

# Results of Adolescent Immunization Focus Groups

Prepared for:

Washington State Department of Health  
Immunization Program CHILD Profile  
Olympia, Washington

November 2007

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## EXECUTIVE SUMMARY

The Washington State Department of Health Immunization Program CHILD Profile (IPCP) contracted with Gilmore Research Group to recruit and conduct a series of focus groups among parents of 11 to 12 year old children. The primary intent of the research was to inform the department about what immunization information parents of adolescents want, to determine which sources of immunization-related information are most trustworthy to parents, and to get feedback on immunization materials.

Key findings from the focus group research are as follows.

### Key Findings

- Most of the participants said their 11 to 12 year old had to get certain shots before entering 6<sup>th</sup> grade; therefore, most received their last shot a few months to a year ago. The new school immunization requirement for 11 to 12 year olds allowed the parents in these focus groups to be familiar with the topic due to their recent experiences with required immunizations.
- Almost all participants said that their child had a regular health care provider and many mentioned that they had a long-term relationship with their pediatrician or family doctor. When asked how often they take their children to the doctor, the participants' answers ranged from every year to every couple of years.
- The majority of participants rely on their doctor to initiate conversations about immunizations. Schools were also reported as a primary source of information related to recommended and required immunizations for parents in these focus groups.
- The HPV vaccine seemed to be the most controversial and least well understood of the recommended immunizations for adolescents. While most parents of girls were aware of the HPV vaccine and many of them had discussed it with their doctor, there was still a good deal of misinformation or misunderstanding on the part of many participants about the purpose and benefit of the vaccine.
- Some parents said they are not convinced that the chickenpox vaccine is necessary. While most participants have had their children vaccinated, others have made a conscious decision not to do so. A number of these participants said that they considered chickenpox a fairly minor illness and that risks associated with the vaccine might outweigh the risks associated with contracting the disease. Some said they would prefer that their child contract the disease now so that they will not have to continue to get booster shots through their adult life when the risks associated with contracting chickenpox are much greater. Others doubted the success of the vaccine in prevention of the disease.

- When participants were asked open-ended questions about where they turn for healthcare information, most participants said they turn to their doctors. For the most part, participants said they are confident in their relationships with their child's doctor and they feel comfortable acting upon the doctor's recommendation.
- In each focus group, the subject of the Internet and whether it is a reliable source of health care information arose. It was clear that many participants, when using the Internet, perform general searches using popular search engines (e.g. Google). When asked how they evaluate the trustworthiness of the information they find, most participants addressed that issue by visiting many sites and finding the information that was consistent, some others said they visited trusted sites to find credible information.
- Some participants said that their child's school is their main source of information related to keeping their child's immunizations current. Parents advised against relying on the child to bring immunization related information to parents and suggested that sending information through the mail would be most appropriate. A few others also suggested emailing the information in addition to handing it out at school or sending it through the mail.
- When the subject of federal, state and local health agencies arose, the vast majority of participants seemed to feel these agencies are trustworthy providers of immunization-related information. Most participants seem to have the attitude that health agencies, particularly those at the state and local level, exist to serve their respective populations and would have no reason to provide information other than what is generally accepted and beneficial to the public.
- It was generally agreed upon that traditional healthcare providers are the most trustworthy sources of both health care and immunization-related information followed by governmental health agencies.
- Most of the immunization topics presented to the focus group participants were compelling. However, the topics *How to find an immunization provider for your child* and *Cost of vaccines* are not quite as compelling as the others listed.
- The majority of focus group participants said that other than speaking to their doctor, they prefer to read written materials on their own and back up their reading through Internet research, or through discussions with friends or relatives. A few participants admitted that they do not read and rely on media sources for this type of information. Only the group in Bellingham mentioned preferring to receive information via email.
- Many of the participants' comments referred to the Washington State Department of Health's Adolescent Immunization Fact Sheet as being "easy to read." Overall, focus group participants seemed to agree that the Fact Sheet was the best of the pieces they

were asked to review. They particularly liked the format; they said that it was attractive, the different sections made the reading less overwhelming and that the reading level was appropriate for a wide audience. One component of the fact sheet that parents liked was the detailed information on disease transmission and the risks associated with contracting vaccine-preventable diseases.

- Participant's discussion about the Center for Disease Control & Prevention's Pre-Teen Vaccine Flyer pointed out that it included some things that the Fact Sheet did not; such as one can get immunizations no matter one's income, immunizations wear off and the ramifications of the illnesses if shots are missed. However the bulk of the conversation in each group was about the flyer comparing unfavorably to the Fact Sheet because it was less attractive and the information was less useful.
- Most participants seemed to feel that the Children's Hospital of Philadelphia's Pre-Teen Vaccine bookmarks contained appropriate information and would be a good vehicle to reach their child. Many parents liked the back of the bookmark that had tips for calming their child when they are receiving a shot, but some thought that it was not necessary or was "too young" to be necessary for their child.
- When asked about the meaning of community or family protection, most participants seemed to understand the notion that immunizations are for the protection of the community not just the individual child. However, most participants conveyed that it would be most effective if immunization messages focused primarily on the parent's desire to keep their own child safe and healthy and secondarily on the needs of the community. Most participants seemed to feel that a parent's choice to vaccinate their child is highly personal and that those opposed to immunizations typically will not change their mind. For the most part, participants said they would not be comfortable confronting another parent on this issue.

# RESULTS OF FOCUS GROUPS

## Background and Objectives

The Washington State Department of Health Immunization Program CHILD Profile (IPCP) contracted with Gilmore Research Group to recruit and conduct a series of focus groups among parents of 11 to 12 year old children. The primary intent of the research was to inform the department about what immunization information parents of adolescents want, to determine which sources of immunization-related information are most trustworthy to parents, and to get feedback on immunization materials.

## Methodology

A series of five focus groups were conducted between September 25, 2007 and October 15, 2007 with 41 parents of children aged 11 to 12 years. John Cell, Vice President of Gilmore Research Group, moderated all of the groups. This report is based on notes and audio tapes from each of the focus group sessions. The detailed discussion guide used to facilitate the groups was developed jointly by IPCP, Gilmore Research Group, several local health jurisdiction immunization staff, and other partners. A copy of the discussion guide is included in the Appendix of this report. In addition, a short survey was developed in order to provide a quantitative evaluation of the participants' interest in various immunization topics, trustworthiness of information sources, and reactions to specific immunization materials. Focus group participants completed the short surveys during the course of the focus groups. The results of those short surveys are provided within this document.

