

Examining AHS Risk Communications on Seasonal Influenza Immunization:**A comparative analysis of preventative health campaigns****By: Rachel Piers****Abstract**

Over the past decade, seasonal flu vaccinations have been provided to all Albertans free of charge, and yet uptake rates in the province are still significantly lower than set national goals. Much of this is due to a rise in vaccine hesitancy and the unique nature of seasonal flu immunization itself, but the question remains as to whether the risk communications conducted on this topic are doing enough to assuage these concerns. Furthermore, given that there are certain populations that are vulnerable or at high-risk on contracting influenza, risk communications with these groups are even more important. Through a thorough review of existing literature and a comparative analysis with other related health campaigns, this paper examines the effectiveness of Alberta Health Services (AHS) risk communications in relation to the seasonal flu vaccination for vulnerable populations. The findings suggest that communication methods must adopt greater focus on self-efficacy messaging and the use of compelling narratives if AHS wants to increase the annual uptake of this vaccine.

Key Terms: Alberta Health Services, Influenza, Risk Communication, Vaccination**Research Question**

Are the risk communications of Alberta Health Services effective at reaching vulnerable/high-risk populations?

The outbreak of seasonal influenza presents an annual challenge for health communicators to effectively relay the importance of the flu vaccine. Alberta Health Services (AHS) is the provincial government body that communicates all public health campaigns, often in partnership with other areas of government, public institutions or healthcare advocates. It campaigns yearly with risk communications regarding the flu bug, but the recent increase in vaccine hesitancy – defined as “a delay in acceptance or refusal of vaccination despite availability of vaccination services” (Schmid et al., 2017, p. 2) – has compounded this challenge further.

Aside from vaccine hesitancy being a barrier for the population as a whole, there are also several vulnerable or high-risk subpopulations that are particularly difficult to communicate with. Vaughn and Tinker (2009) explain that “from a public health perspective, vulnerability can be defined simply as an increased potential for loss in a hazardous situation” (p. 324). They furthermore state that “a useful framework for defining and identifying sources of vulnerability considers the likelihood of exposure, of contracting the disease if exposed, and of timely and effective response or treatment” (p. 324). In relation to seasonal influenza, vulnerable populations therefore include young children, expectant mothers, senior citizens, minority groups and those with other chronic health conditions.

Understanding this context that AHS is communicating within and these key target populations, it is clear that the organization is only moderately effective in its risk communications on this area. In this paper, I argue that while the AHS campaign regarding seasonal influenza immunization has improved in recent years, there is still much room for further improvement, particularly when it comes to vulnerable/high-risk populations. Through a thorough review of past research on the area and a comparative analysis with other preventative

public health campaigns, I demonstrate that AHS should improve communications with vulnerable populations through compelling narratives and messaging around self-efficacy because it is important for these groups to receive the best healthcare possible on this issue.

Literature Review

It is clear that vaccine hesitancy plays an important role in eventual immunization uptake rates. This section highlights various pieces of key research, first on the causes of vaccine hesitancy, and then on previously researched strategies to address hesitancy in vulnerable populations.

Schmid et al. (2017) conduct a thorough meta-analysis of past research that deals with influenza vaccine hesitancy, analyzing 470 articles on the topic (p. 8). In their analysis, they looked at vaccine hesitancy on both a micro-level using an extended version of the Theory of Planned Behaviour (TPB), and on a macro-level using the 4C Model approach (p. 4). TPB is a theory that “describes health behaviour as a function of the behavioural intention to show a certain behaviour... The intention is a function of an individual’s attitude... perceived behavioural control... and the subjective norm” (p. 3). The 4C Model, on the other hand, looks at four characteristics that determine behaviour choice:

Lack of confidence (e.g. negative attitude towards vaccines, decreased trust in authorities), complacency (e.g. decreased perceived risk of the disease, decreased worry about the disease), calculation (e.g. decreased belief: benefit of vaccines outweighs risks), and inconvenience (increased financial costs of vaccine, decreased frequency of interaction with healthcare service). (p. 14)

Two key learnings were discovered in their analysis. First, on the micro-level, “positive attitude towards influenza vaccines, high perceived utility of vaccination, cues to action and previous

influenza vaccinations” were the most consistent facilitators of increased immunization rates (p. 19). Second, on the macro-level, confidence and complacency were shown as the two highest indicators of vaccine hesitancy.

Bekkat-Berkani and Romano-Mazzotti (2018) also examine influenza immunization uptake, specifically in the United States, and argue that it is much lower than other recommended vaccines for several important reasons (p. 7277). The identified deterrents include a perception of low severity of the illness (p. 7277), the inconvenience of the seasonal nature of the flu shot and the relative ineffectiveness of the shot portrayed in the media from year to year (p. 7279).

Lastly, Vaughn and Tinker (2009) identify several key techniques on how to effectively reach vulnerable populations based on the definition mentioned above. Specifically, risk communications are shown to be most effective “when they are open and transparent in addressing the concerns and priorities of targeted populations, culturally grounded, personally relevant and strong in promoting self-efficacy about protective behaviours” (p. 329). The notion of making messages “personally relevant” is highlighted many times, emphasizing the need to ensure that messaging is specifically tailored to each group’s needs and wants. A final recommendation made is to employ “a range of approaches that address the specific communication needs of vulnerable populations” (p. 331); in other words, multiple vehicles must be used to ensure that each one is appropriate for the targeted population.

