

INSIDE THIS ISSUE:

(CLICK ON
THE TITLE
TO JUMP
TO THE
STORY)

[Immunization
Branch News](#) 4-
8

[NIIW 2007](#) 9

[Pertussis
Campaign](#) 10

[TV Ads Win
Awards](#) 12

[Development:
Why is it
Important](#) 13

[2006
Immunization
Campaign
Update](#) 15

[New
Employee
Corner](#) 19
-
21

Immunization Summary - 80th Legislative Session

By Jack C. Sims, Manager, Immunization Branch

SB 11

Allows first responders and their families to store immunization data in the registry prior to a public health emergency. Requires the DSHS to educate first responders.

Allows the DSHS to determine the process by which consent is verified, to include affirmation by a provider, local registry, birth registrar or health information exchange.

Allows the registry to be used in preparation for, or during a public health emergency, to include the storing of adult immunizations should an emergency occur.

Mandates that adverse reactions to vaccines are tracked in the registry during a public health emergency.

SB 140

The DSHS and the Texas Higher Education Coordinating Board will conduct a joint study of the feasibility of providing immunization without charge or at a discount to economically disadvantaged students enrolled in the health-professional degree programs at institutions of higher education.



Texas Capitol

A written report containing the findings and recommendations of the DSHS and the Texas Higher Education Coordinating Board is due no later than Jan. 15, 2009.

Continued on the next page

Legislative Report *continued from previous page*

SB 204

People who sell, lease, or provide an electronic medical record software package or system to a person who administers immunizations in Texas or to an entity that manages records for the person shall provide, as part of the electronic medical record package or system, the ability to:

Electronically interface with the immunization registry created under this subchapter; and

Generate electronic reports that contain the fields necessary to popu-

sary to populate the registry and the fields must be consistent with federal standards.

The fields necessary to populate the registry must include the patient's consent to be listed in the registry.

SB 811

Providers enrolled in TVFC will have their choice of flu vaccine products within the limits of the vaccines annually allocated by the Centers for Disease Control and Prevention (CDC) to the DSHS or if not allocated, the CDC must award the

higher priced vaccines are within 110 percent of the lowest priced vaccine. Equivalent vaccines are defined as:

Two or more vaccines that protect a recipient of a vaccine against the same infection or infections.

Requires the same number of doses.

Have similar safety and efficacy profiles.

Recommended for comparable populations.

Tdap, DTaP, Hep B, and Hep A are affected by this law.

HB 1059

The DSHS shall prepare a list of the immunizations required each year in English and Spanish under this section for admission to public schools and of any additional immunizations the department recommends for school-age children. The list shall be available in a manner that permits a school district to easily post the list on the district's website. A school district that maintains a website shall post prominently on the website a list in English and Spanish of:

The immunizations required for admission to *Continued on next page*

TEXAS LEGISLATURE KEY BILLS

SB 11

SB 140

SB 204

SB 811

HB 1059

HB 1098

HB 1379

HB 3184



Texas Capitol Dome

late the immunization registry.

The Executive Commissioner of the Health and Human Services Commission (HHSC) by rule may specify the fields neces-

sary to populate the registry and the fields must be consistent with federal standards.

The DSHS will procure equal amounts of equivalent vaccines, with the exception of flu vaccine, when the cost of the

Legislative Report *continued from page 2*

public school by rules of the DSHS,

Any immunizations or vaccines recommended for public school students by the DSHS or the board of trustees, and

Health clinics in the district that offer the influenza vaccine, to the extent those clinics are known to the district.

A school district that maintains an Internet website shall post a link to the DSHS website where a person may obtain information relating to the procedures for claiming an exemption from the immunization requirements of the Health & Safety Code Section 38.001.

The list of recommended immunizations or vaccines under Subsection (a)(2) must include the influenza vaccine, unless DSHS requires the influenza vaccine for admission to public school.

HB 1098

The human papillomavirus (HPV) vaccine may not be a required vaccine until 2009 at the earliest.

HPV education must also be conducted.

HB 1379

This bill amends Section

1, Subchapter A, Chapter 161, Section 161.0607 of the Health and Safety Code by directing the DSHS to produce and distribute informational materials regarding vaccines against HPV that are approved by the United States Food and Drug Administration for human use. The materials must include information related to the effectiveness, availability, and contraindications of the vaccine and be available in English and Spanish.

The bill requires the DSHS to collaborate with the Texas Cancer Council or its successor entity to develop educational programs for parents regarding HPV and promoting awareness of a minor's need for preventive services for cervical cancer and its precursors.

The bill also requires DSHS to develop and maintain an Internet website that targets the public and health-care professionals and provides accurate, comprehensive information on all aspects of cervical cancer prevention, including vaccination against HPV.

The bill amends Chapter 163, Section 161.003 by requiring the following information to be included in the instruction relating to sexually transmitted dis-

eases:

That sexual intercourse is not required to become infected with HPV and the avoidance of skin-to-skin contact involving the genital areas offers the best protection.

That both males and females may be infected with HPV and symptoms may not be present.

That younger women are at greater risk of HPV infection than older women.

That HPV may be transmitted to an infant during childbirth.

The role of HPV in the development of genital warts, cervical cancer, and other diseases.

The need for women to undergo pap smear testing even if they have received a vaccination against HPV.

HB 3184

This bill amends the Health and Safety Code as follows:

Health & Safety Code Sec. 161.101 by adding subsection (c) to require
Continued on page 22



TISWG Plans for August Meeting



The Texas Immunization Stakeholder Working Group (TISWG) will meet in Austin on Aug. 16, 2007, at the Goodwill Industries of Central Texas Main Offices, 1015 Norwood Park Blvd. from 9 a.m. to 3 p.m. A 30-minute orientation for newcomers will begin promptly at

by Vivian Harris, Services and Data Coordination

8:30a.m.

