Tailoring Immunization Programmes (TIP)

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

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Folkhälsomyndigheten

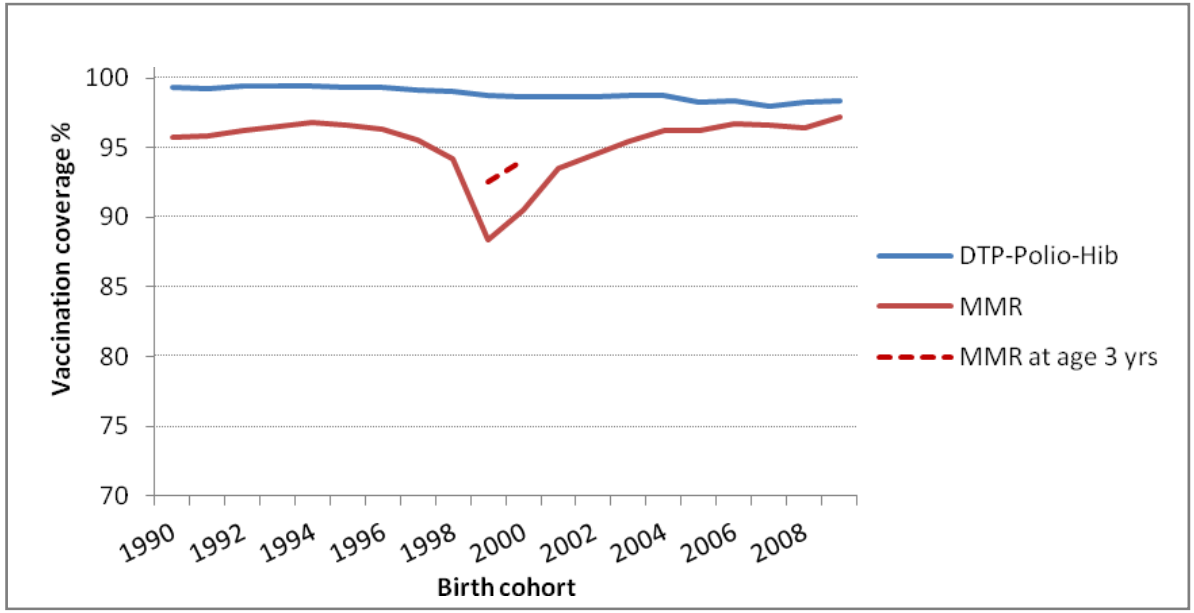
Agenda

- Background
- Principle of TIP toolbox
- TIP in Sweden
  - ✓Piloted on 3 target groups (2013)
  - ✓Intervention targets a Somali community (2015-2016)
- Reflections/lessons learned

TIP is NOT a magic toolbox but a very useful one!!

The national vaccination program in Sweden

- High vaccination coverage!! >98%



- Recurrent limited outbreaks of measles and rubella – sign that the NIP does not not reach all children!

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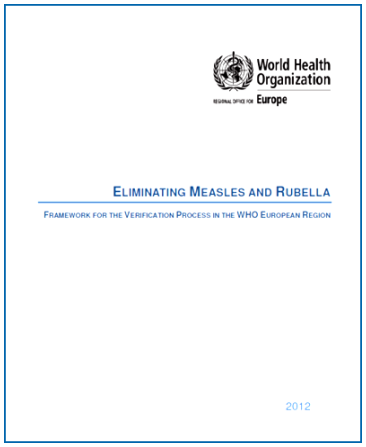
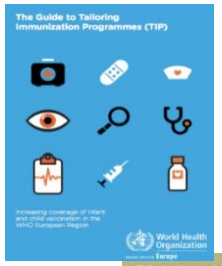
Background (MMR)



- Europe >100.000 cases of measles and 80.000 cases of rubella last 4-5 years
- Estimated 0.7-1 million infants do not receive all scheduled vaccination (2012)
- Coverage rates are **below** the WHO-recommended threshold of **95%** (heard immunity)
- WHO/Europe priority
  - ✓ **Elimination** of measles and rubella
- WHO/Europe: **TIP "toolbox"**



Folkhälsomyndigheten

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

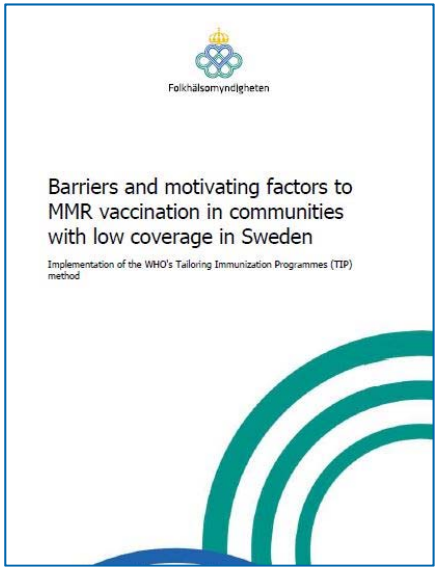
- TIP toolbox
  - ✓ TIP – pilot tested Bulgaria, Roma pop.
  - ✓ TAP – Tailored Antimicrobial, Sweden
  - ✓ TIP FLU

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 or suspected-low vaccination coverage or at risk for outbreak
  - ✓ **Anthroposofic community** in Järna, Stockholm
  - ✓ **Somali community** in Rinkeby/Tensta, Stockholm
  - ✓ **Undocumented migrant** communities in Stockholm and Gothemburg

- To identify targeted interventions (Phase II)