The schedule and composition of the groups is provided in the table below.

<b>Community</b>	<b>Date</b>	<b>Time</b>	<b>Number of Participants</b>
Seattle	September 25, 2007	6 – 8 pm	9
Vancouver	September 26, 2007	6 – 8 pm	9
Wenatchee	October 2, 2007	6 – 8 pm	6
Walla Walla	October 3, 2007	6 – 8 pm	8
Bellingham	October 15, 2007	6 – 8 pm	9

Gilmore Research personnel recruited and screened participants from the communities and surrounding areas listed in the table for these focus groups. The communities were chosen in an effort to obtain feedback from both urban and more rural communities as well as from Western and Eastern Washington. The primary screening criteria was that parents

participating in the group have an 11 to 12 year old child. In addition, an effort was made to include parents with a range of viewpoints on immunizations, while discouraging participation of parents who hold particularly strong anti-immunization views. The screener used to recruit the groups is included in the Appendix along with profiles of the participants in each group. All participants were offered an honorarium of \$75 for their cooperation and participation in the groups.

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## DETAILED FINDINGS

### Preventive Health Behaviors

To begin the discussions, focus group participants were asked when their 11-12 year old child last had an immunization. Most of the participants said their child had to get certain shots before entering 6<sup>th</sup> grade; therefore, most had gotten their last shot a few months to a year ago. The new school immunization requirement for 11 to 12 year olds allowed the parents in these focus groups to be familiar with the topic because of recent experiences with required immunizations.

A majority of the participants indicated that having immunization requirements tied to school attendance is a positive thing for parents and families. Essentially they want their children to be protected and the requirements help ensure that they keep up with their children's immunizations. Only a couple of participants conveyed the idea that mandatory immunizations are intrusive. While some participants indicated an awareness that exemptions to school immunization requirements are allowed, most of the participants seem to view required immunizations as a mandate necessary for their child to be able to attend school and do not question whether or not to get them.

Almost all participants said that their child had a regular health care provider and many mentioned that they had a long-term relationship with their pediatrician or family doctor. When asked how often they take their children to the doctor, the participants' answers ranged from every year to every couple of years. Some parents mentioned that their child participates in school sports so they have to get a physical every year in order for them to be able to play. A notable difference in Vancouver was that about one third of the participants said they did not take their 11 or 12 year old for check ups; they only take their child to the doctor when they are sick or hurt.

When asked what a health check-up means to them, the participants did not differ very much from group to group. Most participants mentioned the following components:

- Height/weight measurement,
- Ears/eyes/nose check,
- Immunizations check,
- Blood pressure check,
- Reflex check,

- Urine analysis,
- Scoliosis check,
- Tonsils and glands check ,
- Social-emotional check,

For the most part, parents thought that immunizations were a regular part of a health check-up. Most of the participants said that they rely on their doctor to let them know which immunizations their child needs. If their child's doctor recommended an immunization that the parents were not familiar with, most parents said they would need to research on their own before allowing their child to receive it. Others simply needed an explanation and rationale as to why the doctor was recommending the particular immunization in order to consent for their child to get the vaccine.

The two immunizations that parents felt most unsure about were the HPV vaccine and the chickenpox vaccine. The HPV vaccine seemed to be the most controversial and least understood. While most parents of girls were aware of the HPV vaccine and many of them had discussed it with their doctor, there was still a good deal of misinformation or misunderstanding on the part of many of these participants about the purpose and benefit of the vaccine. Particularly in Vancouver, there was a good deal of moralizing in the groups about whether a young girl from a "moral home" would have any need for this vaccine because she is not sexually active nor would she become sexually active for some time. These parents seemed to have little understanding that the vaccine would protect the child over the long term and were only thinking that getting the vaccine might promote or condone sexual activity. Other parents recognized that the series needed to be completed before the child is ever sexually active and that giving them the shot is not necessarily condoning sexual activity. Other parents expressed concern that the HPV vaccine had not been around long enough to fully understand the long term effects and said they would "wait and see" whether to have their child immunized.

In each focus group, there was discussion about the efficacy, necessity and rationale for the chickenpox vaccine. While most parents had their children vaccinated against chickenpox, others have made a conscious decision not to do so. A number of these participants said that they considered chickenpox to be a fairly minor illness and that risks associated with the vaccine might outweigh the risks associated with contracting the disease. Some participants said they would prefer that their child contract the disease now so that they will not have to continue to get booster shots through their adult life when the risks associated with contracting chickenpox are much greater. Others doubted the vaccine's success in preventing the disease.

Almost all parents said they do not give their 11 to 12 year old flu shots because their children are resilient and have robust immune systems that can fight off the flu. These

parents also mentioned that their doctors do not recommend the flu shot for their child so they typically have not considered it.

When asked what motivates the parents to take their child to the doctor they mentioned:

- Need for immunizations,
- When their child is sick beyond a regular cold, and
- If there is a serious injury.

*“I take my kid in when I can’t handle the sickness and I know I need help.”*

*“My child doesn’t say, I need to go to the doctor, so I decide when it is bad enough.”*

Many of the participants who mentioned that immunizations motivated them to take their child to the doctor received immunization information from their child’s school. The parents overwhelmingly expressed that they are the decision makers when it comes to going to the doctor; not their children. That is not to say, however, that parents did not listen to their child’s concerns. Some parents voiced that if their child said they needed to go to the doctor, they trusted them and took action. Participants in the groups also agreed that while they might discuss immunizations with their child and take the child’s thoughts and feelings into account, they would make the ultimate decision about whether or not to get an immunization.

The majority of participants rely on their doctor to initiate conversation about immunizations when visiting the doctor’s office. A few parents said that they initiate conversations with their doctors about immunizations due to school notifications while a majority of parents said that their doctor is proactive and always initiates the conversation.

*“Doctors have the charts and the information on what the child needs.”*

*“I rely on my doctor to let me know when my child needs a shot, I trust him.”*

When asked how likely they would be to immunize their child based solely on their doctor’s recommendation, most parents remarked that it would depend on which immunization it was and the doctor’s reason for recommending it. Parents said they would not hesitate to authorize more familiar immunizations such as Td/Tdap, MMR and hepatitis for their children. If an immunization was less familiar, such as HPV or meningococcal, parents said they would be more hesitant and would need to conduct research into the justification and possible side effects. A few parents said they would take their doctor’s recommendation with no questions asked because they have a trusting, long-standing relationship with the provider.

