Framing Childhood Vaccination for Spanish Speakers in the United States

AUGUST 2026

FRAME WORKS

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Executive Summary

This memo reports findings from a 2025 study of framing strategies to promote childhood vaccination confidence among US Spanish speakers. The study built on FrameWorks' prior English-language research.

Key Findings

This research found that Spanish-preferring adults possess a high baseline understanding of how vaccines work and relatively low concern about risks. Participants placed a high value on community wellbeing and felt a strong sense of collective responsibility to prevent the spread of disease. Individualistic thinking about health was present but was balanced with more collective, communal perspectives on health.

Spanish-speaking participants responded positively to straightforward explanations of the value of childhood vaccination to public health. The main recommendation emerging from this research is that to maintain vaccine confidence with this audience segment, public-facing communications should use the widely held value of shared responsibility for community health, framing childhood vaccination as a societal response to the community's need to be safe and healthy.

Additional key insights for communication strategies include:

- **Effective Framing:** Historical examples of vaccine efficacy—and especially the chickenpox vaccine—were highly effective in demonstrating the collective benefits of childhood vaccination.
- **Unproductive Framing:** Metaphors (such as "updating a computer" or "learning to read") caused confusion. Frames that were highly focused on the timing or benefits of vaccines for individual children backfired.

Introduction

In the United States, about one in six people speaks Spanish at home. This makes an understanding of Spanish-speaking communities' mindsets on vaccination essential for effective public health communication.

In collaboration with the American Academy of Pediatrics, FrameWorks Institute designed a study to identify effective strategies for framing conversations regarding childhood vaccinations within US Spanish-speaking communities.

The framing recommendations in this brief were built with health and science communicators in mind. Recommendations are designed to be flexible and readily adaptable for a variety of public-square communications contexts.

This research builds on FrameWorks' previous work on this topic, including vaccination mindset research (2021), general framing research on childhood vaccinations (2023), and specific research focused on rural communities (2024). Additional details regarding the research sample and method are provided in the appendices.

Methods and Sample

This research employed a mixed-methods approach, including qualitative and quantitative elements.

Between September 9 and 17, 2025, we conducted six peer discourse sessions, which are group-based, facilitated conversations designed to identify reasoning patterns and explore the ability of reframing strategies to shift thinking. These sessions included 36 Spanish-speaking participants from across the United States, including Puerto Rico.

Peer discussions informed, and were followed by a nationwide survey experiment to test specific framing strategies against defined outcomes. The survey experiment was conducted in December 2025 and included 2,700 Spanish-speaking participants.

Participants for both methods were selected based on Spanish being their preferred language of communication. Participants were not screened based on their levels of vaccine hesitancy. All qualitative and quantitative data were collected in Spanish. The qualitative analysis was done in Spanish, by researchers fluent in Spanish.

Between the qualitative and quantitative methods, five different framing strategies were tested: explanatory metaphors, issue frames, value frames, historical example frames, and explanations.

More detail on peer discourse sessions can be found in Appendix B. Additional information on the survey experiment can be found in Appendix C.

What is framing?

Framing is making deliberate choices about what we say and how we say it. It's what we emphasize, how we explain an issue, and what we leave unsaid. These choices change how people think, feel, and act. The way communication is framed shapes how we interpret and respond to that information. When new frames enter public discourse, they can shift how people make sense of an issue: how they understand it, how they decide who is responsible for addressing problems, and what kinds of solutions they support. Frames are thus a critical part of social change. By shifting how the public thinks about an issue, framing choices change the context for collective decision-making and can make new types of action possible.

Frames can be used and adapted to various contexts, allowing communicators to tailor their approach for different audiences and channels while continuing to talk about the issue in a consistent way. Messages are like a GPS navigator that tells you which specific turn to take on which specific street to get to a specific address. Framing is the compass that gives you your orienting direction. Once you have that direction, you can take many roads to get to your destination—but if you lose sight of your North Star, you could find yourself lost.

Goals for Framing Childhood Vaccines

A major purpose of this study was to discern whether and to what extent English-language framing strategies might need to be adjusted for Spanish-dominant audiences in order to build more accurate knowledge about vaccines, foster attitudes aligned with a public health view of vaccines, and boost support for policies that promote widespread childhood vaccine uptake and access. Survey items used to assess these outcomes are available in Appendix C.

We thus tested the effectiveness of framing strategies established in English-language research along with some new frames in the survey experiment, based on findings from the peer discourse sessions. The tested framing strategies were designed to meet the following goals:

- Build understanding of how vaccines work (i.e., the science of vaccines).
- Build understanding of vaccination as a public health issue with collective benefits.
- Build understanding of childhood vaccination as a proactive health measure that not only protects children from harm but is crucial for them to thrive.
- Build understanding of the practical and structural barriers to access that contribute to low rates of vaccination.
- Build support for policies and structural changes to increase vaccination access and uptake.

Findings and Recommendations

We found that US Spanish speakers responded most favorably to direct, evidence-based communication that did the following:

- Foregrounded the real-life scenario of getting children vaccinated as a health measure that benefits the wider community
- Highlighted the stakes of prevention—specifically avoiding illness and death—for both children and adults who were vaccinated as children.

Conversely—and in contrast to our previous findings with English-speaking participants—metaphorical language proved less effective than straightforward explanations of vaccine benefits.

Another difference is that for Spanish-preferring participants, frames that emphasized general community-wide public health were more effective than those that emphasized benefits for children specifically.

Table 1 summarizes how various framing strategies performed in our testing with Spanish-dominant adults.

Table 1: Summary of framing strategies that worked and those that didn't

HELPFUL FRAMING	LESS HELPFUL/UNHELPFUL FRAMING
■ Vaccination benefits the community.	■ Vaccination benefits your child.
■ Preventing disease keeps us all healthy.	■ On-time vaccination keeps kids healthy.
■ Here's how vaccines reduced disease.	■ Here's how vaccines work, metaphorically.

These high-level insights from the research are foundational to the more specific framing recommendations outlined in the following sections, where we delve deeper into what each frame means and how it performed in qualitative and quantitative testing.

US Spanish Speakers Have High Baseline Knowledge on Vaccines

A 2025 survey of 2,575 Spanish-preferring US adults revealed high baseline vaccine knowledge. The following findings show the percentage of accurate, scientifically based responses to forced-choice questions.

How do vaccines work?	**87%** A vaccine works by preparing the immune system to recognize and respond to a virus. **13%** A vaccine works by directly attacking and defeating a virus that enters the body.
What does it mean for a vaccine to be considered "effective"?	**72%** A vaccine is considered effective when it prevents most vaccinated people from getting seriously ill with the virus. **28%** A vaccine is considered effective when it prevents vaccinated people from getting a virus 100% of the time.

Straightforward, Evidence-Based Frames Worked Best

Three framing strategies proved effective with Spanish speakers:

- Emphasizing the value of community
- Positioning childhood vaccination as an issue of public health
- Highlighting historical examples to demonstrate the value of vaccines.

Framing Strategy: Emphasize the Value of Community

The Core Recommendation: For Spanish-speaking audiences, communicators should frame childhood vaccination as an act of shared community care. Qualitative research revealed that community responsibility was an omnipresent, deeply held baseline value for participants. Grounding communications in this value effectively shifts the conversation away from isolated, defensive individual choices toward collective, affirmative actions to promote shared wellbeing.

How the Strategy Works

Framing vaccination as an inclusive endeavor—something we all do together—moves people toward a sense of collective efficacy. This strategy connects a family's health to the health of their neighbors, leveraging a shared sense of identity, location, and mutual support.

A value of community that connects with values of family and personal health provides a valuable frame for communicating about child vaccination. By positioning childhood vaccination as a collective tool to achieve what no family or individual can do alone—such as controlling the spread of a disease—communicators can frame vaccination as an expression of care for both the child and the broader community. As we will see in a later recommendation, it is very important in communications to connect the individual child to their community and the community to the individual child.

In peer discourse sessions, this value spontaneously surfaced when participants discussed improving health care access and public health policies:

- Participants viewed protecting the community as a practical, collective responsibility.
- Illustrations of community-level dynamics—collective risks, benefits, effectiveness, barriers, and policies—all resonated, garnering agreement, warm responses, and repetition.
- People talked about vaccination as a beneficial process of mutual exchange: If I do my part and you do yours, we both get something out of it.
- In extended discussions—and regardless of which framing strategy was being tested or which frame people said they preferred—people often brought up the community perspective in response.

