Boosting Vaccination Rates

Making Healthier Communities

NIH

NATIONAL INSTITUTES OF HEALTH | **OFFICE OF COMMUNICATIONS AND PUBLIC LIAISON (OCPL)**
OFFICE OF LEGISLATIVE POLICY AND ANALYSIS (OLPA)

We Will Propose...

1.) Consistency in physician promotion

2.) Emphasis on risk of illness and effectiveness of vaccines

3.) Targeting specific demographics

Agenda

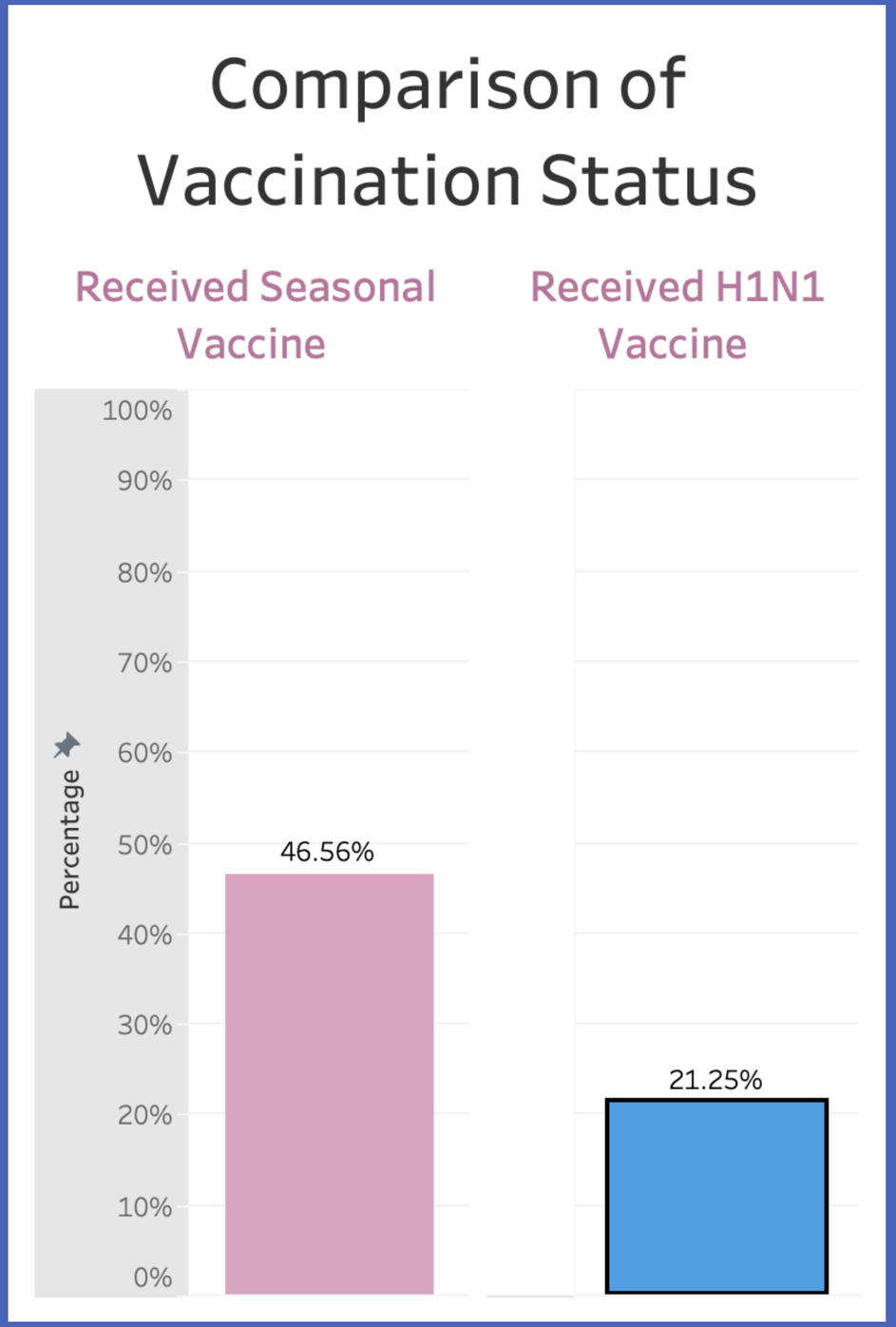
- Business Problem
- Data & Methods
- Results
- Recommendations

