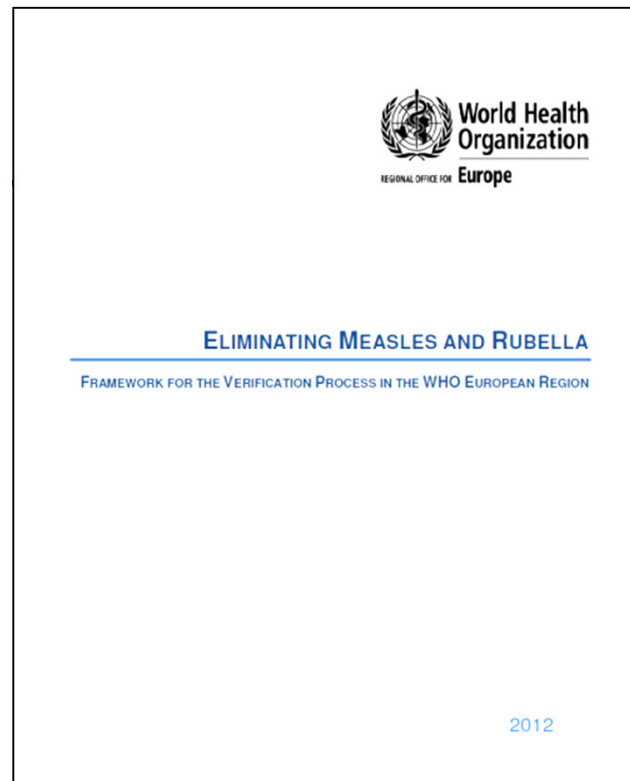


Tailoring Immunization Programmes (TIP)

