IMMUNISATION EXPLORATORY RESEARCH FINAL REPORT

DEPARTMENT OF HEALTH AND AGED CARE › JAN 2024

fiftyfive5
Part of Accenture Song

CLIENT › DEPARTMENT OF HEALTH AND AGED CARE

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SECTION1

RESEARCH BACKGROUND

WHY WE ARE HERE TODAY…

Research shows that COVID-19 has fundamentally shifted the immunisation landscape. People, particularly parents, are asking more questions. Increasing levels of concerns about vaccinations are evident. Further research is required to uncover insights and inform the strategic approach for a range of 2023-24 immunisation campaigns.

NATIONAL VACCINATION COVERAGE TARGET NOT ACHIEVED

The World Health Organization (WHO) has noted the COVID-19 pandemic fueled the largest backslide in childhood vaccinations in three decades. The National Immunisation Strategy for Australia 2019–2024 vaccination coverage target of 95% for 5-year-olds has not been achieved for the last 7 quarters. As of June 2023, the national coverage rates were 94.14% for all 5-year-olds. First Nations children aged one year have the lowest rate observed since December 2016 (90.82%). **The coverage rates for all children at one year of age decreased by 0.19 percentage points to 93.42% compared to the four quarters to March 2023**.

DECLINE IN INFLUENZA VACCINATION RATES ACROSS ALL TARGET GROUPS IN 2023 DESPITE FREE VACCINES

While Australia saw strong overall uptake of influenza vaccines in 2022 compared to the previous 2 years, data indicates a decline in vaccination rates across all target groups in 2023. The data identified low uptake among children under 5 and First Nations people, who are at higher risk of health complications. Only 28% of children, overall, under 5 years and 19.8% of First Nations children under 5 years received an influenza vaccine in 2023. This is down from 33.7% and 24.5% in 2022. **Australian Immunisation Register (AIR) for children under 5, and particularly First Nations children, were low in 2023 despite the availability of free vaccines and the resurgence of influenza in the community.**

FREE SHINGLES VACCINE FOR FIRST NATIONS PEOPLE AGED 50+ YEARS

The National Immunisation Program (NIP) has started to provide free shingles vaccine Shingrix from 1 November 2023 for eligible people most at risk of complications from shingles, specifically people aged 65 years and older, First Nations people aged 50 years and older and immunocompromised people aged 18 years and older with the specific medical conditions. Research conducted in September 2023 amongst First Nations people indicated that understanding of shingles is shallow. Amongst a small qualitative sample, awareness of a shingles vaccine was also low
and attitudes to any vaccine felt likely to be directly impacted by their experience during COVID while for some, older traumas prevailed.

RESEARCH AIM

The purpose of this work is to build upon existing knowledge and answer key questions in three key immunisation areas: childhood, flu, and shingles. Gain an updated understanding of current knowledge, experiences, attitudes, drivers and barriers to vaccination, as well as identify communication needs and gaps.

PROJECT ROADMAP

	1 ALIGN	2 QUALITATIVE CHILDHOOD IMMUNISATION & FLU (General Population & First Nations)	3 QUALITATIVE SHINGLES & FLU (First Nations)
WHAT	Align on research approach, covering the needs and requirements of the Department, so that the outputs meet communication needs. Review any previous work to allow this program to build on past knowledge.	Qualitative research target audiences to **explore and understand current knowledge, attitudes, and drivers and barriers towards childhood immunisations and influenza**. **Homing in on the 'why' behind people's mixed support** amongst Advocates/Acceptors and OTF audience groups. The sampling approach included the recruitment of parents from low vaccination areas, supported by data provided by the Department. Participants were sampled across 4 states in Australia.	Qualitative research with First Nations people and Aboriginal healthcare professionals to explore current attitudes towards the Shingles and Flu vaccines. **The aim was to understand the nuances across vaccinations generally, and specifically unpack the drivers and barriers with the Shingles vaccine amongst adults 50+.** The fieldwork with First Nations people was conducted in-person by Cultural Partners.
HOW	Review previous research and policy documents to ensure we build on what is already known Review Communications Brief (if available) and participate in any Campaign Briefing Workshops Meet with Department to align on and finalise research approach	N=32 in-depth interviews with parents/carers of children 0-5 years of age and pregnant women (and partners) *8 interviews which were in-person in low vaccination areas. N=4 co-creation groups N= 14 in-depth interviews with First Nations parents/carers and pregnant women (and/or partners). Conducted in-person by Cultural Partners	N=12 in-depth interviews with adults 50+ regarding Shingles and the Flu vaccine N=4 in-depth interviews with Aboriginal health professionals
OUTCOME	**ALIGNMENT ON STRATEGY & RESEARCH APPROACH**	**KEY INSIGHTS ON ATTITUDES, DRIVERS AND BARRIERS TOWARDS CHILDHOOD IMMUNISATIONS & FLU**	**KEY INSIGHTS ON ATTITUDES, DRIVERS AND BARRIERS TOWARDS SHINGLES & FLU IMMUNISATION AMONGST FIRST NATIONS PEOPLE**

SECTION 2

EXECUTIVE SUMMARY

MIXED SUPPORTERS' **KEY INSIGHTS FOR CHILDHOOD IMMUNISATION AND FLU**

01

There were no major changes and differences in views between Nov 2022 to Dec 2023 – despite positive feelings about childhood immunisations, the post-covid reality is still characterised by uncertainty for mixed supporters with a sustained desire for reassurance about immunisations

02

Mixed supporters arise from a myriad of explanations – ranging from minor awareness challenges (question about NIP) and extending into more profound belief systems (natural immunity) and trust-related concerns

03

Given the challenges of getting information or answers (fearing judgement), there are 4 key unmet needs when it comes to messaging today – transparency, trust, relatability and relevance

04

For mixed supporters the key drivers to vaccinate are to protect their children, access childcare/benefits, and to some degree, protect community – these are the same as advocates/acceptors. Watch out that protecting the community is less of a driver for those looking for personalised approach

05

The biggest barrier to vaccinating is concern over side effects – this is where we need to focus messaging. This cohort also see natural immunity and personal care as being important, over and above following a set programme

06

Delays in following the vaccination schedule are driven by logistical challenges, putting off the pain for the child, but also questions about the schedule. Each of these needs to be addressed. Common concerns about the schedule are too many, too soon, too frequent vaccinations.

07

There are four key factors that impact how important a particular vaccine is to our mixed supporters – prevalence, seriousness of the disease, efficacy of the vaccine and government focus i.e. is it required or not. For some vaccines there is not enough knowledge to accurately evaluate it on these factors

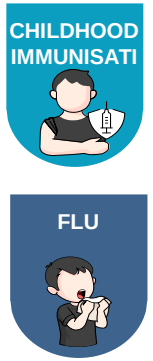
08

There is lower support for chickenpox and influenza vaccines mainly due to lack of perceived seriousness of the disease and lack of efficacy. For rotavirus, lack of knowledge about severity (is it just gastro) and what you are vaccinating for.

09

There are some other issues for other vaccines that need to be addressed ie side effects for MMR, why need it for polio, reassure the new one is ok for meningococcal ACWY, and explain why Hepatitis B is needed so early

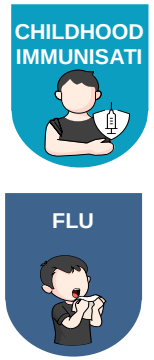
KEY SIMILARITIES AND DIFFERENCES BETWEEN GEN POP AND FIRST NATIONS AUDIENCE



THE ERA OF QUESTIONING DOESN'T SEEM TO BE GOING AWAY, AND "BLINDLY TRUSTING" IS PERCEIVED AS MORE HARMFUL

There is a sense today, that being uninformed and "blindly" trusting health professionals and government can be harmful. Asking questions, being informed, is doing your due-diligence as a parent. When parents ask questions, they feel the support to build their knowledge and trust is missing – they don't feel listened to.

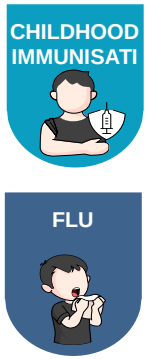
First Nations people/parents are still dealing with the impact of COVID – and the subsequent **decreased levels of trust in the effectiveness of vaccines generally**. This leads to **more questions** being asked about vaccines and the **need for greater reassurance** – similar to Gen Pop



MIXED SUPPORT ARISE FROM A MYRIAD OF EXPLANATIONS, BUT TAILORING VACCINES WAS NOT REPORTED AMONGST FIRST NATIONS PEOPLE

Mixed support for childhood immunisations range from National Immunisation Program awareness challenges, uncertainty and worry around side effects, and extend for minority few into more profound belief systems around natural immunity and distrust in government.

While being selective about vaccines was not common reported behaviour, delay in following the schedule is seen amongst this audience due to time pressure and lack of HP reminders. However limited knowledge about the NIP, and concerns around the number of vaccines and frequency of vaccines are key barriers.



PARENTS FEEL OVERWHELMED BY ALL THE INFORMATION AND DON'T ALWAYS KNOW WHO TO TRUST. BUT FIRST NATIONS AUDIENCE STILL TRUST HPs A LOT

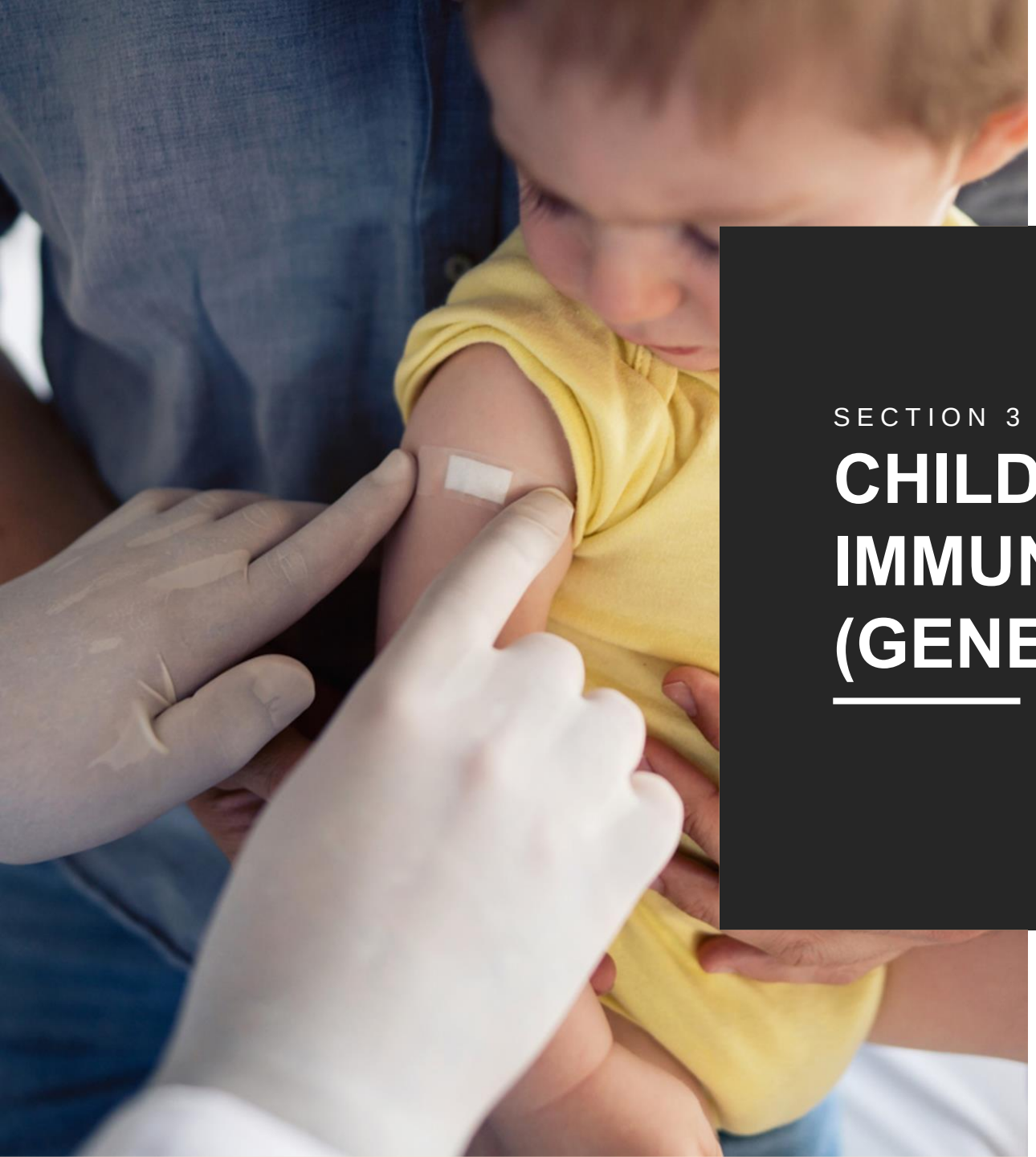
Amidst the noise, participants express a sense of uncertainty, especially with discerning reliable sources and knowing who to listen to. In these moments, participants look to people like them who are relatable, with kids, live in their community as people they trust.

There is inherently a lot of trust in HPs – this is who they turn to for advice and support. The trust issue is pivotal – trust in HPs, GPs, ACCHOs and trusted community sources of wisdom and experience matter more than generic government or service system guarantees.

PUT SIMPLY, KNOWLEDGE ABOUT THE SHINGLES VACCINE AMONG FIRST NATIONS COMMUNITY RESPONDENTS WAS EFFECTIVELY, "NOTHING".

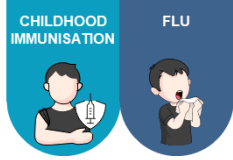
Key drivers of vaccination rely on informing First Nations people about the severity of shingles through the HP. However, there are challenges such as the priority that other health issues take place. HPs reported majority of their patients in 50+ years age group being "quite positive" towards vaccines as they were normal procedures and often repeated annually with the same trusted provider.

Particularly for older people, the influence of COVID conspiracies and experiencing negative side effects had a profound effect. There were also increased concerns from HPs and family members for their aged patient or loved one.