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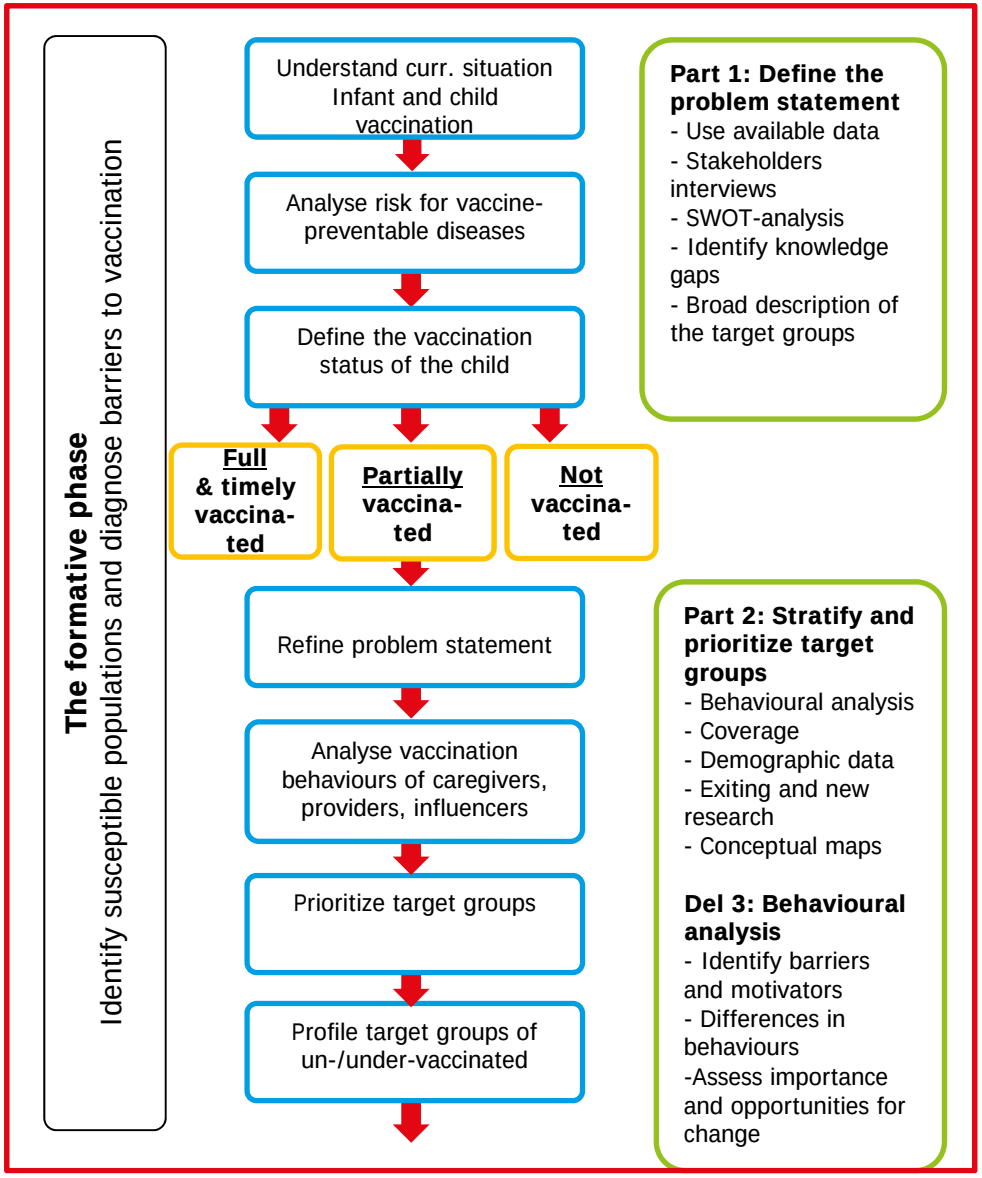
Folkhälsomyndigheten

TIP process step-by-step (phase I)



Study 2013

1. Workshop 1 – problem statement
2. SWOT analysis
3. Define further work
4. Planing, designing of qualitative studies
5. Qualitative data collection and analysis
6. Conceptuell maps (bubble maps)

Folkhälsomyndigheten

TIP process step-by-step (phase I)

Table 1. Questions to help assess current immunization situation

Area of inquiry	Questions	Sources of information
Vaccination, coverage and trends	What is the national immunization schedule? What is child vaccination coverage to-date? What is the DTP1–DTP3 drop-out rate? To what extent are delays in vaccination apparent? What is the quality of vaccination coverage data? How is it assessed? What potential limitations are there in the data? What are the prevalence and incidence of VPDs? What, if any, outbreaks have occurred? Where? Among whom? Who is not participating in child vaccination services? What do we know about these children and their families? Are there specific geographic areas that are more susceptible to VPDs because of low coverage or high drop-out?	Demographic and health surveys Multiple indicator cluster survey National-, regional-, district-level immunization data Health, maternal and child health, immunization surveys and research Disease surveillance data Key informant interviews with MOH/EPI, INGO/NGO and medical representatives

TIP process step-by-step (phase I)

How can Sweden promote MMR vaccination within Somali communities? (TIP Problem Statement)	
What is happening?	Low vaccination coverage for 1st dose of MMR among children aged 24 months living in Rinkeby and Tensta, in northern Stockholm, where resides a community of Somali origin.
Where and when does this usually take place?	In **Rinkeby and Tensta**, evidenced particularly by 2012 MMR rates at age 24 months in the child health centers (CWC) of Rinkeby (75.1%) and Tensta (69.7%). A more detailed comparison of MMR coverage of children at age 4 years in the same communities reveals an increase in, and overall higher 1st dose MMR coverage rates (76-100%) confirming that an important proportion of parents choose to **DELAY MMR vaccination** until autism is ruled out (after the child can speak). This finding is supported by interviews with Somali parents and CWC nurses.

TIP process step-by-step (phase I)

Challenges associated with the target groups' knowledge, attitudes and behaviours	• The rumour of measles as a cause of autism leads Somali parents to refuse timely measles vaccination or postpone it until their child is able to speak. • Strong stigma associated with autism within the community. • Confusion and lack of understanding of what is autism and its causes. **Belief that it is a "Swedish disease".** • Strong role of fathers in vaccination and health decision-making, particularly concerned with the well-being of boys, who show a higher prevalence of autism. • Interviews with parents reveal that behaviours with regard to MMR vaccination may shift over time, depending on the birth order and gender of the child. **Some parents who vaccinated their older children, decided not to vaccinate their younger children.**** • Low recall and thus risk perception of the seriousness of the vaccine preventable diseases
Challenges to communicating effectively with the target group	• Strong oral tradition, particularly among women, with a high tendency to spread rumours. • Information is shared through face-to-face conversations and peer discussion (mother-to-mother). Use of social media, across borders, is also common

