TARANAKI DISTRICT HEALTH BOARD

EXECUTIVE SUMMARY
Health Equity Assessment:

Childhood Immunisation in Taranaki

September 2018

Contents

Introduction

The purpose of this exercise was to apply a health equity lens to the Taranaki District Health Board Childhood Immunisation Service to understand the existing inequity in childhood immunisation coverage in Taranaki and identify service improvement opportunities that can be driven by Taranaki District Health Board to address existing inequities.

The findings from this report are based on the following:

- Review of existing immunisation coverage data and analysis of Outreach Immunisation Service participation.
- Literature review of effective interventions for improving equity in childhood immunisation rates and increasing immunisation rates for Māori.
- Application of the Ministry of Health 2008 Health Equity Assessment Tool (HEAT)[1] at stakeholder workshop with 24 participants.
- Application of selected questions from HEAT in three key informant interviews.
- Telephone interviews with five immunisation outreach service users.
- One focus group with caregivers based in South Taranaki.

The Health Equity Assessment (HEA) was completed in 2017 by the Taranaki Public Health Unit. The final report was peer reviewed by a leading New Zealand expert on immunisation and academics at the University of Otago Wellington. The full report is accessible at http://www.tdhb.org.nz/services/public_health/health_equity_assessments.shtml

Background

Childhood immunisation

Childhood immunisation is one of the most-cost-effective health care interventions[2]. It is recognised as one of the most highly effective strategies for preventing a number of serious vaccine-preventable diseases which can have serious complications and may cause long-term harm[3]. High immunisation coverage is important to protect not only the health of individuals but to protect the wider community[4]. Immunisation coverage for many of the vaccines provides population-wide protection by reducing the incidence of vaccine-preventable diseases and preventing spread to vulnerable people[5], including those who have not been vaccinated either by choice or because of medical reasons[6].

Immunisation is one of the Government's six Health Targets[7]. New Zealand has nationally set targets and performance measures to ensure that high rates of immunisation coverage are achieved and maintained. In 2017/18, the national health target is 95 percent of children are fully immunised by eight months, two years and five years[8]. Access to the benefits of immunisation is part of the human right to health. All Taranaki children should benefit from immunization, regardless of where they live and who they are. Inequities in accessing the benefits of immunisation should be considered unfair and avoidable, and as such warrant an active response to their elimination. The vaccine inverse care law implies in that those most at risk of disease are least likely to receive the vaccine[9].

> *Ensuring that all people gain access to immunization, regardless of who they are and where they live, remains a fundamental global challenge.*
>
> World Health Organization, 2017[10].

To be effective, timeliness of vaccination is also important to increase individual immunity[11] as immunisation must be given when the person is most susceptible to the disease. Timeliness is very important as it affects disease control and a delay in receiving the first immunisation is one of the strongest predictors of subsequent incomplete immunisation[12]. Immunisation timeliness is known to vary with socioeconomic deprivation; the higher the deprivation, the less likely that immunisations will be delivered on time[13].

Health Equity Assessment (HEA)

Applying a health equity approach to reviewing existing health services allows users to examine a service in terms of its impact on addressing health inequities. Using tools such as the 2008 HEAT tool offers an opportunity to make decisions around the future of health services and specifically target resources towards interventions that will impact on reducing existing health disparities. HEA, as a planning tool, allow limited health resources to be directed towards efforts that will effectively address inequities.

The Taranaki DHB Public Health Unit has developed an approach to undertaking HEA, using HEAT as the guiding framework. Figure One demonstrates the range of sources which are drawn on to gather evidence for the equity analysis. Figure Two shows the Taranaki DHB's process for undertaking HEA.