Business Problem

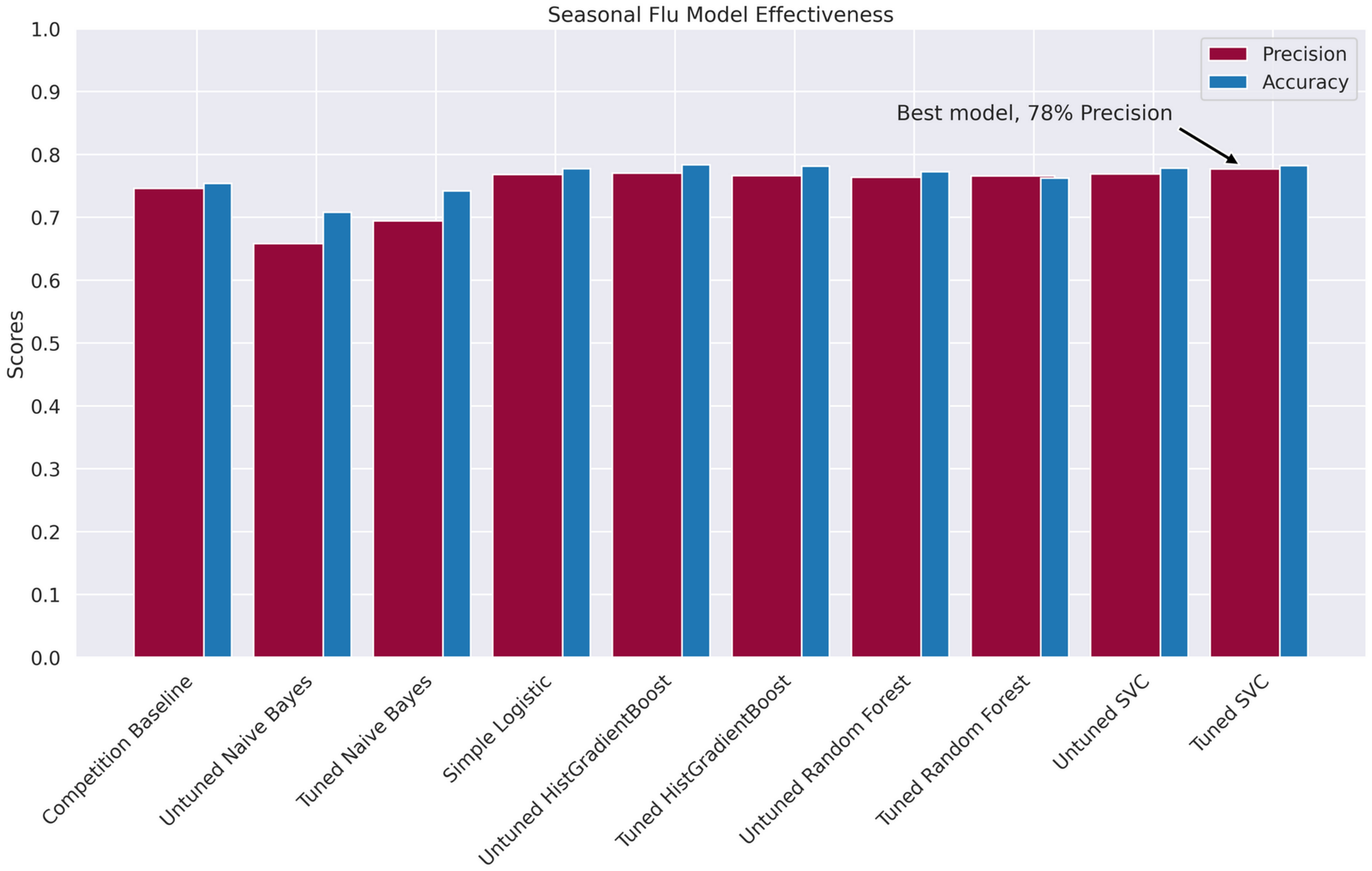
How to increase vaccine acceptance in preparation for future pandemics?

