

Reaching Young Adults (ages 19-24) with Health Communication Messages:

Applied lessons from Formative Research on H1N1 Vaccine for Young Adults

H1N1 spread rapidly across college campuses. Young adults between 19 to 24 years of age were identified as a priority group for the 2009 H1N1 vaccine, marking the first time that this population was targeted for flu vaccines. The impact of the H1N1 influenza virus among young adults presented unique challenges for a communications campaign. This age group spans a spectrum for maturity, living arrangements, and lifestyles (college or working), but most had in common the belief that they are healthy, and therefore, not at high risk from H1N1—flu is perceived as a problem only for young children and the elderly. Little was known about how to effectively communicate with young adults to raise their awareness of risk for serious complications from flu, and what message components or channels could motivate them to get vaccinated.

OBJECTIVES

1. To collect information on risk perceptions, beliefs and attitudes of young adults towards seasonal influenza and the H1N1 virus.
2. To explore message concepts and approaches that would grab attention, increase awareness, and persuade young adults to get vaccinated or, at least, to learn more about the 2009 seasonal and H1N1 vaccines.

Note, while the research was a combined effort for both seasonal influenza and H1N1, young adults were only a priority group for the 2009 H1N1 vaccine.

METHODS

We convened a total of 14 focus groups with African American, Caucasian, and Hispanic young adults (19 to 24 years old).

- Five groups were composed of current full-time college students living in shared housing.
- Four groups were composed of college graduates.
- Five groups were composed of young adults who were not current students or graduates.

Four of the Hispanic groups were conducted in Spanish, but the participants reviewed and commented on materials written in Spanish and English.

We fielded online surveys twice in 2009, in August (n=50) and in October (n=113), among college students living in shared housing, and young adults not enrolled in college. The survey gauged perceptions of risk concerning 2009 H1N1 flu and attitudes toward the vaccine. Reactions to message concepts were also captured in the survey.



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MAJOR FINDINGS

1. “I’m not at risk.” Young adults tended to differentiate the “seriousness” of H1N1 from their personal risk of acquiring the virus or of its consequences. In focus groups, most young adults commented that flu can be serious for certain people, including those with weakened immune systems or underlying health conditions, but they considered themselves healthy, and therefore, not at high risk from H1N1. Many pointed out that they almost “never get sick”—including from seasonal influenza—and they therefore did not perceive themselves to be at risk for contracting H1N1.

This perception was also reflected in responses to the online survey.

In your opinion, how would you describe the risk of becoming seriously ill from the 2009 H1N1 influenza virus (sometimes called “swine flu”)?	N=223 (%)
Very high risk of serious illness	23 (10)
Somewhat high risk of serious illness	49 (22)
Low risk of serious illness	102 (46)
Not a risk for serious illness	31 (13)
I don’t know	20 (9)

H1N1 RISK OF SERIOUS COMPLICATIONS: BELIEFS OF YOUNG ADULTS 19–24 YEARS, COMBINED RESPONSES FROM ONLINE SURVEYS ADMINISTERED AUGUST AND OCTOBER 2009

2. “Flu is no big deal.” Many focus group participants commented that while they doubted they would get the H1N1 virus, and even if they did become infected, they imagined they could overcome the illness relatively easily. Notably, this finding was true also among many of the young adults with chronic medical conditions, who did not view themselves as being at risk from H1N1.

3. “The media over-hyped the seriousness of H1N1.” Most young adults expressed skepticism about the seriousness of H1N1, and several viewed the intense media coverage related to H1N1 as “hype.” Several said they had heard the seasonal flu kills more people each year than H1N1, but they noted H1N1 was perceived by many to be more serious due to its novelty and the seemingly constant media attention.

4. “If I get a shot, it won’t be for H1N1.” Although there was an observable trend in positive responses over time, the majority of young adults responding to the online surveys indicated that they were “not sure” or planning not to get either of the flu vaccines for 2009–2010 season.

	African-American		Caucasian		Hispanic	
	August (N=18)	October (N=36)	August (N=18)	October (N=36)	August (N=18)	October (N=36)
Are you planning to get a vaccine this year for the seasonal flu virus?						
yes	27.8	44.4	4.8	35.7	18.2	37.9
no	33.3	25.0	66.7	45.2	36.4	31.6
not sure	38.9	30.6	28.6	19.0	45.5	30.5
Are you planning to get a vaccine for the 2009 H1N1 flu virus when it becomes available?						
yes	33.3	38.9	9.5	21.4	18.2	35.8
no	33.3	25.0	52.4	50.0	54.5	33.7
not sure	33.3	36.1	38.1	28.6	27.3	30.5