In short, for this audience segment, the deeply held value of community—and family within community—provided a resonant, "easy-to-think" frame for vaccination.

In subsequent quantitative testing, the version of the community frame we tested had a neutral effect. We recommend "community" framing nonetheless on the strength of the qualitative findings.

Guidance on "Community" Framing of Childhood Vaccination

To ensure this frame succeeds, communicators must navigate two critical nuances identified in our qualitative research:

- **Make it personal, not abstract.** When "community" was described in abstract or bureaucratic terms, participants disconnected and reverted to individualistic thinking to prioritize their own children. Messages must explicitly anchor the community benefit to the personal benefit (e.g., protecting the community keeps your child and your family safe).
- **Invite cooperation; don't moralize contribution.** The tone must be welcoming and collaborative. Framing vaccination as a rigid moral obligation or government directive triggers skepticism. Instead, frame it as an invitation to look out for one another.

Data behind This Guidance

The following quotes show how participants explicitly emphasized the need for an invitational tone and a bridge between the collective and the personal:

> ***Obviamente estamos siendo compasivos hasta cierto punto y nos preocupa el bienestar de otras personas. No estamos forzando, estamos invitando. Y eso cuando hay una invitación, la gente está más dispuesta a a trabajar en comunidad.***
>
> *Obviously we are being compassionate to a point and the wellbeing of others concerns us. We are not forcing, we are inviting. And when there is an invitation, people are more willing to work in community.*
>
> **—Female Participant, 49**

> ***Yo diría que está bien que hablen de de eso, del del tema de comunidad. Pero con lo que falta acá es un poco más el aspecto personal.***
>
> *I would say that it's good that they talk about the topic of community. But what is missing here is a bit more of the personal aspect.*
>
> **—Male Participant, 37**

Framing Strategy: Position Childhood Vaccination as a Public Health Issue

The Core Recommendation: With Spanish-speaking audiences, foreground a public health perspective (rather than a child health or child development perspective) to orient the conversation toward systemic solutions and policy support. That is, emphasize the need to maintain the health of our communities and society, broadly, and talk about improving access to childhood vaccinations as a key way to do this.

This strategy comes with caveats. The specific phrase "public health" itself isn't particularly helpful. For some, it could spark resistance. Additionally, there are important goals that the public health frame does not achieve: It doesn't effectively educate parents on vaccine science, risks, or effectiveness.

Yet the "public health" frame was the most powerful tool we found for highlighting structural barriers (such as health care access) and building public backing for public health infrastructure. In quantitative testing, this approach yielded a vital shift away from individualistic thinking and toward collective thinking: Thirty-two percent of respondents recognized structural barriers (rather than a lack of parental values) as the primary driver of low vaccination rates—an 11-percentage-point increase over the control group.

How the Strategy Works: The Power of Reciprocity and Teamwork

This strategy pairs with the "community" framing to position vaccination as an inclusive, society-wide endeavor. By connecting the health of the individual child to the health of the broader population, it fosters a sense of "collective efficacy"—the belief that managing infectious disease is a task we must tackle together.

The psychological engine of this frame is reciprocity. In peer discourse sessions, Spanish-speaking participants spontaneously modeled this as a "team" dynamic. They expressed a dual understanding of responsibility: The individual has a responsibility to the community to stay healthy, but the community/system also has a responsibility to the individual to provide easy, equitable access to vaccination services. By framing vaccination as a matter of public health, you tap into this desire for mutual support.

Guidance on "Public Health" Framing of Childhood Vaccination

To maximize the impact of this strategy, follow these critical guidelines derived from the data:

- **Don't expect the phrase "public health" to do the work on its own.** We recommend expressing ideas from the public health point of view—like the idea that *good public health means keeping people healthy and well*, in part by preventing disease. Phrases like "vaccination is a public health issue" may not carry much meaning for the public or may sound like partisan talking points.
- **Emphasize the "team" dynamic.** Talk about community not as an abstract concept, but in inviting, concrete terms—as a team in which everyone must do their part. Use inclusive language that emphasizes collective victory over disease.
- **Foreground the public health perspective to talk about access and policy, not the science.** Do not rely on a public health frame to explain how vaccines work or to alleviate safety concerns. Use explanatory techniques to meet those goals. Use a public health frame when advocating for systemic changes, funding, or specific policies, such as establishing localized clinics or protecting school entry requirements.
- **Anchor on access.** Public health framing activates a sense of shared responsibility to vaccinate. For the most part, this is productive, but it can also spark pushback. It helps to include the idea that the responsibilities go two ways: People contribute by getting vaccinated, and our system has an equal responsibility to make vaccines easy to get. Highlighting the need for improved access makes the public health framing feel supportive rather than judgmental or directive.
- **Connect children's health and broader public health, rather than elevating children's health as a separate issue.** Highly specific ways of talking about children's health backfired with this audience segment (see more in the section below). More general child development frames—such as talking about how vaccines help keep kids growing and playing, or how vaccines work with the ages and stages of immune system development—weren't powerful but didn't backfire. Together, these findings imply that with this audience segment, it's safer to connect childhood vaccinations and public health at a high level rather than to strongly center "children's health."

Data behind This Guidance

Participants in peer discourse sessions beautifully illustrated how the public health frame activated a sense of inclusive, team-oriented responsibility and a demand for better access:

> ***Me gusta más esta [...] porque tiene aspecto de comunidad, como que eres parte de un equipo. Si yo no ayudo a mi equipo, el equipo va a fallar, o si alguien de mi equipo no me ayuda a mí, yo voy a fallarme. Me pone más responsabilidad a mí, como como parte de un miembro de algo más grande que un individuo.***
>
> *I like this one more [...] because it has an aspect of community in it, like you're part of a team. If I don't help my team, my team will fail, or if someone on my team doesn't help me, I will fail. It gives me more responsibility, as a member of something bigger than the individual.*
>
> **—Male Participant, 49**

> ***Que la el tema principal aquí en en este aquí es la responsabilidad. [...] Es una comunidad, una sociedad, entonces es inclusivo. Vamos a decir, es inclusivo, Entonces todos tenemos la responsabilidad. Y sí, me gusta el hecho de que tenemos la responsabilidad de mantener salud de nuestra para facilitar el acceso de los niños, y eso es muy importante. que era ese acceso a para este tipo de servicios.***
>
> *The main idea in this one is responsibility. [...] It's a community, a society, so it's inclusive. Therefore, we all have a responsibility. And yes, I like the fact that we all have a responsibility to keep ourselves healthy to facilitate access for kids, and that is very important, that access to this type of service.*
>
> **—Female Participant, 49**

Framing Strategy: Leverage Historical Proof of Efficacy

The Core Recommendation: For Spanish-speaking audiences, offering historical examples of vaccination was by far the most effective way to activate productive thinking about childhood vaccination. In both qualitative and quantitative testing, historical examples were the undisputed winners at activating productive thinking, driving a powerful belief in vaccine effectiveness, and fostering a deep sense of collective responsibility to ensure children are vaccinated.

How the Strategy Works

This strategy taps into collective historical memory, contrasting the past harm of a highly contagious disease with concrete evidence of how vaccination successfully brought it under control. By using dates and hard statistics (e.g., a vaccine reducing cases by 90 percent or saving millions from paralysis), this framing strategy lays out the real-world stakes and establishes objective proof of vaccine efficacy.

The Chickenpox Phenomenon: A Memorable, Manageable Threat

In quantitative testing, using the chickenpox vaccine as a historical example was uniquely powerful. This frame significantly increased participants' belief in vaccine effectiveness, shifted mindsets away from individual "lifestyle" choices toward community health, and drove the strongest agreement that society is collectively responsible for child vaccination. Surprisingly, it even helped participants recognize the practical and structural barriers families face when trying to access vaccines.

While examples of severe diseases like polio or measles were also effective, chickenpox seems to have come with unique cognitive advantages for this audience:

- **Living Memory:** The introduction of the chickenpox vaccine is within the living memory of most adults. It is a highly familiar, tangible reference point.
- **Less Threatening:** Chickenpox is generally perceived as a stressful but manageable childhood illness, rather than a terrifying one. It's possible that this made the example feel more approachable, an easier psychological bridge for thinking about collective management of health problems.

Together, these aspects of the chickenpox vaccine allow communicators to tap into a productive mental model of science: science as a practical way to solve real-world problems.