Parents almost unanimously agreed that immunizations are very important for their teenage children. The parents seemed at least somewhat concerned about the safety and necessity of

immunizations, but they assumed that their doctors and the government have their child's best interest and the best interest of the general public in mind with regard to recommended immunizations.

## Immunization-Related Questions

Focus group participants were asked if they have any questions related to immunizations. Participant's questions ranged from specific vaccines to general safety procedures. Interestingly, questions related to infant vaccines and autism were mentioned in every focus group, even though participants were instructed to focus exclusively on immunizations for their 11 to 12 year old child. Examples of the questions offered by participants included the following:

- What are the side effects of vaccines, specifically HPV?
- To what extent has the HPV vaccine been tested for safety and effectiveness?
- Why would my daughter need the HPV vaccine if she is not sexually active and isn't going to be in the foreseeable future?
- Are vaccines kept up-to-date if a disease changes?
- Why are certain immunizations continued when the diseases no longer exist?
- Where are vaccines coming from and how are they safeguarded from those who want to hurt others?
- Why are there so many immunizations for babies? What is the rationale behind giving so many shots at such a young age?
- Are there any other ingredients in vaccines that may not be safe, like the one removed in the infant combination vaccines that have been linked to autism?
- Is the chickenpox vaccine really necessary?
- What is the point of a flu shot if one can end up getting the flu anyway?
- In general, are combination vaccines less safe?

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## Information Sources – Open Discussion

A number of questions in the discussion guide related to what the participants thought to be the most trusted or relied upon sources of healthcare information and sources of information specifically related to adolescent immunizations. An effort was made to determine how parents evaluated the trustworthiness and reliability of information obtained from particular sources.

When participants were asked open-ended questions about where they turn for healthcare information, not surprisingly, most participants said they turn to their doctors. For the most part, participants said they are confident in their relationships with their child's doctor and they feel comfortable acting upon the doctor's recommendation.

*“Doctors have the charts and all the information, so I rely on him.”*

*“I always turn to my doctor first because he has been there since my son was born and there have been no problems so we have a very trusting relationship.”*

In each focus group, the subject of the Internet and whether it is a reliable source of health care information arose. It was clear that many participants, when using the Internet, perform general searches using popular search engines. When asked how they evaluate the trustworthiness of the information they find, most participants addressed that issue by visiting many sites and finding the information that was consistent. Some others said they visited trusted sites to find credible information. The participants usually said even after gathering extensive information, that they have a conversation with their doctor about the findings. Participants go to greater or lesser extents to evaluate whether information seems to make sense to them, whether it coincides with other information they have come across during their research efforts, whether the person authoring the information has appropriate credentials, whether the information is endorsed by a recognizable body (CDC, Web MD, Washington State Department of Health), and most mentioned they would crosscheck information they found from different sources. Participants mentioned they would not trust internet sites or any other types of information sources sponsored by pharmaceutical companies.

*“I look who the info was put out by, like the government or the Mayo clinic.”*

*“I always look at multiple links and then when I find consistent information, I ask my doctor about it.”*

*“I type in the name of the vaccine and I visit many different sites to find steady information.”*

Some participants said that their child's school is their main source of information related to keeping their child's immunizations current. Parents advised against relying on the child to bring immunization related information to parents and suggested that sending information

through the mail would be most appropriate. A few others also suggested emailing the information in addition to handing it out at school or sending it through the mail.

*“I get a flyer or card from my kid’s school saying they need this vaccine or that vaccine and I take my kid to the doctor and I hand the flyer or card to the doctor.”*

When the subject of federal, state and local health agencies arose, the vast majority of participants seemed to feel these agencies are trustworthy providers of immunization-related information. Most participants seem to have the attitude that health agencies, particularly those at the state and local level, exist to serve their respective populations and would have no reason to provide information other than what is generally accepted and beneficial to the public.

## Information Sources – Ratings

In the first short survey exercise, participants were given a list of potential sources of immunization-related information and were asked to rate each one on a 5-point scale where 5 was “highly trustworthy” and 1 was “not at all trustworthy.” The table below presents the results of this exercise in descending order based on the mean average from all focus group participants. In addition, mean ratings for individual groups are reported. These findings, as well as all other quantitative findings presented in this report, should be interpreted with appropriate caution due to the fact that only 41 people were surveyed during the entire study and individual focus groups consisted of between six and nine people.

	Overall Mean	Seattle	Vancouver	Wenatchee	Walla Walla	Bellingham
Doctors, nurses, and other traditional providers	4.25	4.00	4.00	4.16	4.63	4.44
Federal health agencies	4.02	3.78	3.56	4.16	4.50	4.11
State and local government health agencies	4.00	3.33	3.89	3.83	4.50	4.44
Your child's school	3.52	3.56	3.56	3.50	3.00	4.00
Other parents and friends	3.41	3.89	3.72	3.33	2.88	3.22
Family members	3.30	3.67	3.44	3.16	3.13	3.11
Websites	3.30	3.33	3.33	3.00	3.38	3.44
Non-traditional providers (homeopathic, naturopathic, etc.)	2.95	2.67	3.22	2.83	3.13	2.89
Newspapers	2.89	3.11	2.78	2.83	2.75	3.00
Magazines	2.64	2.67	2.78	2.50	2.25	3.00
Pharmaceutical companies	2.30	2.44	2.44	2.50	1.88	2.22

Ratings are fairly consistent across groups and while sample sizes are not sufficient to draw statistically significant conclusions, these results reflected the tenor of the discussions across the five communities. It was generally agreed upon that traditional providers are the most trustworthy followed by governmental health agencies.

## Interest in Specific Immunization-Related Topics

Following the discussion of sources, focus group participants were asked to complete another short survey exercise rating their relative interest in a number of immunization-related topics. Participants were asked to rate how likely they would be to seek or read information related to each topic using a 5-point scale where 5 was “very likely” and 1 was “not at all likely.” This information was gathered to inform the department about which immunization topics are interesting to parents and what type of information they want. Mean scores are displayed in the following table in descending order from highest to lowest likelihood to read or seek information related to the topic. Almost all of the topics were compelling to focus group participants. However, the topics *How to find an immunization provider for your child* and *Cost of vaccines* are not quite as interesting to many of the participants as the other topics listed.