Celebrating its third year since its inception, TISWG historically has focused on identifying issues to raise vaccination coverage levels and setting priorities for achieving the goals of the Immunization Branch. Recommendations and suggestions towards increasing the childhood immunization levels of the fourth dose of the DTaP vaccine (diphtheria, tetanus, acellular pertussis), improving adolescent

vaccination, and improving the education and marketing of the statewide registry have been significant in the overall strategic planning. TISWG's contributions have been many. For more information, visit the [TISWG information online](#).

This is an open meeting. However, reservations are required. Please RSVP to Vivian Harris at (512) 458-7607 or at

vivian.harris@dshs.state.tx.us

[BACK TO TABLE OF CONTENTS](#)

ACIP, CDC Recommend HPV Vaccine

By Charlotte Hunter, Texas Vaccines for Children Program

The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) added the human papillomavirus (HPV) vaccine as a routinely recommended vaccine. According to a report released by ACIP, "Genital human papillomavirus (HPV) is the most common sexually transmitted infection in the United States...[and] persistent genital HPV infection can cause cervical cancer in women and other types of anogenital cancers and genital warts in both men and women." One HPV vaccine product is cur-

rently licensed for use for females, 9-26 years of age: GARDASIL®, manufactured by Merck & Co., Inc.

Effective Feb. 1, 2007, the HPV vaccine is available, through the Texas Vaccines for Children program, to eligible females who are 9 years through 18 years of age.

Routine vaccination with three doses of quadrivalent HPV vaccine is *recommended*. The first dose is given at an initial elected date. The second dose is given two months after the first, and the third dose is given six months

after the first. Catch-up vaccination is recommended for females 13-18 years of age who have not been vaccinated previously or who have not completed the full series.

The *minimum* age and intervals for the quadrivalent HPV are in the table.

Recommendations for HPV are available at, the [Centers for Disease Control and Prevention HPV Report](#) (pdf).

For more information about HPV, call DSHS Immunizations at (800) 252-9152.

HPV Vaccine *Minimum Interval Schedule**

Minimum Age
9 years

Dose 1 to 2
4 week interval between doses

Dose 2 to 3
12 week interval between doses

**this is the minimum schedule and not the recommended schedule*

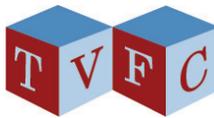
[BACK TO TABLE OF CONTENTS](#)

Vaccine Management Project Streamlines for Quicker Responses in TVFC Vaccine Supplies

The Vaccine Management Business Improvement Project (VMBIP) represents the efforts of the Center for Disease Control and Prevention (CDC) Immunization Services Division, state and local immunization program managers,

By Charlotte Hunter, Texas Vaccines for Children program

Texas Vaccines for Children



Vaccine management and inventory needs

and partner agencies to improve current vaccine management processes at the federal, state, and local levels.

In September 2006, as part of VMBIP, the CDC awarded a contract to McKesson Biosciences to begin shipping nationally all vaccines for the Vaccines for Children (VFC) program. State immunization programs began the transition in January 2007. The states of Washington, Maryland, and California, and the City of Chicago have begun using the new

distributor. McKesson will begin shipping vaccines through the Texas Vaccines for Children (TVFC) program in September 2007.

Why is VMBIP needed?

have grown dramatically since the inception of the VFC program in 1994. However, many vaccine management and accountability processes are conducted using outdated technology. The goal of VMBIP is to create a streamlined approach for the ordering, distribution, and management of vaccines. A streamlined approach will allow for quicker and more effective responses to changes in vaccine supply and demand at the national, state, and local levels.

What does this change mean for providers?

Many providers in TVFC will see minimal changes. For example, the containers in which vaccines are shipped will look very different from those used by the current distributor. Vaccines will continue to be shipped directly to provider offices. However, depending on the volume of vaccines they administer annually, some providers enrolled in TVFC will see changes in the timing and frequency of their vaccine orders. Providers will use a schedule and a maximum stock level for each vaccine. Regional and local health departments will work with clinics to develop maximum ordering levels for each vaccine based on each clinic's 2006 usage history. From the perspective of administering vaccines to eligible children, providers should see consistent and reliable vaccine availability from a national centralized inventory.

New ordering model

The table to the left represents the proposed model for timing provider orders under the federal distribution process.

Continued on the next page

The goal of VMBIP is to create a streamlined approach for the ordering, distribution, and management of vaccines.

Provider Segment	Annual Usage	Number of Orders Per Year	Order Cycle
High Volume	2000+ Doses/Year	12	Monthly
Medium Volume	400-1999 Doses/Year	6	Bi-Monthly
Low Volume	0-399 Doses/Year	4	Quarterly

Proposed model for timing provider orders under the federal distribution process.

Vaccine Management Project Streamlines

for Quicker Responses in TVFC Vaccine Supplies *continued from previous page*

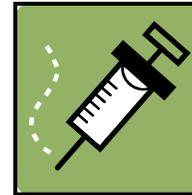
Under this new ordering model, some providers may need to store more vaccine at their locations. Representatives from the immunization programs of health services regions and local health departments will work with TVFC providers to determine if changes to their ordering schedule will occur, and to identify potential vaccine-

storage issues with existing refrigeration units.

Survey to be conducted

The first step in this process is to obtain information on current refrigeration and freezer capacity. Regional and local health departments will conduct a survey among all TVFC providers to obtain this information.

For questions regarding VMBIP or the survey, contact the location indicated on the survey. For other questions, call the Immunization Branch, Vaccine Services Group, at (512) 458-7284 or at (800) 252-9152.



[BACK TO TABLE OF CONTENTS](#)

Adult and Adolescent Immunization (AAI) Program; Focus on Business Plan Has Stakeholders Jumping

By John Gemar, AAI Program Coordinator

The Adult and Adolescent Immunization (AAI) Program is up and running, seeking new and innovative ways to promote, educate, and vaccinate adult and adolescent Texans. The purpose of the AAI program is to improve and maintain high immunization levels in adults and adolescents, ultimately resulting in better protected and healthier Texans.