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

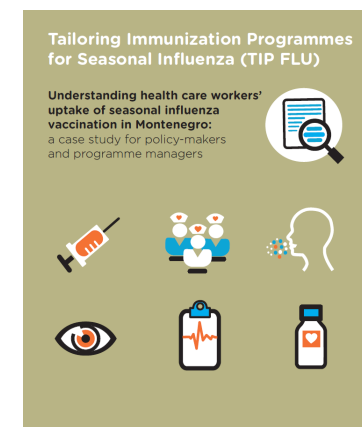


Ann Lindstrand M.D, MPH
Program manager
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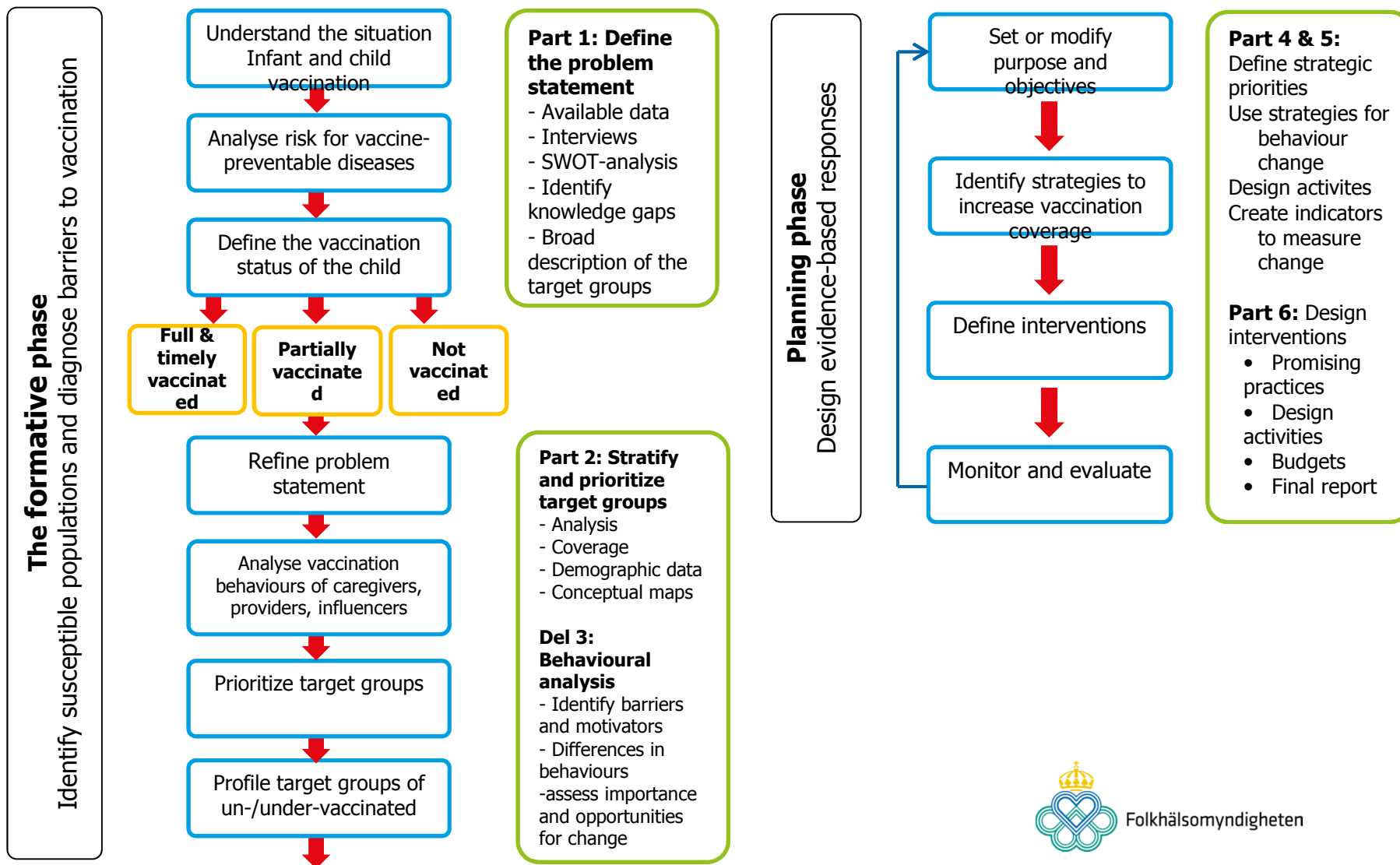


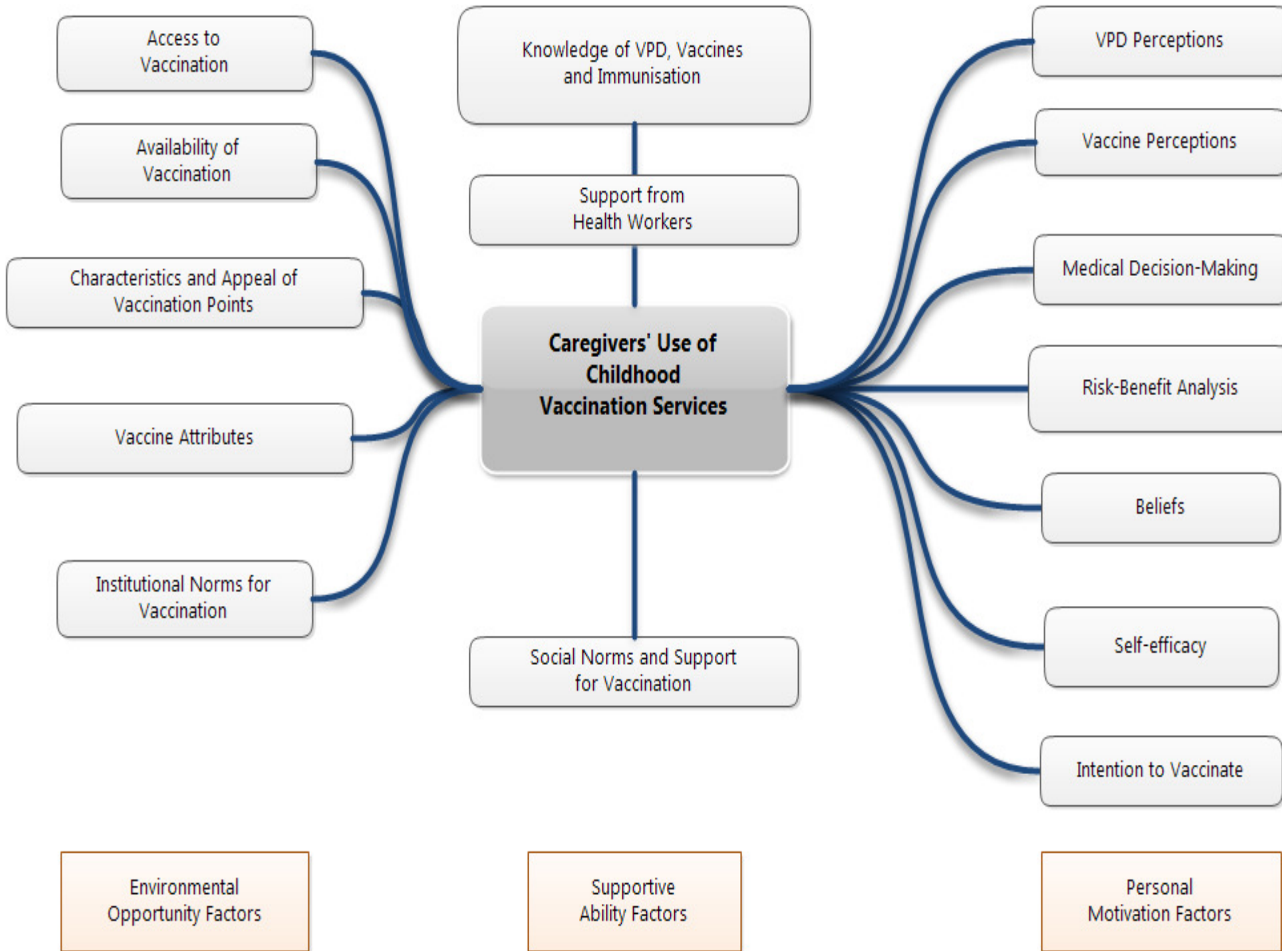
Tailoring Immunization Programs (TIP)

