off guard; she hadn’t done the research. Now she worries about autism – and what Jenny McCarthy says. Wonders how many vaccines are enough; what is necessary versus what is a nice to have. Currently, she is following the Dr. Sears’ alternative schedule. Spaced out by live shots, protein shot, one shot at a time, etc.
- Mom and sister are in medical field. They take care of preemies so she trusts their opinions. She trusts the people that have done the research on vaccines. Went ahead and vaccinated her daughter and first son. From her perspective, research hasn’t shown anything conclusive on autism.
- Also did not see a direct correlation with autism. Heard of Vashon Island and issues there. Why wouldn’t you protect your child the best that you can? We have advanced medicine and should take advantage of it. Just wanted to protect your kids. Talked to her old school doctor about spacing them out; he said it doesn’t matter and she trusted him. She didn’t think beyond this.
- Co-worker that moved from Atlanta who has a son with autism, and is convinced it was caused by vaccines. Influenced by him. Mentioned the issues he has at school (fighting vaccine policies) and felt strongly about protecting her son. Referenced big companies wanting to make money – that swine flu/H1N1 was an unnecessary panic in her opinion.
- One mentioned that vaccines are safer now than they used to be. They’ve had time to remove the mercury and perfect the “chemicals” that are being used; at least one other participant agreed.
- Three mothers mentioned being in a sleep-deprived state post partum and not thinking too much and/or being easily influenced to vaccinate.
- Most were overwhelmed with information and mentioned all of “ranting” on-line.

- CDC was mentioned as reliable source by several people, but not very easy to use or understand.
- One parent used the Mercola.com website (doctor who seems anti-vaccination) as a source of reference.
- No one mentioned talking to a spouse as a source of information on vaccinations.

#### Washington, D.C.

- Strongly considered not vaccinating because my husband was against it and online research made me concerned about side effects, autism, diabetes, etc.
- Questioned necessity and schedule of some vaccines.
- Looked at each child to determine if it was a good fit, especially considering allergies, asthma, eczema, etc.
- Feel as though you need to make a leap about whether vaccine is safe for child, even though children with more complex conditions (allergies, eczema) are excluded from clinical trials for the immunizations.
- Don’t assume what they (doctors, drug companies) tell you are the straight facts. Parents have to think on their own.
- Literature does not clearly state that vaccines are safe. The information says that they think it is safe, but it is not completely convincing.
- Feel as though there are many more vaccines now on schedule compared to when the moms were young. The messaging says “it’s OK” to have all these vaccines, but mom feels skeptical.
- Concern that there hasn’t been enough time to assess long-term effects of rolling up combinations of vaccines, or following the full schedule. Need long-term data that these vaccines, according to the schedule, are safe.
- Doctor made us feel stupid for not wanting to vaccinate. He was on the board of some vaccination organization which made me feel like he knew what he was talking about.
- Did a lot of research and came up with a schedule we felt comfortable with. Fewer immunizations at a time and spread out some

of them. But has to have most of the vaccines to be able to go to school.

- Herd immunity – didn't want to feel like you're putting other people at risk (especially when traveling). Social responsibility to not expose other people to diseases.
- Bradley Childbirth Prep birth instructor mentioned the choice of vaccinating or not, and that prompted us to research options.
- Research mostly online – don't look for particular sources, but look for information on vaccinations and safety. Don't assume that each source is telling you straight facts (most research has an agenda). You get a sense of which sites seem legitimate, and not pharma (drug) related, and gather information that way.
- Parents have to take on role as protector of child and do some re-research to make sure they make right decision.
- Ask pointed questions to doctor (e.g.: why could I have chicken pox, but my child should be vaccinated against it)
- Doctors convinced me that the consequences of not getting vaccinated were worse than side effects from getting vaccinated.
- Thought about when there were not vaccines, and thought about the consequences.
- One child had an adverse reaction to MMR and Varicella vaccine, getting measles and chicken pox after the vaccine, at age 18 months. So, mom told doctor she wanted to space out the vaccines to avoid any more sicknesses that might have been result of combination vaccine.
- Seems like number of vaccines we received versus our children is a lot of higher – makes us skeptical about the necessity and frequency that is recommended. Do they know long term or combined effects?
- Feel like there is some dishonesty about why the fast schedule of vaccines – may be concern parents won't return to get vaccines. Doctors should be upfront about it. (Mom had chosen not to vaccinate child with Hep B at birth. Is not opposed to the child receiving vaccine later in life, but does not think child's risk is high enough to need vaccine at birth. Think schedule of Hep B at birth is only because parents may not come back later on. When child is born, parent is a "captive audience.")