Figure One: Taranaki DHB Health Equity Assessment Sources of Evidence

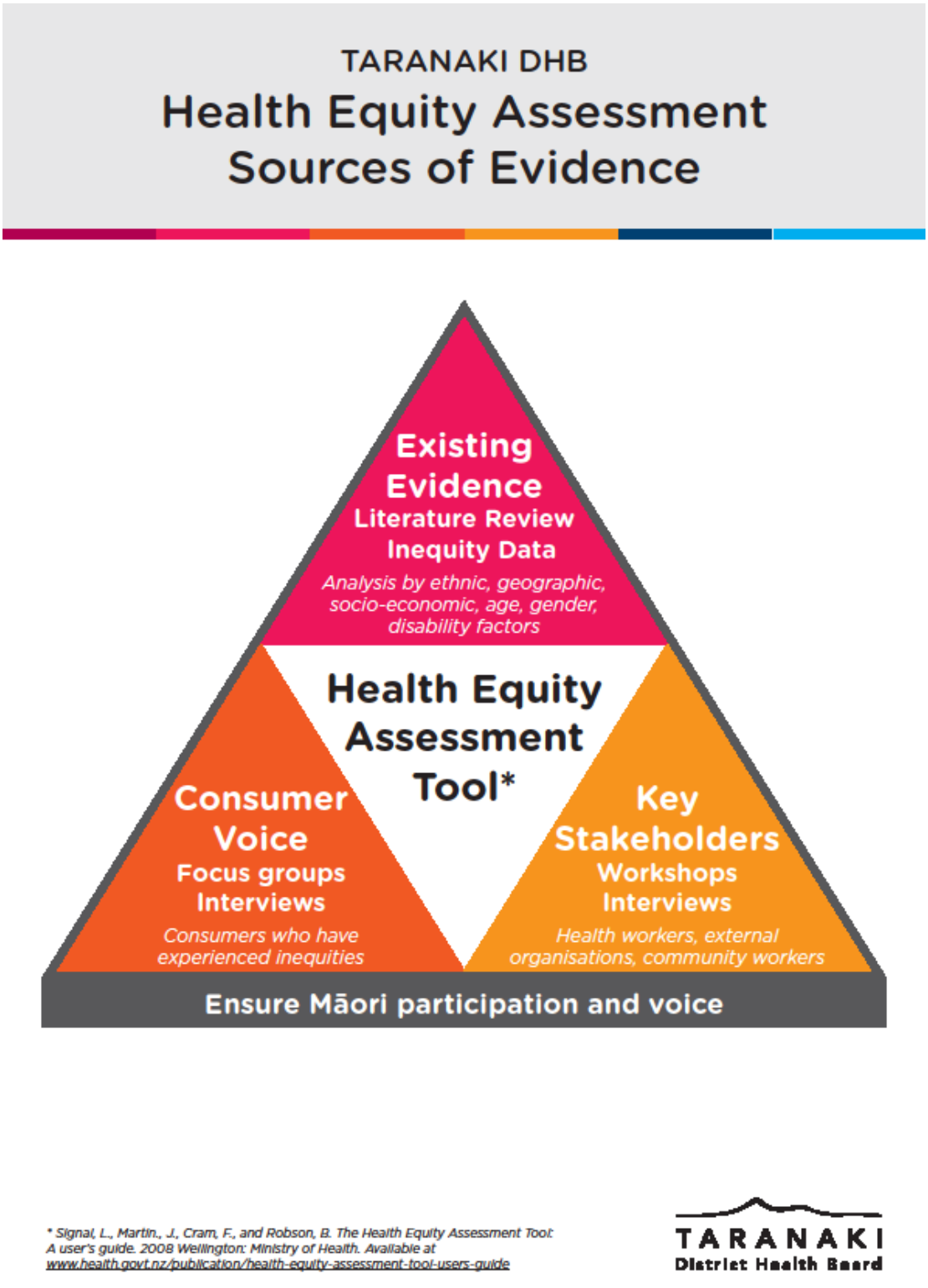
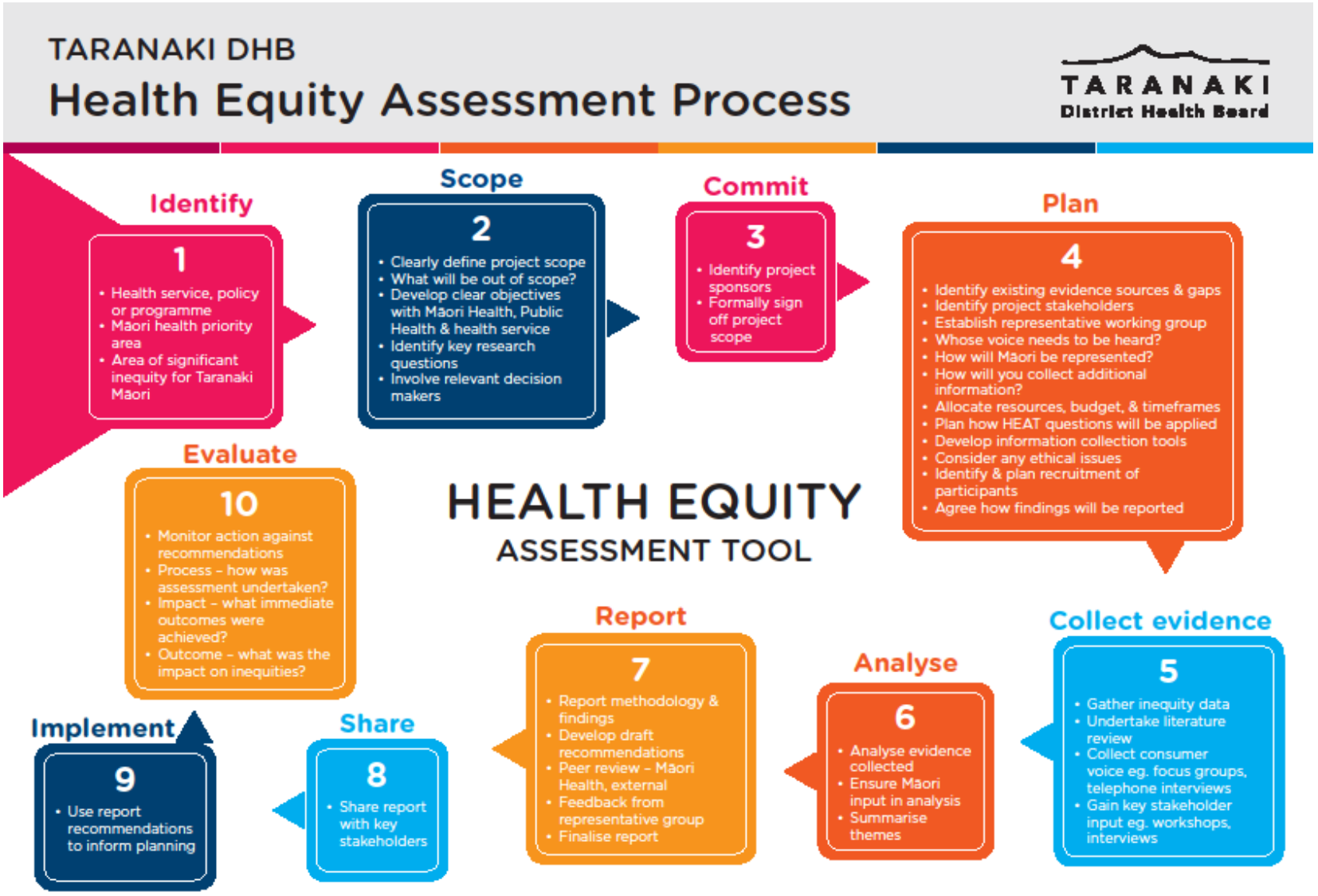