- 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



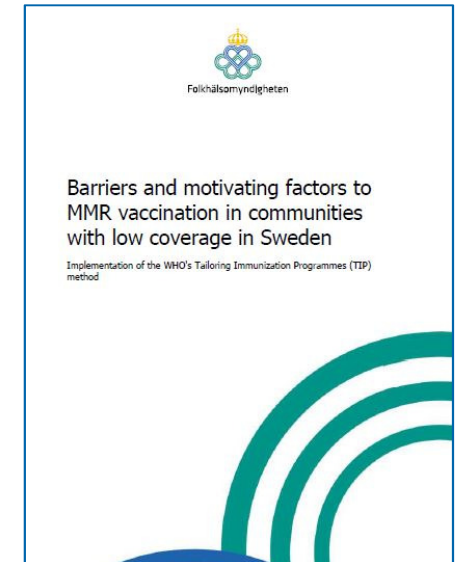
TIP the Process Step By Step





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

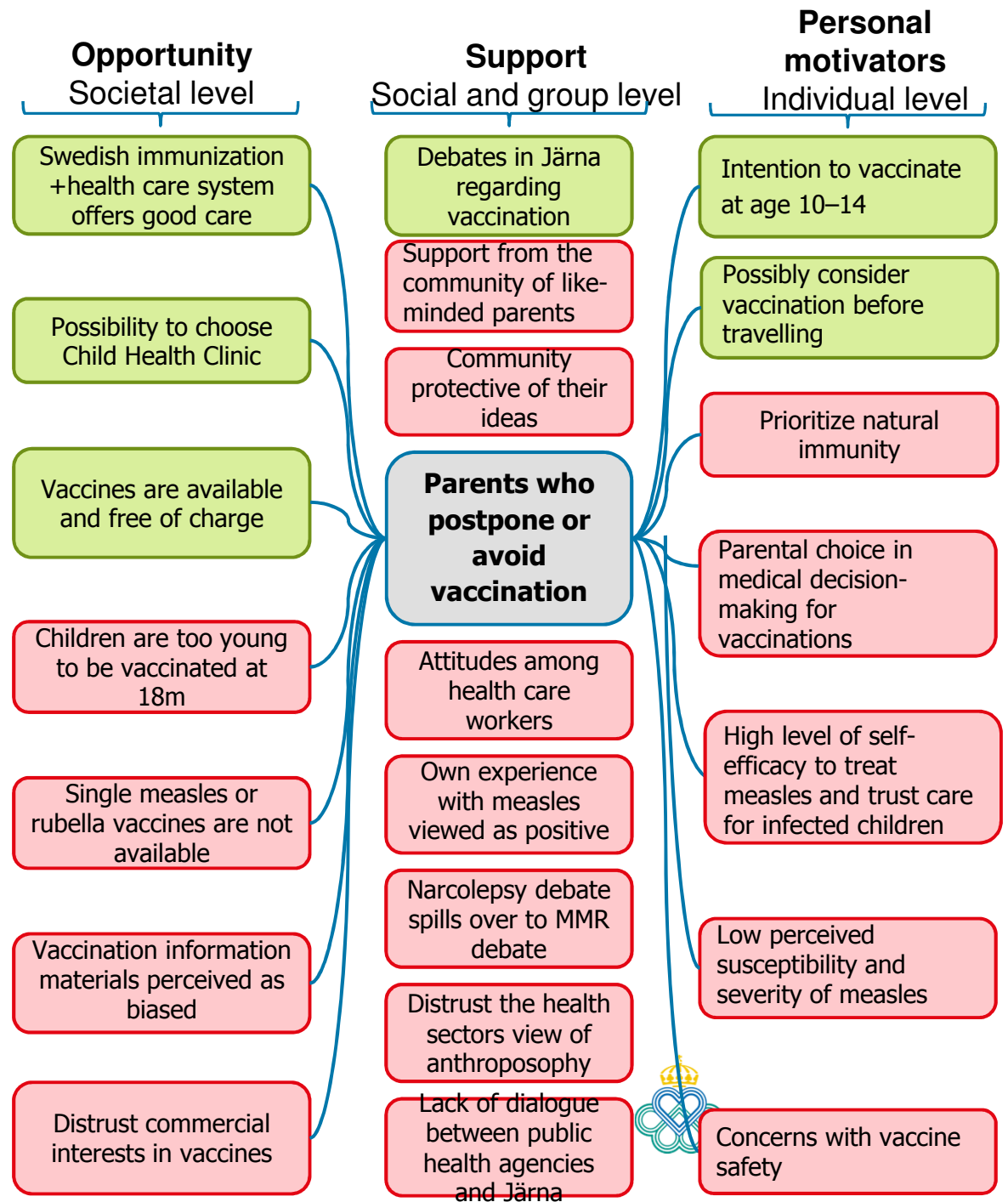
Results – Antroposophic

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

Sid .