	Overall Mean	Seattle	Vancouver	Wenatchee	Walla Walla	Bellingham
Vaccines recommended for pre-teens/teens	4.47	4.22	4.89	4.00	4.50	4.75
Comparing the risks and benefits of vaccines versus disease	4.30	4.22	4.56	3.67	4.63	4.44
Why immunize during the pre-teen/teen years	4.24	3.89	4.56	3.83	4.38	4.56
Vaccine safety	4.21	4.44	4.78	3.33	4.50	4.00
General adolescent health information	3.96	4.11	4.67	3.33	3.25	4.44
Diseases that vaccines can prevent	3.91	4.00	4.56	2.67	3.75	4.56
How vaccines and the immune system work	3.89	3.56	4.56	3.16	3.75	4.44
Ingredients in vaccines	3.69	3.33	4.78	2.83	3.75	3.78
Importance of immunizations	3.67	3.67	4.33	2.50	3.50	4.33
How to evaluate sources of health care information	3.54	3.22	4.22	2.33	3.50	4.44
Cost of vaccines	2.65	1.67	3.67	2.00	3.25	3.67
How to find an immunization provider for your child	2.54	2.00	3.44	1.50	3.00	2.78

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## Preferred Vehicles for Immunization-Related Information

Participants were asked to briefly consider how they prefer to learn about immunizations. The majority of focus group participants said that other than speaking to their doctor, they prefer to read written materials on their own and back up their reading through Internet research, or through discussions with friends or relatives. A few participants said that they do not read; they rely on media sources for this type of information. Only the group in Bellingham mentioned preferring to receive information via email.

*“I like to have written material like a booklet or handout because then I can look over it when I have time.”*

*“My child’s school sends me an email with important information or alerts, I am always on the computer so email is the most effective way to communicate and when I see that the email is from the school I will be sure to read it.”*

*“I like to talk to an actual person to receive information.”*

*“I would like to see important health bulletins on the news, there is a health watch segment of the news and I frequently watch it.”*

## Reactions to Specific Adolescent Immunization Materials

During the next section of the focus groups, participants reviewed adolescent immunization materials. The participants reviewed three specific pieces in the same order in each group, including the:

- Washington State Department of Health’s Adolescent Immunization Fact Sheet
- Centers for Disease Control and Prevention’s Pre-Teen Vaccine Flyer
- Children’s Hospital of Philadelphia’s Pre-Teen Vaccine Bookmarks

Prior to discussing each piece, participants were asked to review the immunization-related materials individually and then complete one of the short survey exercises rating each piece using a 5-point scale where 5 was “outstanding” and 1 was “poor.” They were asked to rate the materials for:

- Providing useful information
- Providing interesting information

- Providing information in a form that is neither too complex nor too simple. (If participants gave a rating of 3 or below, they were asked to indicate if they felt the information was too complex or too simple).
- Providing information you can trust
- Providing information in a format that is attractive and readable

After participants completed the exercise, a brief discussion of each piece followed in which an effort was made to obtain overall impressions, their likes or dislikes, how each piece could be improved, and to what extent they trusted the information.

### ***Adolescent Immunization Fact Sheet***

The results of the short survey exercise evaluating the Adolescent Immunization Fact Sheet are displayed in the following table. Again, results are reported using mean scores with the overall mean accounting for all focus group participants' ratings for each item. In addition, mean average ratings on each item for the individual groups are displayed.

<b>Adolescent Immunization Fact Sheet</b> Mean rating out of 5 pts (5=Outstanding and 1=Poor)						
	Overall Mean	Seattle	Vancouver	Wenatchee	Walla Walla	Bellingham
Providing useful information	4.72	5.00	4.78	4.67	4.50	4.67
Providing interesting information	4.60	4.75	4.78	4.33	4.38	4.78
Providing information in a form that is neither too complex or too simple	4.44	4.78	4.67	4.50	4.50	3.78
Providing information you can trust	4.24	4.00	3.89	4.33	4.34	4.62
Providing information in a format that is attractive and readable	4.30	4.38	4.33	4.17	4.63	4.00

Overall, ratings on each measure were very high. Ratings on average were higher for each category of comparison than any other material tested. Overall, most focus group participants appreciated the immunization information in the Fact Sheet. Participants preferred this piece to the others for a variety of reasons, which are discussed below. Only two participants responded that the Fact Sheet was too complex; otherwise there was no mention of the Fact Sheet being too complex or simple.

To begin the discussions on this piece, participants were asked for their overall impressions. Many of the participant's comments referred to the information being "easy to read." They liked that the sheet was printed on glossy multi colored paper, they felt that they would not throw it out with the rest of their junk mail. Overall, focus group participants liked the format; they said that it was attractive, the distinct sections made for easy reading and they felt the reading level was appropriate for a wide audience. Focus group participants, for the most part, felt that the information was trustworthy and agreed that the state health department is a reliable source. Participants responded particularly favorably to the information about disease transmission and the potential complications of each disease. Another frequent comment across all groups was that they appreciated having a website and phone number listed on the sheet, in case they wanted to find out more or talk to someone if they had questions. Suggestions for improvements were that the title needed to be more prominent and it was suggested that it be changed to "Immunizations for **Pre-Teens**" instead of "Immunizations for Teens." Some parents in the Bellingham group felt that the sheet would not apply to their child because 11 to 12 year olds are not teenagers.

### *Pre-Teen Vaccine Flyer*

The results of the short survey exercise evaluating this piece are displayed in the following table.

	Overall Mean	Seattle	Vancouver	Wenatchee	Walla Walla	Bellingham
Providing useful information	4.45	4.56	4.50	4.50	4.25	4.44
Providing interesting information	4.20	4.50	4.38	3.67	4.00	4.44
Providing information in a form that is neither too complex or too simple	4.00	4.22	3.75	3.67	3.75	4.44
Providing information you can trust	4.09	3.88	3.88	3.83	4.25	4.63
Providing information in a format that is attractive and readable	3.68	3.63	3.63	2.67	4.38	4.13

Ratings of this piece were moderate for most measures and high for *providing useful and interesting information*. Unlike their ratings for other pieces, the Wenatchee group's mean ratings were lower for the Immunization Flyer, overall, than the other groups in almost every category. From all groups a total of 3 participants said the information was too complex and 5 participants said the information was too simple.