Guidance on "Historical Example" Framing of Childhood Vaccination

To maximize the impact of this strategy, communicators should apply two critical guidelines derived from the data:

- **Offer robust, factual proof.** Spanish-speaking participants responded incredibly well to hard data—specific numbers of lives saved, cases reduced, or the reality of rising numbers among unvaccinated groups. In fact, this audience segment expressed a genuine craving for clear, historical data that helped them put vaccine risks into perspective (e.g., comparing potential side effects against the historical reality of death or severe illness).
- **Use a portfolio of examples, not just one.** While the chickenpox example is an exceptionally strong hook, communicators should not isolate their messaging to a single vaccine. The key is to weave multiple examples (such as polio, measles, and chickenpox) into a broader narrative. This positions childhood vaccination not as a series of isolated medical choices, but as a time-tested, proven system for keeping communities healthy over generations.

Data behind This Guidance

Participants in peer discussions explicitly noted that historical facts and context provided the validation they needed to trust vaccine efficacy and recognize the stakes:

> ***Bueno, lo primero que yo veo es que parte de dice que dice se han salvado cerca de 17 millones de vidas en todo el mundo. Eso es como un ejemplo que sí hace una diferencia.***
>
> *Well, the first thing that I see is the part that says that they have saved nearly 17 million lives across the world. It's an example that it does make a difference.*
>
> —Female Participant, 23

> ***Creo que la referencia a la historia le da como contexto a la persona para que tenga un entendimiento más profundo sobre el virus como un preferido para volver, porque esto pasó ya en el pasado, y esto fue lo que resultó sobre con la vacuna.***
>
> *I think the reference to history gives it some context so that a person has a deeper understanding of the virus as most likely to return, because this happened in the past and this is what happened with the vaccine.*
>
> —Female Participant, 29

> ***A mi me gustó mucho, pero siento que puede ir aún más allá a donde podemos dar los datos de cuántos niños han muerto [...] porque siempre se escucha de que hay consecuencias no no esperadas cuando se tiene la vacuna. Pero, qué es, o sea comparándolo eso a la muerte ¿no? O sea, parece que hay que darle toda la información.***
>
> *I liked it a lot, but I feel like they could go even further, where we can provide the facts on how many children have died [...] because you always hear about the unexpected consequences of getting vaccinated. But it's, you know, comparing that to death, right? I mean, it seems like we have to give all the information.*
>
> —Male Participant, 37

What Didn't Work

Core Takeaways: Explanatory metaphors—which were highly effective with English-speaking populations—did not translate to Spanish-preferring US residents in this study. Furthermore, focusing on children's development did not have the powerful, collectivizing effect we saw in studies with English speakers. Some (but not all) ways of talking about child development actively backfired by triggering individualistic mindsets that amplified risk concerns and blocked systemic thinking among participants.

Metaphors Overcomplicated the Message

The Core Takeaway: Explanatory metaphors—which were highly effective with English-speaking populations—did not translate to Spanish-preferring US residents in this study. Because the vaccination mechanism was already familiar, comparing it to other familiar concepts overcomplicated the message.

Why Metaphors Failed in Testing

Explanatory metaphors tested in this study—such as comparing the immune system to "learning to read" (literacy) or "updating computer software"—yielded zero positive impact in quantitative testing and actively frustrated participants in qualitative sessions.

This strategy failed because Spanish-speaking participants already demonstrated a high baseline understanding of how vaccines work. Consequently, the metaphors introduced unnecessary cognitive load, were perceived as distracting "wordplay," and were characterized by some participants as patronizing. Rather than clarifying an abstract concept, the analogies obscured a topic about which participants already possessed solid foundational knowledge. This audience explicitly preferred direct, dignified, and fact-based communication.

Guidance for Future Messaging

- **Skip the analogies.**[1] Do not use a "literacy" metaphor to explain how the immune system learns. Lean away from other external mechanical/educational comparisons to explain vaccine efficacy or the immune system.
- **Deliver direct facts.** Rely on straightforward explanations, clear and simple data, and historical examples to communicate the value of vaccines.

Data behind This Guidance

These quotes illustrate participants' reactions to explanatory metaphors:

> ***A mí no me gusta muy complicado. Sí, Ya sé que las computadoras son muy interesantes y el software y todo eso. Pero no lo conecto con.[...] Mi cuerpo no lo comparo con una computadora para nada.[...] Yo pienso que está deshumanizado este mensaje.***
>
> *I don't like it. It's very complicated. Yes, I know that computers are very interesting and software and all that. But, I don't relate. [...]I don't compare my body to a computer in any way. [...] I think this message is dehumanizing.*
>
> **—Female Participant, 54**

> ***Son mucho juego de palabras. Ahora, entonces, cuando yo le valía arriba el software son las vacunas, entonces tengo que sustituir en la parte que dice: si actualizamos las vacunas, el cuerpo puede recordar. Como pero muchas palabras sigue siendo muy complejo hacer la analogía así rápidamente.***
>
> *It's a lot of wordplay. So, now, when I give it value above that software are vaccines, then I have to substitute the part that says: if we update the vaccines, the body can remember. It's a lot of words and making the analogy quickly is still really complicated.*
>
> **—Female Participant, 53**

> ***La primera parte donde dice vacunarse es como aprender a leer y escribir, leer y escribir, es una acción que yo tomo. La vacuna es la que está haciendo el trabajo por mí. Entonces yo, no, como ya estoy diciendo, yo no cuadro, las dos acciones. Lo demás sí la entiendo, pero al principio sí me confundió.***
>
> *The first part says that getting vaccinated is like learning to read and write. That is an action that I take, (but) the vaccine is doing the work for me. So, no, I'm saying that I don't put those two things together. The rest I do understand, but the beginning confused me.*
>
> **—Male Participant, 49**

1 Light-touch extensions of the FrameWorks-recommended "software update" metaphor are less likely to backfire because this metaphor helps express a public health perspective on vaccination. For instance, there's little reason to worry about messages that remind Spanish-preferring audiences that "schoolwide vaccinations protect the entire *network* of students, teachers, and families."

“Children” Framing Worked Differently in Spanish

The Core Takeaway: Focusing on children’s health and development did not produce the powerful, collectivizing effects observed in previous studies with English speakers. Instead, highlighting children frequently individualized the issue for Spanish-preferring participants, triggering mindsets that amplified risk concerns and blocked systemic thinking.

The Nuance: Appealing but Statistically Counterproductive

The findings on how Spanish-preferring audiences responded to child health and development framing were mixed and highly nuanced:

- **The Qualitative Response:** In peer discourse sessions, participants frequently stated that they liked framing vaccination as a children’s health issue because it felt personally relevant. The focus on supporting a child’s immune system from a young age to ensure a healthy adulthood resonated deeply and was easy for most to understand.
- **The Quantitative Reality:** Subsequent quantitative testing revealed a dangerous trap. Certain versions of child-related frames significantly backfired, driving up participants’ anxieties about vaccine risk and marginally decreasing their understanding of vaccine efficacy. This highlights a critical need to tread carefully when positioning children as the primary frame or priority population.

Why Specific Child-Centered Frames Failed

1. “Your Child’s Health” Framing

Centering the message strictly on the individual child activated a mindset of “health individualism.” It stripped away the broader community context, conceptually placing the entire burden of safety and risk on the individual. Once participants were focused on an individual child, they were more likely to focus on potential vaccine side effects. This made it harder for them to think systemically or recognize the wider benefits of community-wide vaccination.

2. “Timing Matters” Framing

A frame emphasizing that “vaccines work best when given at the right time” caused severe backfire. It inflated concerns about vaccine risk, lowered trust in vaccine effectiveness, and uniquely suppressed public support for structural policies (such as providing free transportation to vaccination sites).

Our best interpretation of this finding comes from the observation that this audience segment was more attuned to structural barriers to health care and childhood vaccination. Thus, emphasizing timing may have focused attention on the logistics of scheduling appointments rather than the stages of child development. As a result, “timing” language may have felt judgmental and punitive, implying parental negligence.

Actionable Guidance for Future Messaging

- **Never isolate the child in the narrative.** While communications can and should validate the universal desire to protect children, benefits for children must always be anchored to a broader community ecosystem.
- **Direct attention from choice to cooperation.** Take care to avoid suggesting that vaccination is an isolated individual choice or a logistical responsibility for parents to manage. Instead, frame childhood vaccinations as part of a shared, collective effort to protect everyone.