SECTION 3

CHILDHOOD & FLU IMMUNISATION (GENERAL POPULATION)



METHODOLOGY & SAMPLE

2 ROUTINE CHILDHOOD IMMUNISATION & FLU (GENERAL POPULATION)

IN-PERSON IN-DEPTH INTERVIEWS WITH 8 PARTICIPANTS

Fiftyfive5 engaged with 8 parents/carers who were recruited in areas targeted as low vaccination regions, based on their attitudes and beliefs towards vaccinations. In-person interviews ran for 75 minutes in participant homes.

TYPOLOGY*	
Advocate/Acceptor	4
On the fence	3
VACCINATION STATUS	
Up to date	5
Not up to date/currently pregnant	2
FIRST-TIME VS. EXPERIENCED*	
Expecting parents	0
Parent/carers (0-1)	3
Parent/carers (2-5)	4
GENDER	
Male	2
Female	5
LOW VACCINATION REGION	
Merrylands, NSW	3
Bankstown, NSW	1
Maroochy, QLD	2
Noosa, QLD	1
TOTAL	**7**

ONLINE IN-DEPTH INTERVIEWS WITH 24 PARTICIPANTS

Fiftyfive5 also spoke to 24 parent/carers and pregnant people in 60-minute interviews through Zoom, where participants were recruited based on their attitudes and beliefs towards vaccinations.

TYPOLOGY*	
Advocate/Acceptor	14
On the fence	10
VACCINATION STATUS	
Up to date	10
Not up to date/currently pregnant	14
FIRST-TIME VS. EXPERIENCED*	
Expecting parents	8
Parent/carers (0-1)	8
Parent/carers (2-5)	8
GENDER	
Male	4
Female	20
STATE	
NSW	15
VIC	5
QLD	3
SA	1
TOTAL	**24**

4 ONLINE CO-CREATION GROUPS

Fiftyfive5 ran 4 x 90-minute co-creation groups via Zoom with total N=15 participants.

(Note: sample table below is based on the Individual level)

TYPOLOGY*	
Advocate/Acceptor	8
On the fence	7
VACCINATION STATUS	
Up to date	7
Not up to date/currently pregnant	8
FIRST-TIME VS. EXPERIENCED*	
Expecting parents	4
Parent/carers (0-1)	6
Parent/carers (2-5)	5
GENDER	
Male	5
Female	10
STATE	
NSW	7
VIC	4
QLD	1
SA	1
WA	2
TOTAL	**15**

** Recruited to previous typologies from prior research. Difficulties in recruitment with first-time expecting parents and first-time parents/carers (0-1) as well as finding mixed supporters of diseases beyond flu and people not up to date with the immunisation schedule.*

THE CHILDHOOD IMMUNISATION RESEARCH FOCUSED ON A SPECIFIC COHORT OF PARENTS – "MIXED SUPPORTERS". WE WORKED WITH THE DEPARTMENT TO NARROW IN ON SPECIFIC RECRUITMENT CRITERIA.

The target audience was defined as:

TYPOLOGIES

Parents/carers as well as pregnant people were recruited based on prior typologies based on attitudes and beliefs towards vaccinations:

- **Active and Passive Acceptors**
- **On-the-fence i.e., cautious considerers and worriers**

MIXED SUPPORT

A key specification was the respondents' level of support for the vaccinations on the Childhood Immunisation Schedule i.e., Respondents had to **support some of the recommended vaccinations on the NIP schedule, but not all**.

To confirm their views, we had respondents rate on a scale the importance of each vaccine on the schedule.

FIRST TIME VS. EXPERIENCED

We looked to include pregnant women and their partners (expecting parents), parents of children 0-5 ranging in parenting experience i.e., **first-time parents and experienced parents** (more than one child)

Expectant parents with mixed support were especially challenging to recruit– we suspect due to the lower level of awareness around the NIP

UP TO DATE VS. NOT

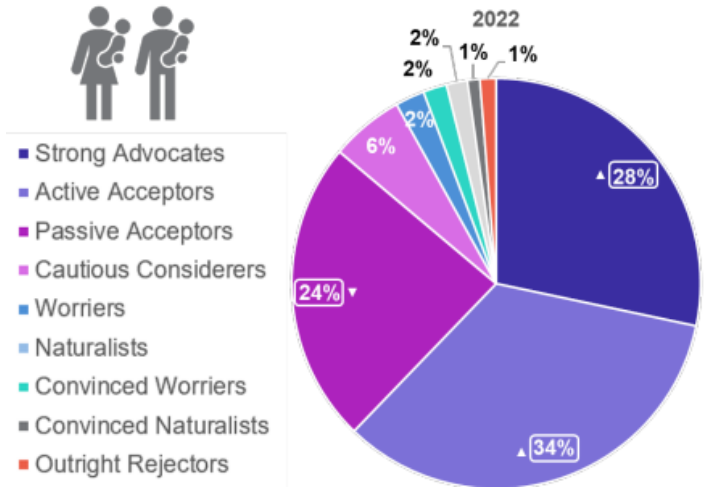
We also aimed to recruit a mix of parents/carers who **state being on time with the immunisation status (including Flu), as well as those not up to date.**

Identifying those not up-to-date was challenging. Respondents fell on a spectrum of up-to-date with mixed support, slightly delayed, as well as skipped some/not up to date with the schedule.

HOWEVER, WHILE THEY MAY HOLD MIXED SUPPORT, THEIR IMMUNISATION BEHAVIOURS DIDN'T ALWAYS MIMIC THEIR VIEWS DUE TO "NO JAB, NO PLAY"

FOR THE CHILDHOOD IMMUNISATION RESEARCH, WE RECRUITED PARENTS/CARERS BASED ON TYPOLOGIES

Advocates/Acceptors (86%)	Strong Advocates	I am strongly in favour of childhood vaccination. I have done a lot of research and have a good understanding of the issues. I am comfortable sharing my views and will try to persuade others to change their opinions of vaccination if they are against it.
	Active Acceptors	I am in favour of childhood vaccination. I have done a bit of research from which I feel well enough informed to be comfortable in my choices. I don't go out of my way to talk about it but am happy to discuss with others if the topic comes up.
	Passive Acceptors	I am in favour of childhood vaccination and see it simply as something you have to do for your children. I don't tend to think about it much, beyond making the necessary appointments. I trust the healthcare system to do the right thing and don't feel the need to understand all the details.
On the Fence (10%)	Cautious Considerers	I am not against childhood vaccination, but I do worry a bit about things that could potentially go wrong. I haven't done a lot of research into the subject. I would like to feel reassured that it is okay for my children.
	Worriers	I don't really know where I stand on childhood vaccination. On the one hand I can see the benefits for my children, but at the same time I worry a lot about the risk of something going wrong. Because of this I like to know all the details of any vaccination that my child receives. Thinking about it makes me feel anxious.
	Naturalists	While I sometimes think vaccination is right. I prefer not to over medicalise my children and look for alternative approaches to medicine and wellbeing as far as I can.



Base: Parents of children aged 0-5 – n=619

Source: Community Attitude Research on Childhood Immunisation 2022 Research Report. Snapcracker Research and Strategy. April 2022.

VACCINE ATTITUDES & NEEDS

THERE WERE NO MAJOR CHANGES AND DIFFERENCES IN VIEWS BETWEEN NOV 2022 TO DEC 2023 – DESPITE POSITIVE FEELINGS ABOUT CHILDHOOD IMMUNISATIONS, THE POST-COVID REALITY IS STILL CHARACTERISED BY UNCERTAINTY FOR MIXED SUPPORTERS WITH A SUSTAINED DESIRE FOR REASSURANCE ABOUT IMMUNISATIONS

THE ERA OF QUESTIONING DOESN'T SEEM TO BE GOING AWAY, AND "BLINDLY TRUSTING" IS PERCEIVED AS MORE HARMFUL

There is a sense today, that being uninformed and "blindly" trusting health professionals and government can be harmful. Asking questions, being informed, is doing your due-diligence as a parent. When parents ask questions, they feel the support to build their knowledge and trust is missing – they don't feel listened to.

"I guess probably I don't know what I don't know, and I'm just blindly trusting a medical doctor. And like, who came up with it? I don't know. Did they do it 30 years ago, 40 years ago, 5 years ago? What's more recent?"

EXPERIENCED PARENT, ON THE FENCE

BUT PARENTS FEEL OVERWHELMED BY ALL THE INFORMATION "OUT THERE" AND DON'T ALWAYS KNOW WHO TO TRUST

While COVID vaccine rhetoric may have subsided, conversations on childhood immunisations still exists amongst parents. Amidst the noise, participants express a sense of uncertainty, especially with discerning reliable sources and knowing who to listen to.
In these moments, participants look to people like them who are relatable, with kids, live in their community as people they trust.

"I don't know who I trust... it's a scary world we're living in at the moment"

FIRST TIME PARENT, ON THE FENCE

THE NEED FOR REASSURANCE CAME UP AGAIN AS A STRONG UNMET NEED – THEY WANT TO FEEL CONFIDENT THAT DECISIONS ARE IN THE BEST INTEREST OF THEIR CHILD

Parents want to feel confident in their intent to vaccinate and get reassurance that they're doing the right thing to protect their child rather than unknowingly harming their child.
Parents want to feel that healthcare recommendations are personalised to individual cases - with their child's best interest at heart, rather than standardised – but parents don't always feel they receive this care and empathy.

"if there was just little flyers that were available, like with each one that's coming up explaining the benefits of why, doing this, what's to be expected for the child, how to kind of manage and cope with that, and potentially the ingredients and why those ingredients have been used and perhaps the testing behind it as well…I just think a more detailed summary of everything would actually make it seem more balanced."

FIRST-TIME EXPECTING PARENT, ON THE FENCE

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First Nations people/parents are still dealing with the impact of COVID - **decreased levels of trust in the effectiveness of vaccines generally** – you can still get sick, perceived lessened impact due to COVID experiences. This leads to **more questions** being asked about vaccines.

BUT PARENTS FEEL OVERWHELMED BY ALL THE INFORMATION "OUT THERE" AND DON'T ALWAYS KNOW WHO TO TRUST

While COVID vaccine rhetoric may have subsided, conversations on childhood immunisations still exists amongst parents. Amidst the noise, participants express a sense of uncertainty, especially with discerning reliable sources and knowing who to listen to.
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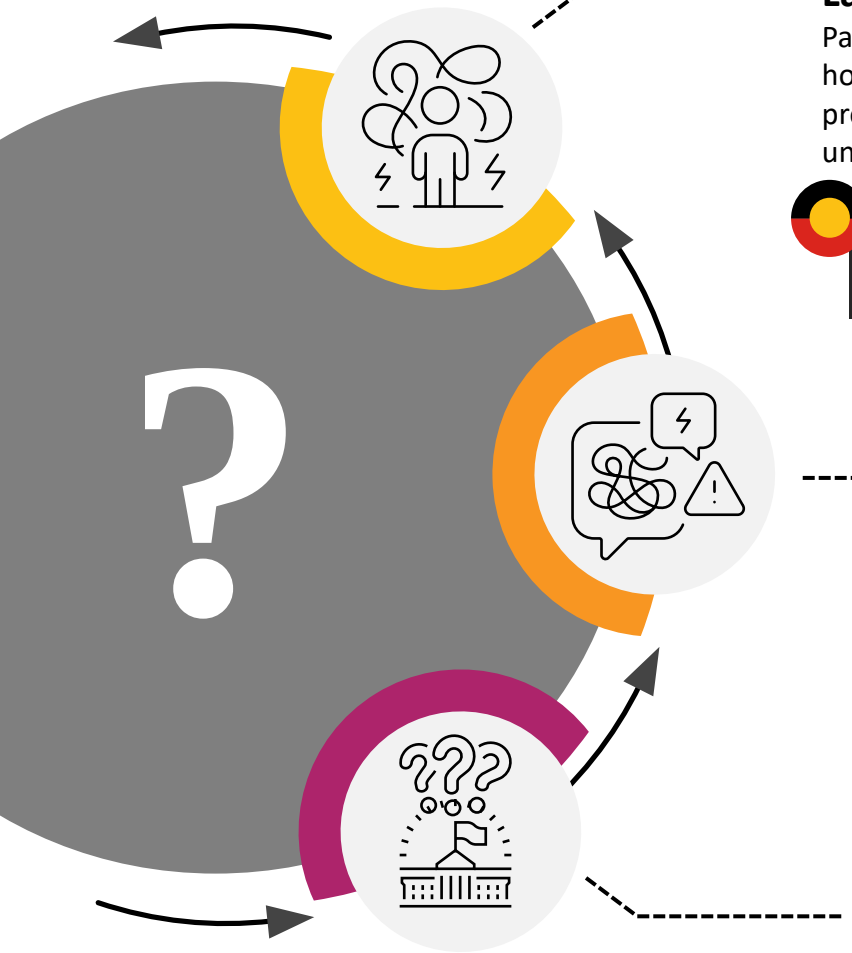
This leads to **more questions** being asked about vaccines. and the **need for greater reassurance** – similar to Gen Pop

MIXED SUPPORTERS ARISE FROM A MYRIAD OF EXPLANATIONS – RANGING FROM MINOR AWARENESS CHALLENGES AND EXTENDING INTO MORE PROFOUND BELIEF SYSTEMS AND TRUST-RELATED CONCERNS



Lack of knowledge around the NIP

Participants express a lack of understanding about how vaccines work, the NIP, and its role in preventing diseases. What parents don't understand, they perceive as potentially risky.

Have limited knowledge about NIP in detail – there is less tailoring vaccines on the schedule reported, but delays due to time pressures and lack of HP support.

Uncertain & worried

The uncertainty about how one's body will react, or the potential side effects creates concern and lack of clarity in answers amplifies worries (especially in expectant and first-time parents where knowledge and experience with child immunisations is low).

Natural immunity supporters

A small group of Mixed Supporters have strong beliefs in naturalness and desire for natural immunity. They also may have eroded trust in health professionals and the government.

