Engaging Teens Directly

CHAPTER 2
Introduction

To most teenagers, being healthy is a top priority. Results of a recent survey indicate that nearly all teens (91%) feel that staying healthy is extremely/very important. Other things that matter to members of this age group include doing well in school (94%), maintaining good relationships with parents (92%), and having friends they can trust (91%). Furthermore, there is strong consensus among teens on the importance of vaccinations—73% of those surveyed said it is “extremely” or “very important” to receive all recommend vaccines to stay healthy.

While nearly 9 of 10 teenagers surveyed (87%) are confident in their ability to keep themselves healthy, 83% would like to learn more about how to be healthier. However, some adolescents may lack basic information on why vaccines are needed, as well as which vaccines they need during adolescence.

Engaging adolescents to take part in decisions about their own health and providing vital information about adolescent vaccines directly encourages them to participate in the critical health care decisions that will govern their health for many years to come. This can be approached in a variety of ways, such as social media campaigns and community initiatives (schools, college fairs, community centers). The following activities serve as examples of ways to engage teenagers:

- **Getting Started:** Supporting human papillomavirus (HPV) campaigns, developed with input from and targeting at-risk subpopulations (Washington)
- **Moving Forward:** Developing and implementing a multi-pronged adolescent immunization awareness initiative that includes an annual PSA contest (New Jersey)
- **Taking It to the Next Level:** Supporting a coalition-based immunization education campaign directed at adolescents (Pennsylvania)
Immunization Programs Using Social Media to Target Teens

2016 AIM Annual Survey, 61 of 64 Immunization Programs responded to survey

Tweens: 8-12 Years

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Adolescents: 13-15 Years

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Older Adolescents: 16-18 years

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National Resources for Engaging Teens Directly

Many organizations provide tips and tools for targeting teens in schools, including:

- Immunization Action Coalition (IAC) Immunization Information for Teens (e.g., vaccine information, video links, resource links): http://www.vaccineinformation.org/teens/
- Parents of Kids with Infectious Diseases (PKIDs)
  » Your Choice! Campaign: http://www.pkids.org/YourChoice
  » GetVaxed Campaign: http://www.getvaxed.org/
- American Academy of Pediatrics Social Media Toolkit (not teen focused but provides valuable information on social media, which is an effective way to reach teens): https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/Immunization-Social-Media-Toolkit.aspx
- State Immunization Programs and Resources Targeting Teens*
  » Alliance for Immunization in Michigan: http://www.aimtoolkit.org/health-care/adolescents.php#materials-for-adolescents
  » GetVaxed Campaign: http://www.getvaxed.org/
  » Utah Department of Health Got Vaxed: http://www.immunize-utah.org/information%20for%20the%20public/adolescent%20immunization/adolescent_vaccination_campaigns.html
  » South Carolina Department of Health and Environmental Control Vaccine Poster (available for download and printing): http://www.scdhec.gov/Library/ML-025536.pdf
Overview of activity
The Washington State Department of Health Office of Immunization and Child Profile provided funding to external partners to support development of HPV immunization campaign messages targeting two at-risk subpopulations of adolescents and young adults.

Ages targeted
Within the relevant subpopulation, one campaign targets all adolescents and the other aims to reach those aged 15 to 26 years.

Background/impetus for the activity
The Immunization Program received a 2-year HPV Prevention and Public Health Fund (PPHF) award in 2014. As part of its award activities, the program manager chose to support development of public campaigns relevant to specific populations. The program leveraged existing relationships with external partners to identify subpopulations that may be particularly vulnerable to HPV infection. The specific populations included tribal youths, adolescent/young adult men and transgender individuals at risk for HIV infection.

Description of activity
To support messaging targeted to tribal youth, the Washington Immunization Program provided funding to the American Indian Health Commission (AIHC) of Washington State. AIHC held two youth health summits involving youth from several tribes to explore their knowledge and attitudes on various health issues, including HPV infection and HPV vaccine. An important finding from the summit was that messages directed to boys seemed particularly needed, as boys were less aware that they should receive HPV vaccine. Therefore, AIHC staff developed messages that would appeal to tribal teenagers and help them understand the importance of HPV vaccination as cancer prevention.