Figure Two: Taranaki DHB Health Equity Assessment Process.



Findings

Immunisation data

The HEA highlighted existing geographical, ethnic and socio-economic inequities in achieving timely immunisation coverage of children in Taranaki. It found that tamariki Māori experience notable inequity at a number of key milestones and are over-represented on the Immunisation Outreach Service.

Socio-economic and geographic inequities were also evident, with areas of higher deprivation having highest rates of infants on the Immunisation Outreach Service list, including the areas of Waitara, Marfell and Manaia.

Significant barriers were identified for families living in Waitara to accessing wider general practice services due to the local general practice not enrolling new patients. It was found that more than two thirds of infants on the Outreach Immunisation Service list who live in Waitara are either not enrolled at a general practice or are enrolled in one outside of the Waitara area, highlighting access to general practice as a key determinant of immunisation inequities for this population.

Findings from the literature

The rapid literature review explored interventions which have been found to be effective in improving equity in childhood immunisations, and interventions that have been found to be effective in reducing inequity in immunisation for Māori. A number of key factors have been identified in the international and New Zealand literature as factors which resulted in higher immunisation coverage and/or timeliness:

- National Immunisation Registers (NIR) are considered internationally to be effective tools in identifying disparities in immunisation coverage. The development of the New Zealand NIR supported strategies that have resulted in a decrease in the equity gap between children living in the lowest and the highest socioeconomic decile.

- Obtaining the voices of those experiencing inequity is important in the development and/or reorientation of immunisation interventions to assist in identify and addressing

barriers to immunisation[14] [15]. Regular reviews are advised to track progress, adjust strategies and promote accountability.

- Adequate support and funding of primary care to deliver appropriate immunisation services to their communities and, particularly for Māori clients, to support improved health literacy, positive communications and manaakitanga. Small enhancements to improve Māori experiences in healthcare practice are likely to result in an increase in Māori immunisation rates.

- Lead maternity carers (LMCs) are important credible sources of evidence-based information regarding immunisation during the antenatal period and to encourage enrolment of infants in primary care as early as possible.

- High performing general practices have been effective at developing their own customised action plans[16]. A tool kit of strategies is required for providers to utilise as one strategy alone will not improve childhood immunisation rates[17]. Support to providers has been shown to be helpful[18].