Data behind the Guidance

Participants in peer discussions illustrated how centering the individual child immediately amplified personal anxiety and eclipsed the broader societal context:

> ***Porque pues están hablando tus hijos [...] pues ya te preocupas y dices, ¿será cierto? O tomas más personal [...] pues sí importa la comunidad, pero pues no tanto como los hijos de uno.***
>
> *Because it's talking about your kids [...] you worry, and you say, is that true? Or you take it more personally [...] yes, the community is important, but not as important as one's own kids.*
>
> **—Male Participant, 36**

> ***Este que es como un poquito más que como responsabilidad de padre, sus hijos, en vez de sociedad y comunidad.***
>
> *This one is like a little bit more about the responsibility of the parent, their kids, instead of society or the community.*
>
> **—Male Participant, 51**

Strategic Spotlight: Reducing Perceptions of Vaccine Risk

Risk takes center stage in public thinking about vaccination. In keeping with previous findings, any mention of risk exacerbated fears with Spanish-preferring audiences.

For English speakers, comparing childhood vaccination with learning to read significantly reduced perception of risk. That didn't work with Spanish-preferring people. No frame we tested successfully reduced Spanish-preferring participants' anxieties regarding vaccine risk.

The framing fix: Do not try to debate, minimize, or abstractly reframe risk. Instead, rely on

demonstrating the historical proof of vaccine benefits, such as showing "before and after" data on chickenpox or measles. Let concrete historical facts do the heavy lifting of putting risk into perspective.

Concluding Thoughts and Recommendations

The findings from this research suggest specific framing strategies for vaccine communication for Spanish-preferring audiences in the United States. Because this audience brings a high baseline understanding of vaccines and a deeply ingrained cultural value of community care, straightforward approaches work well. To build and sustain vaccine confidence, communications can highlight clear, historical evidence to demonstrate efficacy and frame childhood vaccination in terms of its contribution to the health of the broader community. We reiterate below the framing recommendations for communicating with Spanish-speaking audiences.

To Do:

1. Lead with the value of community to tap into already strongly held values in the US Spanish-speaking population and to set the context for other framing strategies.
2. Use public health framing to boost support for vaccine access and vaccination policies.
3. Use historical examples of "vaccine wins" to reinforce understanding that vaccines work and that their benefits outweigh perceived risks.

To Avoid:

1. Avoid metaphors. They cloud an already good understanding of what vaccines do within the US Spanish-speaking population, are largely unnecessary, and mostly cause confusion.
2. Avoid "zooming in" on children. Lean away from "your child" framing, as this sparks thinking about risks rather than benefits. Avoid framing vaccine administration as a question of getting the timing right.

By consistently applying these evidence-based framing strategies, public health communicators can effectively align their messages with the values and knowledge base of US Spanish-speaking communities to maintain trust in vaccination.

Appendixes

Appendix A: Research Methods and Samples

To arrive at the recommendations in this brief, we applied Strategic Frame Analysis®—an approach to communications research and practice that yields strategies for reframing social issues in order to change the discourse around an issue. This approach has been shown to increase understanding and engagement when communicating about scientific and social issues.

To identify effective ways of talking to Spanish-speaking communities about childhood vaccination in the United States, FrameWorks researchers refined a set of frames, based on the frames that were tested in 2021–2022 with an English-speaking public. Those frames were then tested with Spanish-speaking participants using two research methods: peer discourse sessions and a survey experiment with a nationally representative sample.

Appendix B: Peer Discourse Sessions

Peer discourse sessions are group-based facilitated conversations that identify patterns of reasoning about a topic and explore the ability of reframing strategies to shift discussion and thinking in productive directions. The sessions capture the effects of frames in social settings by exploring intergroup negotiations around an issue.

For this research, the peer discourse sessions were organized according to region. Six participants were selected to participate in the group for the region where they reside. The regions were organized as follows:

Southeast/Mid-Atlantic + Puerto Rico: FL, PR, MD, GA, DC, WV, SC, NC, VA, DE

Northeast: NJ, CT, OH, NH, PA, NY, RI, MA, VT, ME, MI

West South Central: TX, KY, OK, LA, AR, MS, AL, TN

Midwest: IL, NE, WI, IA, ND, SD, KS, MO, IN

Mountain: ID, NM, MT, CO, AZ, UT, WY

Pacific + Alaska + Hawaii: AK, HI, CA, NV, OR, WA

For the peer discourse sessions, a diverse sample of participants was recruited from across the United States in terms of age, gender, race/ethnicity, household income, education level, geographic location, and political party identification. These two-hour sessions included various discussion prompts and activities designed to evaluate how the frames were taken up in social context and their usability during conversations with peers.

Table 1: Participant demographic information for peer discourse sessions

Gender	
Man	54%
Woman	46%
Nonbinary	0%
Political Views	
Democrat/Lean Democrat	64%
Republican/Lean Republican	28%
Independent/Other	8%
Parental Status	
Has children (ages 0–6)	64%
Expecting first child	36%
Residence/Location	
Rural	17%
Suburban	47%
Urban	36%
Educational Attainment	
High school or less	44%
Some college	33%
College degree	17%
Post-college degree	6%
Race/Ethnicity	
White	22%
Mestizo/Indigenous	36%
Afro-Latino/Black	14%
Other (Asian, Arab, etc.)	28%
Age	
18–29	28%
30–44	31%
45–59	22%
60+	19%
Income	
$0–$39,999	20%
$40,000–$69,999	26%
$70,000–$99,999	31%
$100,000–$149,999	14%
$150,000+	9%

Appendix C: Survey Experiment

Experimental Surveys

Based on insights from peer discourse sessions, FrameWorks researchers refined frames for testing in a survey experiment. We partnered with a professional translator to oversee a high-quality translation process, ensuring that the content of our survey was consistent in English and Spanish.

One online experimental survey involving a sample of 2,575 Spanish-speaking adults was conducted between December 2025 and January 2026 to test the effectiveness of frames on improving public understanding of how vaccines work and the benefits of vaccination, and on fostering support for policies that improve access and increase vaccination rates.

See Table 1 for more information about the sample composition for each experiment. Data were not weighted, and percentages listed may equal greater than 100% because of rounding.

Table 1

Demographic Variable	Frequency	Percentage
Age		
18–24	135	5%
25–34	490	19%
35–44	637	25%
45–59	771	30%
60+	542	21%
Sex		
Male	1118	43%
Female	1457	57%
Nonbinary/Other	0	0%
Ethnicity		
White/European	1147	45%
Mestizo/Indigenous	300	12%
African-Latino	239	9%
Asian-Latino	189	7%
Other	673	26%
Income		
$0–$24,999	562	22%
$25,000–$49,999	755	30%
$50,000–$99,999	769	30%
$100,000–$149,999	276	11%
$150,000+	189	7%

Demographic Variable	Frequency	Percentage
Education		
High school diploma or less	963	37%
Some college or associate's degree	628	24%
Bachelor's degree	595	23%
Graduate/professional degree	383	15%
Party		
Republican/closer to Republican Party	693	27%
Democrat/closer to Democratic Party	1210	47%
Independent/other	672	26%
Marital Status		
Single	761	30%
Married	1398	54%
Married but separated	78	3%
Divorced	214	8%
Other	123	5%
Country of Origin		
Mexico	1141	44%
Puerto Rico	308	12%
Cuba	249	10%
Dominican Republic	99	4%
El Salvador	84	3%
Other	622	24%
Prefer not to say	71	3%

Participant recruitment and survey hosting was completed by Ipsos. Participants who preferred to take surveys in Spanish were recruited from some combination of the following sources: proprietary loyalty panels, open invitation, or integrated channels that recruit from partnerships with external sources, such as publishers or social networks. To ensure we were collecting data from native Spanish speakers, participants were asked what language they usually speak at home. People were selected to participate in the survey if they selected 1) Only Spanish, 2) More Spanish than English, or 3) Both Spanish and English equally.

All participants opted in to complete the survey. Participants with Ipsos earn points for completing surveys, which they can exchange for various rewards. These rewards vary by panel and recruitment method but may include gift cards, merchandise, or other rewards.

Participants with incomplete profile verification during enrollment were removed. Fraud detection methods were applied to survey responses. Ipsos uses various methods, such as third-party validation and digital fingerprinting, to detect fraud, identify bots, and monitor and detect suspicious activity from participants.

Participants were not allowed to complete the survey more than once. Participants who did not fully complete the survey were removed from the data and were not paid. In addition, participants' data were removed if they completed the survey within one-third of the median survey time, if they straight-lined or incorrectly answered more than one of the four quality check questions, or if they provided nonsensical responses to the open-ended questions included in the survey.

