

Understanding uptake of immunization in Gypsy, Traveller and Roma communities

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Gypsies, Travellers and Roma in the UK

- Defined by nomadic lifestyle or descent
- 360,00 Travellers

York	<ul style="list-style-type: none">• English Gypsy
Bristol	<ul style="list-style-type: none">• Romanian Roma• English Gypsy/Irish Traveller
Glasgow	<ul style="list-style-type: none">• Slovakian and Romanian Roma• Scottish Show People
London	<ul style="list-style-type: none">• Irish Traveller



Immunisation in Traveller Communities

- Recurring outbreaks of vaccine preventable diseases in Travelling communities suggest immunisation uptake is low
- Rates of uptake of immunisations are unclear
- Immunisation services are not based on need and variably provided

Aims and Focus

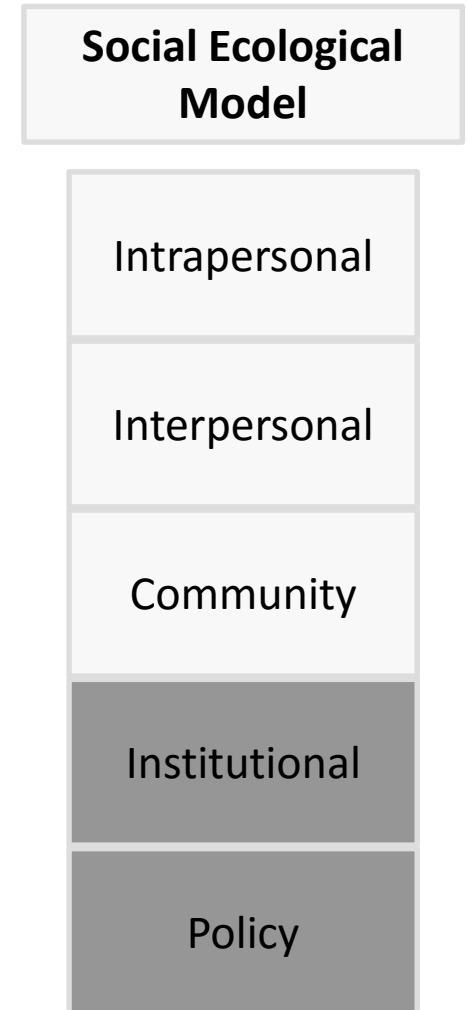
1. Explore the barriers and facilitators to acceptability and uptake of immunisations in six Traveller communities across four UK cities
- 2. Identify possible interventions to increase the uptake of immunisations in these Traveller communities**
 - UK childhood immunisation programme
 - Adult flu vaccination and whooping cough vaccine (pregnant women)

UNderstanding uptake of Immunisations in Travelling aNd Gypsy communities (UNITING): protocol for an exploratory, qualitative study. *BMJ Open* 2015;5:e008564. doi:10.1136/bmjopen-2015-008564.

Prioritised Interventions

1. Cultural competence training for health professionals and frontline staff
2. Named frontline person in Primary Care Centre to provide respectful and supportive service
3. Identify Travellers in health records to tailor support and monitor uptake
4. Flexible and diverse systems for booking appointments, recall and reminders
5. Protected funding for Health Visitor specialising in Traveller health including immunisation

Travellers who are housed or settled on an authorised site




Cultural Competence Training


Components	<ul style="list-style-type: none">• Traveller lifestyle and values• Beliefs regarding immunisations• Remove negative stereotypes• Enable collection of ethnicity data in a sensitive and appropriate manner
Mode and intensity of delivery	<ul style="list-style-type: none">• All health professionals should be considered but as a minimum these groups should be prioritised: GPs, Health Visitors, Midwives, Practice nurses and Receptionists• National Policy and Guidance to achieve universal implementation and standards
Differences in content and delivery across communities and settings	<ul style="list-style-type: none">• Concerns about pregnancy vaccines and HPV particularly evident in Bristol English Gypsy, Irish Traveller community
Potential barriers and facilitators	<ul style="list-style-type: none">• Funding, time• Link to interventions 2 and 3

Medical Research Council (2008). Developing and evaluating complex interventions: new guidance.

Researchers identify potential interventions from interviews with 174 Travellers and 39 Service Providers
(modified Intervention Mapping)



51 Travellers and 25 Service Providers agree prioritised list of potentially feasible and acceptable interventions
(2-step Prioritisation)



Researchers review prioritised lists for all six communities

Travellers' Views

Knowledge about
immunisations

Travelling

Concerns about imms
in general

Sources of
information

Language and literacy

Beliefs about specific
vaccines

Acceptance of
immunisation

Maternal decision
makers

School attendance

Intergenerational
change

Discrimination

Recall and reminders

Influence of the
family over peers

Access to health
services

Relationships with
health professionals

Attending
appointments

Service Providers' Views

Discrimination

Poverty

Housing

Recall and reminders

Joined up working

Access to health
services

Trusting relationships

Record keeping and
monitoring

Flexible
appointments

Funding of services

Local and national
strategies

NHS Reforms

Intervention Mapping

<http://interventionmapping.com>

Barrier T = Traveller S = Service Provider	Objective	Target / SEM	Ideas for Intervention (Bristol English Gypsy data)	<u>Additional Ideas</u> for Intervention (Advisory/ Research Team)
<p>BEG C1.5 Negative cultural views for specific vaccines.</p> <p>Whooping cough - fear of brain damage in child and view that pregnancy should be natural.</p> <p>HPV - idea girls don't need it as don't have sex until married, so is seen as inappropriate and offensive T</p>	<p>Improve knowledge</p> <p>Acknowledge cultural beliefs</p>	<p>Primary Care Community</p> <p>Intrapersonal</p> <p>Interpersonal</p> <p>Institutional Community</p>	<p>Links to BEG-C-IE Verbal explanation from health professional T</p> <p>BEG-C-IB Community Champions T</p> <p>BEG-C-IA Social media with accurate messages – Facebook T</p> <p>Links to BEG-C-ID Work with school nurses to change way HPV jab is presented to teenage girls i.e. about cancer and when important to have it S</p>	<p>BEG-C-IC Cultural competence training</p> <p>BEG-C-IG Work with targeted groups e.g. fathers, teenage girls</p> <p>Links to BEG-C-IG Support teenage girls to speak with elders</p> <p>Links to BEG-C-IE Understand where beliefs/concerns are coming from</p>

2-step Prioritisation

- Travellers and Service Providers worked separately to rank interventions by potential impact

“How much of a difference would this make to your community?”

- Came together to agree top 5 – focus on acceptability and feasibility
- “Can do” approach

Developing evidence-based recommendations in public health-incorporating the views of practitioners, service users and user representatives. Health Expectations 2008;11:3-15.

Conclusions

- Identifying interventions to increase immunisation uptake in low access population
 - Components, mode and intensity of delivery, differences, barriers/facilitators
- Driven by community/provider views
- Theoretically informed
- Established methods of intervention mapping and prioritisation

Our Team

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