# Draft Key Messages

These are the draft messages tested in each mom chat.

*Campaign goal: Increase confidence in the safety of vaccines*

**Core message: Vaccines are part of a healthy life for your child.**

## Key Message 1

You work hard to protect your child every day. Vaccines are as important as feeding your child healthy foods, using a car seat or seat belt, installing a smoke alarm.

## Key Message 2

Thank you mom, for vaccinating.

## Key Message 3

Health officials and providers care about your child's health. We are parents too, and we vaccinated our children, and ourselves.

## Secondary Messages

- You can – and do – keep your child safe by vaccinating from life-threatening diseases.
- Vaccines have been around since the 1940's – they are proven to save lives.
- Vaccines are a very safe way to prevent life-threatening diseases. Is it worth the risk to your child and your community not to vaccinate?

## Secondary Messages

- We know it's hard to watch your child get a vaccination, but you are making the right decision to protect their health, and the health of our community.
- Most parents do vaccinate – diseases like polio, measles, whooping cough are so rare now because of vaccinations and the choices made by parents like you.
- A vaccine can only work when its used.

## Secondary Messages

- We worry about the health of your children every day – that's why we want you to vaccinate.
- Vaccine preventable diseases are still a threat – that's why we want you to vaccinate.
- We have all the information you need at our Web site to support your decision to vaccinate – take a look, then make sure to schedule that appointment.

## Support points

- You can trust the science behind vaccines—it's the same science that supports breakthrough medicine from surgery to cancer and diabetes treatments.
- Mild side effects such as a fever or fussiness are signs the vaccine is working and your child is naturally building his or her immunity.
- Only on very rare occasions do vaccines have more severe side effects; however, the risks of not vaccinating your child and consequences of these diseases are far greater.
- Before the polio vaccine, 50,000 polio cases were reported in the U.S. each year on average. Thanks to the vaccine, this debilitating disease is eradicated here. *[source: AAP/CDC]*
- About 4,000 new cases of whooping cough occur in the U.S. each year. That's significantly less than the 183,000 cases reported to CDC in 1940 before the vaccine. *[source: AAP]*
- Vaccines in combination are very safe. We worry about children who are vaccinated on alternative schedules because it increases the time they are susceptible to vaccine-preventable diseases, and can be a more difficult experience for the child.

## Support points

- Most pediatricians give your child a sticker when they receive a vaccination. You deserve a medal for doing the right thing for your child's health.
- Vaccinating your child protects not only your child, but also those who are too young or too sick to be vaccinated.
- When a community is more than 90 percent vaccinated, it has immunity from vaccine-preventable diseases.
- In our community *[address local rates...]*

## Support points

- When parents don't vaccinate their children, community rates drop. This is why we're seeing outbreaks of measles, whooping cough, and other preventable diseases.
  - In 2010, xx cases of vaccine-preventable disease outbreaks, from measles and whooping cough to chicken pox, were reported in the United States.
  - In our state *[include local anecdote about increase in cases, a recent outbreak, etc.]*
  - A reported 2,492 children in California contracted whooping cough in 2010, resulting in seven deaths.
  - When we talk to parents whose children become victim to these diseases *[anecdote here, such as: They are heartbroken at the realization they could have prevented their child's suffering with a vaccine or in some instances saved their life...]*
- We live in a global society. These diseases still proliferate in other countries and are just a plane ride away from your child.
- We must consider how children suffer when they get these diseases, and the dangerous side effects. Measles can lead to pneumonia, seizures, brain damage, and death; mumps can lead to deafness and meningitis.