After providing consent to participate, participants were randomly assigned to one of several experimental conditions. Participants assigned to an experimental condition were asked to read a short message, which they were required to view for at least 30 seconds, before answering a series of survey questions. After completing approximately half of the survey questions, participants were re-exposed to the experimental condition. Once 20 seconds had passed, participants were able to resume the survey. Survey questions were designed to measure specific outcomes of interest. Each battery consisted of multiple questions primarily measured using Likert-type items with five- or seven-point response scales.

Before any inferential analysis, we conducted a series of randomization checks. Chi-square analyses indicated that all target demographics were evenly distributed across conditions. We also performed a series of factor analyses to assess the psychometric properties of our scales. For scales that had not been previously tested, we conducted exploratory factor analyses to establish their psychometric robustness. Items with rotated factor loadings below |0.50| were dropped from each battery. For scales that had been previously tested, we conducted a series of confirmatory factor analyses to test the expected dimensionality of our outcome scales. Survey items were specified to load onto their intended factors, with correlations among factors estimated freely using the marker method approach. We used Maximum Likelihood Estimation with Robust Standard Errors to account for potential deviations from normality and model misspecifications. For model fit evaluation, we adopted an inclusive approach that considered multiple fit indices. Recognizing that chi-square is overly sensitive to sample size and minor model misspecifications, we used three approximate fit indices: the Root Mean Square Error of Approximation,[2] with thresholds of <0.05 for close fit and <0.08 for reasonable fit; the Comparative Fit Index;[3] and the Tucker-Lewis Index, with thresholds of >0.90 for acceptable fit and >0.95 for excellent fit.

Once finalized, Cronbach's alpha (α) was used to assess internal consistency among the items in each battery. Given that there are various heuristics for determining acceptable internal consistency, we determined that batteries with internal consistency scores approaching 0.60 or above would be considered acceptable. After assessing internal consistency, items within each battery were combined into composite scores that indicated participants' average ratings of the attitudes or stereotypes measured by each battery. Final survey items from the experiments—in English and Spanish—can be found below.

2 Marsh, H. W., Wen, Z., & Hau, K. T. (2004). Structural equation models of latent interactions: evaluation of alternative estimation strategies and indicator construction. *Psychological Methods, 9*(3), 275.

3 Bentler, P. M. (1990). Comparative fit indexes in structural models. *Psychological Bulletin, 107*(2), 238.

After conducting the preliminary analyses described above, we used multiple regression analysis to determine whether there were significant differences in the outcomes between each of the experimental frame conditions and the control condition. A threshold of $p < 0.05$ was used to determine whether the experimental frame conditions had any significant effects. Significant differences were understood as evidence that a term influenced a particular outcome (for example, collective efficacy). The example below illustrates how regression results were interpreted to inform the strategic guide. The table provides the coefficient for the control group on the vaccine effectiveness outcome as well as the coefficient for the Historical Example: Chickenpox condition. The coefficient of 72.00 indicates that, when placed on a scale of 0–100, participants in the control condition scored an average of 72.00 on vaccine effectiveness. The coefficient of 5.81 indicates that participants in the Historical Example: Chickenpox condition scored an average of 77.81 (72.00 + 5.81) on vaccine effectiveness. The p-value of <0.05 indicates that the coefficient for the Historical Example: Chickenpox condition is significantly different—in this case, significantly higher—than the coefficient of the control condition.

Vaccine Effectiveness		
Condition	Coefficient	p-value
Control	72.00	0.001
Historical Example: Chickenpox	5.81	0.017

As with all research, it is important to remember that results are based on a sample of the population, not the entire population. Therefore, all results are subject to margins of error.

Survey Experiment Instrument

Frames Tested (Experimental Treatments). Participants saw these experimental treatments in Spanish only. English versions are provided here for reader convenience.

ISSUE FRAMES

Public Health

Good public health means that all communities are healthy and ready to defend against specific diseases. And vaccines are a key part of keeping everyone healthy and building this shared defense. But right now, not everyone has easy access to vaccination services. When people cannot get vaccinated, disease spreads more easily. This puts you and everyone in our community at risk. In this way, making sure that everyone has easy access to vaccination services is critical for promoting our overall public health.

We can stop disease from spreading in our communities by making vaccines easier for everyone to get. Some important steps include offering vaccines in every neighborhood with hours that work for people's schedules. We must also make sure vaccines are free or low-cost for everyone. Other steps include giving people clear information about how vaccines work, and letting everyone take paid time off work to get vaccinated.

Vaccinations are a critical step in protecting both our health as individuals and the health of our community. By making it easier for everyone to get vaccinated, we can promote good public health and build a healthier, safer community for everyone.

Spanish Translation

Una buena salud pública significa que todas las comunidades son saludables. Las comunidades saludables están preparadas para defenderse de enfermedades infecciosas. Y las vacunas son claves para que todos estén saludables y para crear esta defensa colectiva. Pero en estos momentos, no todos pueden acceder fácilmente a los servicios de vacunación. Cuando las personas no pueden vacunarse, las enfermedades se propagan más fácilmente. Esto lo pone en riesgo a usted y a todos en nuestra comunidad. Por lo tanto, hay que asegurarse de que todos puedan acceder fácilmente a los servicios de vacunación. Es esencial para promover nuestra salud pública en general.

Podemos detener la transmisión de enfermedades en nuestras comunidades. Eso se puede lograr facilitando el acceso de todos los niños a las vacunas. Algunos pasos importantes incluyen ofrecer vacunas en todos los vecindarios. Otro paso será poner horarios que se adapten a los horarios de las personas. También debemos asegurarnos de que las vacunas sean gratis o de bajo costo para todas las familias. Otros pasos incluyen ofrecer información clara a los padres sobre cómo funcionan las vacunas. También hay que permitir que se tomen un tiempo remunerado de su día de trabajo para llevar a sus hijos a vacunarse.

Las vacunas no solo evitan enfermedades. También protegen las oportunidades que tiene su hijo de aprender, crecer y jugar. Hay que facilitar que todos los niños se puedan vacunar. Así podremos lograr una comunidad más saludable y segura para todos.

Individual Child Health

Promoting good child health means ensuring children's immune systems are strong and ready to defend against specific diseases. And vaccines are a key part of building children's immune systems. But right now, not every child has easy access to vaccination services. When children can't get vaccinated, disease spreads more easily. This puts them and everyone in our community at risk. In this way, making sure that all children have easy access to vaccination services is critical for ensuring all of us are healthy.

We can stop disease from spreading in our communities by making vaccines easier for every child to get. Some important steps include offering vaccines in every neighborhood with hours that work for people's schedules. We must also make sure vaccines are free or low-cost for all families. Other steps include giving parents clear information about how vaccines work, and allowing every parent paid time off work to take their child to get vaccinated.

Vaccinations are a critical step in training children's immune systems to provide lifelong protection. By making it easier for all children to get vaccinated, we build a healthier, safer community for everyone.

Spanish Translation

Promover una buena salud infantil significa garantizar que el sistema inmune de los niños sea fuerte. Los sistemas de niños saludables están listos para defenderse de enfermedades específicas. Y las vacunas son claves para fortalecer su sistema inmune. Pero en estos momentos, no todos los niños pueden acceder con facilidad a los servicios de vacunación. Cuando los niños no pueden vacunarse, las enfermedades se propagan con más facilidad. Esto los pone en riesgo a ellos y a todos en nuestra comunidad. Por lo tanto, asegurarse de que todos los niños puedan acceder con facilidad a los servicios de vacunación es esencial. Esto ayuda a que todos estemos más saludables.

Podemos detener la transmisión de enfermedades en nuestras comunidades. Eso se puede lograr facilitando el acceso de todos los niños a las vacunas. Algunos pasos importantes incluyen ofrecer vacunas en todos los vecindarios. Otro paso será poner horarios que se adapten a las agendas de las personas. También debemos asegurarnos de que las vacunas sean gratis o de bajo costo para todas las familias. Otros pasos incluyen ofrecer información clara a los padres sobre cómo funcionan las vacunas. También hay que permitir que se tomen un tiempo remunerado de su día de trabajo para llevar a sus hijos a vacunarse.

Las vacunas no solo evitan enfermedades. También protegen las oportunidades que tiene su hijo de aprender, crecer y jugar. Hay que facilitar que todos los niños se puedan vacunar. Así podremos lograr una comunidad más saludable y segura para todos.

