



## Episode 104: "Leveraging Social Media to Increase HPV Vaccine Uptake"

*with Julie Szabo, Principal at Capulet*

*At Capulet, Julie Szabo has worked on a wide variety of online communication campaigns. In addition to sharing general wisdom for creating social media campaigns and measuring their impact, Julie tells us about recent projects promoting HPV vaccines in Bangladesh, Nigeria, and Pakistan. Julie also shares the exciting news that Capulet is creating a digital library, which will make their rich history of campaigns and data publicly accessible.*

### Transcript:

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KIRSTIN APPELT, HOST: Welcome to this edition of Calling DIBS. I'm your host, Kirstin Appelt, Research Director with UBC Decision Insights for Business and Society, or DIBS for short.

Today we're calling DIBS on Julie Szabo. Julie is a principal at Capulet Communications, which is a BC-based agency that creates digital marketing and communications campaigns for non-profit and impact-oriented organizations. In the past year, Julie has popped up on my radar multiple times because of the cool projects she leads and the amazing team she puts together. And I've been so curious to learn more. And today we get to do just that. So, let's kick it off and welcome Julie.

JULIE SZABO, GUEST: Thank you. I'm happy to be here.

APPELT: Can you maybe start us off by just telling us a little bit about yourself?

SZABO: So, I have been a communications professional for 30 years. And that's my background and I've lived and worked in multiple places all over the world. I've had lots of opportunities to do that. Right now, I make my home on Pender Island in British Columbia. So, I get to encounter lots of very interesting people in my work online every day. And I get to live in a rural small community in BC. So, it's a great joy. And Capulet is 22 years old this year. And we've been doing work with nonprofits and most recently a lot of health behavior change work really since COVID.

APPELT: Amazing. And for our listeners, you can't see this, but Julie is framed by an absolutely gorgeous background looking out over Pender with trees and beautiful blue water. So, what a wonderful place for you to be working. So, I'm curious, you told us you've been in the space for quite a long time at this point. And we always like to hear how people got into working in behavior change because it seems like everyone's journey is unique. So, what brought you to working in the applied behavioral science space?

SZABO: It's a little bit of an accident, I think, which maybe is not unusual for your guests. But I did my degree many years ago in creative writing. And I thought I was actually going to be a journalist. And as I began my

career, I fell in love with theater and arts, and I started working as a publicist for theater companies. So, this is a long way from what I'm doing now, but what ended up happening is my husband and I started a communications company. And we were doing work in somewhat in the arts, but then very much kind of in the early 2000s, we started doing communications work for technology companies. There was a real kind of burst of startups in Vancouver at that time. We had also lived in Dublin, Ireland, and both of us were working a little bit in startups there. So, we came back to Vancouver. We had clients who were almost all in technology and we started a journey of digital communications and social media marketing really at that time.

We wrote an early book on social media marketing called *Friends with Benefits* and we worked in technology for a long time and did so much learning there really appreciated the education we got both about tech, but also about community and digital connection and what it means to live a life online. And decided that we really wanted to pivot and work exclusively with nonprofits.

And so, we transitioned our work away from technology companies and started working for nonprofits. And it's really in that kind of last decade of our work that we got involved in behavior change because of course, many of the organizations we work with are trying to make positive changes. A lot of the work that we've done over the last decade has been with environmental nonprofits. So, organizations like Canadian Parks and Wilderness Society and other climate change focused organizations around behavior change in environmental behaviors, also policy change.

Then COVID happened and we got pulled in to some really interesting COVID vaccine campaigns. And all of the work we do is online in the digital space, sometimes connected with real world happenings. But our expertise is in the digital arena. And so, we started trying to figure out how we could use social media to reach large amounts of people with vaccine content, pro vaccine content. And since then, it's been a bit of a wild ride. We've learned a lot about how to and how not to talk about vaccines on the internet, which has been a journey and an adventure. And currently to date, we are still doing a lot of vaccine work, and we're focused primarily on HPV delivery in countries like Nigeria and in the global South.