The current focus is on developing a business plan, so immunization stakeholders have a vision to follow. Involving these stakeholders is an integral part in developing such a vision. Stakeholder groups are asked to provide their expertise as the business plan is developed.

One such group is the Texas Immunization Stakeholder Working Group (TISWG). TISWG provides a forum for diverse partners in the state immunization system to share ideas, perspectives, best practices, and resources to more effectively target efforts to raise vaccine coverage levels in Texas.

TISWG jumped into action within a month of hearing the state hired an AAI program coordinator. In March 2007, TISWG met to discuss adolescent immunization issues. Four main topics were discussed: (1) provider recruitment and engaging specialty societies,

(2) provider education, (3) public education, and (4) alternative vaccination sites and non-comprehensive visits.

Participants at this meeting were asked to choose one of the four topics that meant the most to them and split into groups. Once the groups were formed they were asked to focus on several questions. **Desired Results** - In an ideal world, what are the desired results in regards to promoting adolescent vaccination? **Current Reality** - What is the current reality? Where are we today regarding our goals for promoting

Continued on the next page

The current focus is on developing a business plan, so immunization stakeholders have a vision to follow. Involving these stakeholders is an integral part in developing such a vision.

[BACK TO TABLE OF CONTENTS](#)

Adult and Adolescent Immunization (AAI) Program *continued from previous page*

adolescent immunizations? What is the compelling case for change and sense of urgency regarding closing the gap from where we are and where we want to be?

Actions/Priorities - What

are the actions that will help to close the gap? How will we know we are making progress? What are the top three critical success factors? The chart below indicates the

top four key actions or priorities for each topic or group below.

In the next issue look for "Vaccinating Adults: Everyone Benefits."

(1) Provider Recruitment and Engaging Specialty Societies

- a. Develop legislative initiatives/contacts
- b. Increase Medicaid reimbursement
- c. Mobilize the Texas Medical Association (TMA) and specialty societies to promote adolescent immunizations

(2) Provider Education

- a. Develop a toolkit or training resources
- b. Gather data that describes current status of provider practices, beliefs, and knowledge
- c. Define best practices

(3) Public Education

- a. Conduct needs assessment – immunization levels
- b. Define and establish standard for what is an adolescent
- c. Develop a social marketing campaign to address findings from the assessment

(4) Alternative Vaccination Sites and Non-comprehensive Visits

- a. Develop or create alternative site infrastructure
- b. Improve tracking of adolescent vaccination
- c. Overcome payer and legal barriers

Vaccines Build Your Child's Health: Auto Dashboard Shade Rollout

The Immunization Branch is adding a new branding effort to the "Vaccines: Build Your Child's Health" Campaign. The auto dashboard shades are part of an ongoing three-year effort to educate Texas parents.

The "Vaccines: Build Your Child's Health" logo is

by Charles Curtis Yowell, Information Specialist, Public Information, Education, and Training Group

prominently featured on the shade, along with the Immunization Branch phone number and web address. Both English- and Spanish-language shades will be distributed in a specific Texas region. The dashboard shades fit standard and mid-sized

vehicles.

The shades are part of a



Continued on next page

Auto Dashboard Shade Rollout *continued from previous page*

pilot program. Alma Lydia Thompson, media coordinator, explains, "The auto shade distribution will be limited to a precise region in attempts to closely monitor and evaluate its usage and effectiveness. Media messages surround the public everywhere. The dashboard shades provide us with a unique way to reach our targeted audience because they operate like miniature bill-

boards everywhere they are used."

An analysis of the program will provide information on the effectiveness of this particular media campaign. Alma anticipates an appeal of the dashboard shades to car drivers battling the Texas heat. Alma notes, "The utility of the auto dashboard shades is a key aspect of this

plan. People respond to messages encompassed within something they will use."

For more information about the 2007 "Vaccines: Build Your Child's Health" auto dashboard shade campaign, contact Alma Lydia Thompson at (512) 458-7111, ext. 6090. or at

alma.thompson@dshs.state.tx.us

[BACK TO TABLE OF CONTENTS](#)

Gemar Brings Knowledge, Experience To Adult and Adolescent Immunization (AAI) Program



The Adult and Adolescent Immunization (AAI) Program is an extensive project and the newly hired AAI Coordinator John Gemar is up to the task.

John comes to this position after having retired from the Air Force and working in Texas Vaccines for Children Program (TVFC) for a year. John spent more than 24 years in the military working in clinical, academic, management, and consultant roles with childhood and adult immunizations. His experience includes hands-on patient care and administration of routine childhood and adult immunizations. John spent five years at Walter Reed Army Medical Center in Washington D.C. as an instructor at the Tri-Service Immunization/Allergy Specialty Course training medics, corpsmen, nurses, and physicians.

During his stay in Washington D.C., he also collaborated with the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and U.S. Department of State on travel vaccines for military personnel, their family members, and the diplomatic corps. He is an accomplished manager and, as such, was the enlisted consultant for Immunization/Allergy matters to the U.S. Air Force Surgeon General. He developed and aided in the implementation of the Department of Defense immunization and disaster plans. His military experience in program development and management will come in handy as he builds the Texas AAI Program from the ground up.

John has identified three top priorities as he begins the program development stage. (1) Develop and implement the AAI business plan, identifying, coordinating, and communicating with all stakeholders what the priorities and message will be concerning AAI issues throughout the state. (2) Identify the baseline data that will aid in developing and incorporating immunization activities that can increase awareness and vaccine coverage levels for the adult and adolescent groups targeted. (3) Build and maintain cooperative relationships with immunization stakeholders, such as Health Services Regions (HSRs), local health departments (LHDs), the Texas Immunization Stakeholder Working Group (TISWG), and the Texas Medical Association (TMA) to ensure consistent messages and activities are promoted statewide.

