Tailoring Immunization Programmes (TIP)

An example of tailoring communication on vaccinations targeting hard-to-serve communities in Sweden



Ann Lindstrand M.D, MPH
Program manager
Public Health Agency of Sweden



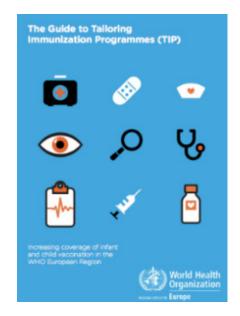
FRAMEWORK FOR THE VERIFICATION PROCESS IN THE WHO EUROPEAN REGION

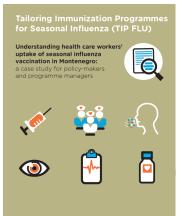




Tailoring Immunization Programs (TIP)

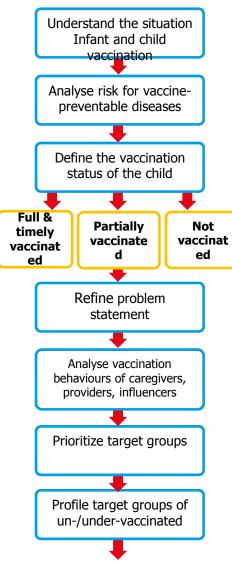
- Based on behavioural theories, including social marketing and communication, with focus on behavioural change.
- Includes methods and tools
 - ✓ Identify (profile) at-risk population
 - Determine barriers and motivators to vaccination
 - Design targeted interventions based on the results
- TIP toolbox
 - √ TIP pilot tested Bulgaria (Roma pop.) and
 - Sweden (2013) ...and more
 - ✓ TAP Tailored Antimicrobial resistance Programs, Piloted in the Netherland and Sweden (2014)
 - ✓ TIP FLU, in Montenegro





TIP the Process Step By Step

populations and diagnose barriers to vaccination The formative phase ed Identify susceptible



Part 1: Define the problem statement

- Available data
- Interviews
- SWOT-analysis
- Identify
- knowledge gaps
- Broad description of the target groups

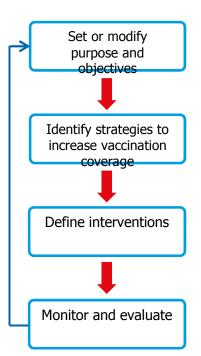
Part 2: Stratify and prioritize target groups

- Analysis
- Coverage
- Demographic data
- Conceptual maps

Del 3: Behavioural analysis

- Identify barriers and motivators
- Differences in behaviours
- -assess importance and opportunities for change

Planning phase Design evidence-based responses



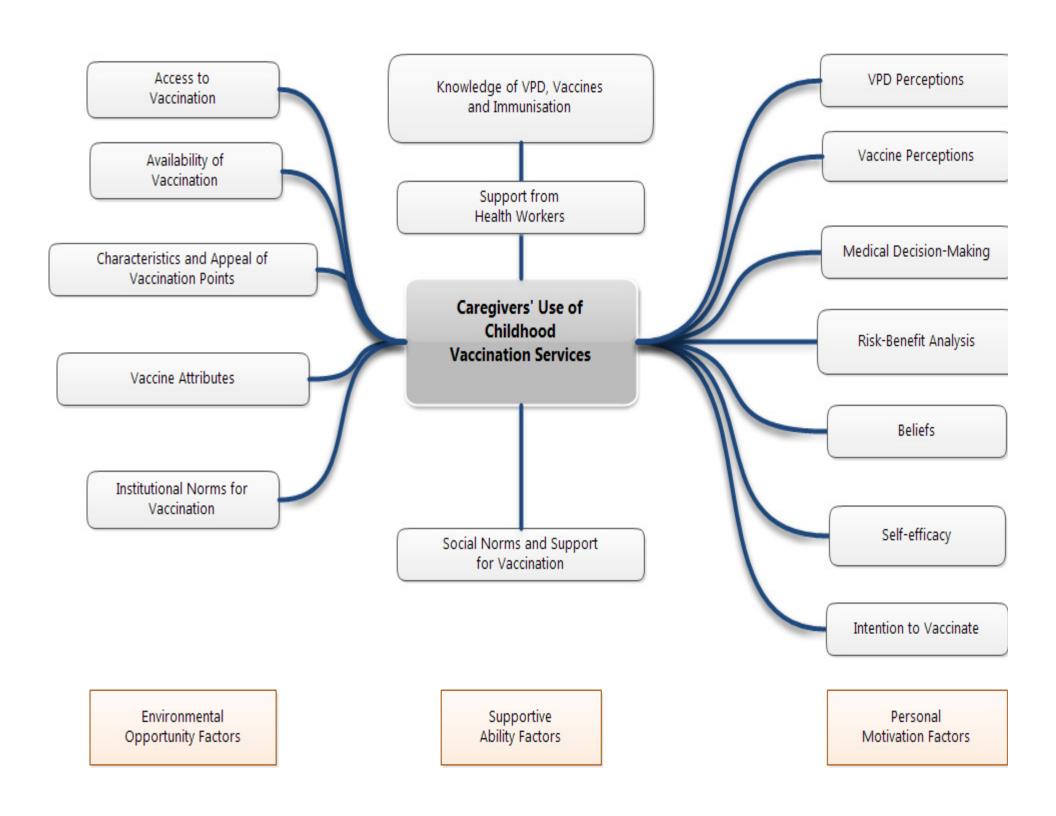
Part 4 & 5:

Define strategic priorities Use strategies for behaviour change Design activites Create indicators to measure change

Part 6: Design interventions

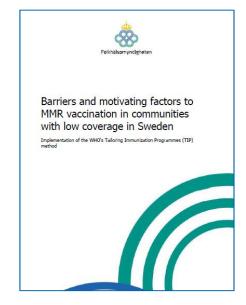
- Promising practices
- Design activities
- Budgets
- Final report





TIP - Piloted in Sweden 2013

- To better understand the hard-to-reach/serve populations, identify factors that are important for parental decision (Phase I)
- Three populations with low vaccination coverage and at risk for outbreak
 - ✓ Anthroposophic community in Järna, Stockholm
 - ✓ Somali community in Rinkeby/Tensta, Stockholm
 - Undocumented migrant communities in Stockholm and Gothenburg
- To identify targeted interventions (Phase II)





Pockets of low vaccination coverage

Anthroposophic communities

- Very low MPR coverage at age 2 years (4,9-40,3% in 2013)
- Recent outbreaks of measles (16 cases in 2012) and rubella (50 cases in 2012)
- Population about 7,000, 160 born in 2015







Pockets of low vaccination coverage

Somali community northern Stockholm Rinkeby/Tensta

- Population 90% of foreign origin, 30% Somali background
- Young population, majority <45y
- Rinkeby/Tensta 35000 inhabitants 3311 children <5 years
- Low MPR coverage at age 2 years, around 70% since late 90's
- Fear of autism "the Swedish disease"





Methods – qualitative data collection

ANTHROPOSOPHIC

- 19 in-depth interviews with 20 parents
- Key-person interviews
- Content analysis
- Litterature search
- Vaccination coverage data
- 1 MPH thesis and 1 article in Vaccine

SOMALI

- 12 in-depth interviews with 12 mothers
- 11 health care worker interviews
- Content analysis
- Litterature search
- Vaccination coverage data
- 1 MPH thesis



Results – Antroposophic

Natural immunity against measles is good for the development of the child

Many get vaccinated before teenage or **before international travels**

The attitude of health professionals is very important and they ask for an objective dialogue on risk/benefits of vaccines

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Opportunity Societal level

Swedish immunization +health care system offers good care

Possibility to choose Child Health Clinic

Vaccines are available and free of charge

Children are too young to be vaccinated at 18m

Single measles or rubella vaccines are not available

Vaccination information materials perceived as biased

Distrust commercial interests in vaccines

Support

Social and group level

Debates in Järna regarding vaccination

Support from the community of likeminded parents

Community protective of their ideas

Parents who postpone or avoid vaccination

Attitudes among health care workers

Own experience with measles viewed as positive

Narcolepsy debate spills over to MMR debate

Distrust the health sectors view of anthroposophy

Lack of dialogue between public health agencies and Järna

Personal motivators Individual level

Intention to vaccinate at age 10–14

Possibly consider vaccination before travelling

Prioritize natural immunity

Parental choice in medical decisionmaking for vaccinations

High level of selfefficacy to treat measles and trust care for infected children

Low perceived susceptibility and severity of measles

Concerns with vaccine safety

Results – Somali groups

Parents want more information, the risks and benefits of vaccination - not through traditional channels (CHC)

Knowledge and information is transmitted through existing trustworthy networks and in Somali language

Health professionalsneed tailored methods and support

Support Personal **Opportunity** Social and group motivators Societal level level Individual level Friends who Newcomer to the area Positive attitude to vaccinate their of Rinkeby and Tensta immunization in children general Trust in the CHC Peer pressure nurses and have from others in positive encounters their social network Vaccinate because Swedish immunization they want to protect and health system their children offers good care Parents of Somali origin in Rinkeby Vaccines are available and Tensta Fear of autism and free of charge who delay or avoid vaccination Residing a long time in the neighborhood Peer pressure from Fear of MMR vaccine relatives side effects Perception of negative attitudes from some CHC nurses Recommended MMR Fear for MMR lead to

doubt on to other

vaccines

immunization at 18

months

Tailored communication needed!