> *"If you get a vaccination for measles and we are on time but someone comes to daycare with measles its unclear to me if you are immune or less at risk. So if I put him in a daycare room and 10 kids have measles, is he immune or is he at less risk?"*
>
> **EXPERIENCED PARENT, ACCEPTOR**

> *"I have heard from a friend that their family friend's son who has autism got it from the vaccine…But in the back of my mind I'm a bit fearful, because this is my son, and you just don't want like to take any risks like… when it comes to your child I think you're you've got an extra level of caution."*
>
> **FIRST-TIME PARENT, ON THE FENCE**

> *"A* lot of the distrust comes from COVID because there was so much misinformation on both sides of the party. There was so much hatred and nastiness and stuff and the government not telling the truth about certain things… It's because they [parents] can't trust the government to do the right thing by their children."
>
> **EXPERIENCED PARENT, ACCEPTOR**

LEADING TO SEVERAL PERVADING BELIEFS (aka. Misconceptions)

01

Disease Perception

The disease no longer exists (and if it came back , which it won't, it won't be as serious)

Diseases that are not commonly discussed at the hospital, in the news, or within community e.g., daycare are at risk of this misconception e.g., Polio, Diptheria, Tetanus.

While there is understanding that successful vaccination has led to this, there is some belief it would not come back or as seriously.

02

Vaccine Efficacy

Vaccines don't keep you from getting sick / they don't work

COVID and the Flu vaccines have ingrained in some that efficacy is fickle and so they question, what's the point. When they evaluate the risks to the benefits, vaccines may feel not worthwhile.

03

Natural Immunity

I want my child to develop immunity naturally – it's better, stronger than vaccinated immunity

The misperception that vaccine immunity is weaker is supported by needing boosters and annual shots compared to natural immunity which is perceived to be stronger and longer-lasting.

04

Vaccine Safety

I worry about the safety and side effects with so many unknowns going into their small body and overloading their system

There continues to be association of immunisations causing developmental issues in young children such as Autism or auto-immune disorders. Driven by the perception that ingredients are unsafe and the amount overloads children's system as well as traumatises them i.e., too much for them to handle.

LEADING TO SEVERAL PERVADING BELIEFS (aka. Misconceptions)

01

Disease Perception

“I would say measles is no longer in Australia. So, my concern is why we give this vaccine to babies if it is not in Australia.”

EXPECTING PARENT, ON THE FENCE

“Well, if [polio is] eradicated, then how could it circulate? I was a bit like, I didn't really get why it was listed because I thought it was gone…. I just sort of thought it was, you know, something that wasn't as important because it had been eradicated. But I guess it, I don't know, I guess it hasn't, I'm not sure.”

EXPERIENCED PARENT, ADVOCATE

02

Vaccine Efficacy

"I did a bit of research into it, and they said the flu vax they look at what strains are prevalent in the winter 18 months before us, and they base that manufacturing off what they expect us to get here later on…Why would I want to get jabbed with something that won't actually protect me from what I'm going to get later on?“.”

EXPERIENCED PARENT, ACCEPTOR

03

Natural Immunity

“I think there's other ways to get around that by building up her natural immunity by eating good foods, being nutritious, playing out in the mud, playing with the dogs, getting dirty because there is a lot of good microbes out there…I think that is better than getting an immunisation every year that's continually evolving.”

FIRST TIME PARENT, ON THE FENCE

04

Vaccine Safety

“Yeah, so definitely that I worry about the side effects one. My child hates needles. I know it's like temporary, but my daughter has sensory issues and after the flu shot, she was saying her arm was sore for like three months. She really remembers things and her OT bangs on about her being medically traumatized.”

EXPERIENCED PARENT, ACCEPTOR

TODAY, PARENTS ADMIT AVOIDING "VACCINE" CONVERSATIONS DUE TO IT BEING A CONTENTIOUS TOPIC, AND THAT MEANINGFUL CONVERSATIONS WITH HEALTH PROFESSIONALS ARE LIMITED

WHEN PARENTS DO HAVE CONVERSATIONS OR SEEK OUT INFORMATION, UNFORTUNATELY, IT TENDS TO BE NEGATIVE, SUCH AS HEARING PARENTS' FIRST-HAND EXPERIENCES GETTING THEIR CHILD IMMUNISED, SIDE EFFECTS, AS WELL AS DISCUSSIONS REGARDING THE NECESSITY OF THE VACCINE.

FIRST-HAND EXPERIENCES

Bad experiences shared between parents of when they got their infant or child immunised

"I had a friend who was really against the gastro oral one [rota virus] and then she actually didn't give it to her son… and she told me all this stuff about how its not worth it… it did make me question it"
FIRST TIME PARENT, ON THE FENCE

NECESSITY OF THE VACCINE

Questions and conversations about the risk of delaying some on schedule, why so many, which vaccines are absolutely necessary to prevent serious illness

"Mandatory means that it is really serious and non-mandatory is optional."
FIRST TIME PARENT, ADVOCATE

SIDE EFFECTS & LONG-TERM IMPACT

Questions and conversations about immediate side effects such as fever, rash, to other suspected issues e.g., developmental, auto-immune/ inflammation

"When you speak to the nurses and they don't know because they do so much and they wouldn't know a specific vaccine or specific long term effects on a certain child"
FIRST-TIME PARENT, ON THE FENCE

HOWEVER, THE AVOIDANCE OF CONVERSATION SEEMS TO BE DRIVING A LACK OF CLARITY AND SEED MORE DOUBT THAT FUELS RATIONALE FOR MIXED SUPPORT – IT IS CLEAR THAT THERE ARE 4 KEY UNMET NEEDS WHEN IT COMES TO MESSAGING TODAY

TRANSPARENCY

Honest and open communication addressing key questions and concerns raised by parents, including around safety and efficacy of vaccines. **Transparency and open dialogue is essential to build trust and confidence in the NIP.**

TRUST

Engaging credible sources that people trust. **When parents trust the source of information, they are more likely to trust the information. Engaging the various sources parents already trust today to deliver consistent information, support, and education, e.g. expert endorsement, health professional support, local community driven**

RELATABILITY

For information and messages to connect with mixed supporters, it needs to **resonate on a personal and emotional level.** Improving relatability by **sharing personal narratives to humanise vaccines, highlighting local impact (to specific regions), addressing common concerns, and relatable messengers** can help better engage parents.

RELEVANCE

Align messages with the current needs, concerns, and interests of mixed supporters.
Effective communication should be timely and applicable to their context today. Addressing **current events/news, tailoring messages to local context (specific health concerns or outbreaks), and personalised messaging with opportunity for feedback and engagement.**

VACCINATION DRIVERS & BARRIERS

FOR MIXED SUPPORTERS, THE KEY DRIVERS TO VACCINATE ARE TO PROTECT THEIR CHILDREN, ACCESS CHILDCARE/BENEFITS, AND TO SOME DEGREE, PROTECT COMMUNITY

DRIVERS TO VACCINATE ACCORDING TO SCHEDULE

Desire to protect child from disease	**Our mixed support cohort understand and believe that vaccination is important to protect your children from diseases.** This belief is not questioned – *what is questioned is which diseases is it needed for, and when.*
Need to access childcare benefits	**Accessing benefits and childcare** are important and mean that most people, even those with concerns and questions, will do it (and broadly on time). Particularly important for parents with children 2-5. This is less of a motivation and more of a necessity and requirement.
Protecting the community	**Protecting the community** as a whole is also a driver for most of this cohort – however, it is **less of a driver for those people that see their child as needing a personalised approach** – their individual needs matter more than the community. *Noting that herd immunity is not well understood in detail, ie why we need a certain percentage to be vaccinated, what is that level, and many people thinking they as one family won't make a difference.*

I think I can check everything but the main thing is to protect my child from diseases to do the right thing as a parent.
FIRST TIME PARENT, ADVOCATE

Even if you disagree with them, you can't put your kids in school, you can't put your kids in daycare, you don't get the government support for daycare unless your children are immunised.
FIRST TIME PARENT, ACCEPTOR

I think they're very important... I've got an uncle that is allergic to everything... when it comes to whooping cough and hep... I do it to protect my kids but its also to try to protect my uncle as well because if he gets it he's going to die.
EXPERIENCED PARENT, ACCEPTOR

Top drivers towards vaccinating are the same amongst First Nations audience. Greater emphasis on needing to access childcare benefits, particularly not feeling like there is a choice in decision, but a requirement for childcare, welfare benefits, schooling, employment.

THE BIGGEST BARRIER IS CONCERN OVER SIDE EFFECTS. THIS COHORT ALSO SEE NATURAL IMMUNITY AND PERSONAL CARE AS BEING IMPORTANT, OVER AND ABOVE FOLLOWING A SET PROGRAM

BARRIERS TO VACCINATE ACCORDING TO SCHEDULE

Concern over the side effects	**Mixed support parents/parents-to-be talk about balancing the need and importance of particular vaccine with the risk of having it.** There are questions about ingredients, and also claims about lack of reporting or acknowledgement about the side effects/ long term impact. **Many people who were in this cohort had personal experience or stories about issues caused by vaccination**
Child's immunity needs to develop	There are some mixed support people that **believe in natural immunity**, or about **building immunity** as children grow and are exposed to different things – so question the benefits of all vaccines. They remembered being sick as children and recovering fine even when not vaccinated against some diseases.
My child/children are different / individual	Some parents don't just want to follow a schedule, they want to consider their child as an individual who may or may not need all the vaccines, at the same age or time of others. When there has been experience of issues with one child (with vaccination, with their health) this becomes a more powerful barrier.

I just felt with my second child I wish I hadn't been forced into it… now she has a delay and has some issues but I know its probably not related but as a parent you always wonder what you did and your decisions.
EXPERIENCED, ON THE FENCE

I think there's other ways to get around that by building up her natural immunity by eating good foods, being nutritious, playing out in the mud, playing with the dogs, getting dirty because there is a lot of good microbes out there.
FIRST TIME PARENT, ON THE FENCE

We have been trying to take a more balanced approach and not get them all done at once….we don't get the vaccines done on the specific dates, we space them out, we just think for a young child to get them all at once is a big hit to her body
FIRST TIME PARENT, ON THE FENCE

There are concerns about 'overloading' the baby's immune system in the early months of life, also related to older toddlers and children generally as parents expressed worries about sheer number of vaccines and the frequency of injections. There is still ongoing issue for some with the effective "requirement" nature of childhood vaccinations, but this is unlikely to be resolved in a campaign.

THERE ARE THREE BEHAVIOURS THAT THE MIXED SUPPORT COHORT EXHIBITED

DELAYING VACCINATION

Waiting a month or two or more before having the vaccinations

"We are in no rush to get them done. It's coming up to Christmas so we will probably do research in early January and then decide on those ones she should have had at 12 months."

FIRST TIME PARENT, ON THE FENCE

SPACING VACCINATIONS

Not having all needles in one appointment

"I will never give another child that many all at once again. I don't care if it is big enough or not. So, with the second one, I actually split them."

EXPERIENCED PARENT, ACCEPTOR

MISSING SOME VACCINATIONS

Request not to have a particular vaccine

"After she got her 12-month vaccines, we saw that she had learning delays] so we just made a decision not to get her 18-month, we delayed it… if I was to have a third [child] I would probably ask not to have measles mumps and rubella. Maybe I would still get it done but I would ask for it to be delayed."

EXPERIENCED PARENT, ON THE FENCE

DELAYS ARE DRIVEN BY LOGISTICAL CHALLENGES, PUTTING OFF THE PAIN FOR THE CHILD, BUT ALSO QUESTIONS ABOUT THE SCHEDULE

WHY VACCINATE ON TIME

Ability to send child to daycare / get benefits

Childcare benefits and access is the primary driver to be on time. If parents are not putting kids in childcare, then this means delaying /missing some is more likely to happen – a core target but less drivers to pull.

GPs answering questions

GPs answering questions in the appointment that addresses unanswered questions considered barriers helps to vaccinate on time.

Reminders before the date

GP offices, councils calling/sending out reminders. Victoria is the state driving this, sending reminders to parents so they don't miss key vaccination dates.

WHY DELAY

No time / access

It can be **difficult to find time** to vaccinate children between being busy with competing priorities and **difficulties booking into GPs**. In some states particularly, accessibility was a bigger issue

Forget / not reminded

Some states like QLD and NSW have **fewer reminders for parents** to vaccinate, given busy schedules and lots going on for parents getting children vaccinated on time can slip off the radar.

Concern about child in pain

Worry about the pain of the needles or the illness that might follow so put off the appointment. If a child is unwell, the appointment will also be delayed

Have issue with or questioning the schedule

Many people with mixed support delayed vaccinations as they had questions about the schedule, were unsure about the rationale, rigour or importance of it.