Participants' discussion about the Pre-Teen Vaccine Flyer pointed out that it included some things that the Fact Sheet did not, such as: options for obtaining child immunizations no matter your income, immunizations wear off and the potential consequences of missing shots. However, the bulk of the conversation in each group was about how the flyer was less attractive and the information was not as useful as the Fact Sheet. Other critiques included:

- Print was too small
- Doesn't explain as much as the Fact Sheet
- The flyer has a less finished look to it (it should be noted that this piece was not professionally printed but instead was printed from the Internet)
- No list of how the illnesses are transmitted
- No Hepatitis A information
- How the viruses are transmitted is not there

Overall, participants liked this piece, though they felt it compared unfavorably to the Fact Sheet. They felt that the information on the flyer was trustworthy and thought it was a good addition to the Fact Sheet but not a stand alone piece.

### *Pre-Teen Vaccine Bookmarks*

The results of the short survey exercise evaluating this piece are displayed in the following table.

	Overall Mean	Seattle	Vancouver	Wenatchee	Walla Walla	Bellingham
Providing useful information	3.62	3.67	3.38	3.50	4.00	3.56
Providing interesting information	3.46	3.88	3.44	2.67	4.00	3.33
Providing information in a form that is neither too complex or too simple	3.32	3.75	2.86	2.83	3.29	3.89
Providing information you can trust	3.26	2.75	3.13	3.50	3.25	3.67
Providing information in a format that is attractive and readable	3.81	3.71	3.71	3.33	4.38	3.89

Because it did not seem to be obvious to participants in the first three focus groups (Seattle, Vancouver, Wenatchee) that, unlike the rest of the pieces, the bookmarks were geared toward a child, thereafter participants were informed prior to completing their survey that this piece would be aimed at their 11 to 12 year old. Results indicate that this piece was the least well received by focus group participants with none of the items receiving a mean rating of over “3.81” on the 5-point scale in any group. Fourteen participants responded that the bookmark was too simple, while one participant thought the bookmark was too complex. It is possible that ratings for this item were affected by participants’ lack of comprehension that the bookmark was not geared at adults. The Walla Walla group gave overall better scores for the bookmark than the rest of the groups.

Generally speaking, participants seemed to think the bookmarks contained appropriate and interesting information for their child. A number of parents particularly liked the back of the bookmark that had tips for calming their child when they are receiving a shot, but some others thought that these messages were unnecessary or would be insulting to a child who did not have a fear of shots. Most parents agreed that the bookmark with the four musician teens with their backs turned was most appropriate for their 11-12 year old; the other two bookmarks had pictures of children that looked too young to resonate. Overall, parents felt that using bookmarks as a vehicle to reach children was appropriate and would be effective. A number of participants mentioned that providing their child with a similar bookmark might spur them to ask their parents about immunizations, thus stimulating conversation in the household.

## Community vs. Individual

When asked about the meaning of community or family protection, most participants seemed to understand the notion that immunizations are for the protection of the community not just the individual child. However, most participants conveyed that communications would be most effective if they appeal first to a parent’s desire to keep their own child safe and healthy and secondarily to the needs of the community.

*“Parents are always going to protect their child first and foremost.”*

*“I don’t think we should have to separate the two, drive home the importance of protecting your child while protecting your community.”*

*“I want my child to be safe and that also means for my child’s friends to be safe as well.”*

Some interesting discussion resulted when participants were asked to what extent they would be comfortable trying to influence other parents to immunize their child. While parents recognized the risks to the community if children go unimmunized, most participants seemed to feel that these choices are highly personal and that those opposed to

immunizations typically will not change their mind. For the most part, participants said they would not be comfortable confronting another parent on this issue.

## Final Thoughts

At the end of the focus groups, participants were asked a few final thoughts related to adolescent immunizations. Results did not differ very much from group to group and were as follows:

- Point out the fact that there is more international travel and that people may come in contact with diseases and viruses that are eradicated in the United States, but are still present in other countries. This type of information may motivate parents to make sure their child's immunizations are up-to-date.
- Some parents in the Bellingham group thought the best way to get all kids immunized is to do it at the schools; getting parents to sign a permission slip is easier than making them visit the doctor.
- When sending immunization information to houses through the mail, address it to: "The Parents of John Doe" (like the current method used by CHILD Profile Health Promotion mailings to parents of young children). Parents will know it is not junk mail and it relates to their child.

# APPENDIX

## Discussion Guide

### CHILD PROFILE

### FOCUS GROUP DISCUSSION GUIDE

## Focus Group Questions

### Introduction

This evening we will be focusing our discussion on the types of information you want and need about immunizations for your child. Let's start with each of you telling us your child/children's age(s), his/her name, and about the last time your child got an immunization? How long ago was it?

### Preventive Health Questions

Does your child have a regular health care provider (regular – meaning primary care physician or doctor that the child sees consistently for routine health care)?

How often do you take your child to the doctor (once/year, once every other year, once every two years, once every three years)? Do you rely on your child to tell you when they need to go to the doctor? What are you usually going to the doctor for?

Do you take your child to the doctor for “health check-ups?” How often? What does health check-up mean to you? What do you think should be included in a health check-up?

How do you know when to take your child to the doctor? What motivates or would motivate you to take your child to the doctor for a yearly health check-up?

When you take your child to the doctor, do they talk with you and your child about immunizations? What do they usually say (your child is due for these immunizations today, etc)? Do you initiate conversations about immunizations with your child’s doctor?

If your child’s doctor recommended an immunization for your child, how likely would you be to immunize your child on a scale of 1-3 (1 = not likely, 3 = very likely). Why? Do you involve your child in the decision? How do you involve them?

How important do you think immunizations are for your child in their teen years? Why do you think they are important/why not?

### **Immunization Information Sources**

So, now we’re going to talk more specifically about immunizations and where you look for information on immunizations.

Do you have any questions about immunizations that you can think of off the top of your head? Where would you look or who would you ask **first** to get an answer to your immunization-related questions?

Which sources do you trust for information on immunizations? Why do you trust these sources? How do you know the information is accurate/correct? Which of these sources most influences your decision to vaccinate your child? Why?