To develop messaging for the HIV/HPV project, the program provided support to local public health partner, Public Health-Seattle & King County. This support was for enhancing an existing web-based campaign called “We Are 1” by adding “HPV is cancer prevention” messaging developed for HIV-positive and HIV-negative young gay and bisexual men and transgender individuals. The campaign targeted these populations in King, Pierce and Snohomish counties, the state’s most populous areas. Public Health-Seattle & King County and its “We Are 1” partners developed messaging based on feedback obtained through focus groups, key informant interviews, and street intercept interviews. They created a multi-media messaging campaign that included posters, digital media, and t-shirts.

Role of Immunization Program and other agencies/groups involved
For both activities, the Washington Immunization Program’s involvement was mainly to identify appropriate partner organizations and provide funding to the external partners involved.
For tribal youth, the program partnered with the AIHC, which works on behalf of the state’s 29 federally recognized Indian tribes and two Urban Indian Health Organizations (UIHOs) to improve health outcomes for American Indians and Alaska Natives. The Immunization Program has a longstanding working relationship with the AIHC and its immunization subgroup. For this project, the AIHC was fully responsible for developing HPV campaign materials for adolescents based on tribal youth feedback.

The Immunization Program’s involvement in the HIV/HPV project grew out of its work with state Department of Health (DOH) colleagues with overlapping interests around HPV (in reproductive health, cancer prevention, and STD programs). These colleagues connected the Immunization Program to contacts within Public Health-Seattle & King County who were involved with the “We Are 1” campaign. “We Are 1” is a coalition of community groups, agencies, and local health departments (covering King, Pierce, and Snohomish counties) that promotes men’s health and wellness. The “We Are 1” coalition was responsible for developing and disseminating the HPV vaccine media campaign. Public Health-Seattle & King County also collected data on how exposure to the campaign affected knowledge and attitudes among the target population.

Dissemination
The AIHC is responsible for disseminating messages related to adolescent HPV vaccination among the tribes involved.

The “We Are 1” campaign is available online, and information about the campaign was disseminated by Public Health-Seattle & King County. Immunization Program staff helped broaden the reach of the campaign by sharing campaign materials statewide through local immunization coalitions, local health departments, the Immunization Action Coalition of Washington, and DOH reproductive health, cancer prevention, and STD programs.

Intersection with other program activities
These campaigns supplement the program’s work to increase HPV immunization rates among adolescents and young adults. The program regularly partners with AIHC and Public Health-Seattle & King County on other immunization-related activities.

Funding
The Washington Immunization Program used funds from its HPV PPHF award to support these activities. Partners used the funds mainly to support the upfront work of needs assessment and developing messages and for disseminating messages.

Staffing
The HPV project coordinator from the Immunization Program was in regular monthly communication with the relevant partners about the development and implementation of their campaigns.
Implementation status
The AIHC continues to disseminate HPV campaign messages, and the “We Are 1” campaign remains active. As the HPV PPHF award has ended, the program no longer provides PPHF funding to AIHC and Public Health-Seattle & King County specific to these activities.

Successes
• Because HPV touches many areas beyond immunization, the Immunization Program has been able to broaden the range of partners with whom it regularly works. For example, the program has established stronger relationships with DOH colleagues who focus on aspects of HPV other than immunization, giving all parties a more well-rounded understanding of HPV disease and prevention.
• Both partners/projects successfully obtained input on HPV messaging from their respective target population and used these messages in HPV vaccine education campaigns. Both partners increased awareness among their populations of the importance of HPV immunization for cancer prevention.
• The “We Are 1” HPV online campaign generated more than 15.4 million impressions, more than 66,000 click throughs, and brought in many new users. In a survey of people in the target population, a high percentage reported awareness of the HPV vaccine, though a very small number had received the vaccine. Among those surveyed, 10% to 20% reported seeing the “We Are 1” HPV campaign materials. Of those who saw the materials, about 15% spoke to a medical provider about HPV vaccine as a direct result of seeing the advertisements.

Challenges
• Immunization staff members noted that it was difficult to accept the direct approach of the “We Are 1” campaign, which candidly focuses on sexual health and differs from mainstream HPV vaccine messaging targeting preteens. To address this challenge, the program was able to show that the campaign was developed with a strong base of formative assessment and pilot testing on which messages would be most effective with this population.