Childhood Activities

Promoting good child development means ensuring all kids can be kids—they can learn in school, play with friends, and explore the world, all supported by strong defenses against specific diseases. And vaccines are a key part of protecting these experiences. But right now, not every child has easy access to vaccination services. When children can't get vaccinated, disease spreads more easily. This puts them and everyone in our community at risk. In this way, making sure that all children have easy access to vaccination services is critical for ensuring all of us are healthy.

We can stop disease from spreading in our communities by making vaccines easier for every child to get. Some important steps include offering vaccines in every neighborhood with hours that work for people's schedules. We must also make sure vaccines are free or low-cost for all families. Other steps include giving parents clear information about how vaccines work, and allowing every parent paid time off work to take their child to get vaccinated.

Vaccines do more than just prevent disease, they protect a child's opportunity to learn, grow, and play. By making it easier for all children to get vaccinated, we build a healthier, safer community for everyone.

Spanish Translation

Promover un buen desarrollo infantil significa garantizar que todos los niños puedan hacer sus actividades. Eso significa que ellos pueden aprender en la escuela, jugar con sus amigos y explorar el mundo. Pueden hacerlo con la ayuda de una defensa sólida contra enfermedades específicas.

Y las vacunas son claves para proteger esas experiencias. Pero en estos momentos, no todos los niños pueden acceder con facilidad a los servicios de vacunación. Cuando los niños no pueden vacunarse, las enfermedades se propagan con más facilidad. Esto los pone en riesgo a ellos y a todos en nuestra comunidad. Por lo tanto, asegurarse de que todos los niños tengan acceso a servicios de vacunación es esencial para garantizar que todos estemos saludables.

Podemos detener la transmisión de enfermedades en nuestras comunidades. Eso se puede lograr facilitando el acceso de todos los niños a las vacunas. Algunos pasos importantes incluyen ofrecer vacunas en todos los vecindarios. Otro paso será poner horarios que se adapten a los horarios de las personas. También debemos asegurarnos de que las vacunas sean gratis o de bajo costo para todas las familias. Otros pasos incluyen ofrecer información clara a los padres sobre cómo funcionan las vacunas. También hay que permitir que se tomen un tiempo remunerado de su día de trabajo para llevar a sus hijos a vacunarse.

Las vacunas no solo evitan enfermedades. También protegen las oportunidades que tiene su hijo de aprender, crecer y jugar. Hay que facilitar que todos los niños se puedan vacunar. Así podremos lograr una comunidad más saludable y segura para todos.

VALUE FRAMES

Common Good

As a society, we believe in working together for the common good. That means protecting everyone's health and recognizing that we're all connected—when one person's health is at risk, we're all at risk. And one of the most effective ways to protect our health is by making sure everyone has easy access to vaccine services. Vaccines protect us all and promote the common good by preventing the spread of dangerous diseases. But when fewer people are vaccinated, it puts us all in danger. If we truly care about the common good, we must ensure everyone can get vaccinated.

Vaccines can only protect us all when everyone does their part for the common good. By getting vaccinated, we protect not only ourselves, but also everyone in our community. Our shared commitment to the common good is how we build a stronger, healthier society where everyone can thrive.

Spanish Translation

En nuestra sociedad, creemos en trabajar en conjunto por el bien de todos. Eso significa proteger la salud de cada uno de nosotros y reconocer que todos estamos conectados. Cuando la salud de una persona está en riesgo, todos estamos en riesgo. Y una de las maneras más eficaces de proteger nuestra salud es que todos tengan acceso fácil a los servicios de vacunación. Las vacunas nos protegen a todos y promueven el bien común al evitar la propagación de enfermedades peligrosas. Pero cuando menos personas se vacunan, todos estamos en peligro. Si de verdad nos importa el bien de todos, debemos asegurarnos de que todos puedan vacunarse.

Las vacunas solo pueden protegernos a todos cuando cada uno de nosotros contribuye al bien común. Al vacunarnos, no solo nos protegemos a nosotros mismos sino también a todas las personas de nuestra comunidad. Nuestro compromiso colectivo con el bien de todos es como crear una sociedad más fuerte y saludable. Así, todos puedan crecer y desarrollarse.

Community

As a society, we believe in working together to support our community. That means protecting everyone's health and recognizing that we're all connected—when one person's health is at risk, we're all at risk. And one of the most effective ways to protect our health is by making sure everyone has easy access to vaccine services. Vaccines protect us all and support our community by preventing the spread of dangerous diseases. But when fewer people are vaccinated, it puts us all in danger. If we truly care about the health of our community, we need to ensure everyone can get vaccinated.

Vaccines can only protect us when everyone acts in the best interest of the community. By getting vaccinated, we protect not only ourselves, but also everyone in our community. Our shared commitment to our community is how we build a stronger, healthier society where everyone can thrive.

Spanish Translation

En nuestra sociedad, creemos en trabajar juntos para apoyar a nuestra comunidad. Eso significa proteger la salud de cada uno de nosotros y reconocer que todos estamos conectados. Cuando la salud de una persona está en riesgo, todos estamos en riesgo. Y una de las maneras más eficaces de proteger nuestra salud es que todos tengan acceso fácil a los servicios de vacunación. Las vacunas nos protegen a todos y promueven el bien común al evitar la propagación de enfermedades peligrosas. Pero cuando menos personas se vacunan, todos estamos en peligro. Si de verdad nos importa el bien de todos, debemos asegurarnos de que todos puedan vacunarse.

Las vacunas solo pueden protegernos a todos cuando cada uno de nosotros contribuye al bien común. Al vacunarnos, no solo nos protegemos a nosotros mismos sino también a todas las personas de nuestra comunidad. Nuestro compromiso colectivo con el bien de todos es como crear una sociedad más fuerte y saludable. Así, todos puedan crecer y desarrollarse.

METAPHORS

Literacy

Just like learning their ABCs prepares children to read, vaccines prepare their immune systems for viruses. When children learn their ABCs, they're building the skills they need to read words later on. Vaccines work the same way—the immune system learns what it needs to recognize and respond to a virus. That way, when the virus shows up, the body is already prepared and knows exactly what to do to protect against it. This early preparation strengthens children's immune systems and keeps them healthy.

Spanish Translation

De la misma forma que aprender el alfabeto prepara a los niños para leer, la vacunación prepara a su sistema inmune para los virus. Cuando los niños aprenden el alfabeto, están desarrollando las habilidades que necesitarán más adelante para poder leer. La vacunación funciona de la misma forma. Cuando un niño se vacuna, el sistema inmune aprende lo que necesita saber para reconocer y responder a un virus. Así, cuando aparezca un virus, el cuerpo estará preparado y sabrá exactamente qué hacer para protegerse. Esta preparación temprana fortalece el sistema inmune de los niños y los mantiene saludables.

Computer Updates

Just like a software update prepares a device to detect a virus and protect against it, vaccines prepare children's immune systems to do the same. When a device gets a software update, it learns the files and security features it needs to recognize threats. Vaccines work the same way—they teach the immune system what it needs to recognize a virus. That way, when the virus shows up, the body is already prepared and knows exactly what to do to protect against it. This early preparation strengthens children's immune systems and keeps them healthy.

Spanish Translation

De la misma forma que actualizar una computadora lo prepara para los virus, la vacunación prepara al sistema inmune de los niños para los virus. Cuando se actualiza, la computadora ya tiene la seguridad para reconocer una amenaza. La vacunación funciona de la misma forma. Al actualizarse, el sistema inmune ya tiene lo que necesita para reconocer un virus. Así, cuando aparezca un virus, el cuerpo estará preparado y sabrá exactamente qué hacer para protegerse. Esta preparación temprana fortalece el sistema inmune de los niños y los mantiene saludables.

EXPLANATORY FRAMES

Ages and Stages of Immune System Development

As children develop, they gain abilities at predictable ages and stages. For example, the ages when children learn to walk and talk mark certain stages of development. Just as these abilities develop at certain stages, your child's immune system develops in stages as well. For this reason, vaccines work best when given at the right stage. In the earliest stages of life, children are at serious risk from diseases that their developing bodies can't fight off yet on their own. By vaccinating children at the right stage, we help them stay ahead of preventable diseases. That way, they can reach their developmental milestones healthy and on time.