Data collection - Conceptual maps

Qualitative studies

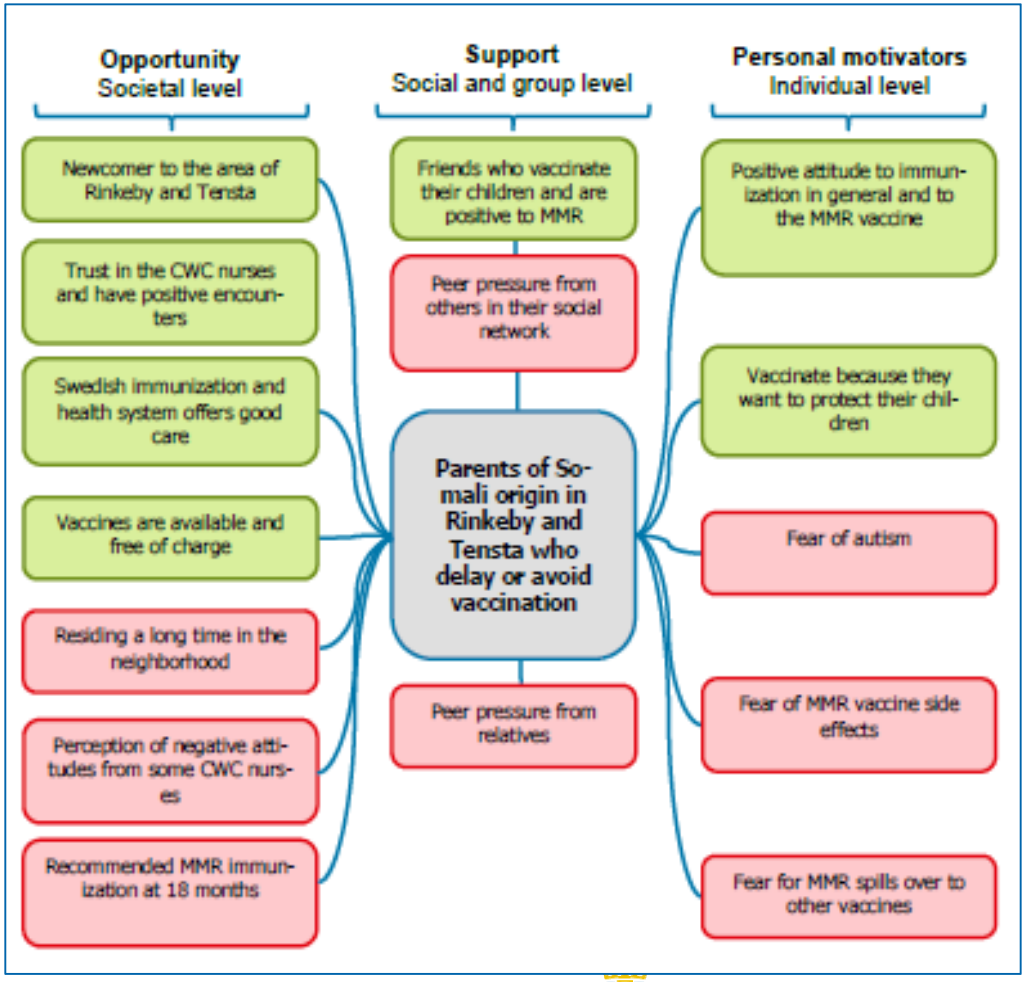
Quantitative data

Literature searches

Information searches

Knowledge and experience from key informants and experts

Determinants that influences vaccination behaviour



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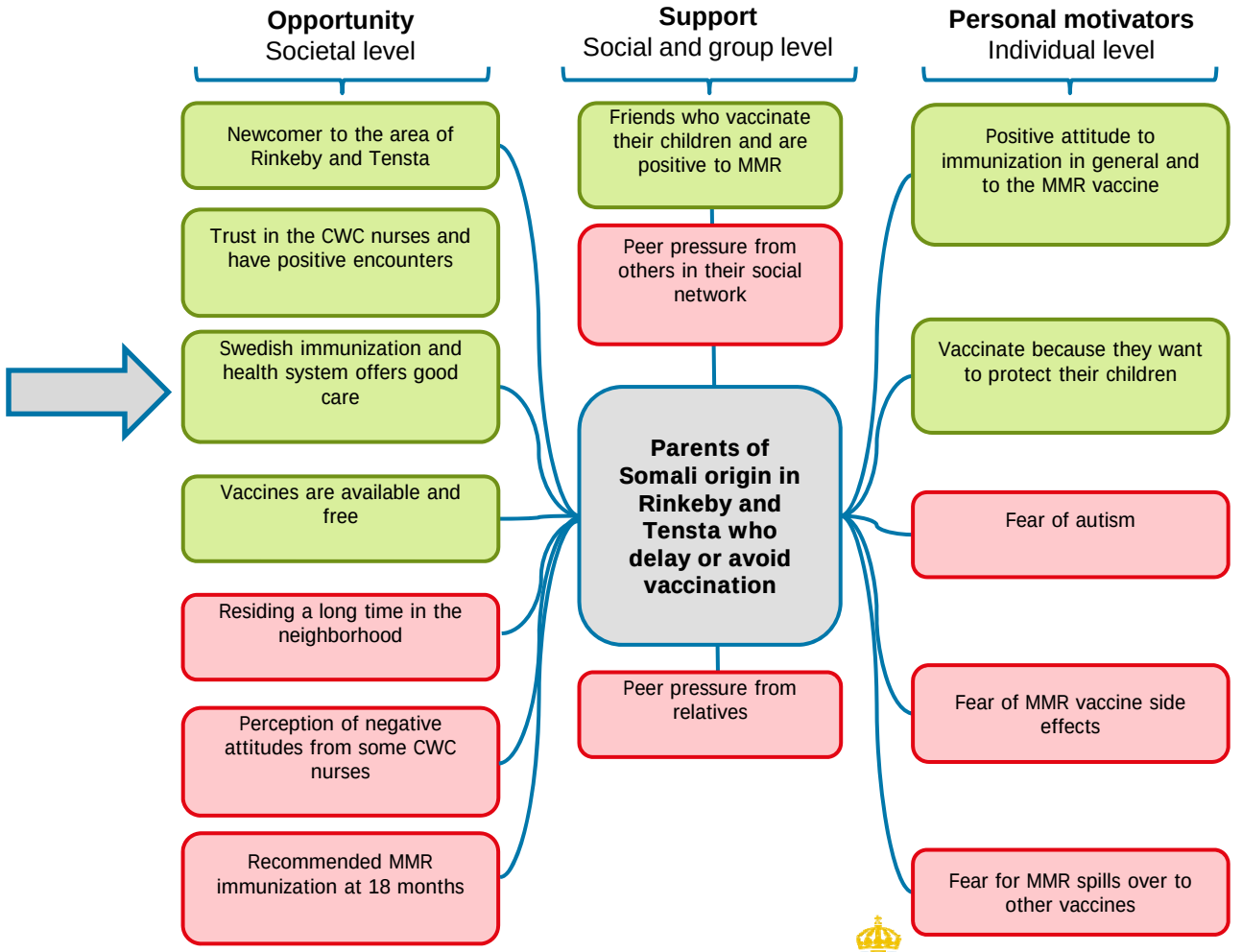
Conceptual map most important determinants at different levels indicating barriers and promotors