Key questions include 'why the number of vaccinations at certain ages', 'why are they given at those ages, i.e. Hepatitus B at birth' and 'why certain vaccines are on/not on'

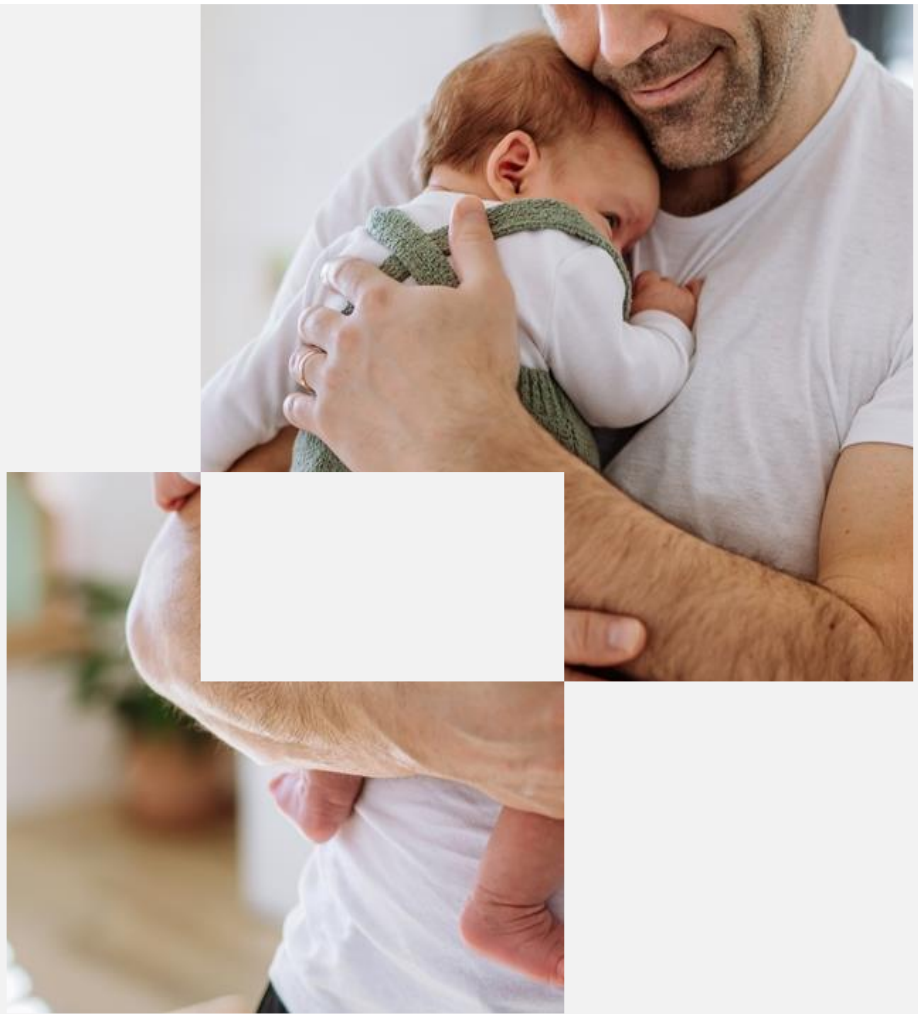
Delays are driven primarily by time pressures and lack of HP reminders. Multiple children, competing health appointment challenges, time pressures within those appointments and likelihood of impending vaccination schedule being missed if the HP is a non-local, inexperienced locum or assumes that the Mums and Bubs team "looks after that". Majority of whom were keen to do their best for their child but relied on local systems to manage, explain and coordinate appointments. As such, when there is lack of staff, change in staff – access more of an issue in regional, rural areas.

APPREHENSIVE PARENTS RAISED THEIR CONCERNS WITH THE SCHEDULE, NAMELY THE PACE, AGE, AND QUANTITY AT WHICH VACCINATIONS ARE REQUIRED

My child's body is too small	Parents see their small baby and wonder how their body can be expected to 'handle' so many vaccines at once.
My child is too young	Parents are aware of the vaccination schedules of other countries whereby vaccines may be given later. Parents question why the schedule has certain vaccines such as MMR at a younger age than other countries.
There are too many vaccines at once	Parents are concerned that multiple vaccinations in quick succession will overload the immune system of their young child before it has even had time to develop. This could result in weeks of illness to deal with or something longer term
I had a negative experience with my older child	Parents have experienced adverse side effects with their older children and now feel hesitant at following the same schedule with a new baby.
I don't know who designed this schedule and why	Parents felt they were expected to 'blindly' follow a schedule with little knowledge of why. There is little known about who developed it, how often it is reviewed, if the government has any other motives

PARENTS HAVE THESE CONCERNS, WHICH TO THEM ARE CRITICAL IN DECISION MAKING. COMMUNICATIONS AND PR MUST CLEARLY ADDRESS EACH OF THESE APPREHENSIONS OF PARENTS THROUGH EDUCATION ABOUT THE SCHEDULE OF THE NIP AND THE RATIONALE BEHIND THEM TO PROVIDE REASSURANCE.

LEADING SOME PARENTS TO THINK THEY ARE TAKING A MORE RESPONSIBLE AND BALANCED APPROACH TO VACCINATION BY NOT ADHERING TO THE NIP OR DELAYING



Case study

TOM*, FIRST TIME PARENT, ON THE FENCE

Tom has a 13-month-old daughter with his partner. As a family they place a firm importance on nutrition, activity and play, as well as building a strong immune system naturally through the food she eats, and time spent outside in nature.

Whilst Tom recognises the role of vaccines in protecting the health of his daughter and the wider community, he has not vaccinated his daughter according to the schedule, and she is not currently up-to-date with her vaccinations.

Tom wants to research each vaccine before he decides whether to vaccinate his daughter. He then books each vaccines one at a time to monitor any side-effects, before deciding whether to have the next one done.

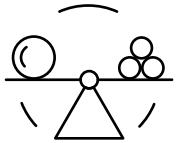
Tom's daughter will not be vaccinated for flu, nor was her Mother vaccinated for flu whilst pregnant. He has reservations about giving her a vaccine that she would need to take year after year.

Overall, Tom believes he is taking a balanced approach to his daughters' vaccinations by not rushing into having everything on schedule or adhering to the NIP timescales.

> *We have been trying to take a more balanced approach and not get them all done at once. We are not going to get her flu vaccine done though, but the other stuff, yes, once we have researched it. We don't get the vaccines done on the specific dates, we space them out, we just think for a young child to get them all at once is a big hit to her body.*

> *We are not going to get our daughter vaccinated against it, just because to me it changes all the time… so you immunise against something that's gone, it's already evolved.*

THE EXPERIENCE OF DRIVERS AND BARRIERS DIFFER ACROSS COHORTS…



ACCEPTORS VS ON-THE-FENCE TYPOLOGIES

The drivers for acceptors and on-the-fence typologies are that they want to protect their children and do the right thing as a parent. Where they differ are **on-the-fence parents are less concerned with the community** and have a greater focus on just their child when making decisions on vaccines due to their higher level of mistrust and concerns.

Whilst **acceptors experience more of the logistical barriers** to vaccinating their children on time. Those who are **on-the-fence experience the wider barriers to vaccination** in general, particularly around wanting their child to develop their immune system and feeling the NIP isn't tailored to their child.

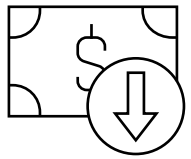
Acceptors need support with logistical barriers, whereas on-the-fence parents need communications to support them with wider conceptual barriers to vaccination generally.

PREGNANT PEOPLE AND THEIR PARTNERS

Expectant parents are **driven by a strong desire to take care of their unborn child**, as well as their own health. This is evidenced through pregnant people choosing to get the flu vaccination for themselves during pregnancy yet placing less importance on getting this for their child as they grow up.

Expectant parents have a low understanding of the NIP and the diseases that the vaccines protect against. A barrier for expectant parents is getting **timely information** about the vaccinations to feel well-informed, balanced with the information saturation experienced during pregnancy.

Pregnant people can overcome their barriers with timely information in a digestible format to increase their understanding of the NIP.



LOWER INCOME HOUSEHOLDS

For parents with a lower income, the drivers remain the same as all other households. However, an underlying driver for their child not getting sick is that this would mean an absence from childcare which would mean the parent cannot work, with a detrimental impact on household finances.

The **logistical barriers** to vaccination were clear for low-income households. It can be difficult to attend appointments outside of working hours, some additional vaccinations come at a cost and bulk-billed GPs are hard to come by.

Many of the logistical barriers experienced by all households are felt more acutely by those with a lower income.

CULTURALLY & LINGUISTICALLY DIVERSE (CALD) PARENTS

CALD parents are driven by **protecting their children and the local community** from disease. They have a good understanding of how local outbreaks can impact a community, both in Australia and in their countries of origin.

CALD parents made consistent comparisons between the NIP and their vaccine schedules in the country they migrated from (or where their family live). Their **perspectives on the importance** of certain vaccines in Australia are marred by whether those vaccines are important in their country of origin. This is particularly evident for the chickenpox vaccine.

CALD parents require support to understand the Australian NIP and to clarify why some of the differences between this schedule and the vaccines in their country of origin exist.

DISEASE-SPECIFIC ATTITUDES AND BEHAVIOURS

THERE ARE SEVERAL FACTORS THAT PLAY INTO PARENTS' PERCEPTIONS AROUND THE IMPORTANCE OF A VACCINE

HOW PREVALENT IS THE ILLNESS?

Knowledge that a disease is common reinforces the importance of vaccination, particularly when there are firsthand accounts of its spread. Yet, when a disease is perceived to be very common (& less serious) its impact can be minimised.

"I've heard of meningococcal actually being in Victoria. So yeah, I guess I'm supportive of a vaccine if the disease is still in our community and can be contracted"
EXPECTING PARENT, ON THE FENCE

HOW SERIOUS IS THE DISEASE?

Seriousness is based on the perceived level of sickness, time to recovery and long-term risks.

Parents consider how strong their child's immune system is to fight off or cope with the disease. Alternatively, there may be perceived benefits of getting the disease and developing antibodies that diminish feelings of seriousness e.g., chickenpox

"[The flu is] short term, a week or two weeks. Not very serious. I associate it as a really bad cold."
EXPERIENCED PARENT, ACCEPTOR

WHAT IS THE EFFICACY OF THE VACCINATION?

Parents question whether a vaccine prevents their child from contracting the disease, or whether it simply lessens the severity of the illness.

Parents consider this factor after thinking about the prevalence and seriousness of the disease deciding on the importance of the vaccine.

"[The vaccine] doesn't necessarily prevent, they could increase your immunity… sometimes I don't agree like for example, I've had the flu vaccine before and had a really bad flu after"
EXPERIENCED PARENT, ACCEPTOR

IS THE VACCINATION REQUIRED?

The notion that if a vaccine was necessary, then it would be required through policy.

If a vaccine isn't seen as essential through mandating, then parents question whether it is worth the side effects and vaccine risks for their child.

"If they say it's not mandatory then we will try to avoid it"
FIRST TIME PARENT, ADVOCATE

THE FOLLOWING SLIDES WILL LOOK AT EACH OF THE VACCINES ON THE SCHEDULE AND HOW THE ARE PERCIEVED VS THESE FACTORS. HOWEVER, SOME DISEASES HAVE LOW AWARENESS SO THERE IS CONFUSION OVER THE IMPORTANCE

THERE ARE ALSO SEVERAL NORMS AND BIASES THAT UNDERPIN HOW PARENTS CONSIDER VACCINE IMPORTANCE

Social norming

People adjust their vaccine attitudes and behaviours to mirror those around them.

Optimism bias

Parents believe that their child won't get the disease or if they do, it won't be that bad. Their child will not be the 'unlucky one'. This is strongly linked to perceptions of their child's resilience and strong immunity where the child is otherwise healthy.

Disease illusion

Parents believe the disease is not prevalent in Australia (or globally) anymore. This is strongly linked to perceptions of prevalence and seriousness. Where the illness is not known or heard about locally, then perceptions of vaccine importance can reduce.

"I like knowing that people are vaccinated and that my children are around people that are vaccinated, I guess."
EXPERIENCED PARENT, ON THE FENCE

"I just think I prefer for my kids to just ride it out and try and build up their immune system for when they're older"
EXPERIENCED PARENT, ACCEPTOR

"I would say measles is no longer in Australia. So my concern is why we give this vaccine to babies if it is not in Australia."
EXPERIENCED PARENT, ON THE FENCE

"Like even whooping cough can it will it really kill you I'm not sure?"
EXPERIENCED PARENT, ON THE FENCE

"Like chickenpox in an adult can make them quite sick, but in kids it generally doesn't."
EXPERIENCED PARENT, ON THE FENCE

"There are chickenpox parties, where your parents would take you on purpose to get it get over and done with."
PREGNANT PARENT, ON THE FENCE

INFORMATION AND REAL-LIFE STORIES THAT HIGHLIGHT THE DISEASE SEVERITY ARE IMPORTANT, INCLUDING FOR CHILDREN WHO ARE USUALLY HEALTHY. CRITICALLY, THE INFORMATION AND EXAMPLES MUST BE FROM THE LOCAL AREA TO FEEL RELEVANT TO THEM.

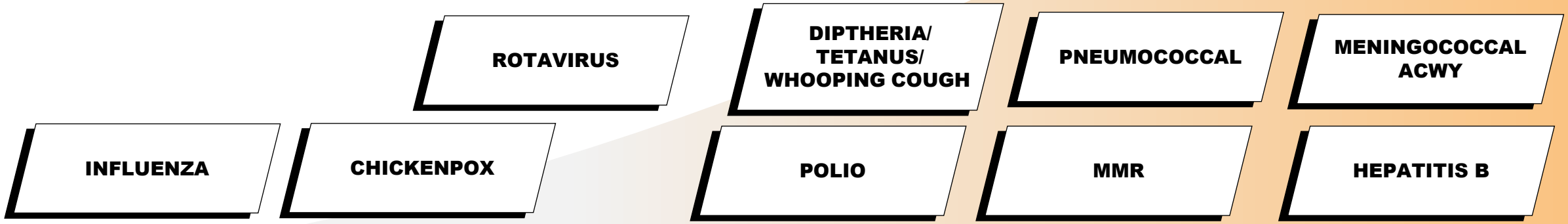
THERE ARE SOME VACCINES ON THE SCHEDULE TODAY THAT THE MIXED SUPPORT COHORT ARE LESS LIKELY TO WANT TO GIVE THEIR CHILDREN

PERCEIVED AS LEAST IMPORTANT

These vaccines protect against diseases that can be serious, but the **long-term risks are thought to be lower**.
They are believed to be either non-existent in the local community or very common and therefore less threatening.
Their child's **strong immune system can protect them** against serious illness.

PERCEIVED AS MOST IMPORTANT

These vaccines protect against diseases felt to be serious, with a high risk of severe illness and/or **detrimental long-term effects**. The diseases are prevalent and there is some local knowledge of the disease and its effect.
Their child's **immune system cannot protect them** against the disease.



INFLUENZA

Most see the flu as just something we all get every now and then and are fine. There is a lack of knowledge about the risk factors for young kids and in pregnancy. The vaccine itself also seen by many as causing short term illness.