For comments or questions please contact John Gemar at: john.gemar@dshs.state.tx.us

Immunization Branch Observes National Infant Immunization Week

By Markel Rojas, Public Information, Education, and Training Group

The Immunization Branch increased collaborations to observe the 2007 National Infant Immunization Week (NIIW), April 21-28, in conjunction with Vaccination Week in the Americas (VWA), with the goal of increasing the level of immunizations in the state. This year's observance focused on bringing all children 19 to 36 months of age up to date on the fourth dose of the diphtheria, tetanus, and acellular-pertussis vaccine (known as DTaP), the pneumococcal vaccine (PCV7), and the hepatitis A vaccine.



Child-care collaborations

The Immunization Branch, in conjunction with the Texas Department of Family and Protective Services, mailed immunization schedules and materials promoting 2007 NIIW goals to approximately 16,000 child-care centers and registered family homes. A letter encouraged participation in this initiative, asking the child-care centers and registered family homes to identify records that indicated a lapse in vaccinations and to advise parents to take their children to get their vaccinations updated. To help child-care personnel interpret the schedule, a set of instructions on how to properly read the immunization schedule was included. A questionnaire was mailed to obtain immunization information on lapsed vaccinations for children born between Jan. 1, 2005, and April 30, 2005.

NIIW Web page

The 2007 NIIW Web page provided a link to the Centers for Disease Control and Prevention (CDC) and other references including the CDC Interactive Immunization Scheduler, which is used to determine when children need vaccinations according to their birth date. The Web page featured and recognized a list of activities by health services regions and local health departments. The CDC and the Pan American Health Organization (PAHO) also displayed the list on their NIIW Observance Web pages.

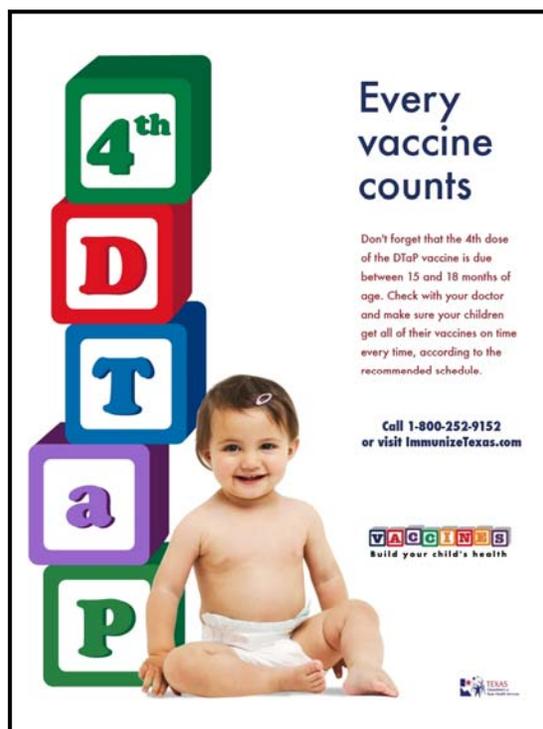
Continued on page 18

Feature Article

[BACK TO TABLE OF CONTENTS](#)

2006 Pertussis Campaign Increases Awareness in Two Markets Studied

By Alma Lydia Thompson, Public Information, Education, and Training Group



A survey report of 1,600 households in Central Texas and the Rio Grande Valley indicates the Texas Department of State Health Services (DSHS) pertussis-awareness campaign (Aug. 21 to Oct. 3, 2006) increased audience awareness of the disease from 3 percent to 25 percent. According to the DSHS *Pertussis Fact Sheet*, "Pertussis, also called 'whooping cough,' is a highly contagious bacterial infection that causes coughing...In babies, pertussis can be life threatening."

The Immunization Branch developed the campaign to reduce pertussis deaths among infants by increasing pertussis-prevention awareness. The Branch targeted the message, "Vaccinate your entire family against pertussis," primarily to mothers of

children 2 years of age and younger. Secondary audiences were family members and household contacts.

The branch had three objectives for this campaign:

1. Increase awareness of pertussis as a vaccine-preventable disease.
2. Increase awareness that infants are most at risk for pertussis.
3. Increase awareness that vaccination of adults helps prevent pertussis.

The survey indicated an increase from 58 percent to 67 percent in the number of respondents who are aware that pertussis can be prevented by a vaccine. Awareness that infants are most at risk for pertussis increased from 19 percent to 27 percent. Awareness that vaccination of adults helps prevent pertussis

Continued on the next page

Feature Article

[BACK TO TABLE OF CONTENTS](#)

Pertussis continued from previous page

increased from 46 percent to 62 percent.

SUMA/Orchard Social Marketing, a DSHS research contractor, conducted the random digit dialing (RDD) survey before and after the campaign. Campaign areas were Austin, Amarillo, Dallas/Fort Worth, El Paso, Houston, San Antonio, the Rio Grande Valley, and Waco/Killeen. DSHS selected Austin/Central Texas and the Rio Grande Valley for the survey to determine the change in the level of awareness and understanding of the importance of pertussis vaccinations before and after the campaign. The survey included questions to evaluate the message, creative ideas, strategies, educational materials, and media placement.

The campaign focused on increasing audience recognition of pertussis as a vaccine-preventable disease. The campaign reminded parents, primarily mothers, of the critical importance of getting their children vaccinated against pertussis, starting at two months of age, with the DTaP vaccine. The message was sent through campaign marketing collateral, such as print ads, fliers, and posters, that stressed vaccinations for older children and adults and proper in-

fection control to create “circles of protection” for our most vulnerable population—infants too young to have completed the primary series of vaccinations against pertussis.

The campaign included several types of advertisements and media. The media campaign was bilingual and included radio and TV advertisements on English- and Spanish-language radio stations, and on network and cable TV. A print ad campaign was developed for family and parenting magazines in Austin, Dallas, and Houston. Additional advertisements urging vaccinations against pertussis for patients and staff were placed in professional journals for physicians, including *Texas Medicine*. Post-analysis estimates showed that the media placement reached an average of 90.4 percent of the target audience an average of 13 times during the course of the campaign.

