Tailoring Immunization Programmes (TIP)
An example of tailoring communication on vaccinations targeting hard-to-serve communities in Sweden

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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

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

Part 3: Design evidence-based responses

Planning phase

Set or modify purpose and objectives

Identify strategies to increase vaccination coverage

Define interventions

Monitor and evaluate

Part 4 & 5:
Define strategic priorities
Use strategies for behaviour change
Design activities
Create indicators to measure change

Part 6: Design interventions
- Promising practices
- Design activities
- Budgets
- Final report

The formative phase

Identify susceptible populations and diagnose barriers to vaccination

Full & timely vaccinated
Partially vaccinated
Not vaccinated

Understand the situation
Infant and child vaccination

Analyse risk for vaccine-preventable diseases

Define the vaccination status of the child

Refine problem statement

Analyse vaccination behaviours of caregivers, providers, influencers

Prioritize target groups

Profile target groups of un-/under-vaccinated
Caregivers' Use of Childhood Vaccination Services

- Knowledge of VPD, Vaccines and Immunisation
- Support from Health Workers
- VPD Perceptions
- Vaccine Perceptions
- Medical Decision-Making
- Risk-Benefit Analysis
- Beliefs
- Self-efficacy
- Intention to Vaccinate

Subtopics:
- Access to Vaccination
- Availability of Vaccination
- Characteristics and Appeal of Vaccination Points
- Vaccine Attributes
- Institutional Norms for Vaccination
- Social Norms and Support for Vaccination

Factors:
- Environmental Opportunity Factors
- Supportive Ability Factors
- Personal Motivation Factors
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

<table>
<thead>
<tr>
<th>ANTHROPOSOPHIC</th>
<th>SOMALI</th>
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</thead>
<tbody>
<tr>
<td>• 19 in-depth interviews with 20 parents</td>
<td>• 12 in-depth interviews with 12 mothers</td>
</tr>
<tr>
<td>• Key-person interviews</td>
<td>• 11 health care worker interviews</td>
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<tr>
<td>• Content analysis</td>
<td>• Content analysis</td>
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<tr>
<td>• Literature search</td>
<td>• Literature search</td>
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<tr>
<td>• Vaccination coverage data</td>
<td>• Vaccination coverage data</td>
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<tr>
<td>• 1 MPH thesis and 1 article in Vaccine</td>
<td>• 1 MPH thesis</td>
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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
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
- Literature 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

**Target groups**
- General population and families
- Peer-to-peers
- Health professions

**Tailored tools**
- Community meetings
- Website
- Film with role models
- FAQ
- Educational program on vaccination, communications and data collection
- Series of tailored seminars
- Website
- FAQ
- Follow-up

**Dissemination**
- Health professionals
- Peer-to-peers
- Local NGOs and networks
- Seminars
- Internet
- Posters
- Radio, local TV

**To reach all**
Broad range Interactive

THE SOMALI POPULATION
**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/](http://www.re-aim.hnfe.vt.edu/)
## 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
- 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

- **Regional Office for Europe**
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.