Need to help parents/pregnant women understand the risks that flu poses for them – flu is not just a bad cold. Provide evidence of impact the vaccine does have i.e. kids in ICU from flu complications – none were vaccinated

PREVALANCE	**HIGH** *Is around in wintertime*
SERIOUSNESS	**LOW** *Just a severe cold…or so most think..*
EFFICACY	**LOW** *You can still get it… and it might feel less severe (adult experience)*
REQUIRED	**NO**
SIDE EFFECTS – SHORT OR LONG TERM	MODERATE *Many people had stories of the flu vaccine as an adult being worse that the flu. Also concerns as the vaccine is made new each year…*

OVERALL: LESS SUPPORTED (pregnancy), NOT WELL SUPPORTED (children)

"I question how much people need it if you build your immunity and you are healthy then you don't."

EXPERIENCED PARENT, ON THE FENCE

Flu is not a serious illness and optimism bias

[Speaking about children who get seriously ill from flu] *"Let's be honest, they are not healthy kids, they won't have a strong immune system."*
EXPERIENCED PARENT, ON THE FENCE

My child's immunity can offer some protection against the severity of the flu

"Eating nutritious foods and building out that natural immunity… I think she will have a far better chance that getting her on this treadmill of just getting pricked every 12 months once a new variant has come out."
FIRST TIME PARENT, ON THE FENCE

The flu vaccine lacks efficacy

"I know they only base it on a prediction of what the strain will be. So, they can get it wrong."
EXPERIENCED PARENT, ADVOCATE

The flu vaccine has to be repeated every year

"We are not going to get our daughter vaccinated against it, just because to me it changes all the time… so you immunise against something that's gone, it's already evolved."
FIRST TIME PARENT, ON THE FENCE

ROTAVIRUS

Less awareness overall of this virus so find it hard to comment on. If it was known, there was view that it was just gastro which kids get all the time.
Needs to be talked about more. Promote that the vaccine is only given to young babies as they may need the extra protection

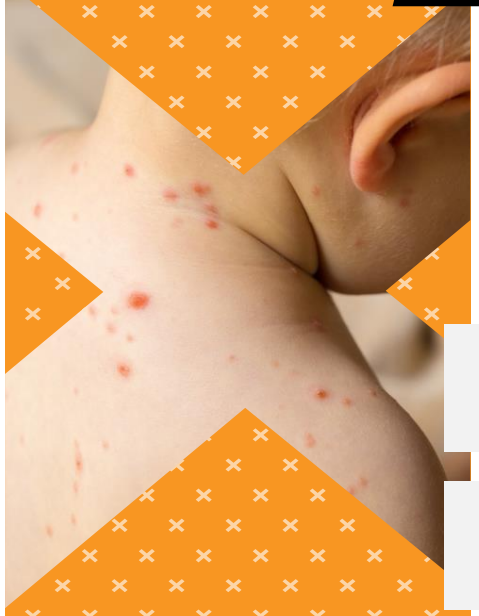
PREVALANCE	**UNKNOWN – LESS HEARD ABOUT**
SERIOUSNESS	**LOW** *Just like gastro…*
EFFICACY	**LOW** *Can still get it*
REQUIRED*	**YES** **for childcare benefits/school*
SIDE EFFECTS – SHORT OR LONG TERM	UNKNOWN

"I think rotavirus is one of them for me, mainly because it's a virus… they say that there's nothing that can prevent it really. So why is it part of the schedule?"

EXPERIENCED PARENT, ON THE FENCE

OVERALL: LESS SUPPORTED

CHICKENPOX



A vaccine that is questioned due to many parents having had it as children (much talk of chicken pox parties) and they were fine. Also because it doesn't stop you getting it, and therefore only stops you from getting a not so serious illness, why give this needle?
Need to change how people think about getting chicken pox / risk of severe illness

PREVALANCE	**MODERATE** *It is still around…*
SERIOUSNESS	**LOW** *We all had it and were fine*
EFFICACY	**LOW** *If you are vaccinated you can still get it*
REQUIRED*	**YES** **for childcare benefits/school*
SIDE EFFECTS – SHORT OR LONG TERM	LOW / NO

"When I was a kid everyone had [chicken pox], and everyone was fine… I think it's more of just a nice thing to be vaccinated against"

EXPERIENCED PARENT, ACCEPTOR

OVERALL: LESS SUPPORTED

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POLIO

A vaccine that is not seen as vital due to it not being around – the risk only there if it comes back to Australia / travel. But due to seriousness and efficacy, most will accept getting this vaccine. ***Talk to growing in prevalence globally and the risk if it enters a less vaccinated Australia to keep support high***

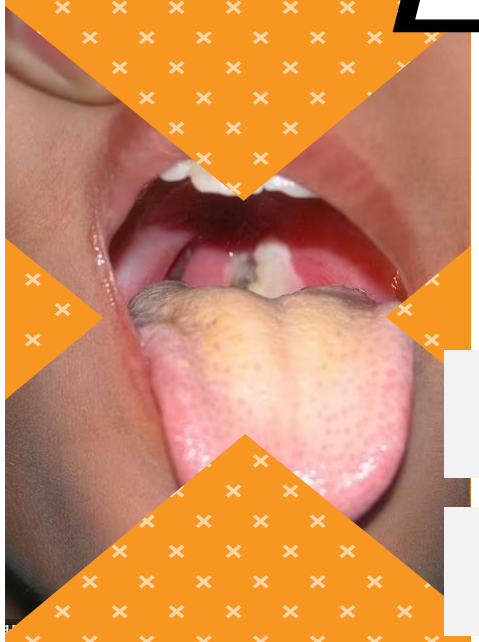
PREVALANCE	**LOW** *It has been eradicated in Australia*
SERIOUSNESS	**HIGH** *A horrible disease to get, harms you for life*
EFFICACY	**HIGH** *If you are vaccinated, you won't get this*
REQUIRED*	**YES** **for childcare benefits/school*
SIDE EFFECTS – SHORT OR LONG TERM	LOW / NO

"Polio is bad, polio can cripple you, so you don't want your kids [to get it]… when you've seen people with polio, it makes you think, you know if you have polio…"

EXPERIENCED PARENT, ACCEPTOR

OVERALL: SUPPORTED

DIPTHERIA/TETANUS/ WHOOPING COUGH



Due to the combination needle and the threat of whooping cough on young children, this vaccine is seldom questioned. Promotion during pregnancy also makes people think about whooping cough before baby arrives. ***Support depends on ongoing knowledge of the severity of this – it's more than just a terrible cough***

PREVALANCE	**HIGH** *Whooping Cough is around, Tetnus you can catch. Little known about Diptheria*
SERIOUSNESS	**MODERATE** *Can be serious in younger children*
EFFICACY	**MODERATE** *More about reducing severity for whooping cough. Tetnus needs boosters*
REQUIRED*	**YES** **for childcare benefits/school*
SIDE EFFECTS – SHORT OR LONG TERM	LOW / NO

"Whooping cough would be top of that list as well because I've been advised that my husband and I should definitely get vaccinated before our daughter's born."

EXPECTING PARENT, ON THE FENCE

OVERALL: SUPPORTED
While Diptheria is part of this combination vaccine, people will be unlikely to push back on this

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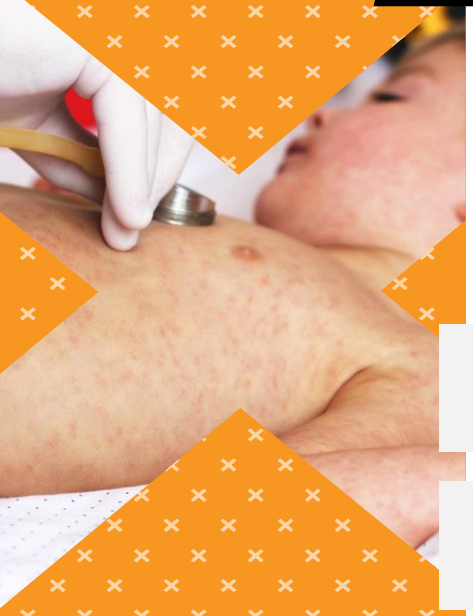
MMR



A vaccine that is seen as necessary overall – the diseases are around, can have serious long term effects. The issue is the perceived long term impact of the vaccine with many stories circulating in the past about causing Autism. ***Addressing any concerns about the negative side effects of this vaccine are key***

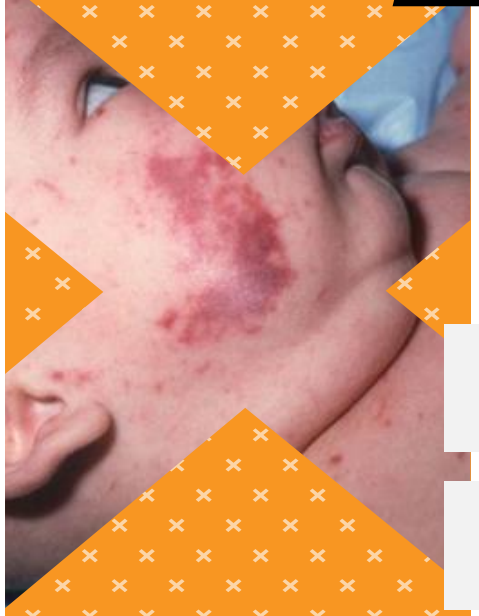
PREVALANCE	**MODERATE** *Measles is still around, not sure about others*
SERIOUSNESS	**MODERATE** *Can be serious – Rubella especially, and Mumps also*
EFFICACY	**MODERATE** *Most people less clear on this – but overall believe it is quite effective*
REQUIRED*	**YES** **for childcare benefits/school*
SIDE EFFECTS – SHORT OR LONG TERM	HIGHER *A vaccine that has stories about the impact of the vaccine re causing intellectual disabilities*

"Measles can actually make you infertile if you get them when you're young, like mumps. So, you don't want that for your children. Not to say it can kill them, it can make them very, very sick."

EXPERIENCED PARENT, ACCEPTOR

OVERALL: SUPPORTED

MENINGOCOCCAL ACWY



One of the more serious illnesses that are circulating in many parts of Australia today. Thought to be highly concerning, so doing what you can to protect your child is key. Some confusion over why there is a version you can pay for which is also circulating – why is it not on schedule. ***Reassure people about the new version of this vaccine and its safety***

PREVALANCE	**HIGH** *Thought to be circulating in the community and a number of different strains*
SERIOUSNESS	**HIGH** *Known to cause death*
EFFICACY	**MODERATE** *You can still get it but reduces severity*
REQUIRED*	**YES** **for childcare benefits/school*
SIDE EFFECTS – SHORT OR LONG TERM	SOME *Some concerns due to this being new to the schedule*

"A friend of a friend had a child who died from meningococcal many years ago … so it kind of scares the shit out of you and it's like oh well she'll probably get [the vaccine] done just in case"

EXPERIENCED PARENT, ACCEPTOR

OVERALL: SUPPORTED

fiftyfive5
Part of Accenture Song

HEPATITIS B

Known to be around and also something that if you get it, can cause lifelong issues. With high efficacy, this is seen as worth getting. ***Some question why a new born needs Hep B vaccination – what is the risk of exposure?***

PREVALANCE	**MODERATE** *Hep B is known and known to be around*
SERIOUSNESS	**HIGH** *Something if caught you have for life and can pass to others*
EFFICACY	**HIGH** *If you are vaccinated, you are unlikely to get this*
REQUIRED*	**YES** **for childcare benefits/school*
SIDE EFFECTS – SHORT OR LONG TERM	LOW / NO

"I think it's the seriousness of it and the fact that, from my knowledge and what I have heard and seen and read, that's a little bit harder for the kids to fight against it, so the vaccine is helpful."

EXPERIENCED PARENT, ON THE FENCE

OVERALL: SUPPORTED

PNEUMOCOCCAL

A vaccine that most people don't know that much about. For people that did know about it, it was considered important to get

Need to raise awareness about this disease and the benefits of vaccination

PREVALANCE	**UNKNOWN – LESS HEARD ABOUT**
SERIOUSNESS	**HIGH – IF KNOWN** *While most don't know, if you do, then the it is serious disease, kills children*
EFFICACY	**HIGH – IF KNOWN** *Can prevent this disease – but most don't know*
REQUIRED*	**YES** **for childcare benefits/school*
SIDE EFFECTS – SHORT OR LONG TERM	LOW / NO

"I haven't actually heard about pneumococcal, I haven't heard about people, an epidemic like in Australia. I don't recall any family member or friend ever being admitted to hospital with pneumococcal."

EXPERIENCED PARENT, ACCEPTOR

OVERALL: SUPPORTED

fiftyfive5
Part of Accenture Song

THE IMPORTANCE OF THE FLU VACCINE IN PREGNANCY IS VIEWED AS A NECESSITY, IN CONTRAST WITH HOW PARENTS VIEW THE ONGOING FLU VACCINE FOR THEIR CHILD

The flu vaccine for children is ranked amongst the least important vaccines for the child's health, yet it's importance in pregnancy was, for the majority, strongly recognised.

There are some key differences in the way parents learn about the flu vaccine in pregnancy which may change their perspective on its importance:

- **Communication from a health professional is clear-** The flu vaccine and it's importance is well communicated to the pregnant person by a health professional (often face-to-face)
    - **Therefore, the risks are well understood-** This includes the risks to both mother and the baby if flu is contracted during pregnancy. The focus of the communication is on the health of the unborn baby.

- **Linked to whooping cough-** The whooping cough vaccine is recognised as an important vaccine for children. When parents spoke about the flu vaccine in pregnancy, this was often spoken about in tandem with the whooping cough, suggesting expectant parents learn about both vaccines at the same time, potentially increasing feelings of importance about flu.

- **It is a one-off vaccination-** Unlike the flu vaccine that is repeated annually, the flu vaccine in pregnancy is one vaccine. This eliminates the tedium that can prevent people getting the flu vaccine year after year.