Call to action: **Visit state health department Web site to learn more**

## Specific Comments on Key Message 1

### Atlanta:

- Like the affirmation – “work hard”
- Liked acknowledgement that it is a hard decision
- In putting vaccinations into the “easy” decision group – as equated with seat belt use:
  - Car seat comment did not resonate as vaccinations are totally different from seat belt usage
  - But, could also make someone re-think their decision about not getting vaccinated as it is equated to car seat usage and you do not think twice about car seat as it is make sense.
- The statistics mentioned were new information to the moms
- Statement that alternate schedules could be undermining– felt there is no easy answer
  - Alternate schedule becomes viable outside of an “all or nothing” attitude
- Only on “rare occasions” – vague – yet next two points have exact numbers. Either put exact numbers in each point or none of them, don’t mix and match. Having no figures in the rare occasions bullet point makes her feel like we are trying to hide something.
- “Very safe” - “Very” not a good word to use. “Very” needs to be in context. Do not want to be marketed to in subjectives - wants the facts.
- “Severe side effects” - tell me what that means?
- “Difficult experience” – seen as a low blow/guilt trip for the mom.
  - One jab seen as easier than two – but pin prick not determining factor.
  - More shots could be traumatizing for child.
  - Will it be easy to get away from work again for more shots?
  - Pediatrician worried that moms will not come back for second installment.
- “Breakthrough medicine” – don’t feel like vaccines are, not really
- “Trust the science” – feels like marketing spin. But do need to think about the science.

- “1940s” – not comforting to think about vaccines still being around for that length of time, so long ago, science changed/improved since then. Can’t we do better than vaccines?
- “4,000 new cases” – numbers need to be in context – don’t know what that means.
- Good to see sources for facts.
- Cause and effect is important to mothers – explain that more.
- Mention of community not at all relevant when it comes to my child – my child is all that matters to me.

### Seattle:

- Polio and whooping cough mentioned had an impact on one participant. She had seen real people get polio that were older and weren’t vaccinated. Made it real. Commented that people who don’t vaccinate think diseases are gone. Not true. We need to remember that we are fortunate here in the U.S. We’re only one person away from getting a disease.
- These messages resonated with her. Felt same about polio vaccine mention being impactful. Went to West Africa – saw children with polio. Made her want vaccinate.
- Self proclaimed naturopathic. Turned off about messages around the effectiveness medicine. Strong believer of diet and concerned with the environmental effects that we deal with in this day and age. Believes in building immunity in other ways, not through vaccines. Does not like to be bombarded with media messages, turned off. She doesn’t feel like anyone acknowledging other, alternative ways to stay healthy.
- Didn’t like side effects comments; at least 3 or 4 participants agreed this was not effective – did not believe that side effects were always mild, or only mild on alternative schedules.
- Did not really buy that vaccines are safe - if you look at what they put in the vaccinations, we can do things more naturally.
- Conversely, the side effects message resonated with one mom – she noted that rare occasions vaccines do have side effects. (This was a pro-vaccine parent); interesting how different perspectives impact

interpretations of vaccines (said that if you were more “natural” you thought side effects more severe, and vice versa.)

- Vaccines are too controversial to make this jump to being the same as car seats, healthy food, etc. Turned off more than half of the participants, including pro-vaccine moms. It made one mom want to laugh as she saw the correlation unrealistic.