National Interventions

Facilitate the **health care professional dialogue** with hesitant parents

- Web-based film HOW to respectfully meet hesitant parents
- Filmed lectures on vaccine hesitancy+ C.A.S.E. methodology available on-line
- Up-dated web-page on VPD, vaccines, and vaccine safety
- Translate parts of ECDC material, Let's talk about protection
- Litterature review on best practice (LSHTM)

National communication strategy on vaccines

Developing methods of measuring attitudes towards vaccination

Folkhälsomyndigheten

- Tailoring messages to younger parents and future parents
- Messages on immunization before international travels
- Identifying pockets through national vaccination registry

Interventions in Järna Anthroposophic Community

Increase the **health professional's** capacity to answer questions about vaccinations

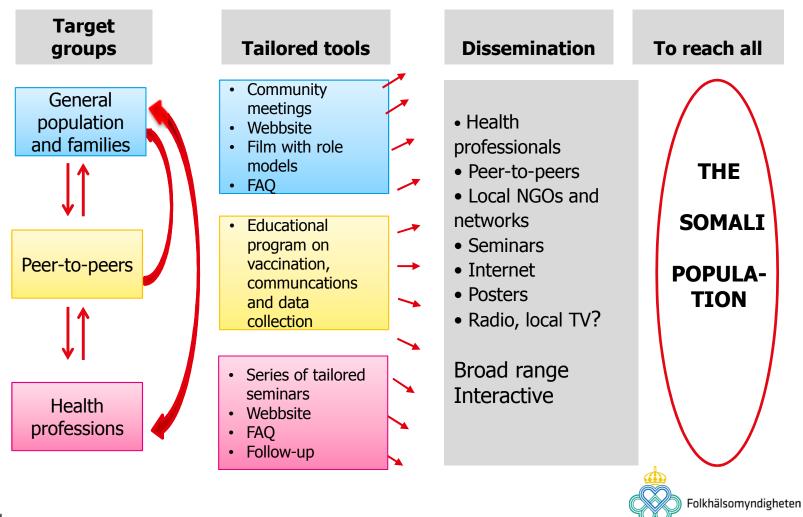
- Workshops on vaccin with the health care nurses
- Dialogue on the TIP results with nurses
- Motivational dialogue educational program
- Written (reference heavy) material on MPR from ECDC material



Byström E, et al Vaccine 2014(32):6752-57



Interventions at both the individual and community level in the Somali Community



RE-AIM – a tool for planning and evaluation

Five aspects measured in a public health intervention

- Reach How many in the target group has been reached?
- Efficacy Pos/neg effects and behavioural change?
- Adoption How many organisation chose to use the intervention?
- Implementation To what level is the project implemented in relation to the intentions/instructions?
- Maintenance Measures the longterm effect of the intervention

Framework developed by Glasgow, Vogt och Boles (1999)





Project Organisation

Steering group

Ann Lindstrand

Anders Tegnell

Ingrid Uhnoo

Bernice Aronsson

Eva Netterlid

Helena Hervius (County

Med Officer)

Sahar Nejat/Helena Martin (Prev and Child Health Services)

County Council



Stockholms läns landsting

Central Health Care Services - Åsa Heimer

CHC Tensta: Carola Schäfer och Birgit

Hyyryläinen

CHC Rinkeby: Ingrid Berg och Susanne Einarsson

Project group



Asha Jama Emma Byström Susanne Kärregård Karina Godoy Mats Hedlin



Other partners

Municipality

School health Health communicators, Transcultural center

Local NGOs/ support org

Reference group Somali National association

Tensta parents

Shanta association







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Reflections from the TIP Experience in Sweden

- TIP provides a good start for planning and designing targeted evidence-based interventions.
- Easier to focus on the content rather than the format of the methodology.
- Technical support from the WHO consultants was very valuable
- Seminars and workshops with interdisciplinary expertise and key informants are essential.
- Somali experts in the TIP research group
- Reference group from the community essential
- Close collaboration with health care professionals necessary for sustainability
- Focus on individual behaviour change, less than on structural barriers