APPELT: What a fascinating journey. And I love all those pivots. They're so interesting. And I just, I always think those are the most interesting parts of the journey. And I love the Nudge for Good mantra, the work you're doing supporting organizations that are having positive impacts. Can you tell us a little bit more about why you chose that focus?

SZABO: I think how we choose to direct our energy and our wisdom and our contribution to the world is important. And there were a lot of things I really liked about working in tech and a lot of, made a lot of good relationships and learned a lot that I, as a creative writing major would not have understood without that experience.

But you know, I've always found that when we can add meaning to the work that we do, not only is it a bigger contribution to the world that we live in, but it's also, at least for myself, it's more enjoyable, it's more meaningful, and I feel more motivated and driven to do the work. And so, when we started working with nonprofit organizations and realizing that the work we could do could have a more positive impact in the world, then selling apps. That really has fed me for the last decade. And I honestly couldn't imagine doing anything else.

APPELT: I totally feel the same way that when you work in these projects and you start to see the ripple effects of difference you're having, it's hard to imagine doing anything else. It's just so rewarding and so intellectually stimulating too, because each one has its own wrinkle. Which maybe that's a good segue to hear a little bit more about a specific project because you've talked about how you've been focusing on HPV vaccinations, and I know at our most recent Big Difference BC conference in 2024, you shared a little bit about the work in Bangladesh. Can you tell us more about that project and maybe start with the project directive?

SZABO: Yeah, for sure. So, this particular project was a Gates Foundation funded initiative, and many people will know that the Gates Foundation is working on a lot of vaccine delivery projects all around the world and different kinds of vaccines. But HPV is one of their program areas. And they support a lot of organizations on the ground in countries where they're doing these vaccination projects. And one of those countries is Bangladesh.

For those who aren't familiar with how vaccines roll out, there tends to be a kind of large-scale vaccination drive that happens as soon as a vaccine becomes available for free in a place. And so, these campaigns typically for HPV happen in schools. And unlike here where we're vaccinating both girls and boys for HPV. In Bangladesh, they were just vaccinating girls ages nine to 14.

The organization that we were working with on the ground there was really involved in on the ground education and even going into schools and talking to girls and to teachers ahead of time in preparation for the vaccine rollout. And the work that we do is we often come alongside those organizations and bring our social media expertise and see what they're doing on the ground and then amplify that work in social. And so, in Bangladesh, because we knew how the rollout was going to look in terms of where it was going to be and which schools our partner was going to be going into and doing a little educational piece ahead of time, we could kind of follow their journey on social by targeting geographically those communities where those schoolgirls were getting that information ahead of time.

It's a little bit of a mirror of what they're doing, but in the social space, another really interesting part for us in Bangladesh with the measurement of the social media piece is that, in order for the girls to get vaccinated in the schools, their parents actually had to pre-register them. So, they needed to fill out a registration form for their daughters on the web prior to their vaccination.

All of the advertising that we could do in these geographical regions were leading to this registration form. So, we had a good indication of how many people were clicking through to the form. Which ads that we were working on, which creative that we were producing was more effective for that result. And although we couldn't track a click through to an actual vaccine, we were measuring the click throughs as an intent to vaccinate.

And then the other thing that we did as part of the measurement for this is we did a baseline and an end line survey. In the kind of control and treatment areas geographically to see if those who are exposed to the campaign were more motivated or more likely to vaccinate than those who were not.

APPELT: That's so interesting. And on the one hand, you can think of the need to register in advance as friction, but in our case, that gives you a nice little measurement opportunity. So, you did have this ability to do measurement, which isn't always the case in comms campaigns. How did that measurement factor into the

conversations? Was it something that was naturally part of the project or was that something you had to advocate to get measurement part of it or how did that work?