### Washington, D.C.

- Overall, don’t know if these messages would stand out in all the noise, especially since there is a lot of scare tactics language out there (both for and against vaccines – if you vaccinate or if you don’t vaccinate, someone will say you’re damning your kids).
- Mild side effects show it is working. We all worry and get frustrated about side effects, but I see this is an attempt to let parents know it’s working.
- Like to see numbers and percentages, i.e. rare occasions for severe side effects, number of polio cases.
- You can’t say that vaccines and the combinations that they are given are very safe for all children. Don’t like blanket statements. Instead, show numbers about out of so many cases vaccinated, this many had negative side effects.
- Saying that there are significantly less whooping cough cases now makes me think that maybe I can take my chances with not vaccinating, since the risk is less.
- Saying polio is eradicated...makes me question, if it is eradicated, why are we still vaccinating?
- Liked the bold lead-in on car seat comparison, because if the point is to encourage people to vaccinate, it makes it seem like just another way to keep your child healthy. Nice way to think about it.
- Messaging should allow a little credence and acknowledgement that the decision rests with the parent. There may be an alternative schedule and that’s okay.
- Need to see that there is a willingness to vaccinate in a different way. (Noted referring to book by Dr. Bob Sears). If there is no willingness to accept other options for vaccinating, the message

doesn’t hold weight that we should vaccinate at all.

- Alternative schedule is a nice way to get the vaccinations done in a way parent feels comfortable with. Don’t believe kids are really susceptible if they don’t exactly follow the schedule. Feel like alternative schedules show respect to parents, rather than assuming they don’t know anything or won’t question the standard schedule.
- Last statement mixes two arguments. Very safe in general vs. alternative schedule.
- Someone may worry about combination vaccines, but then they read the last point and they throw the whole message out. They would have been OK with an alternative schedule, but then they see this last point and don’t believe in any of the message anymore.

## Specific Comments on Key Message 2

### Atlanta:

- “Community” public health issue speaks to women. Not getting vaccinated could put other babies at risk – one of main reasons to vaccinate. One woman said she could not live with herself if it was her child that caused another child to get sick/ill/die.
  - Also emphasize the community of the family, not just general community. Members of family can get immunized to reduce chance of spread of flu for example.
- Public health important – but not what makes her decision.
- “90%” gives others an out. I can be in that 10% and not vaccinate and not upset the balance mindset.
  - Suggest more info on what will happen if 90% figure not meant. Public health data.
  - Message about you needing to do your part.
- Sticker/medal analogy seen as marketing spin
- Like the facts but need to be in context
- Public health messaging important, but verbiage is not good.
- 2nd bullet is good.

## Seattle:

- Overall, no one liked the sticker or the medal concept. It was too silly. “I get a medal when I do a tri, not vaccinate my child.”
- One commented it’s NOT hard to give a child a vaccine. Most others disagreed and said it’s very hard to watch. Breaks your heart.
- Very interested in the how vaccination protects others – did not know about “herd immunity”.
- Overall, think herd immunity is a very effective point. Most questioned if it’s true and do we have stats to back this up?
- Two were intrigued by this but not sold without more facts.
- Asked if we could get more data from public health – down to the neighborhood level. Do we have stats for Queen Anne (a neighborhood in Seattle)? Many were very interested in localized stats like that would address their schools, neighborhood, etc.
- One questioned the law/exemptions. Thought everyone had to vaccinate to allow kids to enroll in public school. [PN explained every state is different]. Mixed understanding of laws as they relate to vaccines.
- Many agreed the 90 percent stat didn’t have as strong enough impact. Never thought about other families/children and how important it is for others that they vaccinate. Made the moms stop and think.

## Washington, D.C.

- The message is condescending. Tone of “thank you” is offensive.
- At least acknowledged this is a difficult thing for moms. (e.g.: hard to watch a child get a vaccination.) Opened a dialogue for me and made it more personal by understanding it’s a hard decision.
- Liked “can only work if it’s used” because it recognizes that if you don’t get vaccinated, you won’t be protected. Makes sense and makes vaccinating even more important.
- Hated last bullet. Everyone thinks they will be part of the 10 percent, and then 40 percent of population tries to be part of the 10 percent and you’ve sacrificed what you tried to do.

- Makes a parent think since every other parent is immunizing, I might not have to.
- Taking the message as far as “you deserve a medal” is condescending. I have to give my medal back if I find out there is a side effect.