"…while I've been pregnant and the main reason [I got the flu shot] was my elder two were winter babies so I wanted to just vaccinate, give them something so that when they arrive it would be the peak of winter and that was the main reason. So, I thought, okay, for their first few months they would have some sort of antibodies in them from that."
EXPERIENCED PARENT, ACCEPTOR

HOWEVER…

For some, their scepticism of childhood immunisations and the flu vaccine extend to the vaccines during pregnancy.

This stems back to feeling the vaccine lacks efficacy, the flu isn't that serious, and their natural immunity can stave off serious illness.

"She's pregnant and to us, you don't want to be injecting her body with something that can then impact the baby."
FIRST TIME PARENT, ON THE FENCE

COMMUNICATION GAPS & NEEDS

PARENTS HIGHLIGHTED A NUMBER OF DIFFERENT SOURCES USED TO KEEP INFORMED AND UP-TO-DATE WITH IMMUNISATIONS – PREFERENCES AND TRUST VARYING BASED ON SUBJECTIVE EXPERIENCE AND KEY UNMET NEEDS

SOURCES OF INFORMATION

HEALTH PROFESSIONALS

GP, Maternal and Child Health Nurse, Midwives, OBGYN

FAMILY

Family and friends who either work in healthcare or have children and have experience with immunisations

FRIENDS & OTHER PARENTS

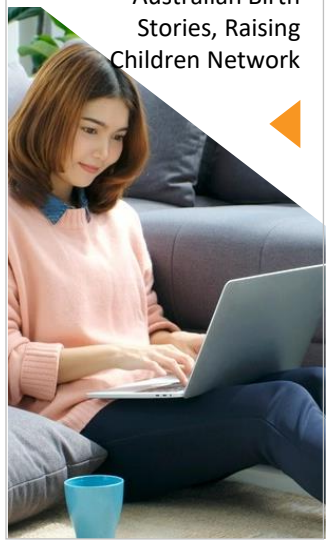
Peers with children, other parents at daycare, playgroups, neighbours who have experience with children

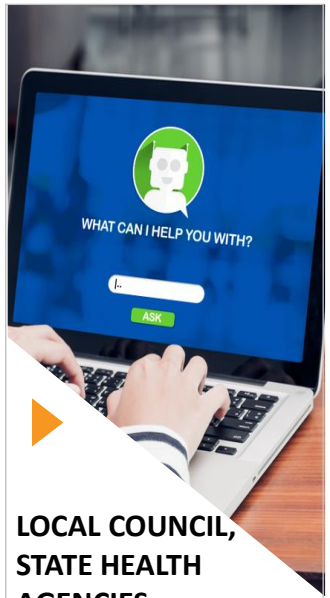
MUM'S GROUPS

In-person and online; groups formed either by state-supported maternal groups, or local-based Facebook groups e.g., Mums of the Shire, Sydney Mums Group

SELF-LED ONLINE RESEARCH

Google, Research papers and articles, online parenting resources e.g., Australian Birth Stories, Raising Children Network





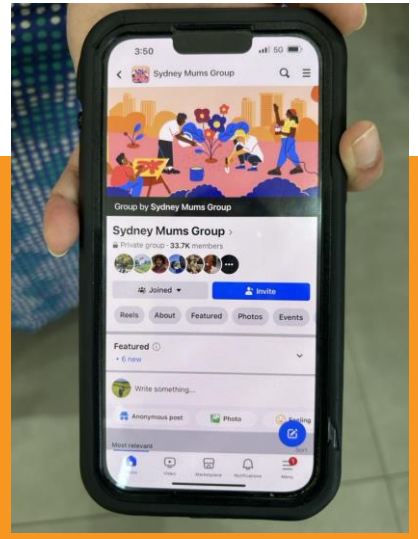
LOCAL COUNCIL, STATE HEALTH AGENCIES

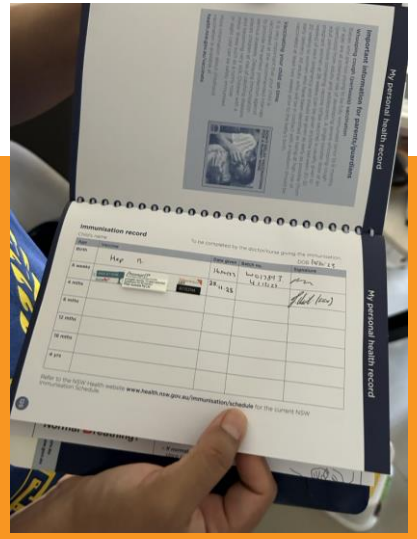
Infant health records e.g., Blue, Green, Purple, information one-pagers, State health department websites

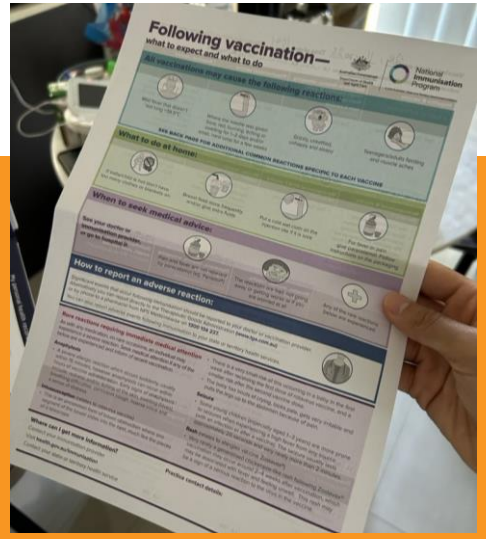
REMINDER APPS

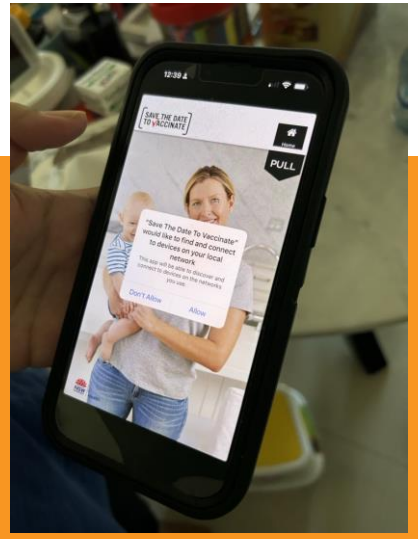
E.g., Save the Date

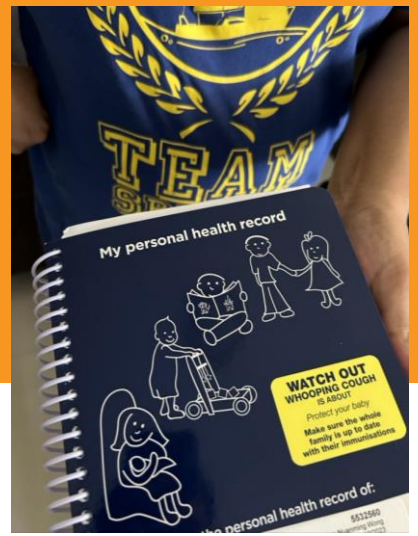
EXAMPLE SOURCES FROM IN-HOME ETHNOGRAPHIES

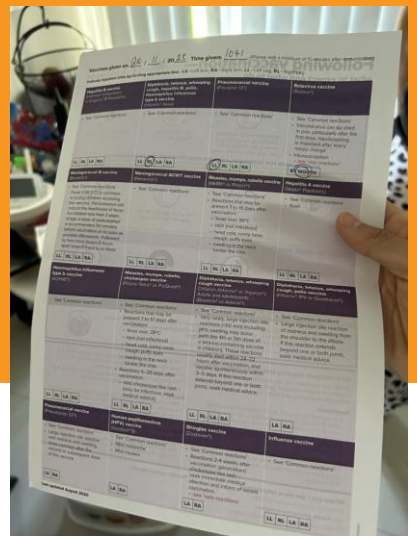


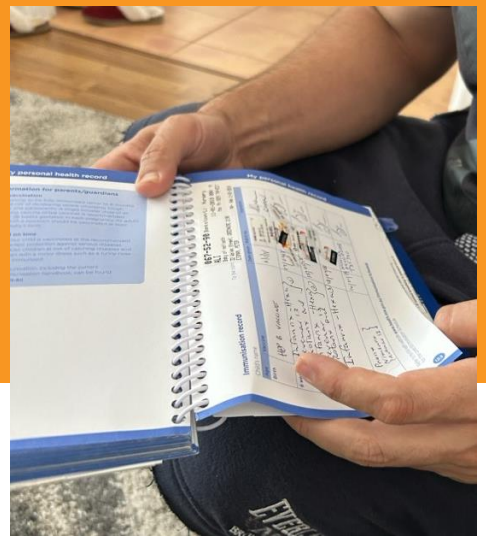


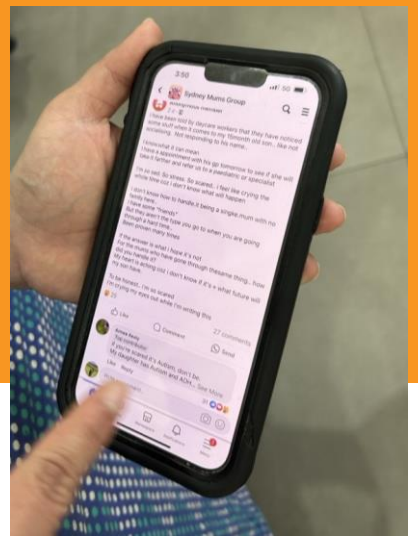












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BUT, NO MATTER THE SOURCE, WHEN TAKING IN INFORMATION ABOUT CHILDHOOD IMMUNISATIONS AND FLU, THERE ARE COGNITIVE BIASES THAT STAND IN THE WAY

CONFLICTING BELIEFS

Parents can hold conflicting beliefs and attitudes towards vaccination. For example, they trust health professionals and believe in science, yet they question the efficacy of vaccines. Without recognition of this conflict, parents can lack openness to supporting information.

Encourage open dialogue and feedback, and rather than avoid questioning, encourage critical thinking, and promoting parents to get the support they need.

INFORMATION SATURATION

Expectant and new parents can feel overwhelmed by the wealth of information they receive at certain points of their parental journey, particularly during moments with heightened emotions including the time directly after the birth of a child.

Communicate in plain and simple language without oversimplifying to ensure that the information is understood and delivers on their needs. Also provide opportunities for parents to learn more and engage if they'd like to.

CONFIRMATION BIAS

Parents, intentionally or not, can find information sources to confirm their existing attitudes and beliefs about vaccinations. This can be through research for supporting information or surrounding themselves with peers who echo their perceptions and likely reject counter narrative.

Utilise trusted figures within the community, such as health professionals, community leaders, or influencers, to convey personal stories and testimonials from diverse individuals who have had positive experiences.

DUNNING-KRUGER EFFECT

Parents can over-estimate their ability to research vaccinations and evaluate the supporting clinical research. Linking to confirmation bias, the breadth of information available online means parents can find peer-reviewed papers of variable quality which validate their opinions.

Demonstrate overwhelming consensus among experts and reputable sources in comms and correct misinformation and misconceptions promptly without being overly critical

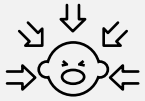
It is critical that messages and PR-led campaigns consider the biases present and find solutions that can overcome them

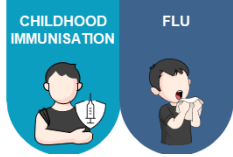
WHEN PARENTS HEAR A MESSAGE FROM MULTIPLE TRUSTED SOURCES – IT MAKES IT TRUER – WHEN THEY HEAR IT FROM PEOPLE THEY RELATE TO, IT FEELS RELEVANT

Trusted by many *Especially Advocates/Acceptors*	Relatable to most	Relatable and relevant but partially trusted
 **LOCAL COUNCIL, STATE HEALTH AGENCIES** *Trusted by most for relevant localised information and support*	 **FAMILY, FRIENDS AND OTHER PARENTS** *Having personal relationships means that experiences feel more relatable and therefore more relevant to them personally*	 **MUMS' GROUPS** *While highly relatable for mums to share their personal experiences, parents admit that it's a source that is sometimes too negative*
 **HEALTH PROFESSIONALS** *Trusted by most parents except for those who have had poor experiences with health professionals in the past leading to mistrust*		 **SELF-LED ONLINE RESEARCH** *Self-led leads to finding information personally more relevant however, parents admit being unsure of credibility at times*
WHY IT MATTERS Provides the expert opinion, personalised education, localised facts and information *E.g., localised data and information about a disease*	Provides comfort through social norming i.e., others are doing it know, knowing what to expect through shared stories and experiences, and feeling more supported	Perceived as independent opinions, provides comfort through social norming and feeling not influenced by "the greater good"

INFORMATION AND MESSAGES THAT COME FROM MULTIPLE TRUSTED SOURCES, ARE RELATABLE, AND RELEVANT CONNECT BETTER WITH THE TARGET AUDIENCE

WE SHARED KEY MESSAGES AND RESOURCES AVAILABLE TODAY THAT ADDRESS SOME OF THE BIGGEST BARRIERS TO UNDERSTAND WHAT WORKS/DOESN'T WORK

KEY BARRIERS	REACTIONS	OPPORTUNITIES
 There's too many / it's too much for a small child/baby (immunisation safety)	Information in key messages were perceived as non-specific and overly simplified in addressing the question. Parents perceive their child in pain and stress when getting combination vaccines and largely did not believe the messages as it didn't resonate with their first-hand experiences.	Communications that address directly this concern specifically at the 18-month mark, would help alleviate a lot of emotional burden and worry parents feel surrounding their child's experience with immunisation
 I want their immune system to develop and be strong on its own	Key messages state vaccines strengthen immune system however, respondents felt no additional details and specific reasons to believe are included to make it credible. There is desire for more information and currently, little information combat the misconception around natural immunity being stronger.	Greater education is needed across the general population to combat the misconception that vaccine immunity is weaker/fades than natural immunity.
 It won't protect against the disease (vaccine efficacy)	Disease-specific profiles educate around the symptoms and serious complications associated with diseases and bring to light why a vaccine might be helpful e.g., reducing to a milder disease which felt honest to parents. However, did not do much to motivate when parents already feel some diseases such as flu and chickenpox would be mild.	Comms highlighting the gravity of diseases and associated complications can be more impactful when framed through personal stories within the community, particularly through parent-to-parent narratives. Education around the benefits of vaccines beyond prevention is needed i.e., reducing severity, herd immunity, framed through local context for diseases less frequently discussed in contemporary culture e.g., polio, diphtheria/tetanus, pneumococcal, as well as diseases with low severity perception e.g., Rotavirus, Flu
 The disease isn't around anymore or isn't serious (disease perception)	For some, showing disease-specific profiles for polio and diphtheria were helpful reminders of the severity of these illnesses as often not discussed. Materials that educate on specific disease, symptoms and why a vaccination is necessary are seen as helpful for many. For a minority few, that don't believe these diseases could come back, the messages did little to change their view.	
I worry about the safety and ingredients (vaccine safety)	*I worry about the side effect of the injection/vaccine*	*Unaddressed by key messages and stimulus*



5 THE LAST FIVE GUIDELINES

ENGAGE EARLY IN THE JOURNEY

Parents voiced wanting to receive education about the schedule in the **later stages of their pregnancy (3rd trimester)**. Education should be as part of group discussions or other information about maternal health and child health to make it more **meaningful**.