SZABO: You know, I feel like that's really changing quickly right now and that there is an expectation that when you're designing a social campaign, that measurement is a built-in piece of that. And it's important that it is. For a long time, social campaigns have been about awareness, and the measurement pieces have been what I would call dodgy at best. Things like, how many times your ad was shown? Well, that's how offline media was measured in the past, right? So, if you were going to buy an ad on a billboard, the advertiser would be able to tell you, approximately this number of cars goes by this billboard every day. But that does not make sense with social media. It's just a totally different way of looking at digital communication. So, a lot of advertisers, even with social, still kind of give you those old metrics.

And I think some of the more interesting things we're doing right now and interesting parts of my work is really trying to figure out not just how many people are seeing our content or watching our videos, but you know, what are they actually doing? What is that prompting them to do? And we're getting more and more opportunities to see tangible actions. So, an example is pushing people through to a WhatsApp group where they can get up-to-date information about where to get a vaccine, where they can ask questions, where they can interact with either a chat bot or an individual.

So, really looking at how we can get much more granular around the engagement metrics and also actually campaign data, actual vaccination data, which when you're working alongside or of augmenting government campaigns to vaccinate. It's tricky because it's difficult to get that data from governments as well. So that's kind of the last mile. But yeah, measurement is a big piece of how we think about these campaigns, never an afterthought.

APPELT: That's so encouraging. I know, like you said, when you're working with multiple partners, including governments, it can be really tricky to access certain parts of the data, but it's pays evidence to be able to measure. Like you said, just getting how many cars drove by or how many people scrolled by is really not a great indicator of how many people actually paid attention and then contemplated and then acted. So really exciting to see that you're able to measure more than that. And so, you have something to measure. So, you have to have something out there that you're measuring around. So, you had these campaigns. Can you tell us more about the actual campaigns?

SZABO: So, one of the things we did before we started making creative for our campaigns is we did what we call a behavioral insights survey, and we also delivered that survey online. And so, we use Facebook messenger to deliver that survey. And we went out to a demographic of uh, who we thought would be caregivers of girls ages nine to 14 in Bangladesh. And we had a couple of thousand people fill out the survey. And really what that data did is it helped us to understand the kind of current level of awareness of the HPV vaccine, what people knew about it. It was going to be newly available in Bangladesh for free, so we weren't anticipating that a lot of people would know, but then also what were people's feelings about the vaccine? What were some of the challenges that they would come across trying to get it if it was available for them?

So, we kind of get a lot of data around the kind of current snapshot of understanding and behavior around the vaccine. And then what we do is we put together themes based on that data. And then we design all of our creative according to those insight themes. And so, one of the themes was social norming, not a big surprise.

All over the world, we want to do what our friends and family do. So, if people's friends and family were likely to have their daughters vaccinated, then the survey respondents were saying that they would be more likely to do that as well. There was also certainly a theme around a hopeful future, a hopeful and healthy future.

And then interestingly, this was a little bit surprising to me, but there was a theme that came up about if the girls themselves wanted to get the vaccine, then their caregivers would be considerably more likely. To let them take the vaccine, which was actually quite a good amplification of the work that our on the ground partner was doing in schools, because of course they were going and doing kind of assemblies and explaining what the vaccine was going to be. So, if those girls came home and said, hey, this is coming to my school, it sounds like it would be a good thing to do, then the parents were much more likely to consent. So, we built all of our creative around that.

We found what we call micro influencers. So, people who had some social proof in their social media work, we had a very well-known doctor who was active on Facebook, had lots of followers and talked about all kinds of health areas. And so, she did some pieces about the HPV vaccine. We also worked with a teacher who had a large following and was highly respected. And then we also did some video ads with Faith Leader. And so no huge celebrity, no big TV stars or anything like that, but people in the community who play a trust role. And all of those messages were based on the outcomes of the Behavioral Insights Survey.

APPELT: Oh, that's really neat that you're able to get a representative of medicine, education, and faith. That sounds like quite the effective trio. And it makes me very curious and suspenseful to hear what were some of the results you found.

SZABO: I talked first about the click throughs. So let me talk about the hard numbers first, and then I'll tell you about the results of the baseline and inline survey. So, in a subset set of the campaigns running, which ran just for two weeks, actually, this campaign that was vaccinating in schools was a two-week long campaign to the registration site, we got 750,000 clicks.