## Specific Comments on Key Message 3

### Atlanta:

- Like all the bullet points – factual info and citations
- Message of “if don’t immunize disease will come back” – that’s really the heart of the matter
- “Global society” resonates. Mention of a TV program about child contracting whooping cough while in another country
- “Plane ride” = sensationalism to one mom.
- “Suffer” – of course I do not want my child to suffer. Just tell me the facts.
- “We are parents too” – feels more real, less spin. Ultimately all concerned want the best for the child.
- “Health officials” = government, telling people what to do. Don’t tell us what to do.
- “Providers” – are they not paid for by government
- “We worry” – really?? Health officials don’t worry about real people.
- “Community rates have dropped” – Where? When? How? Be specific.
- Inclusion of a website important, to get more info – one that is easy to use!
- “Measles can lead to...” – Don’t just say “very” or can cause serious harm. Impact is important. Factual.
- “Side effects” is not a good phrase
- Just scrap the first sentence and just start with the info on measles.
- “Vaccine preventable disease” – what is that exactly?? I have no idea.

## Seattle:

- “We worry,” message turned off a few participants. They did not believe public health officials worry about their children. They don’t even know their children. It’s too personal.
- One mom – with mom and sister in the health field – countered the above statement. Referenced how personal it is for her sister, a pediatric nurse. It’s so personal her sister shares patient success stories.
- When most read it, they thought of Pharma. Do not trust Pharma. Did not correlate back to medical professionals.
- Most did not know what public health meant and who worked on “public health” initiatives in Washington State. Showed need to define/explain public health. One woman asked, “Do they send those mailers about vaccinating?” Two participants followed up and complimented the mailers from WA State.
- One liked making clear that vaccine preventable diseases are still a threat.
- It was very concerning to hear “We have all of the info.....” That is scary to think one source could have all of the information a parent could need. That is suspect. That particular mom only trusts the CDC. She claims they have no opinion, just science.
- Most moms found all the issues overwhelming – puts too much on parents to do all of the research. Don’t have time to research when you’re a parent. Finding an easy source to get facts and tips would be good. Websites now are either not enough, ranting, or far too complicated.
- Most agreed they would like more and consistent reminders/tips about vaccinating. Mobile phone texts or phone apps would be great.
- One mother commented this mailer might not be for me, but I know there are people that need this.
- Another commented you can’t take messaging and recommendations too far because the issues are still too controversial. Might be too heavy-handed (Big Brother-ish). “It’s one thing to distribute a chart about development, another thing when you are saying you ‘should be vaccinating.’”

## Washington, D.C.

- The numbers and the sheet don’t really make the threat of diseases seem real. I push away from numbers because in the CA example, out of many in the state, just 7 died. And you don’t know exactly how many were vaccinated.
- Images that show the spread of a contagious illness would be more helpful to remind me. (e.g.: when actors demonstrate spread of HIV by showing how it transfers from person to person. Swine flu was another where we feared the spread of, but for other diseases I don’t worry about spread since the diseases seem so uncommon.)
- These are complex issues and I realize you can’t make messages too complex but it’s a fine line to make these not too condescending, especially if the audience has done any research. Vaccines shouldn’t be painted as a panacea or too pat, because there are still risks involved.
- Language that seemed to be written by pediatricians stood out for a few, since they knew pediatricians who truly did feel frustration when parents chose not to vaccinate and then child got sick from preventable illness. Thought that it was personalized to hear that there are some pediatricians who are also parents and grapple with these decisions. Others felt that the “we” language from the pediatricians and healthcare workers felt like it was coming from a pharmaceutical company. Made a few moms suspicious of the agenda behind the message, in case someone is trying to make money off their child.
- Need to understand that there will be a variety of parents who have different levels of knowledge about vaccinations.
- Facts – about diseases and why they are bad, “measles can lead to...” If someone could convince me why chicken pox is so bad, that would push me more to vaccinate. I would see it is much worse to get chicken pox than the possible repercussions of side effects of the vaccine.
- Vaccine preventable diseases are still a threat and that they are still in other countries. That makes sense that a disease can still come into our country.