Dataset

- Interviews conducted from September 2009 –June 2010
- 26,707 respondents
- Broad range of demographics

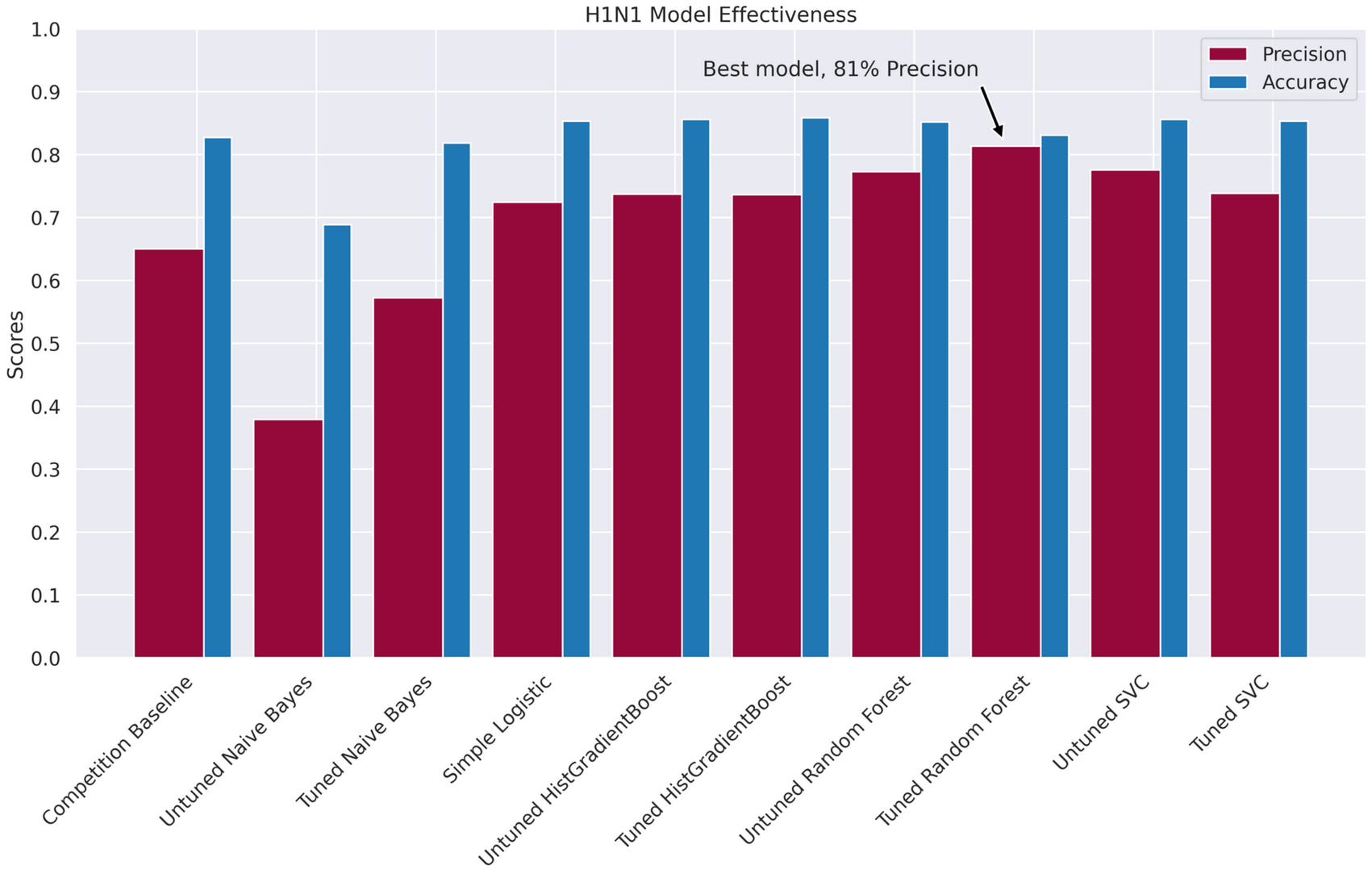