APPELT: Wow.

SZABO: Which is that's a that's a big number. It's a big number. And some of these were also this was not in the district with Dhaka, which is the largest city, huge, huge city in Bangladesh. So, lots of these were kind of more rural areas, which is also interesting, too, because people tend to think that there's less social media penetration in rural. But we weren't seeing that here.

And I think what's really interesting about this number is just the cost of getting these caregivers over to the registration site to, even if they weren't signing up to look at the site, to read through it, to get their attention on the HPV vaccine, it was incredibly low. It was a penny. So, it costs a penny per click to get someone from an ad. To the vaccination registration site. That's great. And when we're thinking about behavioral change work, we think about often surveying and all of the tools and mechanisms that go into that. And while social media is just an additional tool to all of this, it is extremely affordable.

I'll just say as well that when we were running our surveys, both the behavior insight surveys and then also the baseline endline surveys, mean, the cost to do that surveying in comparison to an in the field survey, it is a fraction of the cost. So that is something to consider about this work as well. and then the baseline endline

survey is a self-reported vaccine question. And so that's just important to know. It's not actual vaccine numbers. But the self-reported vaccination levels increased by 5.1 percentage points where caregivers were exposed to the social media campaign.

APPELT: That's a pretty big jump. That's impressive.

SZABO: It's significant. What we would love to understand is actually in those areas where we were working and we see the self-reported data, we see the click-through data, we'd love the vaccination data. So, like I said, the last mile, but these are certainly indicators that this is a way forward that social media is a companion piece to the other work that's being done. And it can be done very affordably.

APPELT: It makes such good sense that it's a program that's going to need multiple initiatives because it is something where there's multiple decision makers. Like you said, there's the girls themselves as well as the caretakers and both parties have to be on the same page. So, you need multiple, multiple ways to reach people. And it sounds like you got a lot of learnings out of this. This project. I'm curious, has that been able to inform other work you're doing? I know you're working on HPV in multiple countries, or you're a lot of similarities or differences. How does one project lead into the next?

SZABO: I mean, we do. We do see some similarities, also, contextually, at each place is different. And so, you certainly can't do a behavior insight survey in Bangladesh and port those findings over to Nigeria. But I would say one of the things we do see in these behavioral insight survey results is that, and this is not a surprise, this is not a spoiler alert, people are not motivated by fear-based messaging, right? So, the flip side of the HPV vaccine is going to allow my daughter to have a healthy and happy future life. The flip side of that is, don't let your daughter get cervical cancer, right? Like that message just does not resonate. That's a shutdown experience. So, we see that in different contexts. So that's one thing that is similar, but more so I think it's the process doing this in different countries. We can sort of see a system coming together for how to do this well.

The other thing that I honestly wasn't focused on as we were designing these projects, but I am seeing it now as equally important in some ways, is as anybody who's done any health campaigning or health awareness information on the internet knows, the misinformation and disinformation, especially around health is very active, very alive and well, and also extremely dangerous. And so, while we're running these campaigns, a side effect is that we are filling a void of good, reliable, trustworthy health information online.

And I've seen I've seen quite a few organizations pull back from social media and using social media, particularly in the last six months or so, especially as we're seeing some of the platform creators, maybe not aligned with some health organization's goals. And I definitely can understand that response. But we know that if we're not there, it will become a vacuum that's going to get filled with more misinformation. And a study that I read last month is that teenagers say that they primarily use the internet and primarily social media for health information.

So, if we're not there, somebody else is there and probably what they're trying to do is sell people. Things. So, that's, that's a little bit of a philosophical bent outside of the campaign work. But I think it's important to think about what our role is in the behavior change space, particularly the health behavior change space, and what's happening online right now.

APPELT: That's really interesting point. And it reminds me of just the more general point that we often make around behavioral science, which is that it's very hard to have neutral choice architecture. It's equally hard to have neutral information out there. And if you're not out there sharing the well-informed appropriate information, someone else is out there sharing misinformation, disinformation. And it's not like if you're not there, they stop. It's just if you're not there, there's no counter. So that's really good point about not acting, sending a message, and really important to consider.