In understanding this key research, the annual risk communication campaign from AHS on influenza immunization can now be effectively analyzed.

Alberta Health Services Seasonal Influenza Immunization Campaign

Due to the seasonal nature of the risk communications around the flu vaccine, the timeline for this organization generally repeats on an annual basis. Starting in late September or

early October, the organization begins putting out risk communications regarding the flu shot, encouraging Albertans to get their immunization to protect against the coming season. See Appendix A for further details on the timeline of this issue.

Alberta Health Services uses a wide variety of communication techniques to disseminate this message, effectively adhering to Vaughn and Tinker's recommendations for reaching vulnerable populations outlined above. First, it has dedicated web pages that remain public year-round to provide information on what influenza is and about the importance of the vaccine. Specific communications provided on its website include fact sheets, infographics and a clinic locator and schedule during flu season. It also provides frequently asked questions documents about the flu and flu shot for different risk groups including children and pregnant moms, which is one key area of communication that AHS does well in terms of reaching vulnerable populations (Alberta Health Services, 2019). By tailoring the messaging to the specific areas that these groups are interested in, AHS addresses more of their personalized needs and questions.

Alberta Health Services also has many different social media accounts where it disseminates flu shot messaging, some of which are again dedicated to specific risk groups. The organization has multiple Twitter, Facebook and Instagram accounts used to post risk communications around seasonal influenza in the past.

One of the other major communication efforts that AHS employs is to form strategic partnerships with other government agencies, healthcare advocates and public institutions. By providing messaging and information to these other bodies, they can then pass the information on to their patient/customer bases to further the reach of the message. For example, the wellness centre in Mount Royal University conducts annual risk communications around the flu season to encourage students to get the immunization. In fact, it has a dedicated webpage on this

information, much of which contains the exact same messaging that is found on the AHS influenza immunization page. More specifically, Mount Royal's webpage discusses the four tips on "how to be an influenza champion," which is a direct quote from AHS communications (Mount Royal University, 2019). It is therefore clear that AHS has provided this content for this public institution to disseminate to its student body in an effort to increase immunization rates.

As a final communications technique on this topic, Alberta Health Services conducts a fair amount of media relations during this season as well. Come October, media outlets across the province pick up on the newsworthy topic of flu vaccinations and begin to disseminate information to the public about flu vaccine availability, public concerns, influenza facts and more. While some of this is purely reactionary due to the timeliness of the issue, Alberta Health Services does conduct some proactive risk communications on the topic as well. For example, in an article from October 2019, a journalist writes that "in an email to Global News, Alberta Health Services said that although flu clinics launched in many communities throughout the province on Monday, in the Edmonton Zone they aren't rolling out until Monday, Oct. 28" (Gilligan, 2019), proving that AHS engaged in conversation with the media. Furthermore, in October of 2018, Alberta Health Services put out two news releases through its online newsroom, one regarding the timing of the immunization program and another regarding the risks of influenza (Alberta Health Services, 2018a).

Despite the efforts outlined above, Alberta Health Services still falls short of the set national target of 80 per cent for seasonal immunization. According to a report from the Public Health Agency of Canada, "just 38 per cent of Canadians were vaccinated during [the 2017/2018] flu season" (Tunney, 2018). Looking specifically at vulnerable groups, the report showed only "39 per cent of adults with chronic medical diseases," and 36 per cent of children

under the age of five got vaccinated. The only segment showing particularly positive growth is the senior population, with almost 71 per cent of seniors vaccinated in 2017/2018 season, getting close to the set Canadian target of 80 per cent (Tunney, 2018). Alberta specific statistics are even lower, with only 59.8 per cent of senior citizens and 36.7 per cent of Albertans as a whole aged 12 and over being immunized in 2018 (Statistics Canada, 2018).

Critical Analysis: Comparison to Other Health Campaigns

All of the strategic messaging outlined above does, in theory, address the key concerns identified by Schmid et al. in the literature review. Many of the fact sheets on the AHS website or the posts on social media address negative attitudes towards vaccines and the decreased perceived risk of the disease, using evidence and facts to make its case. However, the manner in which these messages are delivered requires further examination.

In order to address some of the shortcomings of the AHS preventative campaign, one can look to other health campaigns that have performed well in the past. First, although it is working in the opposite direction, some key learnings can be gleaned from the anti-vaccination campaign. Messaging around the perceived negatives to vaccinations (including the flu vaccination) has become prolific on social media in recent years. Because children are a high-risk group for influenza and the anti-vaccination movement is primarily led by concerned mothers, engaging on social media in less traditional ways may have a positive impact on increasing uptake (Bekkat-Berkani & Romano-Mazzotti, 2018, p. 7281). By employing pro-vaccination messaging in the same arena, health organizations reach the public directly where they are at.