- We must consider how children “suffer” pulls on the heartstrings in a condescending way.
- Don’t like “we worry about your children” – makes it seem like they think they care more about our children than us.
- Don’t like “we”. Would prefer they keep the message in the third person. Can see they may be trying to show there is an “us” and a “you” and that they want to build a relationship, but you lose track of the first sentence by the time you’re halfway through. You start to wonder who is we – big brother?
- Don’t like “we have all the information you need to support your decision.” What kind of information are you going to give me – only the pros, or only cons? And how do you know what my decision is? Makes it seem like I’m only supposed to go with the side you’re giving me information about, I’m not supposed to seek out other information.

### How do you feel about parents who do not vaccinate their child? Seattle and D.C. comments:

- Parents taking a risk
- Selfish – child can’t make decision. Parents not doing their job.
- Misinformed
- Information – deliberate decision
- I can’t judge them because ultimately the decision rests with them. They know their own unique family situation and have to deal with their own conscience.
- I don’t heap any scorn on them if they feel it is not in their child’s best interest to get vaccinated. (This was the mom who had partially vaccinated her child and became stauncher in the viewpoint that vaccines are the parent’s choice, not something all parents should follow.)

- I would want to know if there are children in my child’s daycare that aren’t vaccinated because I would be concerned my kids were exposed. I don’t have a feeling against the parents who don’t vaccinate, and it’s not like I don’t want to know them or know their kids, but when it comes to daycare and my 12 month old is in the same room with a 5 year old carrying measles, I would want to know.

### Would you share information about vaccination with other parents? (All three cities)

- Want to understand why something is said/ expressed in a particular way.
- Want to share or at least direct someone to info (on website)with parents who do not vaccinate
- Comfortable to discuss this info with others?
- Would not ‘debate’
- Try to give facts
- Comfortable giving the reason why I made my decision...
- Did you know...
- Would recommend a good, helpful website – check it out, particularly if easy to navigate
- Do the materials better equip you to have this conversation?
- Fact based info good
- Moms always share info with other moms
- TV program on whooping cough stimulate debate between the woman and her husband
- Minefield – not want to step in it... (especially if made informed decision not to vaccinate children)
- Not if already made their decision
- Need for a credible website that is easy to navigate.
- Need a website that is objective and factual
- Website needs to be owned/run by entity not making money out of vaccination program
- CDC – website not user friendly but could be better
- I don’t want to be an apostle for vaccinations. Parents are entitled to their opinion of what is right and wrong, but I think if I am put-

ting my kids in a public situation, I have a reasonable expectation to know anonymously about how many kids who aren't vaccinated.

- I never thought about this before, and assumed that in school, everyone is vaccinated.
- In general, no one would want to address another parent and convince them to vaccinate, and wouldn't use the messages to do so, but they want to know what risk their child is facing based on parents deciding not to vaccinate their own children.

(Note: in D.C. this conversation actually continued after the group – the mom who would want to know if her kids could be exposed by a lack of vaccinated children in her pre-school posted to Facebook about the topic. So, by example she may not be willing to address another mom directly, but she would like to express her thoughts and have her opinion about community risk heard.)

# Creative Concept Testing

Following are the draft creative samples we tested with moms in Seattle and Washington D.C. and the moms' reactions to these concepts.



