

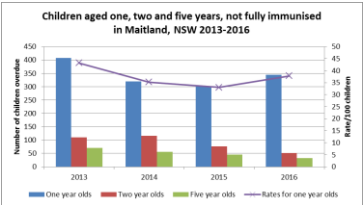
Translating research to improve childhood immunisation coverage in Maitland, NSW

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Context

- Pockets of low immunisation coverage exist in Australia
- 2016 pilot study in HNELHD using WHO's Guide to Tailoring Immunization Programmes (TIP)
- Maitland, NSW had large number of one year olds not fully immunised



Context

- Family characteristics; social disadvantage (mental health, addiction, housing, family violence) and newly arrived families
- Immunisation not a priority, distrust of government services, use health services only in emergency
- Parents experienced access barriers; cost, transportation, hours/appointments
- 'Hesitancy' or ideological objection not a contributing factor
- Strategies; personal reminders, family centred primary health care, outreach and home visiting by Child and Family Health nurses, better use of AIR data

Process

- Working party formed April 2017 to develop a strategy based on evidence from pilot study; Population Health, Child and Family, Community Health, Community Midwives, Multicultural Health, Executive team, HNECC PHN, Maitland Council, Neighbourhood Centre
- Terms of Reference, guiding principles
- Aim: To halve the number of one year olds not fully immunised within six months of implementing a new strategy

Process, Behaviour Change Theory, COM-B



Behaviour Change Wheel (Michie, van Stralen et al. 2011)

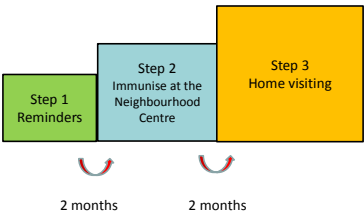
Capability- Accredited Child and Family Health Nurses, vaccines, necessary equipment, data

Motivation- sharing a common goal, little opposition

Opportunity-daily Child & Family Health clinic at the Neighbourhood Centre, home visiting part of their model

Behaviour Change-in both service providers and families

A 3 Step Process



Process

- Step 1**
- Tailored reminders
 - List of bulk billing GPs
 - 'Invitation card'
- Step 2**
- Building skills and capacity in Child & Family Health team
 - Purchase of fridge
 - Partnerships with Neighbourhood Centre
- Step 3**
- Best use of resources providing targeted home visiting



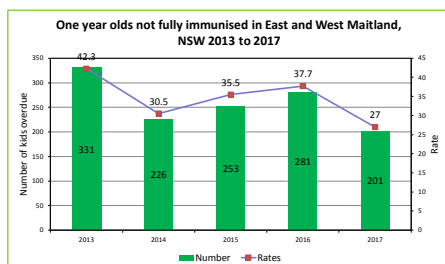
Process



- Collaboration with GPs through PHN
- Card sent to target group only
- Present to reception; no apt needed, bulk billed



Outcomes



Australian Immunisation Register
Population data; SAPHaRI 2013 to 2015, ABS Census 2016 and 2017

Outcomes

- Success
 - WHO TIP guidelines have been helpful and effective
 - Stakeholder engagement
 - Non-judgemental approach
 - Commitment to immunisation
 - Strong partnerships existed to build on
 - Innovative, tailored solutions
- Challenges
 - Time and resources
 - Falling back to usual practice or service centred practices
 - Lack of experience in knowledge translation and theory
 - Underlying social barriers remain

Discussion and policy implications

- Some families need practical assistance to connect with services
- Reorientation of child health services, building on existing strengths and partnerships rather than new investment
- Supportive policy measures + improved access to immunisation services + timely use of AIR data may be enough to reach national aspirational target of 95%
- Added value as more families connect with health services; developmental assessment, early detection and intervention, social connection and empowerment

Acknowledgements

- HNELHD
 - Population Health
 - Child and Family Health
 - Community Health
 - Executive Team
 - Multicultural Health
- HNECC PHN
- Maitland City Council
- Rutherford Neighbourhood Centre
- COSSI (Collaboration on Social Science and Immunisation)