Other lessons learned/Advice to other programs
• Indian tribes are independent sovereign nations. There are advantages to working with organizations like AIHC, as many tribes can be reached through one entity.
• When working with external partners such as tribal organizations, the Immunization Program is not the lead, which is the goal, and needs to recognize that the partners own the process, priorities, and timetable.
• Although Immunization Programs can share campaign materials developed for the general population as a resource, it is important to understand what messages will resonate best with adolescents in specific subpopulations and to determine the most effective method of delivering those messages. It is important also to be open minded to targeted messaging and to recognize that not all messaging will be used for a general audience.

Relevant resources
• “We Are 1” campaign website: http://we-are-1.com/hpv

For more information
Contact the Washington Immunization Program at (360) 236-3595 or ImmuneMaterials@doh.wa.gov.
We worked with partners, including a local health jurisdiction and a community organization that is an immunization partner, called WithinReach, to train high school students to become peer advocates/champions to promote HPV awareness and vaccination”

— Michele Roberts, Washington State Immunization Program
Overview of activity
The New Jersey Department of Health and Senior Services Vaccine Preventable Disease Program, together with the Partnership for Maternal and Child Health of Northern New Jersey (PMCHNNJ), developed and implemented a multi-pronged adolescent immunization awareness initiative that includes an annual PSA contest.

Ages targeted
Youths in middle and high school (grades 5 through 12).

Background/impetus for the activity
When looking into ways to increase low influenza and HPV vaccine coverage rates among New Jersey adolescents, the New Jersey Vaccine Preventable Disease Program identified a need for campaigns targeting adolescents and their parents that addressed the full complement of adolescent vaccines. The program was interested in reaching adolescents directly, and found that other adolescent health initiatives (e.g., tobacco control) were successful using social media. Based on these findings, the program worked with the PMCHNNJ to develop and implement an initial adolescent immunization campaign, including a video contest, a basic website, and limited social media postings. The initial campaign ran in 2012 and 2013.

Description of activity
In 2014, after evaluating the initial campaign, the program and the PMCHNNJ expanded the campaign into a multi-pronged adolescent immunization awareness initiative called “Protect Me With 3+”. The partners developed a comprehensive, medically accurate, plain-language educational website for both adolescents and parents, which is optimized for mobile devices. They implemented a yearlong social media campaign on the four most popular platforms (Facebook, Twitter, Instagram, and Tumblr), and expanded the annual adolescent PSA contest to include influenza vaccination (in addition to Tdap, HPV, and MCV4) and a poster contest option for students in grades 5 through 8. For 2016, additions to the campaign website included a tab with information directed at teachers and a Spanish language version.

The video and poster contests typically run for about four months. Adolescents register for and submit entries through the website, and parents sign online consent and photo release forms. Entries can be either a 30-second video (grades 9 through 12) or an 8.5 x 11 poster (grades 5 through 8 and 9 through 12) about one adolescent vaccine, based on information provided by the campaign website. All entries are reviewed by project staff and narrowed down to five finalists per category, which are then posted on the website for a two-week public voting period. Gift cards are awarded to the top three entries in each category, and an awards ceremony is held for the winners. Other prizes include a $100 gift card for the classroom with the most eligible submissions, a prize drawing for students who submit entries by the early-bird deadline, and other random giveaways of items donated by sponsors.
Role of Immunization Program and other agencies/groups involved
The Immunization Program provides support and guidance on campaign content and promotion. The PMCHNNJ is one of the program’s health services grantees. The program provides funding to the PMCHNNJ for various immunization-related activities, including the Protect Me With 3+ campaign. The PMCHNNJ works with a public relations (PR) firm, also based in New Jersey, to handle the website, press releases, communications, advertisements, and acquiring new sponsors.

Both program and PMCHNNJ staff are involved in reviewing all entries and selecting the finalists to ensure that the information is accurate. Additional health educators not directly involved with the project may be brought in to help select finalists. The program and the PMCHNNJ meet on a biweekly basis, and at the end of each contest cycle have a full day of debriefing to evaluate the campaign and determine improvements for the next year.