Data collection

- Qualitative studies
- Quantitative data
- Literature searches
- Knowledge and experience from key informants
- Information-search strategies

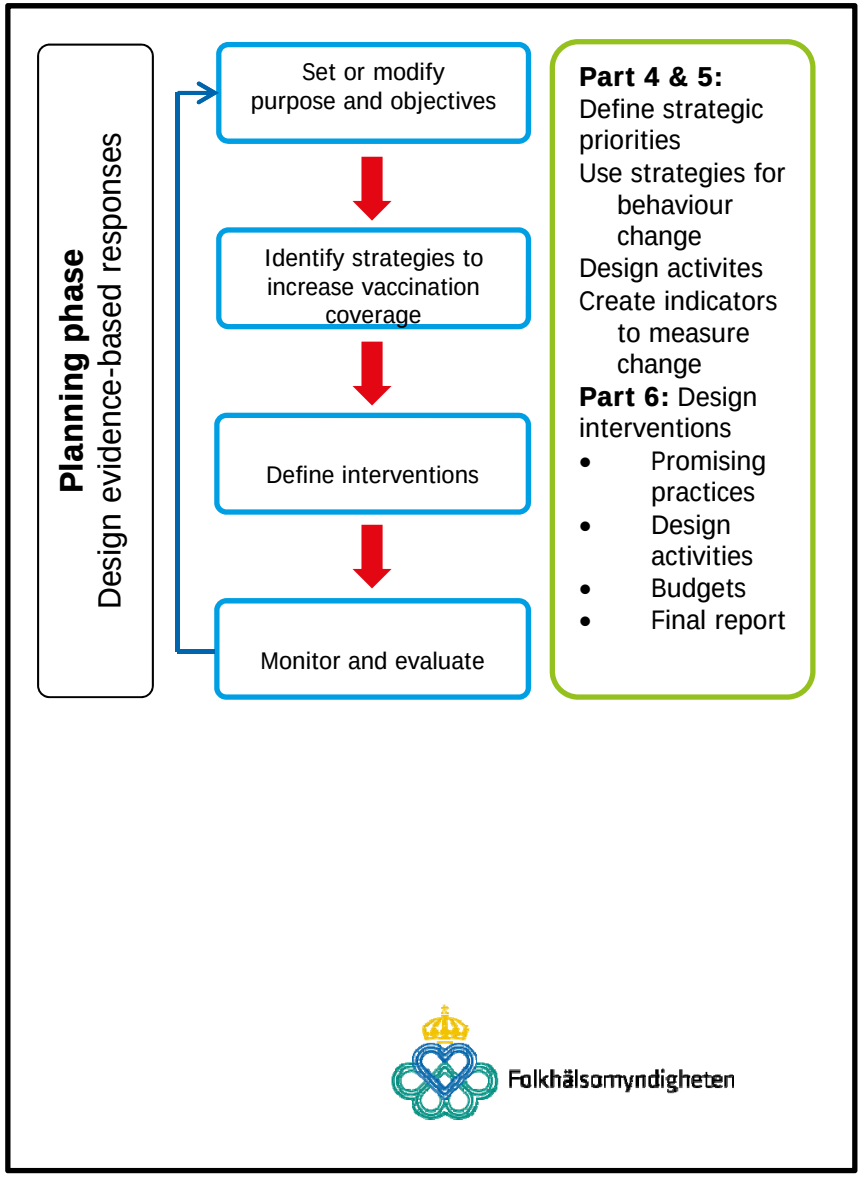


vaccination behavior is mediated by a number of determinants; these provide opportunity, support and motivation.

TIP process step by step (phase II)

Study 2014-2015

1. Workshop 2
2. SWOT analysis, uppdateting
3. Genomgång and discussion of results and bubble maps
4. Identify possible interventions for each target group
5. Planing of interventions
6. Implementation



Aim of the project – Somali community

Overall and log-term:

- To increase the vaccination coverage of MMR to at least 95 %, in the community within 5 years.
- To design a model for tailored communication on vaccination targeting hard-to-reach communities – to be used on other vaccine hesitatant groups