A press release resulted in more than 28 media outlets providing news reports about the pertussis campaign as well as accompanying Web coverage for several days. The branch also received more

than 26 requests for radio talk shows and local TV network affiliate talk shows across the state.

Grass-roots outreach activities included sending fliers to parents via middle and high schools, participating in special local promotional events, and distributing posters to more than 1,700 licensed day-care centers throughout the state.

View the Immunization Branch [pertussis ads](#) online.



Still frame from TV ad.

For more information about the 2006 pertussis campaign or survey, contact Alma Lydia Thompson at (512) 458-7111, ext. 6090 or at

alma.thompson@dshs.state.tx.us

2006 Immunization TV Ads Win Two Awards for Creativity

By Alma Lydia Thompson, Public Information, Education, and Training Group

A set of three Texas Department of State Health Services (DSHS) Immunization Branch TV ads won two awards recently for creative excellence.

On April 23, the ads received a silver award from the International Creative Summit Awards for best creative advertising in the “TV advertising” category for the development of the “Baby Bouquet” ads. On Feb. 10, the San Antonio Advertising Federation awarded the ads a bronze Addy for creative excellence in the “public service category - single medium.”



Still frame from TV ad.

The three ads, which aired last fall in several Texas areas for three months, were part of an Immunization Branch public-awareness campaign to help increase the levels of knowledge about how children’s immunity is built one vaccine at a time, and about the importance of following the recommended immunization schedule.

The ads were produced in English and Spanish. The English-language version won the awards.

The DSHS Immunization staff worked with Interlex, a San Antonio marketing and advertising agency, to develop the campaign’s creative strategy for delivering the message effectively and to produce the ads.

The International Creative Summit Awards

The Summit Awards are recognized worldwide as the industry’s most prestigious awards for works created exclusively by small and mid-size advertising firms.

The 2007 competition drew entries from 23 countries in five continents. The DSHS immunization ads competed against 63 other entries in the TV advertising category.

Continued on page 18

DEVELOPMENT: WHY IS IT IMPORTANT?

**By Kathryn Johnson, Public Information,
Education, and Training Group**

An organization's survival is dependent on two elements related to training: the employee's desire to receive training, and the organization's willingness to provide good training opportunities. Training is what separates high-performing organizations from mediocre ones because it provides improved recruitment, higher retention, and better return on investment.



Improved recruitment

Training can be used as a way to attract applicants. Applicants generally look for work environments that encourage, promote, and pay for professional growth and courses to enhance personal fulfillment, such as those that help them perform their jobs and help them to balance their work and home. Applicants see good training as a business perk. They look for organizations that provide well-rounded training to enhance their skills in communication, computers, and management, knowing that those skills will stay with them throughout the course of their careers.

As a recruiting tool, organizations can tout their training and development of employees. Organizations that provide good training on a regular basis increase their value in the eyes of prospective employees, making the organization a more desirable workplace. Training makes prospective employees feel valued because they believe that the organization is willing to invest in them through the development of their skills for the job.

Higher retention

Training also lowers turnover rates, which helps to reduce the cost of doing business. Interviewing takes up staff time comparing prospective employees, performing reference checks, and providing orientation to new employees. It costs less to keep employees than to hire them.

Continued on the next page

Feature Article

[BACK TO TABLE OF CONTENTS](#)

Development *continued from previous page*

Employees who receive training are more productive and loyal. If employees believe that an organization will train them, they are more likely to stay with that organization for a longer time in order to reap the benefits of the training.

As a retention tool, the kind of training that an organization offers emphasizes its priority in meeting employees' training needs. Organizations that actively assess and address these needs are more apt to have the employees participate and use the knowledge and skills they acquired on the job.

The key to appropriately address training needs hinges on an active assessment of the employees' evaluation of the

training offered, and the ability to address these issues or concerns with the training providers. When assessing training providers, organizations need to examine the content, delivery, and presentation to determine whether the provider meets employee expectations of the learning objectives of the course. If the learning objectives are not delivered, employers need to request new curriculum or an adapted curriculum. Employers who listen to their employees' evaluations of completed courses are more apt to improve their training program, thus helping to improve retention.

Organizations that regularly evaluate and revise their training are more likely to be strong, to thrive, and to be success-

ful.

Better return on investment

Employees who are satisfied with their training development will increase their motivation to be productive. They become supporters of the training program and use their acquired skills. Training that is satisfactory has an impact in increasing productivity, outcomes, and outputs, and in creating a happier work environment.

For more information about this story or about training opportunities contact Kathryn Johnson at: (512) 458-7111, ext. 6321 or at

kathryn.johnson@dshs.state.tx.us



Start out better	➔	ATTRACT A BETTER APPLICANT POOL
Keep them better	➔	INVEST IN EMPLOYEES, PROFESSIONAL GROWTH, ACHIEVE A LOWER TURNOVER RATE
Return on Investment	➔	RAISE MORALE, INCREASE PRODUCTIVITY

2006 Immunization Campaign Focuses On Building Immunity, Following Schedule

By Alma Lydia Thompson, Public Information, Education, and Training Group

In April 2007, a survey report of 2,900 households in four Texas markets indicates the 2006 immunization campaign, primarily a TV campaign conducted in the fall, increased audience awareness of the immunization television ads from 57 percent to 68 percent.



Billboard campaign.

The Immunization Branch developed the TV campaign to educate parents about the role of vaccinations in building their children's immunity and the importance of following the recommended immunization schedule. The Branch targeted the message, "Vaccinate your children on time, every time, according to the recommended schedule," mainly to mothers of children 2 years of age and younger. The Texas Department of State Health Services (DSHS) contracted with Interlex, a San Antonio marketing and advertising agency, to develop the campaign's creative strategy to deliver the message effectively.

The results of a DSHS study completed in April 2006 of 1,600 households in El Paso and Dallas/Fort Worth indicated the need to educate parents on these two points. That study, a random digit dialing (RDD) survey conducted under contract with SUMA/Orchard Social Marketing, had targeted mothers, 18-34 years old, who had one or more children in the household who were younger than 3.