Dissemination
Information about the campaign is disseminated by the PR firm and through program contacts. For example, the firm targets promotion of the contest to certain schools (e.g., art schools, technical schools). Program staff presented to the New Jersey Education Association (NJEA), including mention of the campaign, and the PR firm purchased an ad in the NJEA program guide featuring the campaign. The contest itself, social media, online advertising, and local media coverage of the winning entries drive users to the website.

Intersection with other program activities
Winning entries are used to support other educational activities. Videos have been used at state immunization conferences, regional chronic disease workshops, immunization and cancer coalition meetings, and a summer camp. Videos were also featured by Value of Vaccination and the Immunization Action Coalition, broadening the campaign’s reach to a national audience. Winning posters are professionally printed for distribution throughout the state, including to local health departments for distribution to schools during immunization record audit visits.

Funding
Funding support for this initiative comes from a mix of federal and state funds. The federal funds come through the program’s regular CDC cooperative agreement. State funding, when available, varies by type and amount.

Staffing
The program’s adolescent/adult immunization coordinator, health educator, population assessment coordinator, program manager, and the assistant program manager are the main staff members involved.
Implementation status
The Protect Me With 3+ campaign is ongoing.

Successes
- The contest raises awareness by requiring adolescents to use and promote the website in their PSA, having the public view PSAs to vote for a winner, and using winning PSAs for immunization outreach activities.
- The enhanced campaign is reaching greater numbers of adolescents. The number of submissions has expanded each year from 29 in the first year to 377 in the 2016-17 contest year. The increase in contest submissions is partly due to the poster option, which was able to better engage preteens.
- More than 492,000 people were reached through social media during the 2015-16 contest. There were more than 11,500 unique visitors to the website, more than 416,634 impressions through Twitter advertising, and more than 70,000 people reached through Facebook advertising.
- Several videos about HPV vaccine for males, a topic that has largely been missing from HPV campaigns, have been created by boys through this campaign. Videos are posted on the Protect Me With 3+ YouTube page, as well as on the campaign’s website.

Challenges
- Initially the contest started in September/October. Through outreach to teachers, the program realized that moving the contest to later in the school year would improve teachers’ ability to include it in their curriculum. Moving the start of the contest to November/December has improved participation.
- The program is not allowed to have its own Twitter or Facebook accounts. However, by working with and funding the PMCHNNJ, the program was able to promote the Protect Me With 3+ campaign with a campaign-specific Facebook page and Twitter account.
- The program found that it was not getting much “bang for the buck” from using Instagram and Tumblr, so it dropped use of these platforms starting with the campaign for the 2015-16 contest.
- With the growing number of contest submissions, the program may soon face staff time constraints for reviewing all entries. To address this issue, this year the program staff will prescreen entries as they come in rather than waiting until the submission deadline.
- Although there is a Spanish language version of the campaign website, only English-language entries are currently accepted because the program does not have a staff member who is proficient in Spanish to prescreen Spanish-language videos and posters.
- Because the minimum age for many social media accounts is 13 years, the program had to adjust the requirements of the Children’s Online Privacy Protection Act (COPPA) by obtaining parental consent for preteen students to participate.
- At this time, the program is unable to track the vaccination status of children participating in the campaign because of Institutional Review Board requirements and privacy concerns.
Other lessons learned/Advice to other programs

- Pre-planning is an important initial step to developing a similar campaign in other state health departments, including conducting a gap analysis to identify areas/populations to target for a campaign. In addition, given the level of effort involved with running such a campaign (e.g., maintaining the website and social media presence as well as outreach activities), identifying relevant internal and external partners is critical. External partners can also help to overcome internal barriers (e.g., not being able to have social media accounts or work directly with a PR firm).

- Lessons learned from each cycle of the contest are used to make improvements to the next round (e.g., adapting the website to become an educational resource), which is important for evolution of the program among this dynamic population.

- The program realized that video quality and access to video equipment was much better for high-school students than for middle-school students. Adding the poster contest to the campaign has improved participation of younger students in the contest.

- The program has found that videos are often created by teams, so the contest entry forms, including parent participation forms, needed to be adjusted to collect all the necessary information for multiple contributors. This also means that the number of submissions doesn’t properly reflect the actual number of participants.

Relevant resources

- Protect Me With 3+ campaign website, including past video and poster winners: www.protectmewith3.com

(Note that items related to the contest, such as registration and consent forms, are active on the website only during the contest submittal period.)

