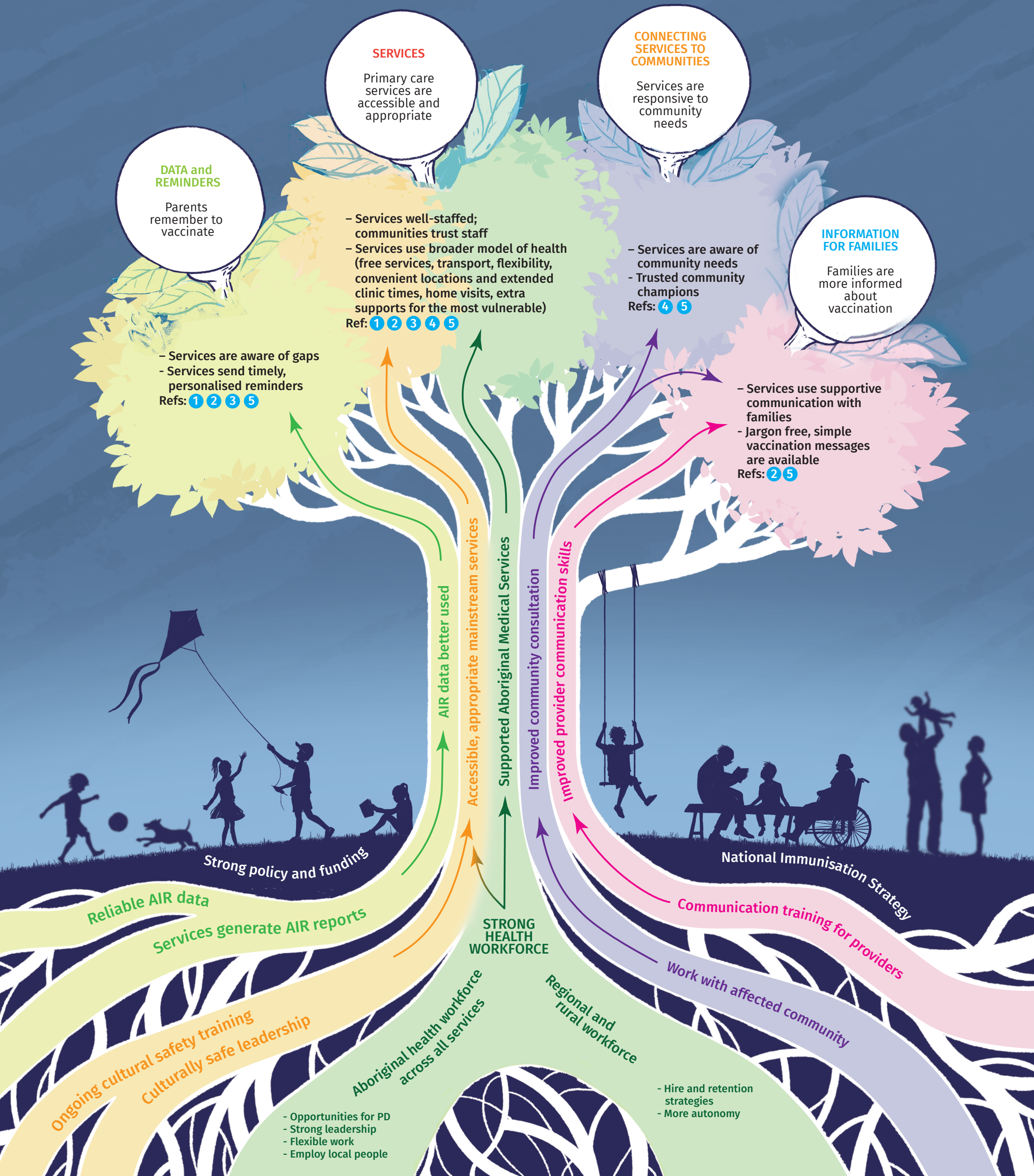


Tree of community informed strategies to increase childhood vaccination rates

Second page provides a description of the tree and links to studies that informed the tree (referenced on page one) from regional and rural NSW. We thank all communities, parents and carers, public health units and health service stakeholders for sharing their views.



The tree of community informed strategies to improve childhood vaccination rates

The *tree of strategies to improve childhood vaccination rates* presents some practical strategies which health services may want to use to improve childhood vaccination rates in communities with known socio-economic disadvantage and little ideological opposition to vaccination. These strategies were suggested by partners in immunisation (community and parents, public health units, health services) from regional and rural NSW, Australia, who participated in 5 studies between 2017 and 2020, referenced below*. These studies used the World Health Organization Tailoring Immunization Programmes (TIP) approach to understand reasons for childhood under-immunisation and to suggest tailored strategies. In a regional community of Maitland, implementation of tailored strategies (The Three Step Process) was followed by a 24 percentage point increase in coverage among the one year olds (Thomas, Durrheim, Islam, Higgins, & Cashman, 2022).