The advertisements

In response to the survey results, Immunization Branch staff determined three objectives for the campaign:

1. Increase awareness of how immunity is built.
2. Promote the use of the recommended schedule.
3. Educate parents about the importance of having their children receive the fourth dose of DTaP at 15-18 months.

Interlex produced a set of three related TV advertisements to help fulfill the DSHS objectives. All three ads feature babies playing with building blocks, which are used to convey the idea of "building immunity." In the first ad, an

Continued on the next page

[BACK TO TABLE OF CONTENTS](#)

2006 Immunization Campaign *continued from previous page*

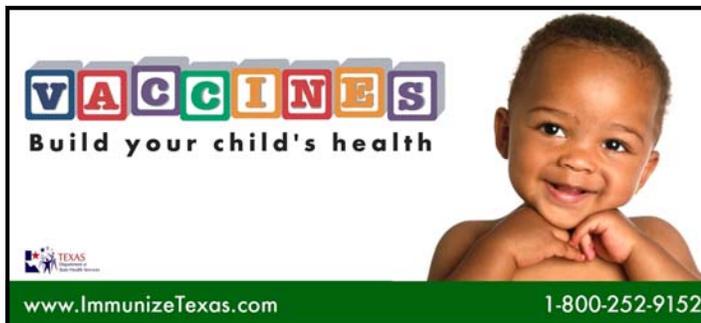
announcer explains how immunity is built. In the second ad, the babies pose next to building blocks depicting the recommended ages for receiving vaccinations, while the announcer lists the ages. In the third ad, the babies are helping to build the word “DTaP” with the building blocks, while the announcer explains the importance of receiving the fourth dose of the vaccination for diphtheria, tetanus, and acellular-pertussis (known as the DTaP) at 15-18 months of age.

Campaign markets

The campaign, primarily English- and Spanish-language TV ads, aired from October 10 to December 31, 2006, in the Austin, Dallas/Fort Worth, El Paso, Houston, Laredo, Rio Grande Valley, San Antonio, Tyler/Longview, and Waco/Killeen media markets. English- and Spanish-language radio ads aired in San Antonio and El Paso, as well.

Immunization Branch staff strategically chose these markets due to their high concentration of resident

births according to the 2003 Census. Census figures showed these nine markets represented 86.02 percent of the entire female population, ages 18-34, in Texas in 2003.



Billboard campaign.

Immunization Branch staff worked with Interlex to select station programs with high ratings for this audience. In addition, Immunization Branch staff offered opportunities for local health departments in the major media markets to speak on news talk radio and TV news shows.

Post-analysis estimates showed that the media placement reached an average of 88 percent of the target audience an average of 13 times during the course of the campaign.

San Antonio pilot

In addition to English- and Spanish-language TV and radio ads, Immunization Branch staff used a larger marketing mix in San An-

tonio, which included English- and Spanish-language highway billboards, print ads in local family and parent magazines, and radio and TV station promotions, including live reads, radio station remotes, literature distribution, pop-up advertisements, and TV station Web links.

In San Antonio, the campaign included the use of neighborhood junior billboards targeting African-Americans in identified low-immunization-level zip codes, bilingual door hangers, and special-event collaborations with retailer Babies “R” Us® and various grocery stores.

Survey

El Paso, Houston, San Antonio, and Waco were selected for the survey to determine the change in level of awareness and understanding of the importance of building immunity and the recommended schedule. The survey included questions to evaluate the message, creative ideas, strategies, and

Continued on the next page

The survey indicated a significant increase from 47 percent to 57 percent in the number of respondents who believe the tagline communicated the need and urgency to keep up or stay current on immunizations or vaccinations.

2006 Immunization Campaign *continued from page 16*

media placement.

SUMA/Orchard Social Marketing conducted the study as a split survey done in two waves. One survey (the pre-wave) was conducted just before the campaign and another survey (the post-wave) was done just after the campaign. 200 pre- and post-wave respondents in each market were mothers with children younger than 3 years of age, and 200 pre- and post-wave respondents were general market adults, 18-64 years of age, caring for a child younger than 3.

The most successful part of the campaign was the increase in understanding of the tagline, "Vaccines: Build Your Child's Health." The survey indicated a significant increase, 47 percent to 57 percent, in the number of respondents who believe the tagline communicated the need and urgency to keep up or stay current on immunizations or vaccinations. Awareness that the main message of the TV ads was to get and keep children vaccinated increased from 30 percent to 38 percent.

An analysis of the responses indicated pre-wave figures for these markets may have been affected by the pertussis

campaign, which was still airing in the weeks the survey was administered.

Awareness of the DTaP ad stayed the same from pre- to post-wave. Significantly more post-wave respondents at 21 percent than pre-wave respondents at 16 percent said they did not know *why* the fourth DTaP vaccination was important. Both pre- and post-wave respondents understood it was a vaccination, but did not understand its purpose. Also, awareness that the vaccine was due at 15-18 months of age remained very low. Notably, San Antonio, where a larger marketing mix was piloted, was the only market that saw an increase in the awareness of the fourth DTaP vaccination. In order to better promote the fourth DTaP, a larger media mix combined with the use of mediums that allow more time or space to devote to the subject is necessary.