Seasonal Flu Modeling



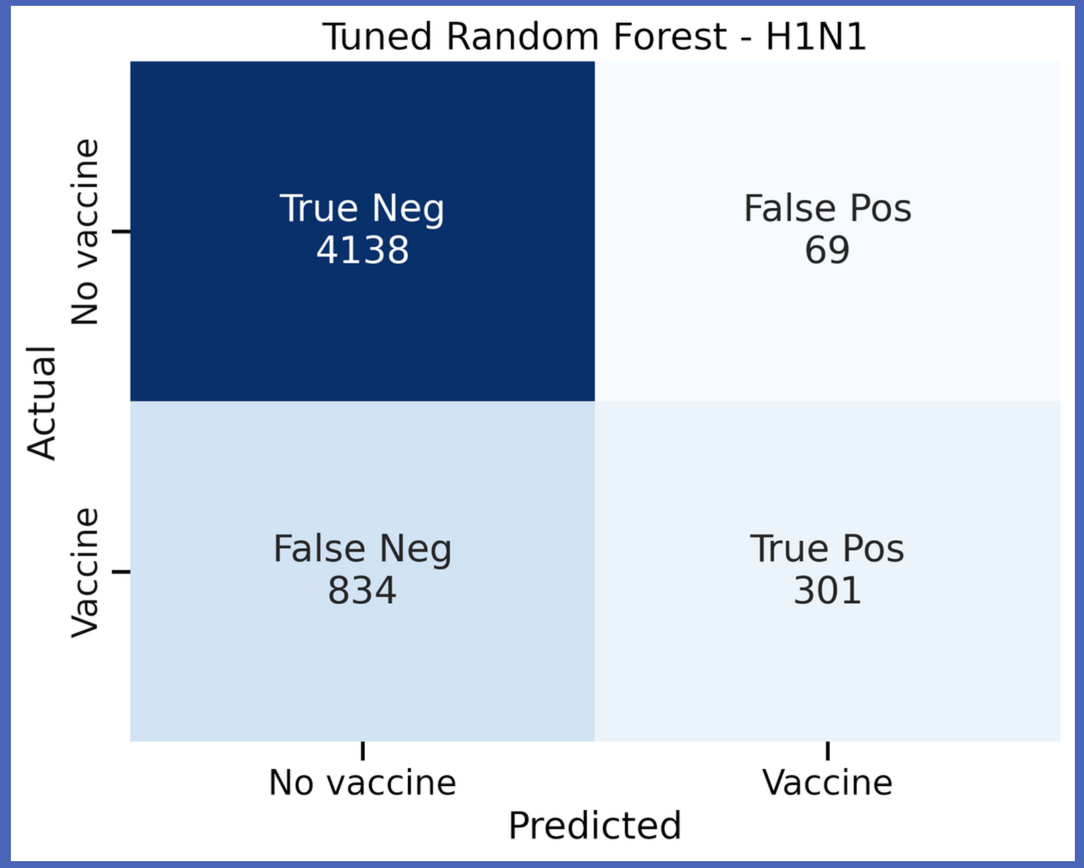
Precision Metric: how often are we predicting that people will get vaccinated who really aren't?