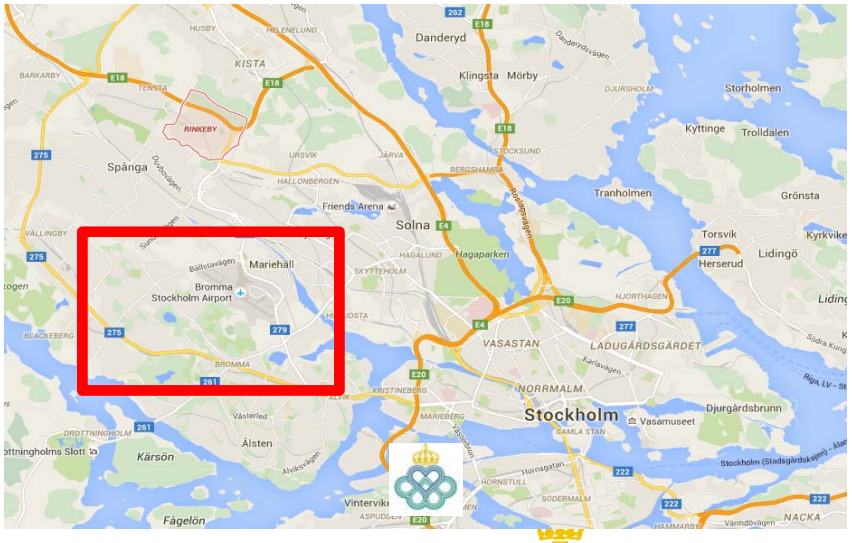
Specific

- 2015: **develop tailored communication tools**; 2 movies, direct contact to vaccine expert, peer-to-peer project, series of seminars for parents and child welfare health professionals
- 2016**: implementation** and start **of evaluation**

Folkhälsomyndigheten

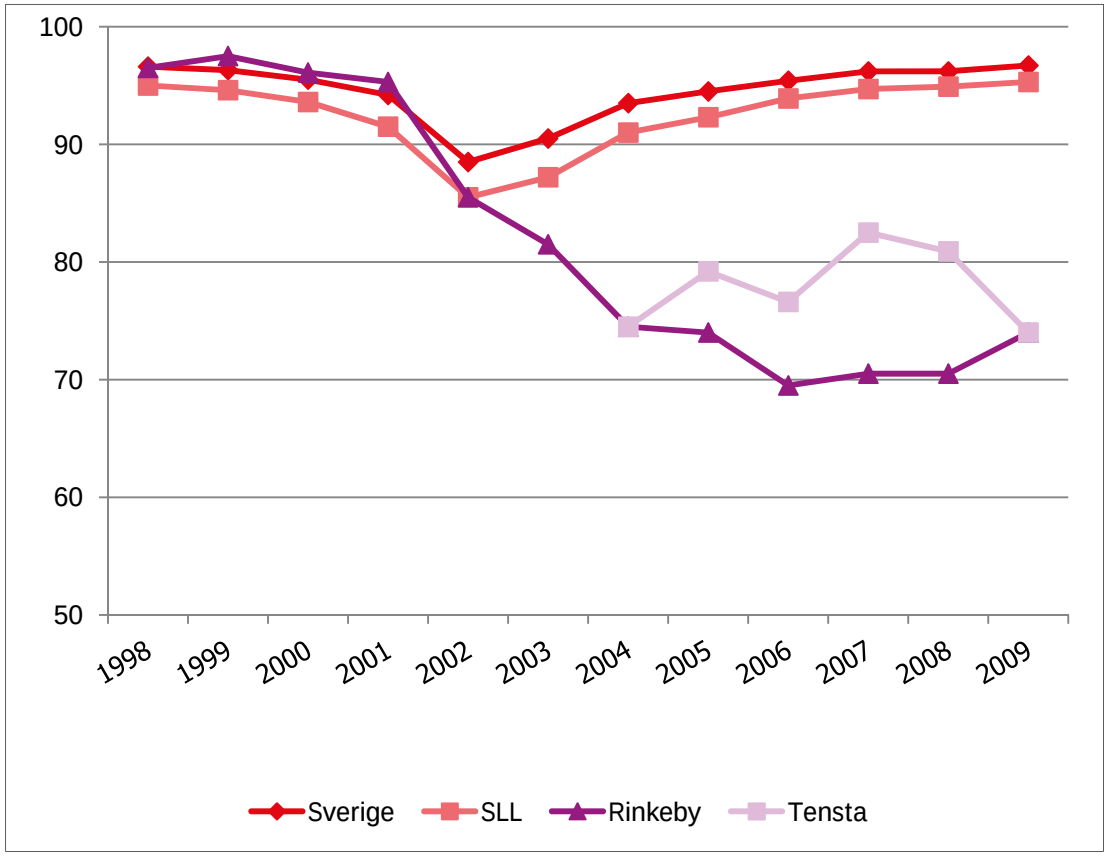
Population in two districts Rinkeby and Tensta

- Population - 90% of foreign origin, 30% Somali background
- Young population, majority <45y
- Rinkeby (2013), 16 046 inhabitants – 1638 children <5 years
- Tensta (2013), 18 866 inhabitants – 1673 children <5 years
- Low vaccination coverage
- **Fear of autism**



