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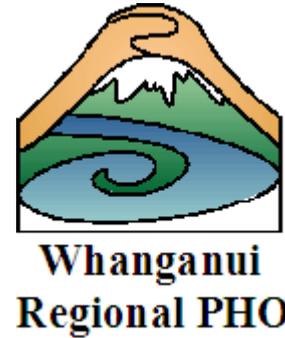
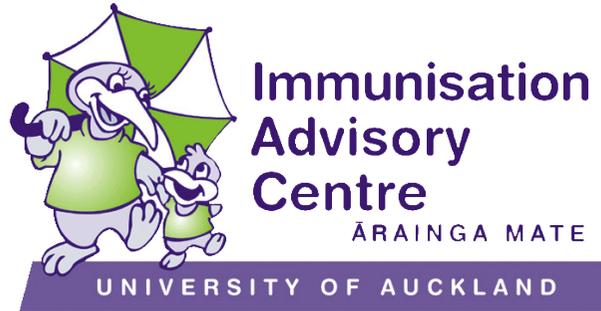
Developing Immunisation Communication Tools

A Community-University Liaison Project

National Immunisation Conference 2009

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# Project Team



**MASSEY UNIVERSITY**  
COLLEGE OF BUSINESS  
KAUPAPA WHAI PAKIHI



# Overview

- This is a community-based study in the Whanganui region
- A pilot study funded jointly by the Ministry of Health and the Health Research Council of New Zealand (Grant Number: 08/603; Ethics Identifier: LRS 08/09/043)
- It investigates the impact that images have on delivering key immunisation information to those making a decision about immunising their baby



# Approach

- The project grew from longitudinal research into adult literacy in the Whanganui region
- The topic of infant immunisation arose from a community need identified by community leaders and health professionals
- We all wished to develop ways to communicate key messages about immunisation that were easily understood and could sit alongside current, more detailed information



# Literature

- Two in-depth reviews of the use of illustrations in health communication recommended the following (Houts, Doak, Doak, and Loscalzo, 2006, p. 173, 188-9; Katz, Kripalani, & Weiss, 2006, p. 2395):
  - Continual consultation and evaluation between health & education professionals and the target audience throughout development
  - Using simple pictures or photographs to support key points
  - Supporting images with simple text linked to the images
  - Using culturally or locally specific illustrations where possible
  - Supporting images and written material with oral presentation

This slide and the next were derived from Watson, B. (2009). *Immunisation Literature Review*. To be published.



# Literature

- Most work on health communication and immunisation has focused on pamphlets or video (for example, Davis et al., 1996, 1998; Evers, 2001; Leiner, Handal & Williams, 2004; Jacobsen et al., 1999; Wilson, Brown, & Stephens-Ferris, 2006)
- These authors and/or the prior reviews showed:
  - Participants of all reading abilities prefer illustrated pamphlets with less reading time
  - Bullet points, bolding, brief key points, variety of pictures, and bright colours are important
  - Generally, use of pictures in health materials improved recall at a later date
  - Written **or** spoken text plus pictures are better remembered than text alone; however, spoken information alongside written text **and** illustrations is best remembered
  - Attended-to illustrative material (such as when on a fridge door) may facilitate frequent review & increase the likelihood of immunisation uptake



# Objectives Of This Study Were

- To develop communication tools
- To determine if recall and comprehension of information is improved by the tools developed
- To report on the outcomes in relation to immunisation uptake at six weeks and three months
- To evaluate the tools and suggest recommendations for modification



# Method: Phase One

- Building community research relationships
- Focus groups with **immunisation decision-makers** on the information they get, what they want, and how they want it
- **Developing tools** to meet these needs
  - A flipchart with an accompanying oral presentation
  - A fridge magnet