For more information

Contact Erika Lobe, Adolescent/Adult Immunization Coordinator, in the New Jersey Vaccine Preventable Disease Program at (609) 826-4861 or erika.lobe@doh.nj.gov
Overview of activity
The Pennsylvania Department of Health Division of Immunizations supported a coalition-based immunization education campaign directed at adolescents.

Ages targeted
The initial campaign targeted adolescents aged 11 through 18 years, but was subsequently narrowed to 11 through 14 years of age.

Background/impetus for the activity
In 2013 through early 2014, the Pennsylvania Department of Health Division of Immunizations was exploring ways to increase adolescent immunization rates, as well as to provide support for activities conducted by its statewide coalition (Pennsylvania Immunization Coalition, or PAIC) and 18 regional immunization coalitions. The program decided to offer mini grants to regional and statewide coalitions to develop adolescent-focused immunization campaigns.

Description of activity
In 2014, the PAIC and 14 of the 18 regional coalitions applied for and received mini grants. Given the small monetary amount of the grants, the PAIC and 12 of the regional coalitions opted to pool their resources to conduct a unified media campaign, while the other two regional coalitions conducted their own local campaigns. For the unified campaign, a Pennsylvania-based social marketing agency was hired to develop the campaign with the goal of promoting Tdap, meningococcal conjugate, and HPV vaccines to adolescents aged 11 to 18 years, with a focus on areas with low coverage rates as well as minority and at-risk populations that were previously identified in a Pennsylvania-based “Pocket of Need” report. The campaign, entitled #UDontGetIt, featured brief PSA videos (30 to 90 seconds) that could be embedded in Twitter and Facebook posts, as well as posters and reminder postcards. The program sought advice from a focus group comprised of adolescents on the use of Facebook and Twitter, and the social marketing agency conducted a few focus groups within the target population to get feedback on images/artwork to use in campaign materials. There are several social marketing agencies in Pennsylvania that cultivate and maintain unbiased focus groups for hire. They are available to test proposed marketing campaigns by reviewing language level, slang, and appeal to a particular birth cohort.

In 2015, for the second round of mini grants, the PAIC and all 18 regional coalitions applied for and received mini grants and pooled their resources for the #UDontGetIt campaign. Based on lessons learned during the first round of the campaign, the age group was narrowed to 11 through 14 years, and campaign materials were reconfigured to be more appealing to younger teens. An inexpensive incentive – a colorful bracelet/wristband – was offered to adolescents who were up-to-date on their vaccines. In addition, the program partnered with the division of school health and expanded the reach of the program through the help of school nurses. Schools that agree to participate display the campaign posters.
and can distribute the reminder postcards to encourage fulfillment of school immunization requirements (7th grade, Tdap and 1 dose MCV4).

A provider component was also added to the campaign initiative. At the Immunization Program’s request, the state chapter of the AAP provided online webinars on adolescent vaccination to their members. T-shirts with the campaign logo were created and worn by school nurses and coalition members, and were also given as incentives to adolescents for being up-to-date.

**Role of Immunization Program and other agencies/groups involved**

The program provides the mini grants to the coalitions and works with the executive director of the PAIC to manage the project. The PAIC and participating regional coalitions promote the campaign within their jurisdictions. The social marketing company, which has worked with several state government agencies, created the campaign slogan and manages the campaign’s social media presence (webpage, Facebook, Twitter). Other partners include the division of school health and the state chapter of the AAP. The division of school health is the conduit for communicating with school nurses about the campaign and conducted a survey of school nurses to evaluate the campaign. The state chapter of AAP conducts provider education on adolescent vaccination.

**Dissemination**

Project partners communicate regularly by email and conference calls. The program distributes campaign materials to participating schools. The Pennsylvania Department of Health presents information at the annual conference of the Pennsylvania Association of School Nurses and Practitioners, including immunization-related updates.

**Intersection with other program activities**

The program has collaborated with the PAIC and regional coalitions on adult influenza and pneumococcal campaigns.