Findings from key stakeholders

The following suggestions were the most well supported strategies identified by the consumer focus group participants, key informants, workshop participants and consumer telephone interviewees on how immunisation services should be provided:

- Partner with community groups
- Develop intersectoral approaches
- Provide transport assistance
- Increase consumer and Māori voice in planning
- Improve health literacy
- Focus on antenatal period
- Increase Māori representation in workforce
- Improve general practice engagement
- Improve consistency of general practice staff
- Address access issues to general practice *(eg. delays getting an appointment)*
- Improve general practice communication (*eg. appointment reminders, free 0800 number)*

- Review partnerships and representation on immunisation steering group
- Reorient immunisation service *(eg. offer pop-up and mobile clinics, nurse led clinics in community)*
- Continue to offer OIS in own home
- Utilise social media to promote immunisation

Conclusion

The application of the HEAT Tool to the childhood immunisation service provided an opportunity for stakeholders to critically examine the existing immunisation service with a health equity lens. This assessment has highlighted that there are a range of opportunities to strengthen the equity focus of the service to increase its potential to address existing geographic, ethnic and socio-economic inequities in immunisation. Efforts are best focused on strategies that seek to make a long-term impact by addressing the wider determinants of inequities in immunisation in Taranaki.

Significant barriers were identified for families living in Waitara to accessing wider general practice services due to the local general practice not enrolling new patients. It was found that more than two thirds of infants on the Outreach Immunisation Service list who live in Waitara are either not enrolled at a general practice or are enrolled in one outside of the Waitara area, highlighting access to general practice as a key determinant of immunisation inequities for this population. As childhood immunisation is a good indicator of equity in child health this report also highlighted the existing wider system failures of inequity in access to primary health care in Taranaki.

Key themes to emerge from this assessment include primary health care access issues relating to enrolment, attaining appointments, communication, transport barriers and a lack of mobile telephone credit; community partnerships and representation in immunisation strategy group; general practice focus on health literacy and service enhancements for Māori; practice level equity coverage reporting; encouraging re-engagement into primary health care by Outreach Immunisation Service; immunisation education during antenatal period by lead maternal carers with wider members of whānau; and the value of Māori consumer input into service planning.

This assessment highlighted a wide range of opportunities to strengthen the equity focus of the service. It also highlighted that a number of strategies are required at multiple levels to

tackle persisting inequities. It is suggested that the collection of strategies available are prioritised with resources targeted towards actions that will have the greatest long-term impact on reducing existing disparities and seek to address the underlying causes of inequities. Resources should be invested in addressing the barriers to engagement in primary health care immunisation services.

A health equity approach to reviewing health services allows decision makers to examine a service in terms of its impact on addressing health inequalities. Using health equity tools such as HEAT offers an opportunity to inform decisions on future health service planning with equity lens and target resources towards actions that will have the greatest impact on reducing existing health disparities.

Recommendations

As a result of this HEA, the following recommendations are made to the Taranaki Childhood Immunisation Service:

1. Regularly review immunisation service by obtaining consumer feedback, with a focus on Māori consumer voice, to inform ongoing service planning.

2. Taranaki Immunisation Steering Group undertakes a self-review process to ensure equity focussed member representation and reviews it's terms of reference to ensure effectiveness and increase equity.

3. Introduce quarterly equity data reporting of immunisation coverage at a general practice level and monitor coverage.

4. Taranaki Childhood Immunisation Service work with PHO to identify opportunities to enhance health literacy and delivery of culturally appropriate services to improve immunisation uptake rates (for example, a health literacy review at a practice level). This could utilize practice level equity data reports to identify underperforming practices to target with customised actions plans.

5. TDHB to develop a communications media plan to promote accurate immunisation messages, including social media, with a strong health equity focus.

6. Actively work with LMC and antenatal education services to disseminate accurate immunisation information positively and encourage early enrolment in primary care. This will include development of Hapu Wananga (kaupapa Māori antenatal education programme).

7. Consider the requirement for funding a pilot alternative immunisation service for un-enrolled 'GP unknown' children in Waitara, for example through nurse clinics in general practice settings, until the general practice is resourced to accept new enrolments.

8. Continue to offer childhood immunisation at future free annual winter flu vaccination 'pop-up clinics' held in key geographic locations and ensure they are planned with local community groups who are connected to whānau.

9. Continually collect and analyse outreach participant lists and monitor quarterly and annually to identify which population groups continue to be represented in OIS.

10. Planning, Funding and Population Health undertakes an audit of the OIS to assess if the recommendations in the Ministry of Health National Review of OIS have been implemented. The audit will aim to increase opportunities to deliver a service that provides equity, efficiency and effectiveness, with a particular focus on strengthening the OIS efforts to engage families with primary care services.

To the Taranaki District Health Board:

1. Work with the PHO to explore the need for a HEA of primary health enrolment for children under five years old.

2. Continue efforts to address the shortage of general practitioners in Taranaki, particularly South Taranaki and Waitara.

3. Planning, Funding and Population Health to work with Māori health providers to provide additional support (such as transport services) to link families to practices in high deprivation areas and with high proportion of Māori whanau, under the Te Kawau Mārō contract.

4. Consider setting up a free 0800 phone number to TDHB to transfer telephone calls to general practices to make appointments so contacting general practices is free from mobile phones in Taranaki.

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