Probe for:

- Providers (doctors vs. nurses vs. other health care professionals – including naturopaths and other alternative health care providers)
- State and local government health agencies (like WA State Dept of Health, local health departments)
- Federal health agencies (like Centers for Disease Control & Prevention)
- School
- Pharmaceutical companies
- Newspapers
- Magazines (which ones?)
- Web sites (which ones?)
- Other media (television, podcasts?)
- Information from friends or family

Open up to the first page of your questionnaire. Please complete all the questions and rate how much you trust each of the sources of immunization-related information.

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Now we're going to discuss different immunization topics. Please tell me to what extent you are interested in information related to each one? What kinds of questions do you have on these topics?

- Why are immunizations important?
- How do vaccines work?
- Where can my child get immunized?
- How safe are vaccines?
- What ingredients are in vaccines?
- Which vaccines are recommended for adolescents/teens? (Do you know of any immunizations that are recommended for your child at their current age? Which ones?)
- What are the benefits & risks of vaccines vs. diseases?
- Which diseases can vaccines prevent?
- Cost of vaccines?
- Any other topics?

Flip to page 2 of your questionnaire and please answer all the questions.

How do you prefer to learn about health care topics, especially with regard to immunizations? Which of the following would be your preferred source? (Rank them in order from least to most preferred).

- Read written information (pamphlet, flyer, poster)
- Listen to information (radio, tape)
- Watch the news, TV program, or video
- Use the Internet (preferred web sites)
- Ask your child's doctor, nurse, or other health care provider
- Ask your friends or family
- Attend a community class

Where would you want to get written information on immunizations?

- Doctor's office
- School

- 
- Mail
  - Internet
  - Email
  - Newspaper
  - Health insurance plan
  - Other

### **Adolescent Immunization Materials**

We're going to talk some more about written information now and look at some sample immunization materials. I am going to distribute the materials we'd like your feedback on one at a time. Please complete the section of the questionnaire related to that specific piece after you look it over.

- Adolescent Immunization Fact Sheet
- Pre-Teen Vaccine Flyer
- Pre-Teen Vaccine Bookmarks

First let's look at the fact sheet on adolescent immunizations. What are your initial reactions to this material? What are your overall impressions?

- What is the best thing about this information?
- What is the worst thing about it?
- How easy or difficult is it to read the material (too simple or too difficult)?
- Is this information useful for you? Why or why not?
- What questions does it raise for you?
- How could it be improved?
- Would you trust this information?
- Is there anything worrisome about it?
- If you had a question or concern related to information you read in this material, what would you do? Who or where would you turn for an answer?

**GO THROUGH THESE QUESTIONS FOR ALL THREE ADOLESCENT IMMUNIZATION MATERIALS.**

Now that you had a chance to look at all three materials, which one did you like the most? the least? Why?

Do you have any other ideas about how you would like information on immunizations to be presented? (Probe for other formatting ideas or ideas about additional/different content)

When thinking about immunizations, what do you think is the meaning of community or family protection? To what extent do you consider the health of others, besides your child, when thinking about getting your child immunized?

How much do you think your child is at risk for contracting one of the diseases that vaccines prevent? What are the concerns that motivate you to immunize or cause you to not immunize your child? What about other people you know who may not be as well informed or motivated to keep their child's immunizations current?

How much does protecting other vulnerable children and adults in the community influence your decision to immunize your child?

Respondent's First Name: \_\_\_\_\_

**SCREENER PREPARED BY:**

**THE GILMORE RESEARCH GROUP**

Hello, may I speak with the person in your household who is primarily responsible for making healthcare decisions, such as which doctor or hospital to go to?

My name is \_\_\_\_\_ from Gilmore Research Group and I am calling on behalf of the Washington State Department of Health. I want to assure you that this is not a sales call. We are interested in speaking with parents of 11-12 year old children on their attitudes and opinions about health and healthcare. Do you have a few minutes?

First of all, how many children under the age of 18 live in your household?

\_\_\_\_\_ (if none, terminate politely)

What is the age of that child (those children)?

\_\_\_\_\_ (If no child between age 11 and 12, terminate politely)

Please tell me the extent to which you agree or disagree with the following statements.

	<b>Strongly Strongly agree</b>	<b>Somewhat Agree</b>	<b>Neutral</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>
1. Doctors, nurses and other traditional healthcare providers give me all the information I need to know about my child's health.	5	4	3	2	1
2. I have <b>always</b> believed that immunizing my child is one of the best ways to ensure his/her health and the health of others.	5	4	3	2	1
3. The Internet gives me the information I need to know about what is best for my child's health.	5	4	3	2	1
4. The government is hiding information about the dangers of immunizations.	5	4	3	2	1

(If q4=5, then terminate politely.) Try to get a mix of responses for Questions 1-3.

The Washington State Department of Health is conducting a study of parent's thoughts and feelings about preventive health services. Would you be interested in participating in a small group discussion, which would last 2 hours with about 10 other people to explore attitudes

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among parents of children age 11 and 12? It will just take a few minutes to determine your eligibility.

5. Do you, any of your close friends or family members work in any of the following industries:

- Marketing or Market Research **TERMINATE**
- Advertising or Public Relations **TERMINATE**
- The media, such as a newspaper, radio or TV station **TERMINATE**
- As a Doctor or Nurse **TERMINATE**
- For the State of Washington

**Specify & Hold:** \_\_\_\_\_

- No to All **CONTINUE**

6. Which of the following describes the current arrangements for health insurance for your child?

- Private insurance that is provided through an employer
- Insurance provided through the government**
- No insurance**

Need a mix

7. We want to get opinions from a wide range of people, so I have a few questions to ask for demographic purposes only. Can you please tell me your age?