**Funding**

The program provides mini grants to the participating coalitions through its federal cooperative agreement funding. Based on the state’s procurement process, the program can award mini grants of up to $10,000 without a formal RFP process, with a total budget up to $50,000. Some of the regional coalitions contribute their own funds to the campaign, which allows them to conduct additional activities in their jurisdiction.

**Staffing**

The Public Health Program Administrator within the Pennsylvania Department of Health Division of Immunization co-manages this project with the executive director of PAIC.
Implementation status
The campaign kicked off in September 2014 and ran through January 2015 and then again January through March 2016. A third round is planned but the start date has not yet been determined. The program plans to offer the mini grants as long as there is funding available.

Successes
• Though the program had collaborated with many of the groups involved in the campaign, this was the first time all the coalitions plus a major provider organization worked together. The coalitions and the state chapter of the AAP now work together frequently on immunization projects.
• The program believes the campaign has successfully reached teens and prompted dialogue among them, and between teens and parents; adolescents utilized the campaign’s social media accounts and responded and shared the information.
• Adolescent immunization rates are increasing, though the extent to which the campaign may have contributed to this increase cannot be determined.
• The program has had significant impact with this statewide campaign for a relatively small outlay of resources.
• The incentive bracelets were popular among middle-school students. The quantity was limited, which added a competitive component.
• In a survey of school nurses after the initial campaign, nearly 90% said they support continued participation.
• A coalition-based campaign gave the coalitions greater flexibility in promoting the campaign within their own jurisdiction and provided a local point of contact for the project.
• Realizing the cost of advertising and developing a campaign, the statewide immunization coalition urged the regional coalitions to work together and combine their financial resources. Working in partnership allowed them to make a greater impact within each coalition’s jurisdiction, while using their grant funding most efficiently. This was particularly helpful in the rural counties, which make up more than half of the state, where promotional campaigns would be too expensive to conduct on their own.

Challenges
• Lack of support for HPV vaccine at high levels of state and local government, including some schools, has been a barrier to HPV messaging. For example, the campaign focused on the three routinely recommended adolescent vaccines, not just HPV, but a few schools did not participate because HPV was included.
• During the initial campaign, the state experienced a prolonged period of bad winter weather (e.g., snow, very cold temperatures) resulting in several school closures or delays, which made it difficult for the campaign to build momentum.
• Campaign timing issues: After the initial campaign, school nurses voiced a preference for the campaign to begin closer to the start of school, so the program planned to conduct the second round of the campaign earlier in the school year. However, because of a state budget impasse (the program does not have the authority to spend its federal funds until the state budget passes) the campaign was delayed and instead ran from January through March 2016. The third round of the campaign has been delayed due to changes within PAIC.
Other lessons learned/Advice to other programs

- Establishing a collaborative team with internal and external partners that support adolescent immunization from multiple angles (providers, schools, public health) helps campaigns like this be successful.

- The age group was narrowed to better focus the campaign and increase school participation. High-school and middle-school populations are quite different, so one set of messages would not be as effective for both groups. Also, middle schools were more interested in participating than high schools. Some of the regional coalitions also run their own campaigns that specifically target older adolescents (e.g., “Vaccinate Before You Graduate” campaigns).

- Pennsylvania immunization rates are lower among privately insured adolescents than VFC-eligible adolescents. As these children typically interface with schools and private providers, it is important for the campaign to be in schools and is the reason why the program enlisted the AAP to conduct provider education. Family physicians would also be a good target for educational campaigns. The program has a good working relationship with the state chapter of the AAFP, but it has focused mainly on adult immunization to this point.

- School authority is decentralized in the state, so individual school boards determine participation in various initiatives. School nurse support for the campaign is important for getting school board support to participate.

Relevant resources

- Campaign website: www.adontgetit.org/
- PAICY YouTube site with campaign-related videos: www.youtube.com/channel/UC0t2fbu6wDEy_-_qgLJcY-HA
- Adolescent vaccine video developed through Montgomery County Immunization Coalition: www.mcicpa.org/preteen-teen
- Campaign poster and postcard (available upon request)

For more information

Contact Cindy Findley, Immunization Program Manager in the Pennsylvania Division of Immunization, at (717) 547-3470 or cfindley@pa.gov.

REFERENCES

1 Unity sponsored Adolescent Health and Immunization Survey conducted online within the US by Harris Poll (Fall 2016).
