



MASSEY UNIVERSITY

Developing Immunisation Communication Tools

A Community-University Liaison Project

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Our Purpose Today

- To talk about our project
- To show you the resources we have designed (flipchart and fridge magnet) and gather your thoughts on these
- To discuss with you the role you believe midwives play or should play in disseminating immunisation information
- To discuss with you if these tools would be useful for any immunisation discussions you might have
- To discuss with you how you think such resources could be best used or implemented in practice



Project Team



MASSEY UNIVERSITY
COLLEGE OF BUSINESS
KAUPAPA WHAI PAKIHI



Method: Phase One

(February 2009 – March 2009)

- Focus groups with **immunisation decision-makers** on the information they get, what they want, and how they want it
- 45 people from a range of ages, cultures, and ethnicities
- **Developing tools** to meet these needs
 - A flipchart with an accompanying oral presentation
 - A fridge magnet



Method: Phase Two (August 2009 – April 2010)

- 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 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 show multiple viewpoints
- Written material often not read. Interaction with health workers was important
- Photographs of real people, bright colours, and simple wording wanted



Where We Are Now

- All first interviews have been completed (half controls, half interventions)
- Follow-up post-birth interviews completed
- **Initial impressions from the first interviews:**
 - 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.



Where We Are Now

- **Initial impressions from the second interviews:**
 - Participants generally like the flipchart and fridge magnet
 - Most have the fridge magnet on their fridge as a reminder
 - Participants generally remember seeing the flip chart, but specific recall is patchy
 - The disease pictures seem to be the best remembered
 - Some participants recounted that seeing the pictures and hearing the information helped them to decide to immunise
- Improvements in delivery of the flipchart are indicated e.g., it needs to be part of a discussion rather than a delivered spiel
- Timing of information-giving is also important with suggestions for both antenatal and postnatal delivery.



What Happens Next ...

- There is potential for a further trial with larger numbers of participants and different cultural groups
- We would like to develop the tools further
 - To take into account different cultural, language, and locality needs
 - To take into account your feedback, our project team's thoughts, and end-user feedback.



Questions For You

- What do you think of the flipchart and/or fridge magnet?
- What role (if any) you believe midwives play or should play in disseminating immunisation information?
- Would these tools be useful for any immunisation discussions you might have?
- How and when do you think such resources could be best used or implemented in your practice?