Continuing engagement with parents through GP and other PR activities as child develops is important. Helpful **reminders to vaccinate 18 months to 5 years old) are important as parents** become busy and may for **forget about upcoming immunisations** for their child.

MAKE CONTENT RELEVANT TO THEIR NEEDS

Information and resources that feel personalised can help build trust and relevance of immunisations to parents. Consider providing localised facts, data and stories that feel **personal** and **resonate** with their family context and circumstances. The information should be **relevant** to the specific **needs** of their current child e.g., tailored to parenting journey, age group, and include information of their current concerns e.g., immunisation trauma, developmental concerns.

LEAN INTO SOCIAL NORMING

Social norms exercise considerable influence in **shaping the perception** of a particular vaccine, as parents tend to seek validation to those around them and align their **attitudes and behaviors** with those observed in their **immediate community**.

By leaning into **social norming**, parents will feel more **confidence in breaking down the barriers** against vaccinating their children on time, especially when they observe **others in their community following suit e.g., at daycare programs, local council/community**. This holds particular significance for **Advocates and Acceptors**, who are simply **seeking reassurance** that they are acting for the well-being of their child.

REGAIN TRUST & ENGAGE WHO THEY TRUST

Communicating consistently through multiple trusted voices will have a greater effect on the target audience.

It is important that **health professionals continue to provide education and support as experts without avoiding questions and conversations to regain trust**. But there is also a need for support and education through parent-to-parent activities within the community, as well engaging independent trusted spokespeople and key influencers to deliver the same messages.

It is crucial to customise so **that the messenger is relatable to the audience's specific local context.**

MAKE IT EASY & ACCESSIBLE TO GET IMMUNISED

Reminders before the date, automatic appointment bookings, offering childhood and flu immunisations at **multiple easily accessible locations**, providing positive immunisation experiences, all work to ease the mental, emotional, and physical burden that parents feel.

SECTION 4

CHILDHOOD & FLU IMMUNISATION (FIRST NATIONS AUDIENCE)

METHODOLOGY & SAMPLE

FIRST NATIONS AUDIENCE BACKGROUND

Immunisation rates are slowly returning post-COVID, as children return to daycare, parents go back to work, and healthcare access issues rebound post-COVID.

While some remote areas have good rates of childhood immunisations due to supportive access, people's relationship with the health professional, reminder systems in place, certain remote regions such as in Northern Territories face greater challenges due to logistical and systemic barriers.

Areas in remote communities with childcare centres, face lower barriers and are motivated towards childhood and flu immunisations as it is often a requirement.

EXCEEDED TARGET OF 95% FOR ABORIGINAL AND TORRES STRAIT ISLANDER FIVE YEAR OLDS

The national coverage rate for Aboriginal and Torres Strait Islander five-year-olds was 95.69% at September 2023, above the target of 95% and the highest immunisation rate of any age group. The coverage for one-year olds is 90.39%, while the coverage rate for two-year-olds is 88.82%.

DECLINE IN INFLUENZA VACCINATION RATES IN 2023

Data indicates low uptake among children under 5 and First Nations people, who are at higher risk of health complications. Only 19.8% of First Nations children under 5 years received an influenza vaccine in 2023. Australian Immunisation Register (AIR) for children under 5, and particularly First Nations children, were **low in 2023 despite the availability of free vaccines** and the resurgence of influenza in the community.

QUALITATIVE- ROUTINE CHILDHOOD IMMUNISATIONS & FLU FIRST NATIONS AUDIENCE

METHODOLOGY – IN-PERSON IN-DEPTH INTERVIEWS

Given sensitivity of the discussion around childhood immunisations, one-on-one in-person interviews allowed for participants to feel comfortable to share their views privately. Having prior research around attitudes, drivers and barriers that First Nations parents/carers face, these interviews allowed for double-clicking into specific conversation areas and pull apart nuances related to mixed support.

Cultural Partners conducted **14 x 60-mins interviews** across three states: covering 2 regional and 2 metro areas

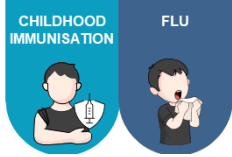
- Aged 18+
- Must identify as First Nations
- Must be currently pregnant or a parent/carer of a child aged 0-4 years old
- Mix of gender
- Mix of Advocate, Acceptor with mixed support and On-the-fence typology
- Mix of parents whose children are up-to-date and not up-to-date with NIP

	Parents/Carers (0-1)	Parents/Carers (2-5)	Expecting parents
Perth	1**	1	1
Grafton	2	1	1
Brisbane	2	1	1
Toowoomba*	1	1	1
Total	**6**	**4**	**4**

fiftyfive5
Part of Accenture Song

** Original Townsville site had to change due to cyclone weather.*
*** Perth recruitment for second parent with a baby rescheduled repeatedly due to parent's requests and health issues. Re-allocated to Brisbane site for that cohort.*

CONTEXT REGARDING CHILDHOOD VACCINATION IN 2024



- First Nations people/parents are still dealing with the impact of COVID – and the subsequent decreased levels of trust in the effectiveness of vaccines generally.
    - This leads to **more questions** being asked about vaccines and the **need for greater reassurance** – similar to Gen Pop
- But there is **inherently a lot of trust in HPs** – this is who they turn to for advice and support. The *trust* issue is pivotal – trust in HPs, GPs, ACCHOs and trusted community sources of wisdom and experience matter more than generic government or service system guarantees.
- First Nations people like gen pop have **limited knowledge about NIP** in detail – but know of it. But there is less of a need for more information about the NIP ie detail about what is the on the schedule, timing, numbers of vaccines, when it is reviewed etc. It is overall accepted as being trusted, especially when it is talked through by their trusted health professional
    - Reinforcement of NIP existence and its RELATIONSHIP to Blue.Purple/Red Book and HP explanations is essential (i.e. avoid risk of NIP being perceived or assumed to be an additional, external vaccination system above and beyond the standard approach parents and families are used to through their local providers (no matter which sector).
    - In effect the NIP is the “rule book” which HPs will refer to and use as the guide to keep your baby/child healthy.

- **Being selective of the vaccines given was NOT reported** and for many this was not even a known issue (due to the overwhelming strength of Blue/Purple/Red Book scheduling and associated ‘as per schedule’ or ‘catch up schedules’ messaging from HPs and services). Detail about specific vaccines, schedules and timing will not be effective based on this cohort sample.

    - Reinforcement of NIP existence and its RELATIONSHIP to Blue/Purple/Red Book and HP explanations is essential (i.e. avoid risk of NIP being perceived or assumed to be an additional, external vaccination system above and beyond the standard approach parents and families are used to through their local providers (no matter which sector).

    - In effect the NIP is the “rule book” which HPs will refer to and use as the guide to keep your baby/child healthy.

WHEN IT COMES TO FLU, PARENTS DO NOT TAKE PROACTIVE STEPS TO VACCINATE THEMSELVES OR THEIR CHILDREN UNLESS EXPLICITLY RECOMMENDED BY THEIR DOCTOR OR NURSE.

Like the broader population, First Nations respondents **did not perceive flu to be a significantly risky condition**. Moreover, personal experiences, such as **feeling unwell after receiving the flu shot**, **influenced decisions** about immunising their children.

Nonetheless, there are some triggers towards the flu vaccine…

Work-Related Driver

- Those who regularly received flu vaccinations perceived it as a normal part of the vaccination process, often linked to work conditions
- Parents, particularly those not pregnant, reported receiving regular flu vaccinations through their workplace and due to workplace policies
- Work-related motivations, such as personal protection and minimizing the impact of infections on work, also influenced some decision to get vaccinated

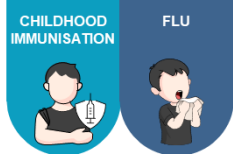
Personal & Familial Experience

- Experiencing a severe bout of the flu, especially if it resulted in significant illness and missed work, was identified as a key trigger for considering future flu vaccinations
- Familial experiences, such as older family members falling seriously ill due to the flu, also influenced the likelihood of getting vaccinated

Awareness and Education through Key Channels

- Increased awareness through all channels on TV about the seriousness of flu and the impacts on work and family life would have an impact for some
- Increased awareness through TV and targeted information delivered by child health nurses were considered impactful factors for promoting flu vaccination

GUIDANCE ON CONNECTING VIA MESSAGES AND PR IDEAS



- Genuinely acknowledge to clearly address safety concerns, whether globally in relation to all vaccinations or specifically concerning childhood immunisation, will be essential
- Local and regional PR and community-based events to promote and support HPs to provide information and develop relationships with mothers
- Partnerships and promotional opportunities with local ACCHOs and Aboriginal Child and Maternal Nurse programs (including locally-relevant approaches, language and terminology)
- Inclusion of childcare and daycare centres in promotional activities and events – these are critical locations for the potential negative Centrelink impacts of non-vaccination commonly noted
- Alignment with community-based mothers, women's and parents' groups
- Specific focus on the information needs of young mothers is essential

VACCINE DRIVERS & BARRIERS

FOR MIXED SUPPORTERS, THE KEY DRIVERS TO VACCINATE ARE TO PROTECT THEIR CHILDREN, ACCESS CHILDCARE/BENEFITS, AND TO PROTECT COMMUNITY

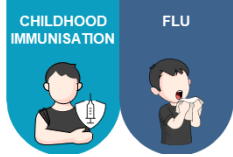
DRIVERS TO VACCINATE

Desire to protect child from disease	**Our mixed support cohort understand and believe that vaccination is important to protect your child from diseases.** This belief is not questioned
Need to access childcare benefits	**There is no choice** - Acceptor or on-the-fence typology too rigid for many First Nations respondents as the imposition or requirement for vaccinations (both adult and childhood) for childcare, welfare benefits, schooling, employment etc make this a highly volatile area. The implicit assumption that 'on-the-fence' equates to limited knowledge or anti-vax messaging exposure is not that simple..
Protecting the community	**Widespread awareness of the importance of vaccination for general community health**. Herd immunity as a specific term was raised unprompted in all locations by some parents and this was a well understood concept of community health and protection. This appears to be the result of long-standing community awareness and reinforcement of positive rates pre-Covid for First Nations immunisations. The terminology itself seems to have resonated and been recalled in the context of community protection from illness. There was also a strong emphasis on local community vaccinations preventing the spread of Covid-19 to vulnerable family members during the peak pandemic periods and herd immunity was often referenced.

I know I need to get my children immunised and staying up to date one so they are healthy but also so I don't get my centrelink cut or childcare if I need that its still available.
FIRST NATIONS PARENT

I know my child may get sick if they don't get them but also know they may not be able to go to daycare if they don't get them done either.
FIRST NATIONS PARENT

Significant numbers of our mob need immunisations to create herd immunity to keep them safe and healthy and not pass on diseases.
FIRST NATIONS PARENT



THE BIGGEST BARRIER IS CONCERN OVER SIDE EFFECTS.

NOTE THAT BARRIERS RESULT IN DELAYS – NOT IN MISSING SOME VACCINES

BARRIERS TO VACCINATE

Concern over the side effects

Short term were a major issue for pregnant women and those with newborns as it related directly to the concern about 'overloading' the baby's immune system or unnecessarily loading up vaccinations in the early months of life (rather than spreading them out). This **concern also related to older toddlers and children more generally as parents expressed similar worries about sheer number of vaccines and the frequency of injections.**

The **early start of injections** was particularly an issue for some as it heightened existing fears about creating illness for some (e.g. worry about introduction of disease or creating complication through vaccination exposure) and created a generalised perception of risk for others (due to the reputation, frequency and loading issues).

The longer-term side effects were only raised by a minority in relation to impacts later in life. Autism fears re MMR etc were only noted by a few and this was based on social media and community conversations but was frequently addressed through the GP/HP Q&A nexus.

Effective mandatory nature of vaccinations

There would appear to **still be the ongoing issue for some re. the effective mandatory nature of childhood vaccinations** but this is unlikely to be resolved in a comms campaign, especially since the accepted reasons for non-compliance are now so limited. **The repeated reminder of FREE vaccination and supported procedures and booking is most important.**

I worry about the safety and ingredients in the vaccine. There's too many and too much for a baby.
FIRST NATIONS PARENT

I need more information on research about the safety and ingredients in the vaccines for babies. Talk to Child Health Nurse and get more information about how vaccines are developed and tested to make sure they are safe and work.
FIRST NATIONS PARENT

DELAYS ARE DRIVEN PRIMARILY BY TIME PRESSURES AND LACK OF HCP REMINDERS

CHILDHOOD IMMUNISATION

FLU

WHY VACCINATE ON TIME

Ability to send child to daycare / get benefits

Childcare benefits and access is the primary driver to be on time. a clear driver – which means that vaccines like flu that aren't 'required' won't be seen as critical, but all others are. There are clearly 'natural' reminder opportunities and some structural key dates (day care, schooling, Centrelink) that raise the profile and importance of vaccinations at particular times.