Folkhälsomyndigheten

Pockets of low vaccination MMR coverage



High and stable at the national and regional level, MPR >95%

Pockets low coverage in Rinkeby and Tensta, Somali community MPR <70%

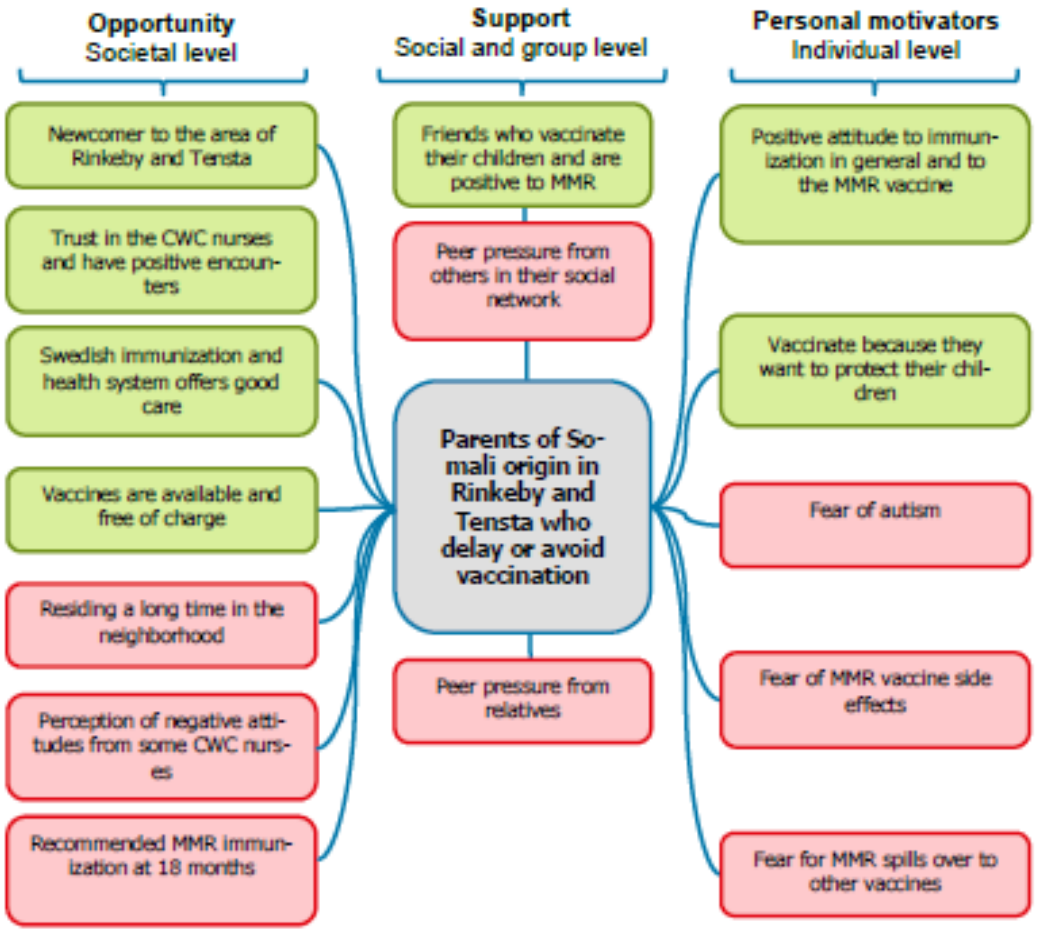
Folkhälsomyndigheten

Conceptual map - Somali parents (study 2013)

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

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

Health professionals need tailored methods and support



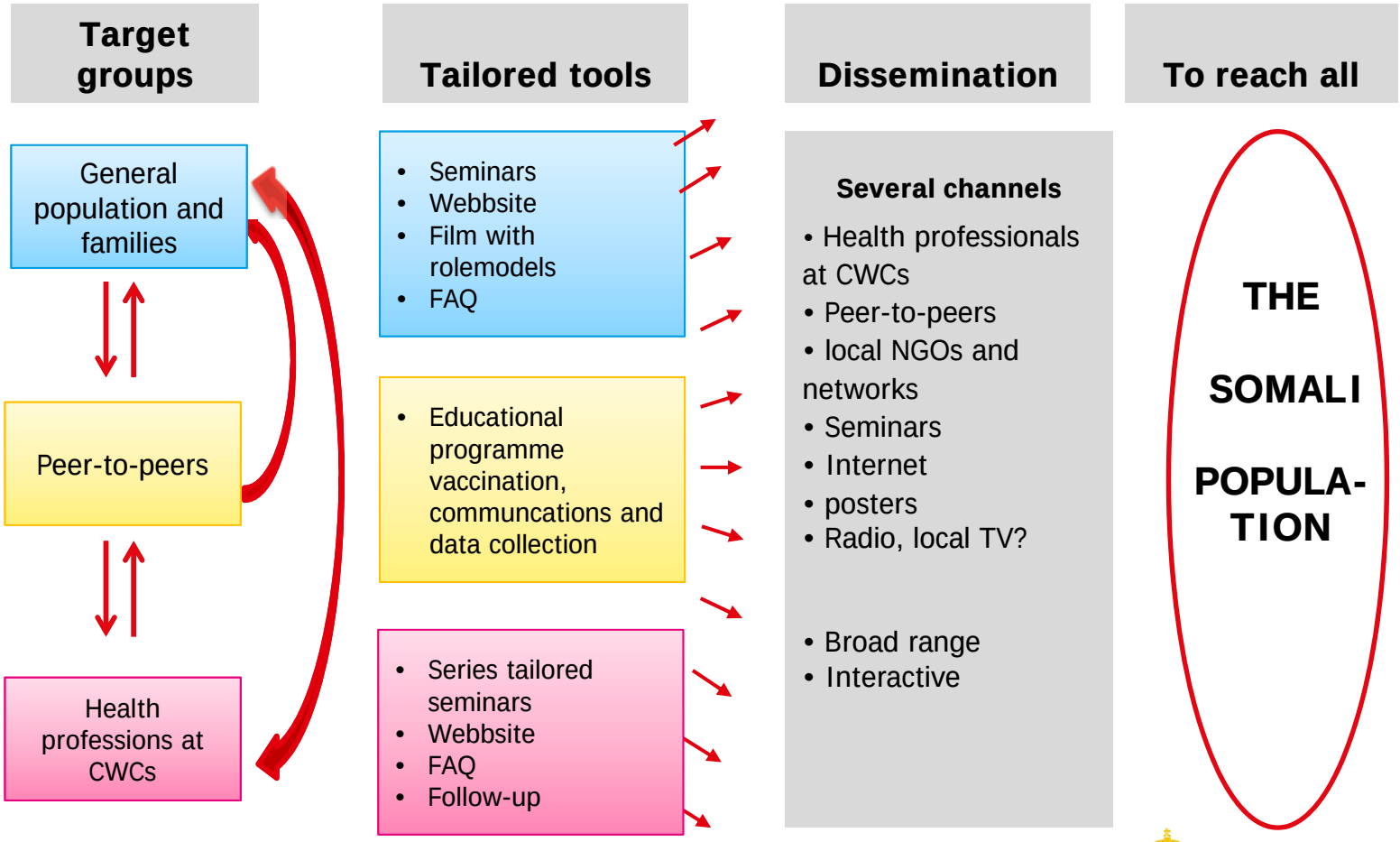
Folkhälsomyndigheten

Somalis prefer oral communication

- The Somali written language is young (1972)
- Strong oral traditions, strorytelling, poetry, historical stories are important
- Knowledge and information is spread by personal and social traditional structures and networks
- Internet, TV and modern ways of communicating is popular, social media etc
- Travelling population, travel between the continents

Folkhälsomyndigheten

Interventions at both the individual and community level



Folkhälsomyndigheten

Broad communication package

based on digital, oral and visual information

Local and interactive contacts

- Peer-to-peers
- Dialog seminars

Internet based information

- Fact based film/powerpoint
- Film with role models
- Webbsite with information

FAQ

- Email to vaccine- and autism expert

Folkhälsomyndigheten

Seminars in somali and/or swedish

Two separate themes

- Basic knowledge on immunology, VPD and vaccines

- Autism: diagnosis and intervention/treatment
(Somali specialist in disorders)

Folkhälsomyndigheten

INBJUDAN

Seminarier kring barns hälsa, utveckling och förebyggande hälsovård

Seminarierna hålls på svenska med tolk eller på somaliska.

