Building and Sustaining the NIVDP: A 4-Year Snapshot of Insights and Lessons Learned

In this issue, we highlight key insights and lessons learned since the National Influenza Vaccination Disparities Partnership (NIVDP) was launched in August of 2011. Since its inception, the NIVDP has yielded major results and has experienced significant growth. In its first year the partnership was comprised of 70 partners, and today it includes 800 grassroots stakeholders and influencers. Over the past four years, NIVDP partners have encouraged over 650,000 uninsured or underinsured people to get vaccinated by organizing 822 vaccination promotion events in 95 cities throughout the United States and Puerto Rico.

Overarching lessons learned from the partnership include:

• **One message does not fit all.** In the development of the NIVDP, research revealed cultural differences that warranted the creation of a distinct brand identity and tailored messages for each target audience;

• **Leveraging resources maximizes impact.** Utilization of partner connections to obtain resources improved results at flu vaccination events;

• **Relationships matter.** NIVDP partners have strong relationships built on trust with people in their communities. Engaging trusted and respected people at the grassroots level is essential to partnership building and sustainment;

• **Partners value peer recognition.** Partners enjoyed when their peers and the CDC recognized them through simple acts of appreciation like a thank you at a local event, receiving a certificate or special honor. Such efforts established new collaborations between partners and positive attitudes about the partnership itself.

SPOTLIGHTING THE LESSONS LEARNED

**ONE MESSAGE DOES NOT FIT ALL**

In 2011, the Centers for Disease Control and Prevention (CDC) identified three populations—African American, Hispanic, and American Indian/Alaska Native—that had significant flu vaccination coverage disparities. This led to the development of the NIVDP. The CDC conducted research to identify barriers and facilitators that each population faced. While the research revealed many commonalities across the population groups, there were social, historical, and cultural differences between them. These differences provided a rationale for developing three distinct brand identities with supporting tailored messages to promote flu vaccination. The brand identities include *Yo Me Vacuno* (Hispanic), *Flu Talk* (African American), and *Protect the Circle of Life* (American Indian/Alaska Native).

The insights gathered from the formative research allowed the CDC to tailor messages and materials that resonate well with the partners. In the Hispanic population, messaging within sub populations was required. The level of acculturation among Hispanics in the U.S. and access to flu vaccination information varied. Hispanics generally preferred to receive information or recommendations about flu vaccines from their doctors. Research found that more acculturated Hispanics were more likely to question the safety of the flu vaccine as opposed to less acculturated Hispanics.

The NIVDP learned that many African Americans had misconceptions about the flu vaccine and questioned government-sponsored health messages. The American Indian/Alaska Native population best responded to flu vaccination messages that were tied with the importance of maintaining community health.

The CDC has reprinted several materials due to high demand from partners. Over the past four years, about 235,000 printed materials have been disseminated through the NIVDP. ([CDC free resources](http://www.cdc.gov/flu/))
NIVDP partners have collaborated and leveraged resources to increase the success of their flu vaccination promotion events, which have included health fairs, vaccination clinics, and educational workshops. Partner resources have included the following: recruiting volunteers, identifying media contacts, and providing space for flu vaccination events.

In addition, partners have leveraged these resources from health organizations that address diseases such as cancer, heart disease, or diabetes to highlight flu-related health complications. The NIVDP learned through listening sessions that many partners did not view the flu as a health risk unless it was associated with a health issue perceived to be more critical like diabetes.

Such efforts to collaborate and leverage resources have a positive effect on the results of these events. After four years of the campaign, partners have reported that many local consumers and constituents now request their flu vaccine as early as August.

An important idea emerged at listening sessions organized by the CDC early in the development of the NIVDP—relationships matter. More than anything, NIVDP partners wanted to create linkages to sustain the partnership. Such linkages included monthly online newsletters, a community resource kit, conference calls, webinars, and the NIVDP Facebook page. These resources and activities have allowed partners to share their successes and lessons learned. Partners have invited each other, the CDC, and subject-matter experts (SMEs) to their local cities to speak at conferences or to provide workshops or webinars on the benefits of the flu vaccine. In addition, online publications have often interviewed the CDC and other influenza SMEs to add credibility and make flu-related stories more engaging to readers. These activities have allowed partners to learn from one another and to sustain their relationships.

NIVDP partners are trusted stakeholders, grassroots leaders and volunteers who work tirelessly to promote influenza vaccination to their constituents throughout the year, in addition to their many other job responsibilities. These partners share best practices on how to tackle challenges and barriers to reaching their constituents. They have expressed appreciation that throughout the campaign, the CDC has recognized their efforts to promote flu vaccination.

Peer recognition from the CDC has taken place during National Influenza Vaccination Week (NIVW) and National Immunization Awareness Month (NIAM). Some partners have also been recognized for their contributions to the NIVDP by health department officials and the mayors of cities including Atlanta, Georgia; Baltimore, Maryland; Washington, DC; Birmingham, Alabama; and Seattle, Washington. Select NIVDP partners have also been recipients of CDC’s prestigious Immunization Neighborhood Champion Award and the Outstanding Influenza Season Activities Award given at the National Adult and Influenza Immunization Summit. These awardees include: Immunize Nevada, the Hispanic Institute for Blindness Prevention, the California Immunization Coalition, the Maryland Partnership for Prevention, and Walgreens.