Spanish Translation

A medida que los niños se desarrollan, adquieren habilidades a edades y etapas predecibles. Por ejemplo, las edades en las que los niños aprenden a hablar y a caminar marcan ciertas etapas del desarrollo. Estas habilidades se desarrollan en ciertas etapas . El sistema inmune de su hijo también se desarrolla en

ciertas etapas . Por esta razón, las vacunas funcionan mejor cuando se administran en la etapa adecuada. A temprana edad, los niños corren el riesgo de padecer enfermedades que su cuerpo en desarrollo no puede combatir todavía por sí solo. Si los niños se vacunan en las etapas adecuadas, se pueden mantener protegidos contra enfermedades prevenibles. De esa forma pueden alcanzar los hitos del desarrollo de manera saludable y a tiempo.

Timing of Immunity

As children develop, they gain abilities at predictable times in their life. For example, the times when children learn to walk and talk mark important moments in their development. Just as these abilities develop at certain times, your child's immune system gains new abilities at certain moments too. For this reason, vaccines work best when given at the right time. In the early years of life, children are at serious risk from diseases that their developing bodies can't yet fight off on their own. By vaccinating children at the right time, we help them stay ahead of preventable diseases. That way, they can reach their developmental milestones healthy and on time.

Spanish Translation

A medida que los niños se desarrollan, adquieren habilidades en momentos predecibles. Por ejemplo, el momento en que los niños aprenden a hablar y a caminar marcan ciertos momentos del desarrollo. Estas habilidades se desarrollan en ciertos momentos. El sistema inmune de su hijo también se desarrolla en ciertos momentos. Por esta razón, las vacunas funcionan mejor cuando se administran en el momento adecuado. En los primeros momentos de la vida, los niños corren riesgo de padecer enfermedades que su cuerpo en desarrollo no puede combatir todavía por sí solo. Si los niños se vacunan en el momento adecuado, se pueden mantener protegidos contra enfermedades prevenibles. De esa forma pueden alcanzar los hitos del desarrollo de manera saludable y a tiempo.

Historical Examples

Historical Example: Measles

Measles is one of the most contagious viruses to ever exist. Before the measles vaccine was developed in 1963, about 500,000 people were infected in the United States each year. Because of a successful vaccination program that made the measles vaccine easy for everyone to get, measles was eliminated from the United States in 2000. Thanks to the measles vaccine, the disease could no longer spread in communities, saving millions of lives.

But recently, fewer children are getting vaccinated against the measles. As a result, cases are rising again in unvaccinated children across the country. We are losing ground on a disease we once eliminated.

We know what works—we've done it before. Now we need to make sure that the measles vaccine—and other vaccines that keep people healthy—are accessible to every family in every community. When we make vaccines easy to get, we protect our children and our communities from preventable diseases.

Spanish Translation

El sarampión es uno de los virus más contagiosos que han existido. Antes de que se desarrollara la vacuna contra el sarampión en 1963, aproximadamente 500,000 personas se infectaban en EE. UU. cada año. Gracias a un exitoso programa de vacunación que facilitó el acceso de todas las personas a la vacuna contra el sarampión, en el 2000 esta enfermedad se declaró erradicada en EE. UU. Gracias a la vacuna contra el sarampión, se evitó que la enfermedad siguiera propagándose en las comunidades, con lo que se salvaron millones de vidas.

Pero últimamente menos niños se están vacunando contra el sarampión. Y como resultado, en todo el país están aumentando los casos entre los niños que no se han vacunado. Estamos perdiendo terreno ante una enfermedad que ya habíamos erradicado.

Ya sabemos lo que funciona porque lo hemos puesto en práctica. Ahora debemos asegurarnos de que la vacuna contra el sarampión sea accesible para cada familia en cada comunidad. Cuando facilitamos el acceso a las vacunas, protegemos a nuestros hijos y a nuestra comunidad de enfermedades prevenibles.

Historical Example: Chickenpox

Chickenpox is a highly contagious disease. Before the chickenpox vaccine was developed in 1995, about 4 million people were infected in the United States each year. Because of a successful vaccination program that made the chickenpox vaccine easy for everyone to get, cases have declined by over 90%. Thanks to the chickenpox vaccine, we've prevented millions of infections and protected those most at risk from serious complications.

But recently, fewer children are getting vaccinated against chickenpox. As a result, cases are rising again in unvaccinated children across the country. We are losing ground on a disease we once controlled.

We know what works—we've done it before. Now we need to make sure the chickenpox vaccine—and other vaccines that keep people healthy—are accessible to every family in every community. When we make vaccines easy to get, we protect our children and our communities from preventable diseases.

Spanish Translation

La varicela es una enfermedad sumamente contagiosa. Antes de que se desarrollara la vacuna contra esta enfermedad en 1995, aproximadamente 4 millones de personas se infectaban en EE. UU. cada año. Gracias a un exitoso programa de vacunación que facilitó el acceso de todas las personas a la vacuna contra la varicela, los casos han disminuido en más de un 90 %. Gracias a la vacuna contra la varicela, hemos evitado millones de infecciones y protegido a las personas con mayor riesgo de sufrir complicaciones graves.

Pero últimamente menos niños se están vacunando contra la varicela. Y como resultado, en todo el país están aumentando los casos entre los niños que no se han vacunado. Estamos perdiendo terreno ante una enfermedad que ya habíamos controlado.

Sabemos lo que funciona porque ya lo hemos puesto en práctica. Ahora debemos asegurarnos de que la vacuna contra la varicela sea accesible para cada familia en cada comunidad. Cuando facilitamos el acceso a las vacunas, protegemos a nuestros hijos y a nuestra comunidad de enfermedades prevenibles.

Survey Items (Dependent Variables)

Below are the survey items that served as our outcomes of interest. Unless otherwise noted, participants responded to survey questions on a seven-point Likert scale, ranging from "strongly disagree" to "strongly agree." Participants saw these survey items in Spanish only. English versions are provided here for reader convenience.

OUTCOME: KNOWLEDGE

Vaccines Models

Which perspective more closely aligns with your views?

a. A vaccine works by preparing the immune system to recognize and respond to a virus.

b. A vaccine works by directly attacking and defeating a virus that enters the body.

¿Qué perspectiva corresponde más con su punto de vista?

a. Las vacunas preparan al sistema inmune para reconocer y responder a un virus.

b. Las vacunas atacan directamente y derrotando a los virus que entran en el cuerpo.

Vaccine Risks

In your opinion, how much risk is involved with getting a vaccine? *[5-pt: 1 – no risk; 2 – a little risk; 3 – a moderate risk; 4 – a large risk; 5 – a very large risk]*

When you get a vaccine, how worried are you about the following things? *[5-pt: 1 – not worried; 2 – a little worried; 3 – moderately worried; 4 – very worried; 5 – extremely worried]*

1. That the vaccine will have long-term side effects
2. That the vaccine will make you sick
3. That the vaccine will cause long-term health problems
4. That the vaccine will interact with other medications
5. That the vaccine might cause disability

En su opinión, ¿cuánto riesgo se corre al vacunarse? *[5 puntos: 1 – ningún riesgo; 2 – un pequeño riesgo; 3 – un riesgo moderado; 4 – un gran riesgo; 5 – un riesgo enorme]*

Cuando usted se vacuna, ¿en qué medida le preocupa lo siguiente? *[5 puntos: 1 – nada preocupado; 2 – un poco preocupado; 3 – moderadamente preocupado; 4 – muy preocupado; 5 – extremadamente preocupado]*

1. Que la vacuna tenga efectos secundarios a largo plazo
2. Que la vacuna lo haga sentirse mal
3. Que la vacuna le provoque problemas de salud a largo plazo
4. Que la vacuna interactúe con otros medicamentos
5. Que la vacuna pueda causarle una discapacidad

Vaccine Effectiveness: Forced-choice

Which perspective more closely aligns with your views?

a. A vaccine is considered effective when it prevents vaccinated people from getting a virus 100% of the time.
b. A vaccine is considered effective when it prevents most vaccinated people from getting seriously ill with the virus.

¿Qué perspectiva corresponde más con su punto de vista?

a. Las vacunas son eficaces si las personas vacunadas no contraen un virus el 100% del tiempo.
b. Las vacunas son eficaces si la mayoría de las personas vacunadas no se enferman con un caso grave del virus.

Vaccine Effectiveness

1. If a person gets a virus after being vaccinated for it, the vaccine has failed. (reversed scored)
2. Vaccines are more effective when more people take them.
3. A vaccine is only effective if it completely eliminates a virus. (reverse scored)
4. A vaccine is effective if it prevents a vaccinated person from getting seriously ill with the virus.
5. A vaccine is effective when it slows a virus from spreading in the community.