Kontakt
Asha Jama, tel. 010–205 20 82, 076–866 64 31
asha.jama@folkhalsomyndigheten.se

SEMINARIE 1
– BARNS HÄLSA

Datum, plats och tid
Föreläsningen ges vid två tillfällen:
10 oktober, Kulturhuset Tensta Träff, Hagstråket 13. Tid: 13.00–16.00
24 oktober, Rinkeby Folkets Hus, Skårbygränd 1. Tid: 13.00–16.00

Innehåll
- **Barns hälsa och skydd mot sjukdomar**
  Ann Lindstrand, barnläkare, enhetschef, Folkhälsomyndigheten.
- **Barnsjukdomar i Somalia som kan förebyggas med vaccination**
  Asli Kulane, docent i internationell hälsa, Karolinska institutet.

I samarbete med Stockholms läns landsting

SEMINARIE 2
– BARNS UTVECKLING

Datum, plats och tid
Föreläsningen ges vid två tillfällen:
17 oktober, Kulturhuset Tensta Träff, Hagstråket 13. Tid: 13.00–16.00
7 november, Rinkeby Folkets Hus, Skårbygränd 1. Tid: 13.00–16.00

Innehåll
- **Autism – symtom, diagnos och insatser**
  Asia A Mohamed, läkare i barn- och ungdomspsykiatri, Astrid Lindgrens barnsjukhus.
- **D-vitamin och andra faktorer som påverkar barns utveckling**
  Viviann Nordin, överläkare, Sachsska barn- och ungdomssjukhuset, Södersjukhuset.

Vi bjuder på fika.

Välkomna!

Folkhälsomyndigheten

Peer group
- key communicators

- 14 volunteers
- 2 days training vaccine and health communication
- Transmitts knowledge within their own network
- Gives the possibility to answers parents questions
- Support the staff at CWC - peers may reach vaccine hesitant parents
- Help to collect data for evaluation
- Good results from other peer-projects: HIV, diabetes

Support to CWC staff

- Tailored lectures with updated information on vaccine issues
- With emphasis on how to communicate with vaccine hesitant parents.
- Further training in MI-method (Motivating Interviews)
- Webb-site with specific information
- Support by FAQ

Folkhälsomyndigheten

INBJUDAN

Föreläsningsserie om MPR-vaccination

Folkhälsomyndigheten och Stockholms läns landsting anordnar föreläsningar om MPR-vaccination, augusti - september 2015.

Datum och tid
27 augusti, 3 september samt 9 september.
Tid: kl. 14.30–16.30.

Plats
Konferensrummet, Rinkeby vårdcentral, Skärbygränd 3, Spånga.

Målgrupp
Föreläsningarna är riktade till BVC-sjuksköterskor i Rinkeby och Tensta men annan vårdpersonal som är intresserade av vaccin och MPR-frågor är också välkomna!

Innehåll

27 AUGUSTI – MÄSSLING OCH RÖDA HUND

- **Klinik och komplikationer, förekomst och utbrott i Sverige och världen.**
  Sahar Nejat, BHV-öl nord/sydväst, Stockholms läns landsting
- **MPR vaccinet: effekt i Sverige och världen och dess biverkningar. Hur följs vacciner upp gällande biverkningar?**
  Ann Lindstrand, barnläkare, enhetschef, Folkhälsomyndigheten
- **Förekomst och utbrott i Somalia. Hur väl fungerar vaccinationsprogrammet? Hur resonerar somaliska föräldrar?**
  Asli Kulane, docent i internationell hälsa, Karolinska institutet

3 SEPTEMBER – AUTISM

- **Vad vet vi om orsaker, klinik och förekomst.**
  Vivlann Nordin, överläkare, Sachsska barn- och ungdomssjukhuset, Södersjukhuset.
- **Avsaknad av samband mellan MPR och autism, genomgång av den vetenskapliga litteraturen.**
  Karina Godoy, folkhälsovetare, Folkhälsomyndigheten.

9 SEPTEMBER – KOMMUNIKATION

- **Råd om hur man kan samtala och bemöta vaccintveksamma föräldrar.**
  Margareta Blennow, BHV-öl, Södersjukhuset
- **Målgruppsanpassad hälsokommunikation.**
  Haibe Hussein, hälsokommunikatör, Transkulturellt centrum, Stockholms läns landsting

Vid varje föreläsningstillfälle kommer god tid att avsättas för frågor och diskussion.