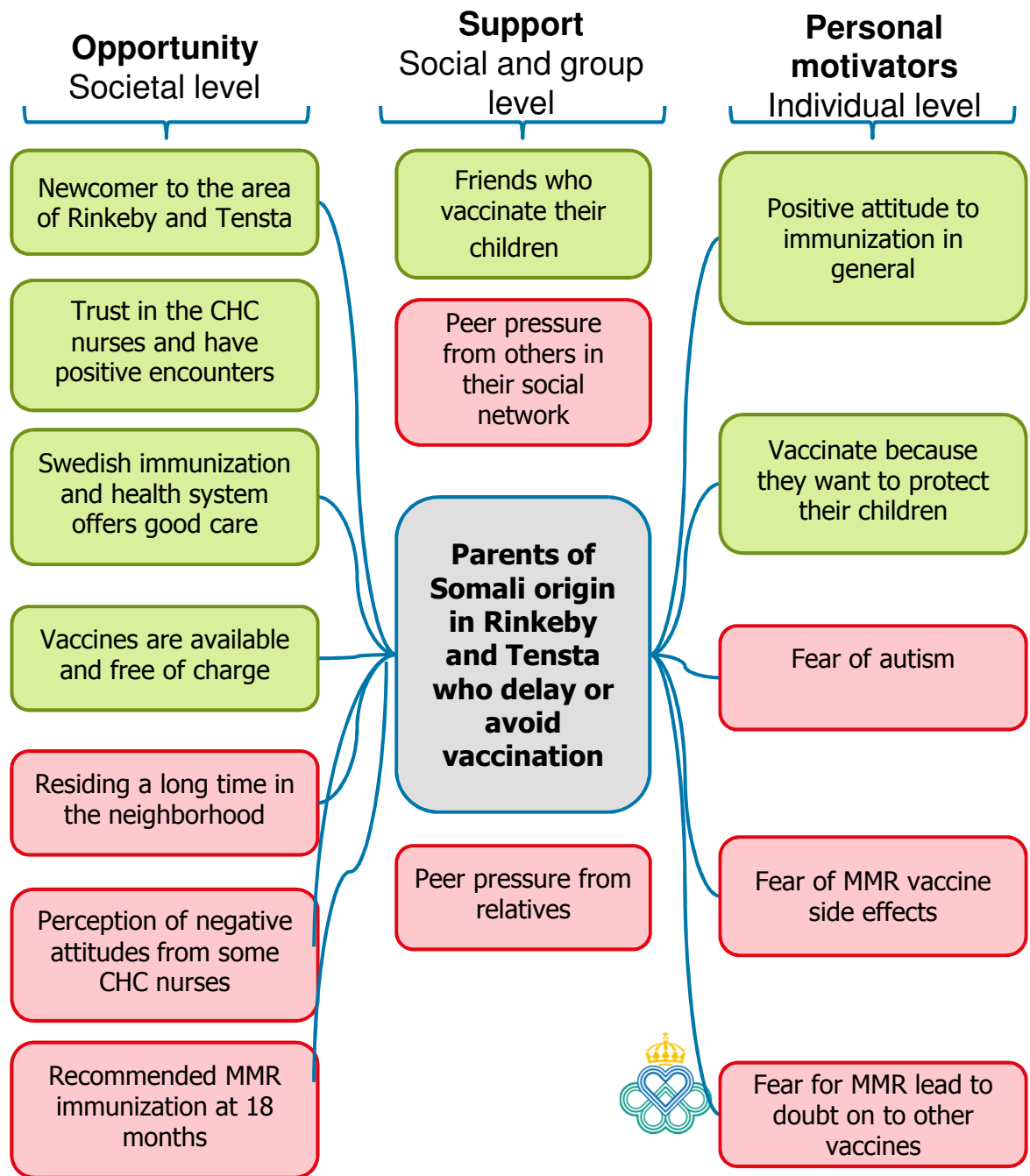


Results – Somali groups

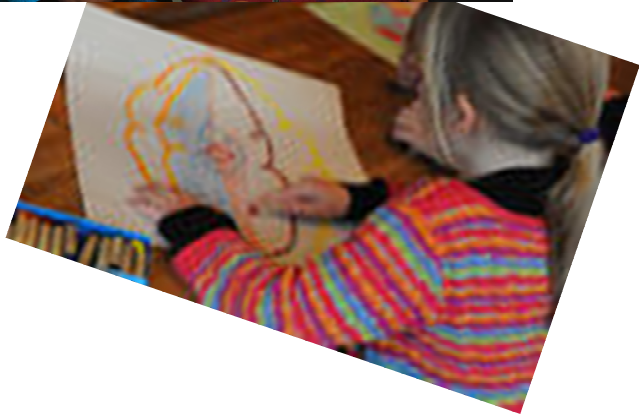
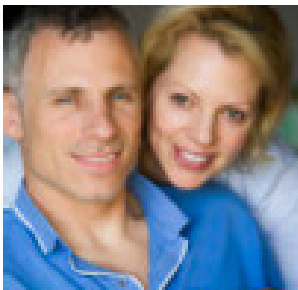
Parents want more information, the risks and benefits of vaccination - not through traditional channels (CHC)

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

Health professionals need tailored methods and support



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
- 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