Exact Age: \_\_\_\_\_

- Under 24 **TERMINATE**
- 25-29

- 30-39 **RECRUIT A MIX**
- 40-49
- 50-59
- 60+

8. What is the highest level of education that you have had the opportunity to complete?

- Less than High School
- High School Grad
- Some College
- AA/Vocational School **RECRUIT A MIX**
- 4 year college graduate
- Post graduate or some post grad work

9. Which of the following categories best represent your household's total annual income before taxes?

- Under \$20,000
- \$20 - \$40,000
- \$40 - \$60,000
- \$60 - \$80,000 **RECRUIT A MIX**
- \$80 - \$100,000
- Over \$100,000

10. Are you currently employed:

- Full Time

- Part Time                    **RECRUIT A MIX**
- A Student
- Stay-at-Home Parent
- Or, unemployed and looking for work

**11. (IF STAY-AT-HOME PARENT OR UNEMPLOYED ASK FOR LAST OCCUPATION)**

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**CHECK AGAINST SECURITY (Q#5)**

12. Is a language other than English spoken in your home?

- Yes
- No **SKIP TO Q18**

**13. What languages do you speak?**

---

(Need a couple of bi-lingual respondents in each group)

14. Please tell me which of the following best describes your ethnicity, do you consider yourself to be

- Asian/Pacific Islander
- Black or African American

- Hispanic or Latino
- White or Caucasian
- Other: \_\_\_\_\_

### RECRUIT A MIX

**15. For this study we need to talk to some people who have done paid market research before and some who haven't. Please tell me when, if ever, was the last time you participated in a paid market research interview or focus group?**

- Never** CONTINUE, SKIP TO INVITATION
- O-6 Months Ago** TERMINATE
- Over 6 Months Ago** CONTINUE

**16. Please tell me the topic or topics of the research you participated in?**

\_\_\_\_\_

TERMINATE IF CHILD PROFILE, OR OTHER DOH PROJECT

### INVITATION

**Thank you for taking the time to answer my questions today. I would like to invite you to participate in a 2-hour focus group discussion. The session will take place on *(INSERT DATE FOR CITY CALLED)* and is being conducted at *(INSERT LOCATION)*. In appreciation of your time, you will receive food plus \$75 cash at the conclusion of the session.**

**This is a great opportunity to share your opinions with those involved from the Department of Health. Can we count on your participation?**

- Yes
- No- TERMINATE

Great, just a few more things.

- ( ) Please plan to arrive 10-15 minutes early so we can get you checked in and get the group started on time.
- ( ) Please bring reading glasses if you need them.
- ( ) Child care will NOT be provided, you will need to make your own child care arrangements.

So that we may send you a confirmation letter and a map & directions, may I please have your address? COLLECT CONTACT INFO

SCHEDULE			
<u>GROUP #</u> <u>TIME(S)</u>	<u>CITY</u>	<u>LOCATION</u>	<u>SESSION</u>

(Proposed sites)

Seattle  
 Wenatchee  
 Bellingham  
 Vancouver  
 Walla Walla

## Participant Profiles

Age	Gender	Ages of children living in HH	Q#6 Health Insurance Coverage Type	Q#8 Education	Q#9 Income	Q#10/11 Employment	Q#13 Languages Spoken in HH	Q#14 Ethnicity
38	Female	Ages 9, 11 & 14	Through Government	High School Graduate	\$20-40K	Part Time/ Security Guard	English	Caucasian
44	Female	Ages 12 & 15	Through Employer	College Graduate	\$40-60K	Stay-at-home Parent	English	Caucasian
37	Male	Age 12	Through Employer	Some College	\$40-60K	Unemployed & looking for work	English	Caucasian
47	Female	Ages 8 & 11	Through Employer	AA/Vocational School	\$80-100K	Stay-at-home Parent	English	Caucasian
47	Female	Ages 11 & 14	Through Employer	Post Graduate	\$100K+	Part Time/ Speech Pathologist	English	Asian
43	Female	Ages 11 & 14	Through Employer	Some College	\$80-100K	Part Time/ Interpreter	Spanish	Hispanic
63	Female	Age 11	Through Employer	High School Graduate	\$60-80K	Retired/ Housekeeper	English	African American
35	Female	Age 12	Through Employer	AA/Vocational School	\$80-100K	Full Time/ Secretary for US Treasury Dept.	English	African American
39	Female	Ages 12 & 18	Through Employer	College Graduate	\$40-60K	Full Time/ Interior Designer	English	Caucasian

Age	Gender	Ages of children living in HH	Q#6 Health Insurance Coverage Type	Q#8 Education	Q#9 Income	Q#10/11 Employment	Q#13 Languages Spoken in HH	Q#14 Ethnicity
54	Male	Ages 12 & 16	Through Employer	Some College	\$40-60K	Full Time/ Water Treatment Product Sales	English	Caucasian
43	Male	Ages 7, 12 & 16	Through Employer	AA/Vocational School	\$40-60K	Self-Employed/ Hauling Business Owner	English	African American
45	Male	Age 12	Through Employer	High School Graduate	\$40-60K	Full Time/ Steel Worker	English	African American
37	Female	Ages 6 & 11	Through Employer	Post Graduate	\$100K+	Full Time/ Teacher	English	Caucasian
39	Female	Ages 3, 6, 9, 11 & 12	Through Employer	College Graduate	\$100K+	Stay-at Home Parent (Former Dental Hygenist)	English	Caucasian
38	Male	Ages 11 & 12	Through Government	High School Graduate	\$40-60K	Full Time/ Bakery Delivery Driver	English	Hispanic
47	Male	Ages 2, 4, 6, 8, 11 & 13	Through Government	Post Graduate	\$40-60K	Full Time/ Manufacturing	Spanish	Hispanic
56	Male	Ages 5, 7, 9 & 11	Through Government	College Graduate	\$40-60K	Full Time/ Mill Worker	Spanish	Caucasian
37	Female	Age 12	Through Employer	AA/Vocational School	\$60-80K	Part Time/ School Secretary	English	Caucasian
29	Female	Ages 7 & 12	Through Employer	AA/Vocational School	\$100K+	Part Time/ Jewelry Maker	English	Caucasian

Age	Gender	Ages of children living in HH	Q#6 Health Insurance Coverage Type	Q#8 Education	Q#9 Income	Q#10/11 Employment	Q#13 Languages Spoken in HH	Q#14 Ethnicity
31	Female	Ages 6, 7,8,10 & 12 (10 yo will be 11 on 9/21)	Through Employer	AA/Vocational School	\$40-60K	Part Time/ Library Assistant	English	Caucasian
39	Male	Ages 4, 8, 9 & 11	Through Employer	College Graduate	\$40-60K	Full Time/ Grocery Clerk	English	Caucasian
29	Female	Ages 2,4,5,11 & 11 (Soon to be 12)	Through Government	High School Graduate	\$20-40K	Full Time/ Inter Mountain Ameri- Corps Volunteer	Spanish	Hispanic
42	Female	Ages 12 & 14	Through Employer	Some College	\$60-80K	Full Time/ Childcare Provider	English	Caucasian
43	Male	Ages 5 & 11	Through Employer	High School Graduate	\$80-100K	Full Time/ Hydromechanic	English	Caucasian
38	Male	Age 12	Through Employer	AA/Vocational School	\$60-80K	Full Time/ Hydro Mechanic	English	Caucasian