Strategies included in *the tree* are not meant to be exhaustive; there may be other strategies helpful in addressing childhood under-vaccination.

We invite immunisation stakeholders across Australia to use and adapt *the tree* to their local needs when designing tailored strategies to help more families get their children vaccinated on time.

For more information please contact Dr Kasia Bolsewicz (Katarzyna.Bolsewicz@health.nsw.gov.au), from the University of Newcastle/ National Centre for Immunisation Research (NCIRS), who developed *the tree* with input from collaborators and the NCIRS Social Science Team.

The tree also illustrates the complex relationship between broad determinants of childhood vaccination identified through the local studies. Tree 'foliage' (containing practical strategies) will bear 'fruits' of: parents remembering about vaccinations; services being responsive to community needs, accessible and appropriate; and families being informed about vaccination. However, these 'fruits' depend on conducive structural, social and cultural factors (listed in *the tree* trunk and roots) which are grounded in policy-level investments. Without such investments, it may not be possible to achieve high equitable coverage with childhood vaccination.

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Footnotes and references:

- 1 TIP in Maitland (2017): Strategies suggested to help improve childhood vaccination rates among socially and economically disadvantaged mums some of whom may be afraid of accessing services.

More detail in:

Thomas, S., Durrheim, D., Islam, F., Higgins, H., & Cashman, P. (2022). Improved childhood immunisation coverage using the World Health Organization's Tailoring Immunization Programmes guide (TIP) in a regional centre in Australia. *Vaccine*, 40(1), 18-20. <https://doi.org/10.1016/j.vaccine.2021.11.067>

Thomas, S., Cashman, P., Islam, F., Baker, L., Clark, K., Leask, J., . . . Durrheim, D. N. (2018). Tailoring immunisation service delivery in a disadvantaged community in Australia; views of health providers and parents. *Vaccine*, 36(19), 2596-2603. <https://doi.org/10.1016/j.vaccine.2018.03.072>

- 2 TIP in Tamworth (2019): Strategies suggested to help improve childhood vaccination rates among Aboriginal and Torres Strait Islander mums and carers.

More detail in:

Thomas, S., Allan, N., Taylor, P., McGrady, P., Bolsewicz, K., Islam, F., . . . Creighton, A. (2021). Combining First Nations Research Methods with a World Health Organization Guide to Understand Low Childhood Immunisation Coverage in Children in Tamworth, Australia. *The International Indigenous Policy Journal*, 12(2). <https://doi.org/10.18584/iipj.2021.12.2.10959>

- 3 TIP in Umina Beach (2019): Strategies suggested to help improve childhood vaccination rates among socially and economically disadvantaged mums/carers, young and single parents, and commuter families.

More detail in:

Bolsewicz, K., Thomas S., Moore D., Gately, C., Dixon, A., Cook, P., & Lewis, P. (2020). Using the Tailoring Immunization Programmes guide to improve child immunisation in Umina, New South Wales: we could still do better. *Aust J Prim Health*, 26(4), 325-331. DOI: [10.1071/PY19247](https://doi.org/10.1071/PY19247)

- 4 TIP in Kempsey (2019-20): Strategies suggested to help improve childhood vaccination rates among Aboriginal and Torres Strait Islander mums and carers in a community experiencing rural health workforce and health service challenges, high level of social and economic disadvantage and racism in the community and in health services.

More detail in:

Bolsewicz, K., Thomas, J., Corben, P., Thomas, S., Tudball, J., & Fernando, M. (2021). Immunisation, I haven't had a problem, but once again the transport, making an appointment, the time that you waste and all of those things are an issue."- understanding childhood under-immunisation in Mid North Coast NSW, Australia. *Aust J Rural Health*. <https://doi.org/10.1111/ajr.12771>

- 5 TIP in Lismore (2019-20): Two types of suggested strategies to help improve childhood vaccination rates among:
1) Aboriginal and Torres Strait Islander mums and carers experiencing social and economic disadvantage, and
2) non-Aboriginal mums some of whom were vaccine hesitant.

More detail in:

Thomas, S., Paden, V., Lloyd, C., Tudball, J., & Corben, P. (2022). Tailoring immunisation programmes in Lismore, NSW; the thing we want our children to do is be healthy and grow well and immunisation really helps that. *Rural and Remote Health*, Accepted for publication 21 November 2021. https://www.rrh.org.au/journal/early_abstract/6803