H1N1 Modeling

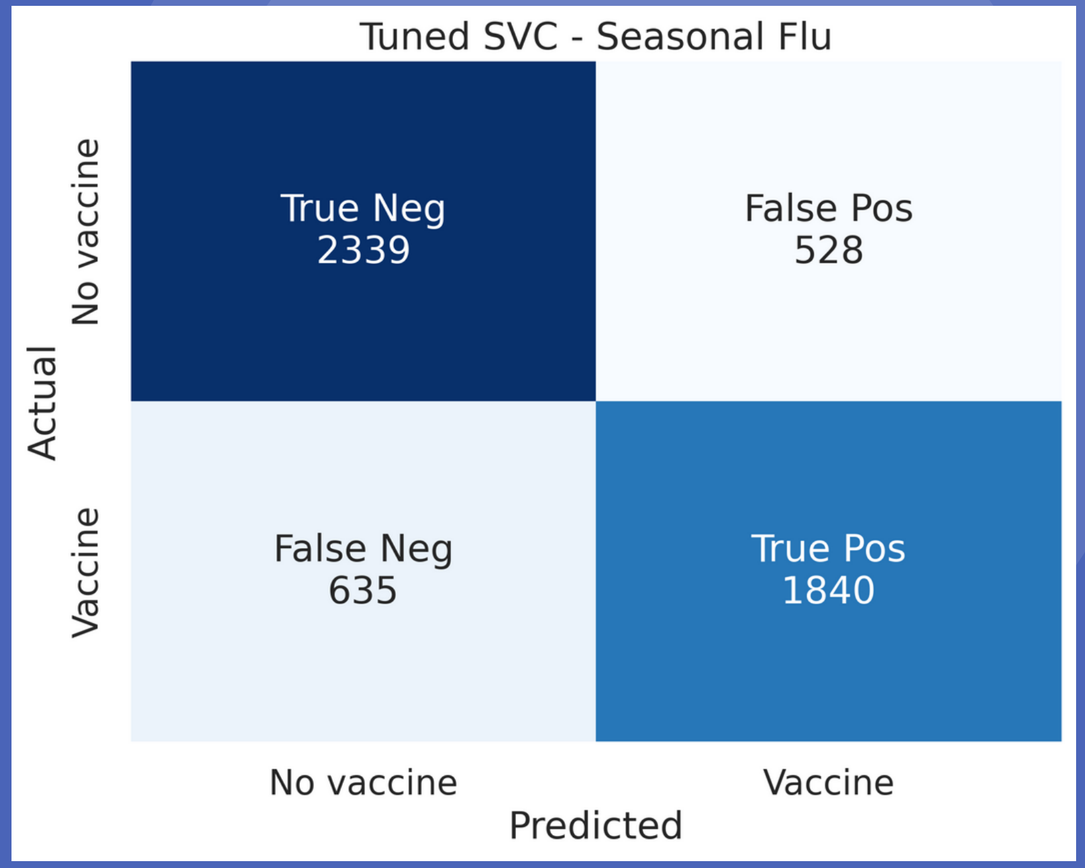


Best Models

81% Precision

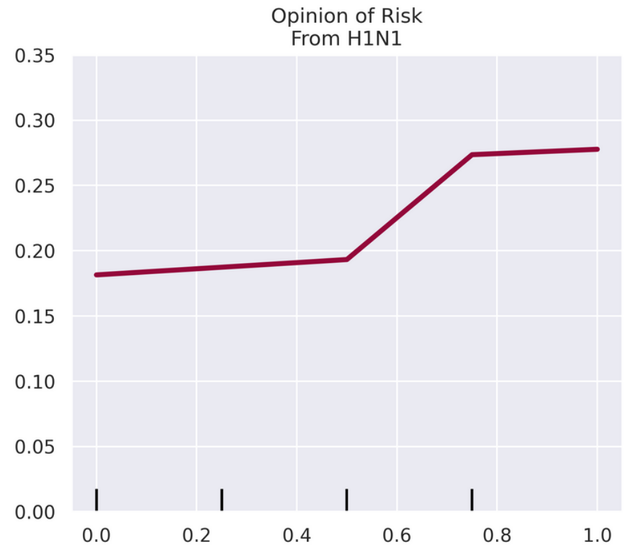


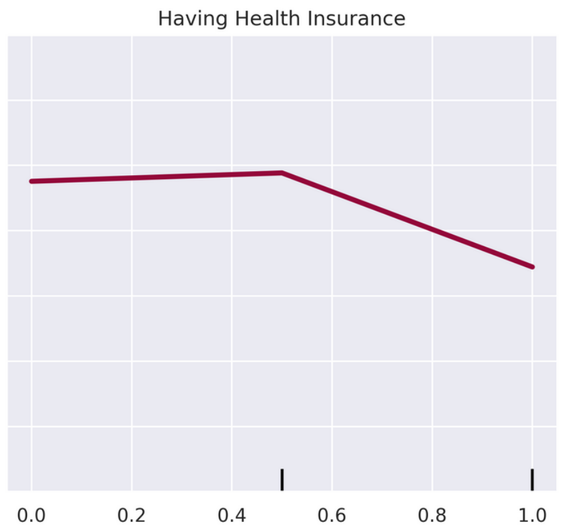
78% Precision

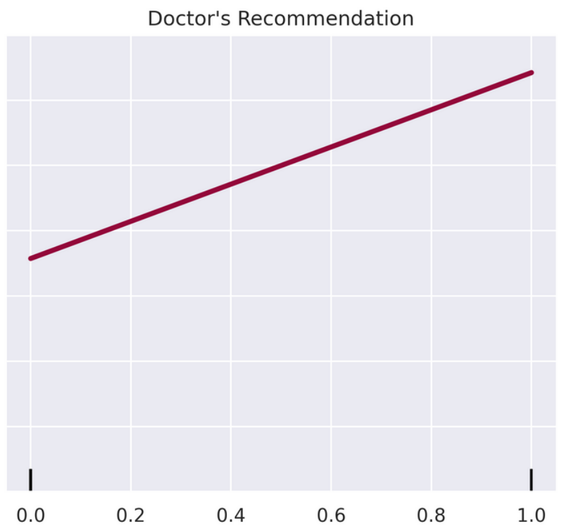


Most important features

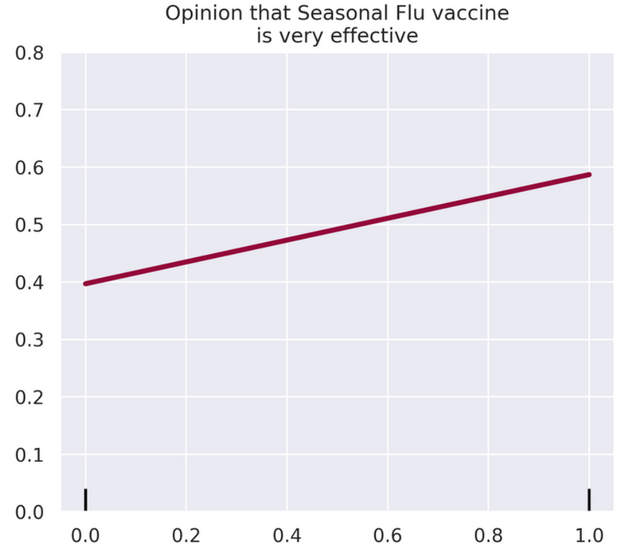
H1N1

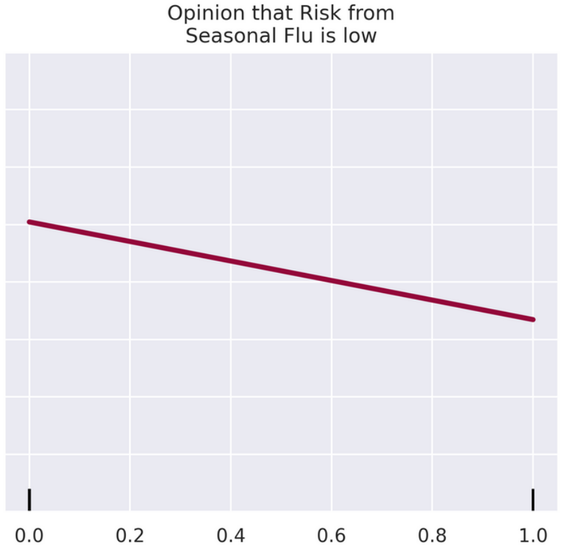


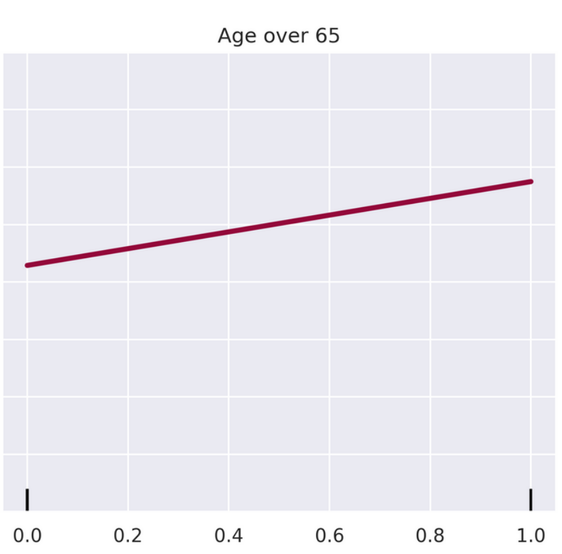




Seasonal







Demographics Matter

Largest relative drop between seasonal and H1N1 vaccines:

- Unmarried individuals
- Black people
- People 65+
- Middle class (above poverty and below $75k)

Those most unlikely to get the seasonal flu vaccine:

- 18-34 year olds
- Hispanic people
- Those living in poverty

Recommendations

1.) Emphasize to medical professionals to consistently recommend vaccinations for their patients

2.) Public awareness campaign about the risk of getting sick without a vaccine as well as the effectiveness of vaccines

3.) Target outreach efforts to those groups who are most likely to get seasonal but not H1N1 (unmarried people, black people, those 65 and older, and middle class). More broadly, also target those groups unlikely to get seasonal vaccines (18-34 year olds, Hispanic people, those living in poverty).

Questions or comments?

Get in touch!

Sally Heinzel

sallyeheinzel@gmail.com

BEST	CURRENT RANK	# COMPETITORS
0.8578	395	3548