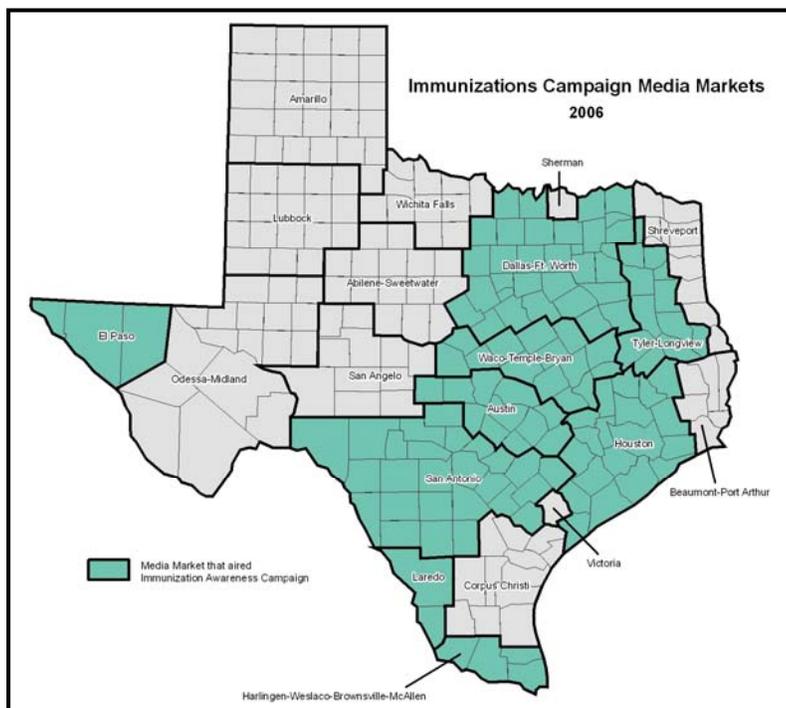
National and local TV are mentioned as the most reliable media source for information about children's

health, which indicates an excellent opportunity to strategize to achieve more news and feature segments about vaccines.

Recommendations from the analysis include applying a larger marketing mix, placing more ads that maximize reach, increasing grass-roots activities, and finding appropriate venues to fully explain the importance of the fourth dose of DTaP.

For more information about the 2006 immunization awareness campaign or survey, contact Alma Lydia Thompson at (512) 458-7111, ext. 6090 or at

alma.thompson@dshs.state.tx.us



Shaded areas represent media markets.

NIIW continued from page 9

Vaccination Week of the Americas

The U.S./Mexico Border Health Commission (USMBHC) and PAHO contacted the Texas Department of State Health Services (DSHS) to participate again in the Vaccination Week of the Americas bi-national immunization campaign. Health Services Regions 8, 9/10, and 11 were contacted by USMBHC and PAHO to participate in teleconferences regarding immunization activities along the

southern Texas Border. The bi-national kick-off for 2007 NIIW was celebrated at the Hidalgo County Health Department with attendance from CDC, Mexico, and DSHS representatives.

Health Services Region 2/3

For the past couple of years, DSHS Health Services Region 2/3 (Dallas/Fort Worth) has collaborated with McDonald's to produce and dis-

tribute tray liners containing the following immunization information:

1. "Immunize for Healthy Lives."
2. The recommended immunization schedule.
3. A reminder on the national observance of NIIW.

For more information about the 2007 NIIW observance, contact Markel Rojas at (512) 458-7111, ext. 6451 or at

markel.rojas@dshs.state.tx.us



[BACK TO TABLE OF CONTENTS](#)

TV Awards continued from page 12

During the blind judging event, a panel of international advertising professionals judged the submissions based on the strength of the big idea, quality of execution, and ability to persuade.

"The Summit Awards are recognition of creativity that delivers to the task. That reaches the target audience effectively, clearly—and with creative panache. That's why to be judged a winner, creative—online or off—needs to be clear, precise, compelling, and outstanding," said Tom Roy, executive director of Innovations and Corporate Communications for the Middle East Communications Networks, and a Summit

Awards judge.

Winning entries are made available to university marketing, advertising, and communications departments to use as discussion examples.

The Addy Awards

The San Antonio Advertising Federation is affiliated with the American Advertising Federation, which gives out national Addy Awards to honor creative excellence in advertising.

The Addys are the advertising industry's largest and most representative competition, attracting more than 60,000 entries every year in local compe-

titions. More than 500 entries competed locally in San Antonio this year. The DSHS ads competed against four other local entries in the public-service category for a single medium.

The DSHS Immunization Branch [TV ads](#) can be viewed online.

Click on each of the three bulleted titles to see each ad.

For more information about the campaign ads, contact Alma Lydia Thompson at (512) 458-7111, ext. 6090 or at

alma.thompson@dshs.state.tx.us



Still image from TV campaign.

[BACK TO TABLE OF CONTENTS](#)

Julia Moreno

Program Specialist, Public Information, Education, and Training Group



Julia Moreno is the new program specialist in the Public Information, Education, and Training Group, where she had previously

been a customer-service specialist for four years. She has a bachelor's degree from St. Edward's University and brings a wealth of experience to her new position.

Julia tells us: "As the program specialist, I'll be responsible for program planning for Spanish-speaking and other spe-

cial populations. I'll also be working closely with the health services regions and local health departments to determine their education-program needs and then determine the best way to serve those needs. I am responsible for developing educational materials, taking into account cultural and special-population needs."

Marsha Rippetoe

Program Specialist, Vaccine Services Group

Marsha tells us: "After several years of experience in my role as a public-health technician in the Vaccine Services Group, I learned a great deal about the distribution of vaccines and the accounting of vaccine inventories. This, combined with my customer-support background, led to my new position as program specialist in the Immunization Branch.

"While my job duties have not been totally defined because it is a new position, I'll be assisting other DSHS program staff in the use and continued implementation of the Pharmacy Inventory Control System (PICS). These responsibilities will include helping PICS staff with order processing and monitoring the system's performance.

"In addition, I'll provide technical assistance and training for new PICS users as more clinics and providers begin to use the features of this electronic system for ordering, tracking, and inventorying vaccines and other pharmaceuticals supplied by DSHS."



Kim Escobedo

Administrative Asst., Disease Prevention and Intervention Section

Kim Escobedo is an administrative assistant with the Disease Prevention and Intervention Section.

Kim provides administrative assistance to Jack Sims, the Immunization Branch manager. She is also the records retention

coordinator. In addition, Kim coordinates the loans of laptops and projectors.

Kim tells us: "I am married, and I had my first child in June. I also have two Australian shepherds."



