

TAILORING STRATEGIES TO IMPROVE CHILD IMMUNISATION IN AREAS OF LOW COVERAGE THROUGH PARTNERSHIPS AND COMMUNITY ENGAGEMENT

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Objectives

Despite high rates of childhood immunisation in Australia, pockets of low coverage persist. Understanding local context in low coverage areas facilitates tailored health service responses. Our objectives are; i) Identify areas of low coverage in four NSW health districts, ii) Understand supply and demand barriers to timely childhood immunisation, iii) Collaboratively identify strategies likely to improve low coverage rates, iv) Measure the cost and outcomes of a previous tailored immunisation program in Maitland, NSW.

Methodology

Australian Immunisation Register data were analysed to identify SA2 areas with high proportions of children at least 30 days overdue for at least one vaccination. Qualitative methods were used to understand the reasons for low coverage. Participants included parents and service providers. In one health district, a cost consequence study will measure incremental costs and outcomes of implementing a tailored approach.

Implications

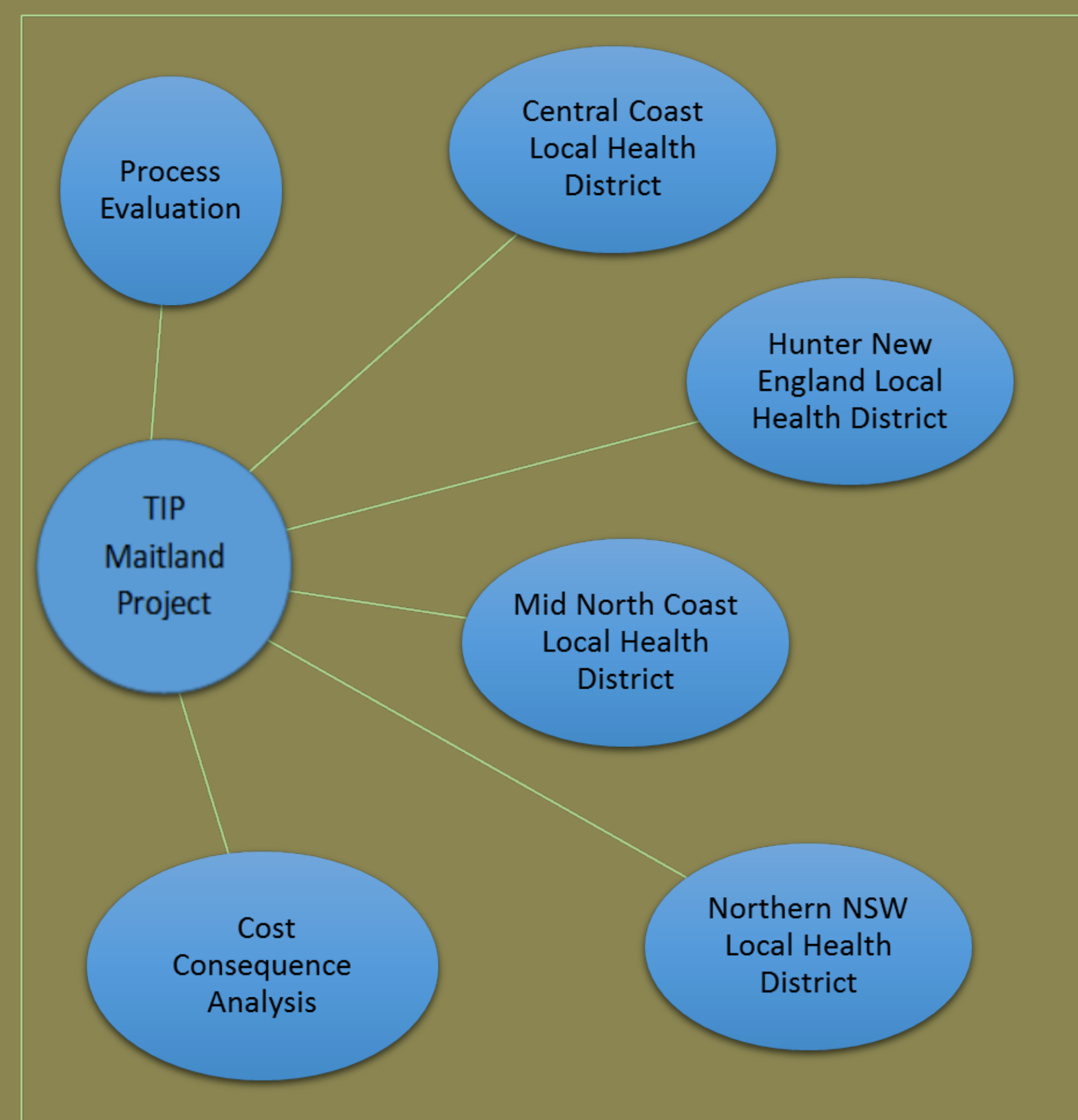
Results will inform knowledge translation through design of tailored approaches in each community and through strengthening local partnerships. The cost consequence analysis will inform re-design of health service delivery. The projects build capacity within health services to identify and understand pockets of low coverage and to work collaboratively with internal and external partners to improve immunisation coverage.



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Tailoring Immunisation Programmes (TIP) Projects in Five Local Health Districts



TIP Maitland Pilot

In 2016, 427 children were not fully immunised (15.4%). Multi-dimensional access barriers to immunisation services existed. A more flexible, family centred primary health care approach, utilising strong partnerships is most likely to increase rates. AIR data can be used more effectively to inform service providers about trends and individual children not fully immunized.

Lessons Learned

Using the World Health Organization's Tailoring Immunization Programmes guide (TIP), previously unrecognised pockets of low coverage were identified. Community contexts are better understood using qualitative methods and community engagement. Preliminary results indicate that parents are not opposed to immunisation but experience health service barriers including cost, appointment times, lack of culturally safe services and conflicting priorities related to socio-economic hardship. Research findings can be used to tailor immunisation strategies to address unique community needs.