Por favor, califique en qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones: *[Escala Likert de 7 puntos: 1 – Completamente en desacuerdo; 2 – En desacuerdo; 3 – Algo en desacuerdo; 4 – Ni de acuerdo ni en desacuerdo; 5 – Algo de acuerdo; 6 – De acuerdo; 7 – Completamente de acuerdo]*

1. Si una persona se contagia con un virus después de haberse vacunado contra ese virus, la vacuna ha fallado. *(RI)*
2. Las vacunas son más eficaces cuando más personas se las administran.
3. Las vacunas solo son eficaces si eliminan un virus completamente. *(RI)*
4. Las vacunas son eficaces si evitan que una persona vacunada se enferme con un caso grave del virus.
5. Las vacunas son eficaces cuando hacen que un virus se propague más lentamente en una comunidad.

OUTCOME: ATTITUDES

Vaccine Benefits

Which perspective more closely aligns with your views?

a. The individual risks of getting vaccinated outweigh the community health benefits.

b. The community health benefits of getting vaccinated outweigh the individual risks.

¿Qué perspectiva corresponde más con su punto de vista?

a. Los riesgos personales de vacunarse son más que los beneficios de salud para la comunidad.

b. Los beneficios de salud para la comunidad cuando uno se vacuna son más que los riesgos personales.

Which perspective more closely aligns with your views?

a. High rates of vaccination in a community are the most effective way to prevent the spread of disease.

b. Individual lifestyle choices are the most effective way to prevent the spread of disease.

¿Qué perspectiva corresponde más con su punto de vista?

a. Una tasa alta de vacunación en una comunidad es la forma más eficaz de evitar la propagación de una enfermedad.

b. El estilo de vida de uno es la forma más eficaz de evitar la propagación de una enfermedad.

Risks & Benefits of Childhood Vaccines

(Items 1–5 measure "Child Vaccine Risks"; items 6–8 measure "Child Vaccine Benefits.")

1. Childhood vaccines pose major risks to children's health.
2. Vaccines given during childhood are not very effective.
3. Childhood vaccines can cause disabilities.
4. Giving children too many vaccines can cause long-term health problems.
5. The ingredients in childhood vaccines are dangerous.
6. When children are vaccinated, they are more likely to develop well. (reverse scored)
7. When children are vaccinated, it keeps their communities healthy. (reverse scored)
8. When children are vaccinated, they are more likely to live long, healthy lives. (reverse scored)

1. Las vacunas infantiles representan un gran riesgo para la salud de los niños.
2. Las vacunas administradas durante la infancia no son muy eficaces.
3. Las vacunas para niños pueden causar discapacidades.
4. Si administras muchas vacunas a los niños puede provocar problemas de salud a largo plazo.
5. Los ingredientes en las vacunas para niños son peligrosos.
6. Cuando los niños se vacunan, tienen más probabilidades de desarrollarse bien. *(RI)*
7. Cuando los niños se vacunan, ayudan a mantener la salud de su comunidad. *(RI)*
8. Cuando los niños se vacunan, tienen más probabilidades de tener una vida más larga y saludable.

Collective Responsibility

(Items 1–3 measure "Collective Responsibility"; items 4–6 measure "Parent Responsibility.")

1. We, as a society, have a responsibility to ensure that all children are vaccinated.
2. As a society, we are obligated to vaccinate all children.
3. We, as a society, are responsible for making sure that all children get vaccinated.
4. It's solely a parent or caregiver's responsibility to vaccinate their children.
5. Parents and caregivers are solely responsible for ensuring their children are vaccinated.
6. The responsibility to vaccinate children solely lies with parents and caregivers.

1. Nosotros en nuestra sociedad tenemos la responsabilidad de garantizar que todos los niños se vacunen.
2. Como sociedad, tenemos la obligación de vacunar a todos los niños.
3. Nosotros en nuestra sociedad somos responsables de asegurarnos de que todos los niños se vacunen.
4. Vacunar a los niños es responsabilidad única y exclusivamente de los padres o cuidadores.
5. Los padres y cuidadores son los únicos responsables de asegurarse de que los niños se vacunen.
6. La responsabilidad de vacunar a los niños recae únicamente en los padres y cuidadores.

Practical and Structural Barriers to Vaccination

Which perspective more closely aligns with your views?

a. The main reason why people don't get vaccinated is because of individual values and beliefs.
b. People don't get vaccinated mainly because of built-in barriers to health care.

¿Qué perspectiva corresponde más con su punto de vista?

a. La razón principal por la que las personas no se vacunan es por sus valores y creencias personales.

b. Las personas no se vacunan sobre todo por las barreras inherentes al servicio de la salud.

Health Individualism

1. Individuals' lifestyle choices, including diet and exercise, determine how healthy they are.
2. Whether someone is healthy or not is largely determined by their willpower and drive.
3. A person's health is their responsibility—and theirs alone.
4. A person will be healthy if they make good choices about nutrition and exercise.
5. If a person wants to be healthy, they are responsible for making lifestyle changes to accomplish this.

1. Las decisiones de estilo de vida de las personas, incluyendo la alimentación y el ejercicio, determinan qué tan saludables son.
2. Si alguien es saludable o nolas siguientes afirmaciones, depende en gran medida de su fuerza de voluntad y determinación.
3. Las personas son las únicas responsables de su salud.
4. Una persona estará saludable si toma buenas decisiones en relación con su nutrición y ejercicio.
5. Si una persona quiere estar saludable, es responsable de hacer cambios en su estilo de vida.

OUTCOME: POLICY PREFERENCES

Policy Support

Please rate how much you favor or oppose the following policies. Please keep in mind that implementing these policies may require an **increase in state or federal taxes**. *[7-point Likert scale: 1 – Strongly oppose; 2 – Oppose; 3 – Somewhat oppose; 4 – Neither favor nor oppose; 5 – Somewhat favor; 6 – Favor; 7 – Strongly favor]*

1. Set up federally funded vaccination centers that operate year-round in every community in the United States.
2. Create a government-funded health care system that would expand access to vaccines.
3. Require children to be vaccinated in order to attend school, unless there is a medical reason they cannot.
4. Legally require employers to provide paid leave for their employees to take their children to be vaccinated.
5. Provide free transportation to and from vaccination sites in all communities.
6. Require social media platforms to regulate misinformation about vaccines.

Por favor, califique en qué medida está a favor o en contra de las siguientes políticas públicas. Tenga en cuenta que implementar estas políticas podría implicar un **aumento en los impuestos estatales o federales**. *[Escala Likert de 7 puntos: 1 – Completamente en desacuerdo; 2 – En desacuerdo; 3 – Algo en desacuerdo; 4 – Ni de acuerdo ni en desacuerdo; 5 – Algo de acuerdo; 6 – De acuerdo; 7 – Completamente de acuerdo]*

1. Crear centros de vacunación financiados por el gobierno federal que operen durante todo el año en cada comunidad de EE. UU.
2. Crear un sistema de atención médica financiado por el gobierno que amplíe el acceso a las vacunas.
3. Exigir que los niños se vacunen para que puedan asistir a la escuela, a menos que exista una razón médica que se lo impida.
4. Exigir por ley que se de tiempo remunerado para que los trabajadores puedan ir a vacunar a sus hijos.
5. Ofrecer transporte gratuito de ida y vuelta a los centros de vacunación en todas las comunidades.
6. Exigir que los medios sociales regulen la desinformación sobre las vacunas.

Child Vaccine Attitudes

Regarding vaccines for children, which of the following statements best reflects your opinion?

1. I completely disagree with vaccinating children.
2. I disagree with vaccinating children.
3. I somewhat disagree with vaccinating children.
4. I neither agree nor disagree with vaccinating children.
5. I somewhat agree with vaccinating children.
6. I agree with vaccinating children.
7. I completely agree with vaccinating children.

¿En cuanto a las vacunas para niños, cual de las siguientes afirmaciones corresponde mejor a la opinión de usted?

1. Estoy completamente en desacuerdo con vacunar a los niños.
2. Estoy en desacuerdo con vacunar a los niños.
3. Estoy un poco en desacuerdo con vacunar a los niños.
4. Ni estoy de acuerdo ni en desacuerdo con vacunar a los niños.
5. Estoy un poco de acuerdo con vacunar a los niños.
6. Estoy de acuerdo con lo de vacunar a los niños.
7. Estoy completamente de acuerdo con vacunar a los niños.

Framing Childhood Vaccination for Spanish Speakers in the United States

FrameWorks Institute. (2026). *Framing Childhood Vaccination for Spanish Speakers in the United States*. Washington, DC: FrameWorks Institute.

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