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FOR MORE ON SEASONAL FLU,
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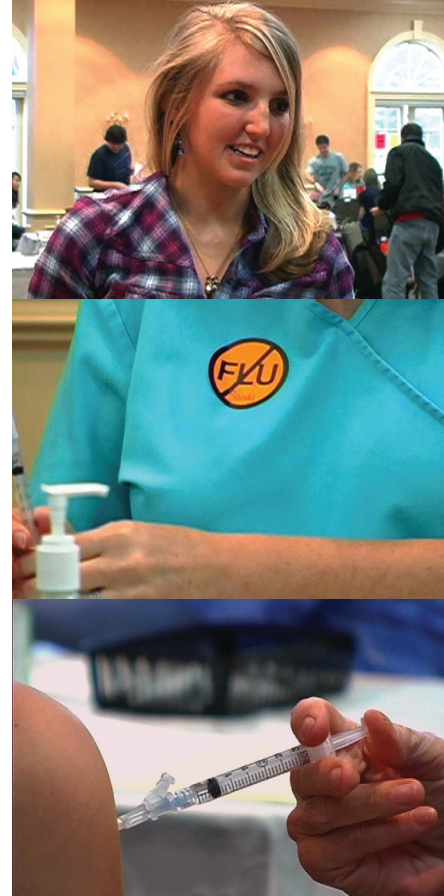
In focus groups, the lack of desire for the H1N1 vaccine was more pronounced, with few young adults saying they were likely to want the vaccine. In part this was driven by the perception that the virus was not a serious health threat to the participants. In addition, many did not think they were likely to contract the virus in the first place. While most young adults in the focus groups said they were reluctant, or at least indifferent, about getting the H1N1 vaccine, a handful of young adults with chronic health conditions said they would plan to get the H1N1 vaccine due to their health condition, or the health condition of a loved one with whom they lived. Some of these individuals said they regularly received the seasonal flu vaccine for this reason.

5. “The vaccine will cure me, right?” Comments suggested that there was a widespread lack of understanding that vaccines need to be used in advance of an outbreak in order to be effective. For example, several students, when asked what would prompt them to get the H1N1 vaccine, said the virus would need to be in their immediate surroundings, such as in their apartment building or dormitory.



6. Break through the clutter. Because young adults are particularly targeted with messages, bright colors, bold text, and captivating images are needed to grab attention. Effective messages were also relevant, believable, and motivating.

7. Humor can work, but messages need to be carefully vetted. Some print ads using a humorous tone were deemed “lame” or made the issue seem trivial. However, participants indicated that humor captured their attention enough to read through the text. The only way to tell if an idea will sink or swim is to pre-test the concepts. These two concepts were liked by most.

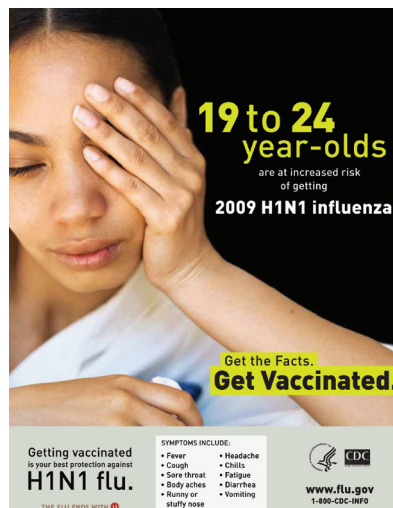


QUESTIONS ABOUT H1N1 AND THE VACCINE

Common questions about the H1N1 virus and the vaccine included:

- What is the difference between 2009 H1N1 and seasonal flu?
- What are potential side effects of the H1N1 vaccine, particularly since the vaccine was perceived to have been produced and brought to the market so quickly?
- What was it about their age that put them at risk for H1N1—was it something biological, or something related to their environment?

8. **“Just tell me the facts”:** While humor can be hit or miss, most responded positively to the image of a young person looking very sick. Young adults wanted health information to come from a reliable source, such as their personal physician, the college health clinic, or the CDC. ▶



9. **“I don’t want to make others sick”:** Many young adults found messages emphasizing altruistic motives compelling, i.e. that they should get vaccinated to avoid spreading the flu to others.



IMPLICATIONS FOR RESEARCH AND/OR PRACTICE

COMMUNICATION APPROACHES FROM THIS CAMPAIGN COULD BE APPLIED TO OTHER PUBLIC HEALTH CAMPAIGNS AFFECTING YOUNG ADULTS. OBSERVATIONS ON STRATEGIES TO MOTIVATE DESIRED BEHAVIORS INCLUDE:

- Use a testimonial approach with credible images to communicate the physical impact of the flu.
- Use an altruistic approach to raise concerns about infecting others, especially infants,
- Remind young people about the recognizable, unpleasant consequence of influenza disease,
- Use images and photos that are a genuine slice-of-life to make them more compelling
- Recognize the importance of graphic design, color and messaging that resonates with this age group.



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