## Seattle:

- Overall, the first three concepts were favored but participants suggested images might need to be tweaked to look more polished. Participants liked that they were surprised by the message and that it made you think about vaccinating in a new way. Would like to see a “gets the facts” link that would be just as “non-judgmental”. Most agreed the last three concepts around effects of not immunizing (scare tactics) were effective in terms of messaging but all participants disliked the visuals.
- The “cute baby pictures in the mom’s arms” (4 and 5) were too common to make an impact for most.
- Individual comments varied across the board:
  - Did not like concepts 10 and 11 with iron lung - too much of a scare tactic. Liked 1, 2, 3 and 7 – gets people thinking. 4, 5, 6 – cute pictures but didn’t like the message.
  - Did like 1,2,3 and child in 7 (yellow raincoat) looked “naughty.” And real.
  - One mom (was the only one) chose 8 and 9 (with pictures of real life public health officials) as her favorite. 11 (iron lung) was convincing for her. Number 6 (checklist) was her least favorite. It doesn’t align with basic safety.
  - Liked 1, 2 and 3 from a design stand point (the “natural mom”). They aren’t pushy or tugging on heartstrings. 4 and 5 – reminds her of EVERY ad you see. Others agreed. 10 and 11 effective but thought there could be a better picture. Kind of liked the scare tactic. 8 and 9 – horrors spoke to me. We’re in this and we know – liked the public health reference.
  - 4 and 5 resonated because it’s a baby you want to protect. She wants to make sure he is protected. 1, 2 and 3 could work with a changed picture (more polished). Liked message. 10 and 11 also resonated.
  - Liked 1,2,3. In 4 and 5 – loved pictures (babe in arms) but against message. “Don’t tell me I can’t do something.” Number 10 was way too scary to look at. Liked 11 but didn’t like photo above.

- Q – Any concepts evoke a call to action?
- 1, 2 3 – It’s a good wake up call, good reminder. Liked the surprise.

## Washington, DC

### Favorite group of concepts?

- Concepts 4 and 5, “In your arms” (5 moms)
  - In your arms – very simple, everyone can identify with holding a baby; feels familiar.
  - Adorable – great pictures. Makes you feel warm and fuzzy.
  - Can see them being used in a doctor’s office, on the side of a bus, or in a parenting magazine – very versatile.
  - Message is clear, but I don’t know why they use past tense of vaccinated. It should say that’s why you should vaccinate. Especially since the pictures are of infants.
- Thing of the past (1 mom)
  - Very powerful, not just an abstract argument anymore, actually forced to balance the risk of vaccinating or exposing your kid to something like in the picture. Makes it more personal. Also grabs attention, if you imagine seeing it on the side of a bus (particularly the rash on the child’s back).
  - The larger pictures on bottom look recent, so you think it could be any current kid. The iron lung is interesting, but a few moms said it is the first time they have ever seen one. Need explanation about what it is (thought it might be an MRI). But, on an ad, they think just the larger pictures are powerful.
  - Several moms think this ad ties with the messaging well, because now you can have an image to pair with knowing the statistics, and it makes the numbers seem more real or urgent.

### Least favorite?

- “Think he/she is protected” received 0 votes.
  - “Think he’s protected” – very simple, could see on the metro or bus stop, and the message is one you get right away. But, also

- looks like it's been done before.
- Child with umbrella in particular looks upset (maybe like he just got vaccinated) and isn't liked by the group.
  - A few moms feels like it is an inane comparison – rain gear and vaccination is not in the same universe.
  - Another says it is a serious topic, but the ads do not address it in a serious way.
- The public health/real people concept (8 and 9) received 0 votes.
    - Real people – too much copy for something you are walking past. One mom feels like this was cheesy where the written Sample 3 was not; another mom feels the opposite – that she is now more convinced that these are real health professionals and not a pharmaceutical company.
    - The “we’re parents too” needs to start by saying “we’re pediatricians.” Otherwise with just we’re parents too, there is no “so what” factor. The small text with the names can be overlooked.
  - “Just one of many things” received 1 vote.
    - One mom says it does prompt her to think about all the safety things she does, and how vaccines go together in that idea. Wouldn't have thought of it in that way. Could see this in a parenting magazine, where she might have more time to read and look at it.
    - Just one of many things – don't feel like putting up a child safety guard is the same as vaccinating.
    - BPA free and natural cleaners seem like new concepts or higher end, and presumptuous. Feels targeted to a very specific type of mom.

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