Much of the anti-vaccination communication is based on “emotional narrative and testimonials” (p. 7282), which is part of the reason why this movement is so compelling to young mothers worried about their children. With that in mind, research shows that “[u]tilizing

emotional narratives similar to the anti-vaccine movement in conjunction with evidence-based vaccine information may represent effective strategies to improve vaccine uptake” (p. 7282). Further evidence demonstrates that “[n]arratives on vaccine adverse events have been shown to have a stronger influence on the decision to vaccinate than statistical information” (p. 7282). Because it is a government body, much of the AHS communication to vulnerable populations is relatively traditional and factual when it comes to preventative health measures, rather than these emotional, compelling narratives. This may be part of the reason why seasonal influenza immunization uptake continues to be much lower than the national goal.

In keeping with the storytelling line of thinking, Albert Bandura also helped to conduct several other highly effective preventative health campaigns by utilizing some of these methods with vulnerable populations. By producing serial dramas and airing them in third-world countries that faced major social challenges, Bandura and his team were able to increase self-efficacy and influence real behaviour (Bandura, 2009, p. 504). For example, in 1993 a radio drama titled “Let’s Go with the Times” began airing in Tanzania to address the widespread issue of HIV/AIDS infection amongst the population (Smith, 2002, p. 30). Prior to the drama, 60 per cent of long-distance truckers were infected with HIV, and this group was a particularly large offender in terms of increasing the spread of the disease (Bandura, 2009, p. 506). In 1995, two years after the original air date of the drama, “Tanzanians were more likely to believe that unprotected sex could result in HIV infection, talked more about AIDS, reduced their number of sexual partners and increased condom use” (Smith, 2002, p. 30). On the other hand, “those in other parts of Tanzania without the drama showed no changes” (p. 30). Furthermore, “A similar programme aired in Mexico, and contraceptive sales increased by 23 per cent in that year (compared with between 4 and 7 per cent in the two previous years)” (Bandura, 2009, p. 505).

In identifying a key area of focus for these dramas, Bandura writes that “[f]ailure to address the psychosocial determinants of human behaviour is often the weakest link in social policy initiatives. Simply providing ready access to resources does not mean that people will take advantage of them” (p. 505). This means that tangible strategies to address determinants must be outlined in communications. Furthermore, it was vital to “create a serial drama tailored to [the] culture” in order to tell a story that was highly relatable and that viewers could picture themselves within (p. 505). While these dramas were conducted on a much larger scale with a higher budget and timeframe, Alberta Health Services could learn from the creation of relatable, culturally appropriate stories and characters to connect further with the vulnerable populations in its audience to influence real behavioural change.

Conclusion and Recommendations

As shown through a comparative analysis and a review of current literature, the Alberta Health Services campaign regarding seasonal influenza immunization still has much room for improvement, particularly when it comes to communicating with vulnerable/high-risk populations. In looking at techniques used by the anti-vaccination movement as well as Bandura’s work in addressing social issues in third-world countries, it is clear that AHS must utilize emotional narratives and messaging focused on self-efficacy to effectively reach vulnerable populations. Alberta Health Services already does an excellent job of using different communication vehicles to communicate with a variety of audiences, but it is the nature of the messages themselves that require improvement. While AHS messaging effectively addresses the confidence and complacency of high-risk groups on a factual level, the organization does not tap into emotional appeals with compelling narratives nearly enough. Moving forward, Alberta Health Services should create characters that are relatable, culturally sensitive and socially

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relevant for Albertans at risk of influenza so that they can see themselves in these roles and understand the importance of getting the flu shot themselves.

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Appendix A: AHS Communications Timeline

General Notes:

- 1973: World Health Organization develops a process for targeting influenza strains most likely to affect humans in a given season (Donnelly, 2018).
- 2009: H1N1 epidemic hits Canada (Dickin, Bailey & James-Abra, 2009).
- 2009: Seasonal flu shot becomes universally available to all Albertans, as opposed to solely high-risk groups (Government of Alberta, 2019).

Example - 2018/2019 Flu Season:

- Oct. 12, 2018: AHS puts out news release titled “AHS influenza immunization program begins Monday” detailing the beginning of the program (Alberta Health Services, 2018a).
- Oct. 15, 2018: Flu clinics open in Alberta (Alberta Health Services, 2018a).
- Oct. 15, 2018: AHS posts on Facebook regarding the opening of the flu clinics (Alberta Health Services, 2018b).
- Oct. 17, 2018: AHS posts on Facebook again about flu clinics being open (Alberta Health Services, 2018c).
- Oct. 30, 2018: AHS puts out news release titled “Sick or Treat? Let your costume be the only scary thing” detailing facts on seasonal influenza (Alberta Health Services, 2018a).
- Nov. 14, 2018: AHS puts out news release titled “Flu clinic info now on Amazon Alexa, Google Assistant” detailing new technology available for flu clinic information (Alberta Health Services, 2018a).

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- Oct. 2018 – Feb. 2019: Multiple media outlets put out a wide variety of stories on the flu season, the flu shot program, the effectiveness of the flu shot, the cases or fatalities as a result of influenza, etc...
- Feb. 2019 – March 2019: Flu season ends