Well, that's actually a good segue, this idea of information, because I know that Capulet has been doing a lot of amazing work over several years, decades, in fact. And there's this idea of learning both within campaigns but across campaigns. And so, you're building and sharing a library of content. And I think that's just such an exciting idea, because there is so much to learn from each other's projects. And it can be both scary and difficult to share learnings in user-friendly ways. I'm curious to hear more about the project and the motivation for doing it and how it's going.

SZABO: Well, it's a library, as you say, of creative content. And the motivation for doing it is we have created so much content. And from time to time, we're like, do you remember that video with that influencer and it was really well received, could we do something like that here and then we have to try to find it and remember what it was. So, part of it was that we were doing more and more and more of this work and just the amount of data we had was getting unruly. And we also realized that we were accumulating all this data that could be useful to us.

And so, what we've been doing is we've been going back into these campaigns and pulling all of the ad data out of the platforms and making sure that we understand things about it like how much did we spend on this ad to show it to X number of people? What was the average engagement rate of that ad? Were the comments on the ad mostly people asking questions about the HPV vaccine, or was it spam bots, or what was it?

So, we have a bunch of factors that we put into a database. And then we can start to see patterns by searching this database. And we're in this amazing moment in time where instead of actually having to go to the database and think, okay, I want to do a campaign that is video that I know is going to have an engagement rate of 3 % or higher, that has generated good comments in the past and that uses an influencer. And instead of having to go through and search and filter on all of those things, we can just use an AI agent to ask. And so that's what we're doing with this database.

So just to give you an example, I was yesterday thinking through some creative and I could query my database and I said, "based on the analysis of ads in Nigeria, what is the average engagement rate by behavioral insight", right? I'm like, okay, we want to look at maybe it's social norming as the behavioral insight, which ads have the highest engagement rate. And then it, just five seconds later, spits out kind of the top 10 ads that we have been running in this last campaign.

And so really what we're trying to do is we're trying to think about how can we be smart with this data we're creating and AI and be able to, instead of reinventing the wheel with every single campaign we do, to take the insights that these ad platforms deliver to us when we're running on Facebook or Instagram or TikTok or any of these other social platforms. And then use that data to help us plan better campaigns going forward. And we really want to make this public so that people can, if nothing else, just learn a little something about what is inspiring people around the world on these topics.

And also, just for a creative inspiration piece too. A lot of times when you are starting a campaign and you're trying to decide, okay, well, "what kind of creative should I be doing?", "what works well?", one of the things we've been doing with our creative is pitting different types of creative against each other. So, video versus stills, reels versus animated GIFs. And then the same with the behavioral insight themes.

And again, with things like influencers, celebrity influencers versus micro influencers. And so, all of those questions that people have when they talk to us about campaigns around creative can actually be answered at least in a small piece in this database. And we are going to be adding to it as we do campaign after campaign. So, we'll start to increase the number of countries that we're working in. And while all the data in here is for the HPV campaigns that we've been working on, I also can see us adding more issue areas as well. So that is upcoming.

APPELT: That's so exciting. And what a great resource. I often think that part of what's tricky of working in the behavioral science space is that there isn't a single repository. Different organizations have pockets of information, but you're talking about, being able to have the database and use AI to query it so you can get the takeaways rather than having to read each of the dozens and dozens of campaigns is such a good resource that can make people have efficient use of their time and resources. So, it just sounds like such a valuable add. And like you said, there's a lot of ways it can be used. What I'm curious, are you most excited about sharing this resource?

SZABO: I think mostly around, we do a lot of testing with ads and different kinds of creative. And it feels like a very closed box because we don't always report out in a big way about the results that we're seeing because we're using them internally to create better campaigns going forward. But those learnings are pretty compelling. And sometimes we just find a little nugget of goodness that like the micro influencers, even though they're not celebrities, are tend to be more trusted. Right? That makes sense, but when you actually see it in terms of the numbers and the comments, you're like, okay, that's a great little learning. And I'm sure you could write a whole paper on that. And I'm sure you could write a whole article on that. But we're so focused on just moving on to the next thing.