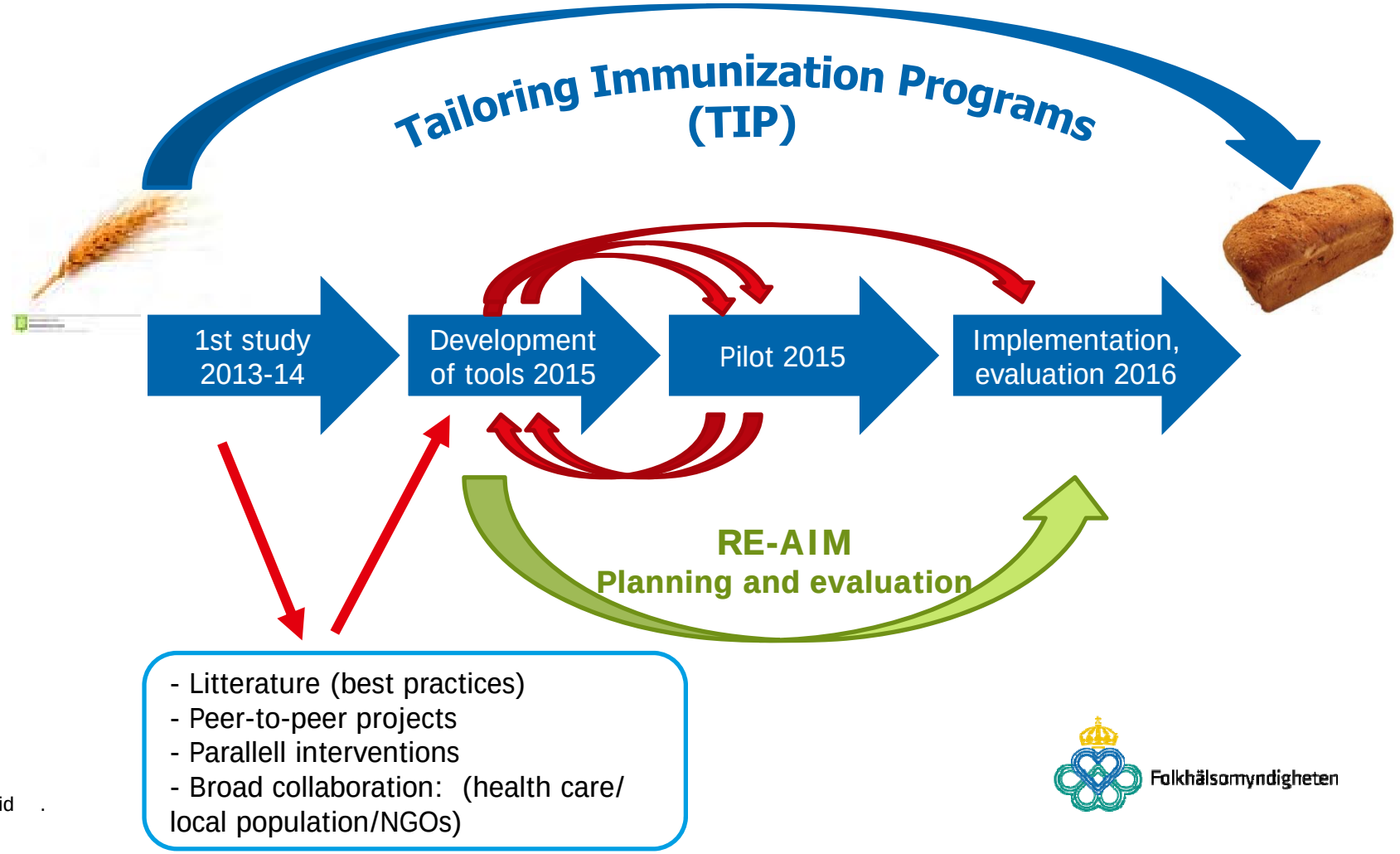
Vi bjuder på fika!

Välkomna!

I samarbete med Stockholms läns landsting

Folkhälsomyndigheten

Model for tailored communication? - from the first study to evaluation



Folkhälsomyndigheten

Evaluation using the RE-AIM

Reach – **E**fficacy - **A**doption - **I**mplementation – **M**aintenance

- Framework developed by Glasgow, Vogt och Boles (1999)
- First used to evaluate prevention and health behavoiur change programs
- Has been used to measure different types of public health interventions
- Includes **five aspects** measured in a public health intervention

http://www.re-aim.hnfe.vt.edu/

RE-AIM – for planning and evaluation

- **R**each (target group) – individual indicator, how many (or %) in the target group have been reached
- **E**fficacy – individual indicator, Pos/neg effects and behavioural change
- **A**doption - process indicator – how many organisation chose to use the intervention
- **I**mplementation – individual+process indicator, to what level is the project implemented in relation to the intentions/ instructions
- **M**aintenance - individual+process indicator, measures the long-term effect of the intervention

Reflections on the TIP toolbox (1)
- benefits

- **Structure:** Easier to focus on the content rather than the format of the methodology. There is a structure—a toolkit—that provides support.
- **Technical support** from the WHO consultants and possibly from local TIP experts is very important to get started.
- Seminars and workshops with **interdisciplinary expertise** and key informants are essential.
- TIP provides a **good start for planning and designing** targeted evidence-based interventions.
- **Flexibility:** Data are collected in several different ways with focus on qualitative studies. **All steps do not need be included** during the formative phase. TIP can be applied even if the study population does not allow for **stratification**, as in the case of the undocumented migrants in the present study.

Reflections on the TIP toolbox
- disadvantages

- A general limitation is that the TIP method focuses too much on **individual behavioural patterns.** There are often structural barriers at the societal level that cannot be addressed at the individual level.
- The implementation part **(phase II)** of the TIP method **needs to be further developed** and supplemented with a toolbox containing suggestions for evidence-based strategies for communicating with and providing information about vaccinations to the specific target groups.
- It is also necessary to propose models and tools for **systematically planning and evaluation** of the targeted interventions.

Reflections on the intervention in the Somali community

- **Reference group** (community members) essential
- **Somali experts** in the research group
- Close collaboration with **health care** (CWC)

- Personal invitation by **SMS** – very effective
- Use **established structures** in the community for inbedded lectures

- Authority/PHA in collaboration with community and NGOs

Folkhälsomyndigheten

Project organisation

Steering group

Anders Tegnell
Ann Lindstrand
Ingrid Uhnoo
Bernice Aronsson
Eva Netterlid
Helena Hervius (Dept Comm Dis Ctr)
Sahar Nejat/Helena Martin (Pev and Child Health Serv)

County Council

Stockholms läns landsting

Health developer CHS - Åsa Heimer
CHC Tensta: Carola Schäfer och Birgit Hyyryläinen
CHC Rinkeby: Ingrid Berg och Susanne Einarsson

Sid .

Project group (op)

Folkhälsomyndigheten

Asha Jama
Emma Byström
Susanne Kärregård
Karina Godoy
Mats Hedlin

Karolinska Institutet

Asli Kulane

Other partners

Municipality

School health
Health communicators, Transcultural center

Local NGOs/ support org

Reference group
Somali National assoc
Tensta parents
Shanta association

ecdc

VINNOVA

World Health Organization
REGIONAL OFFICE FOR Europe

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Thank you!!!