Age	Gender	Ages of children living in HH	Q#6 Health Insurance Coverage Type	Q#8 Education	Q#9 Income	Q#10/11 Employment	Q#13 Languages Spoken in HH	Q#14 Ethnicity
46	Female	Ages 10 & 12	Through Employer	AA/ Vocational School	\$60-80K	Stay-at-Home Parent (Prev. Civil Engineer)	English	Caucasian
49	Female	Ages 11, 12, 15 & 17	Through Employer	College Graduate	\$80-100K	Part Time/ Winery Manager	English	Caucasian
33	Female	Age 12	Through Government	AA/ Vocational School	>\$20K	Part Time/ Receptionist	English	Caucasian
61	Male	Ages 9,12	Through Government	Post Graduate	\$20-40K	Stay-at-Home Parent (Prev. Teacher State Penitentiary)	English	Caucasian
43	Male	Ages 12, 15 & 17	Through Employer	High School Graduate	\$20-40K	Full Time/ Warehouse State Penitentiary Worker	English	Caucasian
40	Male	Ages 12 & 13	Through Employer	Post Graduate	\$60-80K	Full Time/ Whitman College Math Instructor	English	Caucasian
44	Male	Ages 12	Through Employer	Post Graduate	\$100K+	Full Time/ Whitman College Fundraiser	English	Caucasian
42	Male	Ages 11, 13, 15 & 16	Through Employer	Post Graduate	\$40-60	Unemployed/ Electrical Engineer	Spanish	Caucasian

Age	Gender	Ages of children living in HH	Q#6 Health Insurance Coverage Type	Q#8 Education	Q#9 Income	Q#10/11 Employment	Q#13 Languages Spoken in HH	Q#14 Ethnicity
50	F	11,15	Through Employer	Some College	\$40-60K	Stay at Home Parent (Prev. Secretary for Financial Co.)	English	Caucasian
41	F	12,15	Through Employer	College Grad	\$40-60K	Part Time/ Logging Co. Bookkeeper	English	Caucasian
37	F	9, 12	Through Employer	Some College	\$40-60K	Part Time/ School Lunch Server	English	Caucasian
38	F	11, 12	Through Employer	AA/Vocational School	\$60-80K	Student (Prev. Flight Attendant)	English	Caucasian
37	M	6, 10, 12	Through Employer	AA/Vocational School	\$60-80K	Full Time/ Production Co. Agricultural Equipment Worker	English	Caucasian
45	M	3, 12, 16	Through Government	College Grad	\$60-80K	Part Time/ Basketball Coach	English	African American
40	F	12, 15	Through Employer	Some College	\$20-40K	Part Time/ Spanish Interpreter	English & Spanish	Caucasian
35	F	3, 7, 10, 12	Through Employer	College Grad	\$60-80K	Full Time/ Owner of Childrens Consignment Store	English	Caucasian
48	F	11	Through Government	Post Grad	\$80-100K	Full Time/Landscape Architect	English	Asian/Pacific Islander

## Survey Form

### *Immunization Questionnaire*

1. How trustworthy are each of the following sources of immunization-related information.

	<u>Highly trustworthy</u>			<u>Not at all trustworthy</u>	
Doctors, nurses, and other traditional providers	5	4	3	2	1
Non-traditional providers (homeopathic, naturopathic, etc.)	5	4	3	2	1
Federal health agencies (Centers for Disease Control & Prev)	5	4	3	2	1
Pharmaceutical companies	5	4	3	2	1
Websites	5	4	3	2	1
Other parents and friends	5	4	3	2	1
Newspapers	5	4	3	2	1
State and local government health agencies (State Dept. of Health, Local health departments)	5	4	3	2	1
Magazines	5	4	3	2	1
Family members	5	4	3	2	1
Your child's school	5	4	3	2	1
Other: _____	5	4	3	2	1

Please do not turn the page until asked to do so.  
Thank you.

**2. How likely would you be to seek information or read information related to the following topics.**

	<u>Very likely</u>				<u>Not at all likely</u>
General adolescent health information	5	4	3	2	1
Importance of immunizations	5	4	3	2	1
Diseases that vaccines can prevent	5	4	3	2	1
Why immunize during the pre-teen/teen years	5	4	3	2	1
How vaccines and the immune system work	5	4	3	2	1
Comparing the risks and benefits of vaccines versus disease	5	4	3	2	1
Vaccine safety	5	4	3	2	1
Ingredients in vaccines	5	4	3	2	1
Vaccines recommended for pre-teens/teens	5	4	3	2	1
How to find an immunization provider for your child	5	4	3	2	1
How to evaluate sources of health care information	5	4	3	2	1
Cost of vaccines	5	4	3	2	1
Other: _____	5	4	3	2	1

Please do not turn the page until asked to do so.  
Thank you.

Please read each of these materials and complete the following short exercise.

### **Adolescent Immunization Fact Sheet**

Please rate this piece for each of the following:

	<u>Outstanding</u>				<u>Poor</u>
1. Providing useful information.	5	4	3	2	1
2. Providing interesting information.	5	4	3	2	1
3. Providing information in a form that is neither too complex or too simple.	5	4	3	2	1
<i><b>If 3 or below:</b></i> Is it too complex or too simplistic?			Too complex		1
			Too simple		2
4. Providing information you can trust.	5	4	3	2	1
5. Providing information in a format that is attractive and readable.	5	4	3	2	1

### **Pre-Teen Immunization Flyer**

Please rate this piece for each of the following:

	<u>Outstanding</u>				<u>Poor</u>
1. Providing useful information.	5	4	3	2	1
2. Providing interesting information.	5	4	3	2	1
3. Providing information in a form that is neither too complex or too simple.	5	4	3	2	1
<i><b>If 3 or below:</b></i> Is it too complex or too simplistic?			Too complex		1
			Too simple		2
4. Providing information you can trust.	5	4	3	2	1
5. Providing information in a format that is attractive and readable.	5	4	3	2	1