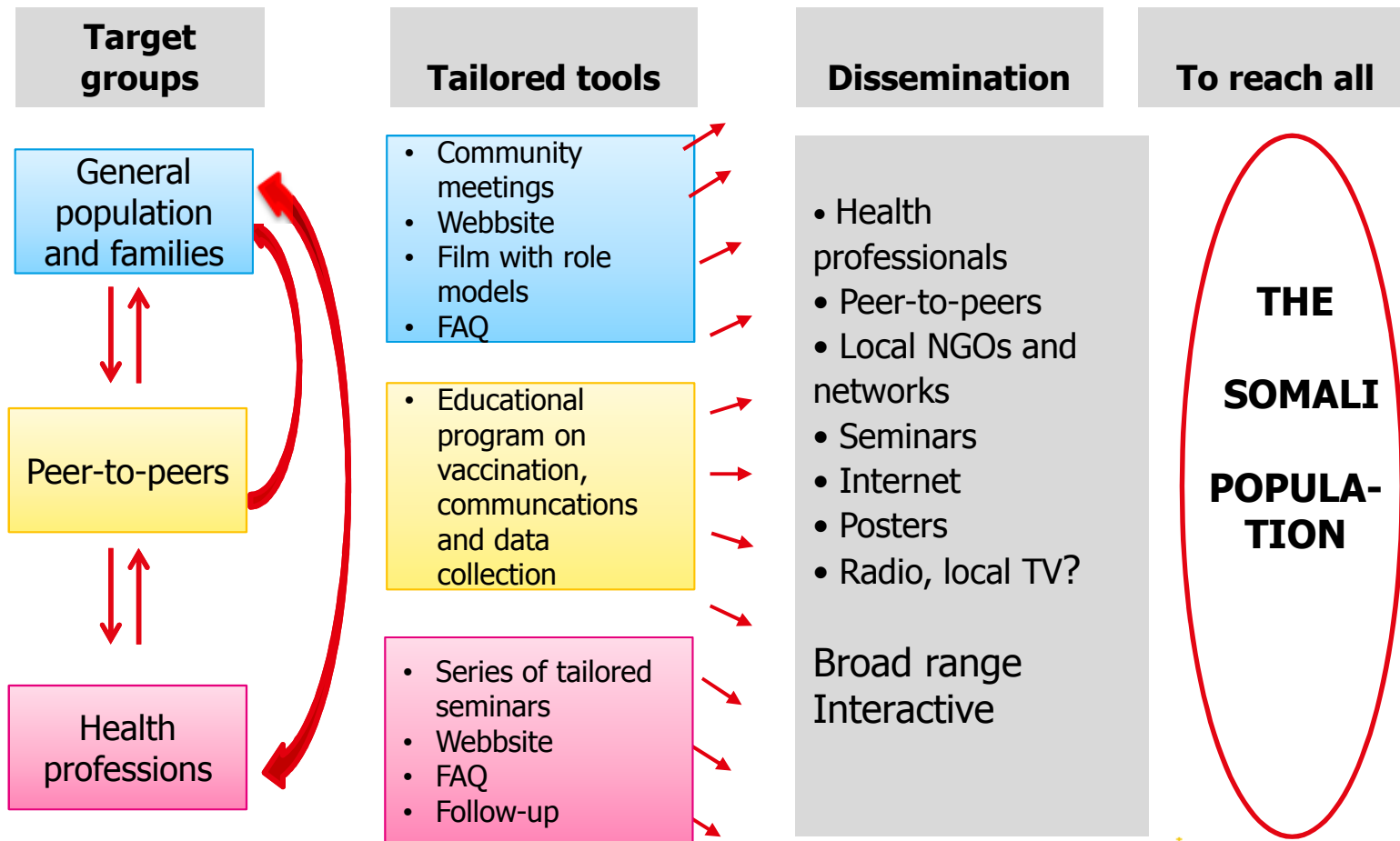
Increase the **health professional's** capacity to answer questions about vaccinations

- 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)



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



Project Organisation

Steering group

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Eva Netterlid
Helena Hervius (County
Med Officer)
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(Prev and Child Health
Services)

County Council



Central Health Care
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CHC Tensta: Carola
Schäfer och Birgit
Hyyryläinen
CHC Rinkeby: Ingrid Berg
och Susanne Einarsson

Sid .

Project group



Asha Jama
Emma Byström
Susanne Kärregård
Karina Godoy
Mats Hedlin



Ass.Professor Asli Kulane

Other partners

Municipality

School health
Health communicators,
Transcultural center

Local NGOs/ support org

Reference group
Somali National
association
Tensta parents
Shanta association



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