# Method: Phase Two

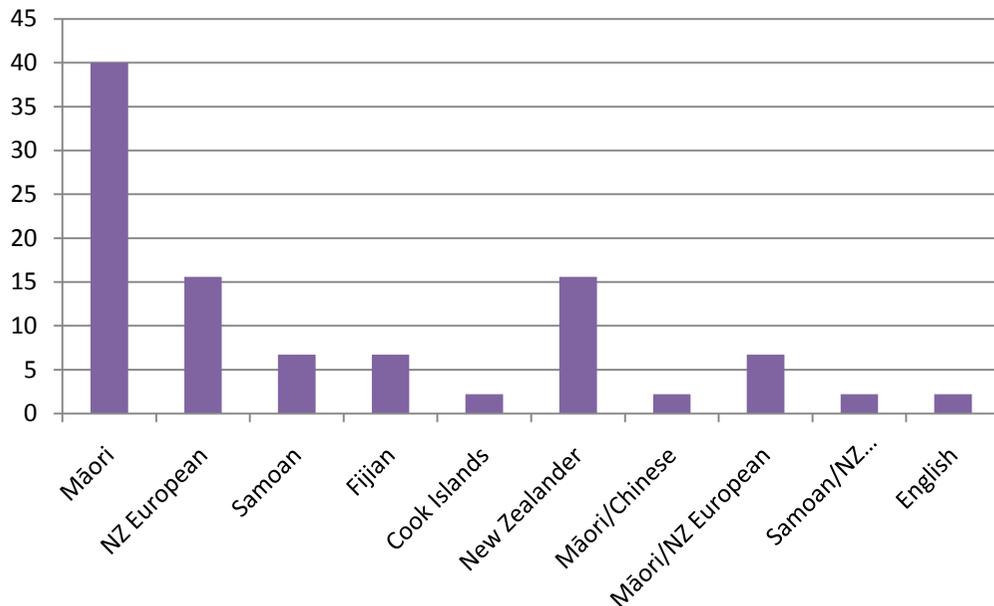
- Phase Two: **Pilot testing the tools** with two groups of soon-to-be mums (intervention and control groups)
  - The intervention group is given a scripted oral and visual presentation of a flipchart, and a fridge magnet to take away
  - The control group receives the oral spiel only
  - An antenatal interview where decision-making is discussed
  - Eight weeks post-birth interview to explore decisions made
  - Intervention group will discuss recall and comprehension of the tools
  - Check of NIR database on uptake rates at six weeks and three months and comparison against overall uptake rates for the general population



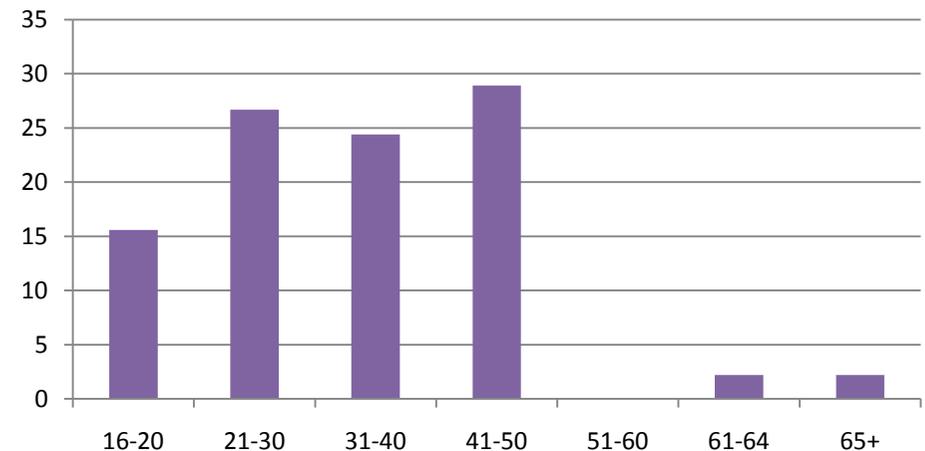
# Focus Group Demographics

- Most of the participants in the focus groups were responsible for one child only, although a large proportion were responsible for two (and some for up to six). One participant was not responsible for any children but had been involved in immunisation decision-making

## Ethnicity



## Age Group



# Focus Group Key Findings - Knowledge

- A general lack of knowledge on what vaccinations are for, what the process of vaccination is, what the risks are, and where to get more information
- Our participants generally did not go through a protracted decision-making process
- People want to be able to access more information if they wish to



# Focus Group Key Findings - Resources

- Sources of information should be balanced to show multiple viewpoints
- Written pamphlets and booklets are often not read. Interaction with health workers was considered important
- Photographs of real people are needed to draw interest to written material
- Bright colours are needed
- People liked and recognised the immunisation chart but thought there were too many long words on it
- Information should not be presented in large chunks



# Current Activity: Phase 2

- The tools are being trialled with women in their third trimester of pregnancy
- The process and questions were again developed through consultation



# Where We Are Now

- 54 first interviews have been completed (27 controls, 27 interventions)
- Follow-up post-birth interviews began in November 2009
- **Initial impressions from the process so far:**
  - Very few of the third-trimester participants have:
    - been talked to about immunisation
    - read the pamphlets
    - looked for more information
  - Understanding and knowledge of immunisation is patchy
    - There is confusion about the schedule and diseases
  - Few have looked at websites and none have indicated they have used the 0800 IMMUNE number.



# What Happens Next ...

- Feedback from the follow-up interviews will provide improvement ideas for the flipchart and fridge magnet
- If successful in enhancing knowledge and/or uptake, we would like to develop the tools further
  - To take into account different cultural, language, and locality needs
- This would include a further trial with larger numbers of participants and different cultural groups.