Rochelle Kingsley

Public-Health Technician, Vaccine Services Group



Rochelle Kingsley is a public-health technician in the Texas Vaccines for Children (TVFC) program.

She tells us: “I have been working with TVFC since

April. We supply vaccines free of charge to providers enrolled in the program. These vaccines are then administered to children meeting certain eligibility criteria.

“Prior to working for TVFC, I was a public-health technician in the Newborn Screening Program, where I conducted follow-up of abnormal newborn-screening test results. Before that, I in-

terned with the Infectious Disease Control Unit where I worked on a project investigating methicillin-resistant *Staphylococcus aureus* in a county jail.

“I graduated from the University of Texas with a B.A. in Biology in May 2006. I’m a native Austinite. I enjoy running, swimming, and drawing with oil pastels.”

Laura LeBrun

Program Specialist, ImmTrac Group

Laura LeBrun is a program specialist with the ImmTrac Group.

She tells us: “My duties include promoting ImmTrac and educating Texans on the benefits of an immunization registry. I graduated from the University of Texas at Arlington with a B.A. in Communications in 2005. I am currently earning my mas-

ter’s degree in public health from Texas A&M University. I am a distance-education student, so I am able to work towards my degree and live in Austin at the same time.

“I grew up outside of Austin in a small town called Wimberley, but I also like living in the city. My favorite hobbies are photogra-

phy and dance. I currently dance as a member of World Gone Mad, an offbeat, theatrical drum-and-bugle corps.

“I enjoy working for DSHS and ImmTrac, and I look forward to working with everyone in the future!”



Belinda Middleton

Public Health Technician, Vaccine Services Group

Belinda Middleton is the new public-health technician in the Vaccine Services Group. As a vaccine-services representative, Belinda’s duties include ordering vaccines for providers and entering information into a database.

Belinda tells us: “My hobbies include reading and playing massive multiplayer online role-playing games, like World of Warcraft.

“I live in Austin with my husband, Gary. My children are Travis, Dallas,

Mia, and Tory. I have two granddaughters, Sierra Marie and Lilly.”



Anita Soto

Administrative Assistant, Disease Prevention and Intervention



Anita Soto is an adminis-

trative assistant in the Disease Prevention and Intervention Section.

She tells us: “A large part of my duties includes receiving procurement requests used to prepare requisitions. I was a legal secretary prior to being

employed by the great State of Texas.

“My husband, Louie, and I recently moved here from Dallas. We love to travel and look forward to going just about anywhere!”

Sheila Tucker

Program Specialist, Immunization Branch

Sheila Tucker is a program specialist in the Immunization Branch. She assists local health departments that contract with the state’s immunization program, and she reviews their contracts.

Sheila tells us: “These contracts support programs to provide and track vaccinations given to children around the state. My

work involves developing a request for proposal, monitoring tools, and policies.

“I appreciate the value of vaccines because, before there were vaccines, I had the measles, mumps, and chicken pox (yes, I am a throwback from another era), and I can attest that vaccines are better. I was also part of history, stand-

ing in line to receive the first polio vaccine. I mention this because history is one of my interests, and in my free time, I enjoy researching my family’s history. I also like reading to my cats, Chloe and Olivia.

“I have worked for the State of Texas for more than 12 years.”



Charles Curtis Yowell

Information Specialist, Public Information, Education, Training Group

Charles Yowell, an information specialist in the Public Information, Education, and Training Group in the Immunization Branch, is the new editor of the *Upshot Online*, the Immunization Branch online newsletter. His duties are to manage and produce the newsletter, including researching, writing, and editing articles.

In addition, Charles is the managing editor of the Immunization Branch website, coordinating and developing accurate and effective messages about immunization in Texas. Another one of his duties is developing and coordinating the branch’s training activities.

He has a M.A. in Mass Communication Studies

from the University of Houston and a B.S. in Radio-Television-Film from The University of Texas at Austin.

Charles tells us: “My wife and I moved back to Austin after living in Houston for two and a half years. We’re expecting our first child in October.”



Legislative Report *continued from page 3*

the department (DSHS) to increase immunization awareness and participation in the state's early childhood vaccination program by publishing information on its website to educate parents about the benefits of annual vaccinations against influenza.

The department is mandated to work with the De-

partment of Family Protective Services and day-care facilities to ensure information is distributed to parents in August and September of each year.

This bill amends the Health and Safety Code by adding Sec. 431.117, and requires the Executive Commissioner of HHSC to study the wholesale distribution of influenza vaccine

and to determine the feasibility of implementing a system that requires giving a priority in filling orders for influenza vaccine to physicians and other licensed health-care providers authorized to administer influenza vaccine over retail establishments. The Executive Commissioner may implement such a system if it is determined to be feasible.

Immunization Update 2007

Description:

An annual update, satellite/webcast highlighting current and late-breaking immunization issues.

Audience:

Immunization Providers (Physicians, Nurses, Nurse Practitioners, Pharmacists, Physician's Assistants, Department of Defense Paraprofessionals, Medical Students, etc.)

Length: 2.5 hours

Date: August 9, 2007

Register/More Information:

Site registration opens June 14, 2007

Participant registration opens July 12, 2007

Contact Information:

Kathryn Johnson, Training Coordinator, Immunization Branch, Public Information, Education, and Training, P.O. Box 149347, Austin, TX 78714-9347. (512) 458-7111, ext. 6321. (512) 458-7111 (fax)
kathryn.johnson@dshs.state.tx.us

[BACK TO TABLE OF CONTENTS](#)



We are listening.

Send us your comments, topic requests, and suggestions. We want to make the *UpShot Online* your practical, useful resource for immunization news. See below for our contact information.



Help us make the contents of the *UpShot Online* more informative and useful for our readers. Take this brief survey and let us know what you want to see in future issues.

[UpShot Online Survey](#)

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The *Upshot Online* is published quarterly by the Texas Department of State Health Services Immunization Branch. To submit your comments and suggestions or to be notified by email when the next issue is posted, please contact:

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[BACK TO TABLE OF CONTENTS](#)