And so, this sort of reveals all of those tests and all of those assumptions and you know then we actually learn "oh no our assumption was totally wrong because this piece of advertising didn't actually perform well at all but it's all in the library because when you query it. You can also ask what were the 10 worst ads from this campaign. You're like let's not do that again. But you know we would be unlikely to take the time to write a paper on the 10 worst ads for a campaign even though Now that I say that out loud, that's probably perfect link bait. Someone would be that for sure.

APPELT: I just love all the potential here because I think when you've done two or three campaigns, you have all of the takeaways in your head. But once you get to doing dozens of campaigns, you have the top takeaways, but you forget some of the other ones. Like you said, you're like, what was that one we did with the thing and the stuff? And then this is the way to remember what the thing and the stuff are. Such a great resource. I'm excited to take a look more myself. And I know we're running low on time, so I'm going to move to our last couple of questions. We always like to ask folks if they have a message for our BI practitioners in training, folks who are newer to the space and just getting their feet under them.



SZABO: I mean, I think for me, it's "consider new tools". The world of social media and behavior change is tricky. It is definitely an in-progress mechanism for this work. But I also think it's fascinating as long as you're not afraid of being wrong. But yeah, there's a lot of very interesting ways to use social. And I think for somebody who is going to be doing a lot of surveying and is especially interested in survey tools, that I think has so much opportunity for using social media for surveying in a way that is both connecting you directly with your target audience and also much, much less expensive than traditional methods.

APPELT: That is great advice, especially just very timely given the explosion of tools out there and all the new ways we're finding to do the work and do the work better. And my traditional last question is just any questions I should have asked and didn't, any last thoughts?

SZABO: Well, this isn't a question that you didn't ask, but something that comes up a lot when we talk about social media and health campaigns, particularly in other parts of the world, is a concern that there aren't people accessing the internet in the same way. And there certainly are differences. So, for instance, in Bangladesh and also what we're seeing in campaign in Pakistan is that for many families, there's one phone. And so, there's a shared phone. And typically, the father in the households will own the phone, but the rest of the family will use it.

So big differences on how people access the internet and access social media. So, it's important to have that context, but it, is so widespread. It is so widespread. And so, we still encounter conversations with people where they say, well, in a rural community, in a developing world, we don't think that they're using the internet in the same way. But we're just, that's not seemingly the case, at least with the places where we've been. And so, I just, I don't want that to be a hang up for people. There's also lots of ways to find out exactly what the social media penetration is in those places. So, we don't want to stick with that assumption that people aren't accessing the internet.

And actually, in some work that we're doing right now for HPV in preparation for a campaign in Pakistan, a lot of the girls who would have been vaccinated in schools aren't in school. So, there's a high number of young girls that don't go to school in Pakistan. And so actually the social media campaign is probably going to be perhaps more valuable for those families who aren't going to be vaccinated in schools, but we'll have to do that elsewhere. That's my pitch for not assuming that social media isn't everywhere all the time. Because whether we like it or not, I'm afraid it is.

APPELT: It's just such a good point about our assumptions and then also just how everything's changing. You know, answering that question 10 years ago, 5 years ago, it's just changing. So, you need to always ask the question and not just assume, which is good advice for that. But also, just more generally is look at that context and the current time moment and see what's true and what isn't.

Well, thank you so much for sharing today. It's been really neat to hear about the work. You do such neat work, so it's great to hear more about it and hear how you're doing it. And I love that Capulet is working so transparently and sharing things out. And I think that's going to really enrich the field. And so, I hope that library sets an example and other folks follow in those footsteps. So, thanks for doing the work and thanks for telling us about it today.

SZABO: Oh, thanks for having me. I really enjoyed our conversation.

APPELT: Me too. And thanks to our listeners for another episode of Calling DIBS!

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