HP reminders

Parents **rely on their health professionals to advise and remind of schedules**. 0-1 year vaccinations heavily dependent on perinatal support systems (midwives, hospital services, postnatal support, child and maternal nurse etc) in both ACCHOs (for many) and community/government clinics for others depending on location and personal preference. **Parents were not driving vaccination themselves**. Scheduling and timing was entirely within the province of these healthcare professionals who contacted and organised immunisations according to the schedule (including reminders, calls and prompts). WA emphasis and knowledge on Meningococcal was clearly the product of a locally driven, well resourced and time limited promotional activity to meet local conditions.

Personal Health Record

Child books (various colours in different jurisdictions) were noted by many as useful references as parents could simply and easily look up vaccinations for their child. New mums particularly reported the impact and centrality of the Blue Books (often new info re. schedules and range of vaccinations) but vital tangible reminder and scheduling prompt. The usefulness of apps such as 'Deadly Tots' in NSW for prompting and scheduling dates but remote areas will have issue re. connectivity and functionality unless locally-designed and adapted

WHY DELAY

No time

Multiple children, competing health appointment challenges, time pressures within those appointments and likelihood of impending vaccination schedule being missed if the HP is a non-local, inexperienced locum or assumes that the Mums and Bubs team "looks after that". Larger family size and higher proportion of children aged <10yrs in many families mean multiple vaccination schedules within a household. Note that it is **not about forgetting or not caring** about doing what is best for their children

Lack of HP support

Majority of whom were keen to do their best for their child but **relied on local systems to manage, explain and coordinate appointments. As such, when there is lack of staff, change in staff – access more of an issue in regional, rural areas.** Previous work has revealed impacts on vaccinations generally when delivered through regional programs, ACCHOs that are not managing vaccination on site (but through regional events or rounds of vaccination, eg in western QLD), government health initiatives that are not integrated with local programs don't work.

FLU VACCINE – PROTECTING OTHERS, PROTECTING YOUNG BABIES (WHILE PREGNANT) KEY OPPORTUNITIES

- Flu was not regarded by most as being a significantly risky condition – **not a priority health risk.**
- The majority felt that **flu impacts varied** depending on the individual and what type of flu was contracted.
- Flu is also seen as **prevalent** – so if a disease is perceived to be very common (coupled with not being seen a serious) then its impact is minimised
- And then, the **vaccine does not stop you getting the flu** – so the efficacy is questioned
- Also it is **not linked to access to benefits and childcare**
- Given this, the key barrier is lack of need and lack of push

Nonetheless, there are some triggers towards the flu vaccine for adults…

Work-Related Driver

- Those who regularly received flu vaccinations perceived it as a normal part of the vaccination process, often linked to work conditions
- Parents, particularly those not pregnant, reported receiving regular flu vaccinations through their workplace and due to workplace policies
- Work-related motivations, such as personal protection and minimizing the impact of infections on work, also influenced some decision to get vaccinated

Personal & Familial Experience

- Experiencing a severe bout of the flu, especially if it resulted in significant illness and missed work, was identified as a key trigger for considering future flu vaccinations
- Familial experiences, such as older family members falling seriously ill due to the flu, also influenced the likelihood of getting vaccinated – **THIS IS THE CORE DRIVER FOR ADULTS WHICH COULD CONNECT IN COMMS**

Flu and children – a harder sell

Flu **not seen as serious for kids** - most parents considered ‘flu’ as a standard illness that children may pick up or be exposed to BUT none had any personal or recent experience of significant hospitalisations, complications or impacts ON CHILDREN. As a consequence, this is simply NOT a priority concern or fear for many parents (as say polio or meningococcal is).

But parents who had given their child a flu vaccination did so because it was **specifically recommended by their doctor or nurse**. It highlights the absolute centrality of the HP information and discussion role which then enables a direct prompting, scheduling and carry through.

Flu vaccination – more accepted in pregnancy

This perception of pregnancy risk and flu vaccine was **highly prevalent with the majority of women** indicating that they either would be open to getting a flu vaccination or had already done so once their child was born. Getting flu vaccination to prevent Rubella impacts on baby as a longstanding and well known issue

For some pregnant women they reported not being vaccinated for flu whilst they were pregnant due to **concerns about risks or complications during their pregnancy**

HCP'S THE MAIN SOURCE OF INFORMATION, WITH THE SUPPORT OF THE 'BLUE' BOOK

- The **role of GPs, child health nurses, and other relevant health professionals in both community controlled and general health clinic settings and hospitals is quite simply vital.** The importance of pre-birth relationships and information sharing is also a pivotal area.

- The main information sources about childhood immunisation is clearly through the two main avenues of the Personal Health Record (Purple, Blue or Red) or brochures and collateral materials provided by child health nurses and GPs during appointments.

- **Extremely high levels of discussion and conversation by all parents and pregnant women**. Common conversational topic with other parents and family members in relation to vaccines for children. Little detail included in these conversations as they were more generic or generalised rather than specific immunisation types or specific vaccination needles.

- Several parents noted **active discussions with daycare and childcare centre coordinators** relating to infection measures in their centres.

- **Common and frequent conversations with HPs**, specifically GPs and Child Health Nurses, as they scheduled, explained, and followed up on relevant immunisations and appointments. Conversations on specific issues such as flu entirely contingent on family infections and the perceived importance of those illnesses by parents.

- Majority reported conversations with these HPs relating to immunisation, **however, a few noted that they did not raise vaccine concerns in relation to babies with these professionals due to personal discomfort or a potential for judgement**. First time pregnant women had not had these conversations but felt that they would be a normal part of their health treatment closer to birth and as their children grew.

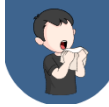
GUIDANCE ON MESSAGES AND PR IDEAS FOR CHILDHOOD IMMUNISATION GENERALLY

MESSAGING: Genuine acknowledgement of the **safety concerns** will be essential. This may be globally in relation to all vaccinations or specifically concerning childhood immunisation. Reassuring First Nations people that the vaccinations are not too many in number or too frequent will also be important.

Dial up messaging around the benefits of **protection of children but also the broader community. Reminder that vaccination is free is also key**

HOW AND WHEN TO CONNECT:

- **Specific focus on the information needs of young mothers is essential.**
- **Alignment with community-based mothers, women's and parents' groups.** Community events include some already noted by parents including Mother's clubs, new mum days, play date events, cultural ceremonies (e.g. ceremonial, welcoming, celebrating new babies, return to country when birthing happening 500kms+ away from home etc). Examples of community events of this type include: https://www.abc.net.au/news/2023-10-15/surprise-baby-mum-did-not-know-about-cryptic-pregnancy/102965916,https://www.birthingoncountry.com, https://www.theguardian.com/australia-news/2018/jul/09/welcoming-babies-to-country-the-indigenous-ceremony-revived-after-80-years
- **Partnerships and promotional opportunities with local ACCHOs and Aboriginal Child and Maternal Nurse programs** (including locally-relevant approaches, language and terminology) These events MUST be partnering with and driven by locally based services – the trust element is critical and external providers will simply not have that level of existing relationship, nor will there be opportunities for opportunistic and relationally-based follow up post event.
- **Local and regional PR and community-based events to promote and support HPs to provide information and develop relationships with mothers**
- Inclusion of **childcare and daycare centres in promotional activities and events** – these are critical locations for the potential negative Centrelink impacts of non-vaccination commonly noted
- **Online supports (e.g. perinatal apps) could also be important**.



GUIDANCE ON MESSAGES AND PR IDEAS FOR FLU

MESSAGING

- Messaging re. flu must GENTLY remind parents that babies and children can get flu AND that this is a serious illness for some.
    - Flu is often regarded (as was evident in this latest round) as not being a serious issue for children by many – this must be **simply stated possibly with examples, simple stories and impacts**. But not over-reaching (usually <10 children die annually of influenza so level of perceived risk an issue and direct relevance to Indigenous children known clinically because of underlying causes of illness and social/economic/cultural determinants … but not to families or parents).
    - **Link to preventing severe illness and hospitalization more important** – this also aligns with protecting older and sicker family members with chronic diseases or immuno-compromised conditions.
    - Cannot elevate risk beyond the data or create a fearful environment (this will quickly be debunked on socials and reignite lack of choice, mandates, experimentation concerns that Covid-19 amplified).
- Long standing **safety records for flu vaccines** must be included as a reminder for existing parents and a confidence measure for new parents. Young mothers, especially during pregnancy and immediately postnatal period need information on safety of flu vaccine for themselves and their baby – critical issue raised. Risks of flu during pregnancy to mum and baby provide a clear opportunity for 0-1 yr bracket.
- Remind that Flu vaccination is **free for First Nations people**.

CHANNELS

- Increased information through all **channels on TV about the seriousness of flu and the impacts on work and family life would have an impact for some.**
- Awareness via TV apparent, however, this is not translating into behaviour or attitudinal change. **Social Media, family influencers and HP-conversations are primary drivers** in this regard. Most impactful would be **directed and targeted information delivered by their child health nurse** as this would be within the context of vaccination and a trusted health relationship.

SECTION 5

SHINGLES (FIRST NATIONS AUDIENCE)

METHODOLOGY & SAMPLE

WHAT WE KNOW TODAY…

Research conducted about shingles in September 2023 amongst First Nations people indicated that

- Understanding of shingles is shallow. There were many misconceptions and questions as to how shingles is contracted, what the symptoms are (and how serious these can be), whether it's contagious amongst other questions.
- Shingles was typically known to have been around for decades, however, it was not commonly encountered or discussed.
- Inclination to discuss shingles and its impact, even once prompted, also was low and not likely to be easily activated (due to cultural factors and residual stigmas) without strong sense of relevance or risk.

Overall, amongst this small qualitative sample, awareness of a shingles vaccine was also low and attitudes to any vaccine felt likely to be directly impacted by their experience during COVID while for some, older traumas prevailed.

With a gap in knowledge and taking action as well as recent changes to eligibility, there were some specific questions on Shingles with regards to the First Nations audience…

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Part of Accenture Song

OUR KEY QUESTIONS…

- What are the intentions of First Nations people towards the shingles vaccination?
- What are the barriers and motivators to having shingles vaccinations among First Nations people?
- What communications/engagement do they need to help get them over the line? *Seek to understand the impact of PR vs health professional recommendation in influencing decision making among these cohorts.*

QUALITATIVE- SHINGLES VACCINATION
FIRST NATIONS AUDIENCE AND HEALTH CARE PROFESSIONALS

METHODOLOGY – IN-PERSON IN-DEPTH INTERVIEWS OR ONLINE

Given sensitivity of the discussion around shingles, one-on-one in-person interviews allowed for participants to feel comfortable to share their views privately.

Cultural Partners conducted **12 x 60-mins interviews** across three states: covering 2 regional and 2 metro areas (all face to face)

- Aged 50 to 72
- Identify as First Nations
- Mix of gender (7 female, 5 male)
- Mix of people who have had flu and/or shingles vaccine, but skewing sample to those who have not/do not intend on getting vaccinated but are not rejectors. *11 out of 12 had flu vaccine before or were up to date. Only 2 of the 12 community participants had received the Shingles vaccination – but almost half expressed some interest in getting it*

4 x 60-minute interviews with Health professionals (2 online)

- Aboriginal health workers (AWS) directly involved in providing injections and have close conversations with patients about vaccinations
- Nurses involved in senior care and vaccinations
- Practice Managers in ACCHOs are key clinical and management roles which often include vaccination, preventive health and community engagement responsibilities.

	Community	Health professionals
Perth (WA)	3	2
Grafton (NSW)	3	1
Brisbane (QLD)	3	0
Toowoomba* (QLD)	3	1
Total	**12**	**4**

All research with First Nations people was conducted between the 4th-14th December 2023.

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** Original Townsville site had to change due to cyclone weather.*
*** Perth recruitment for second parent with a baby rescheduled repeatedly due to parent's requests and health issues. Re-allocated to Brisbane site for that cohort.*

SHINGLES VACCINATION ATTITUDES AND PERCEPTIONS

SHINGLES CONTEXT – LITTLE KNOWLEDGE, CLEAR NEED TO EDUCATE PEOPLE

- Majority had **never given it much thought**, if any at all.
- Near universal knowledge that "it is **very painful**" but extremely little specific knowledge of symptoms, causes or treatments.
  - Generalised sense of awareness through other people's experiences with shingles and a residual connection with extreme pain and discomfort for most.
- There was also a prevalent belief that shingles was **contagious**, and especially so for Aboriginal families in close proximity.
- Similarly, a minority thought that shingles was **caused by other conditions such as measles**.
  - However, not one community member noted or even mentioned chickenpox or varicella as being related or causal to shingles.
  - Most thought or assumed it was caused by a virus but this was a nebulous and generic 'virus' rather than any specific or accurate knowledge.
- For a minority older age meant that they **considered themselves at less risk because they "had all my other needles"** and it was considered riskier for younger people in their minds.
- Only one (1) person noted seeing TV ads about shingles.
- No one had received HP messaging or health information about shingles being a risk factor or priority issue for First Nations people and communities but there was a general assumption of this due to the contagion belief and assumption that First Nations families were at heightened risk of viruses such as this.

Know it's contagious and caused by a virus. Very relevant especially for our mob

Don't know much about it I know someone that had it once but not sure how they got rid of it.

SHINGLES CONTEXT – NO VACCINATION KNOWLEDGE OR CONVERSATIONS

- **Put simply, knowledge about the shingles vaccine among community respondents was effectively, "Nothing".**

- The majority had never spoken with their GP about it nor had their GP raised it with them (other than a few in WA).
  - The only exception to this was the few people in WA who had been told to get the vaccine directly by their GP.
  - This GP direct advice was also the only reason for knowledge and awareness of the 70 year age priority.

- For the majority there was no knowledge about the vaccines, ages, or priority groups.

- However, there was a near universal response that if their GP recommended it they would undoubtedly get the shingles vaccine (such was the trust in their GP and reliance on their clinical advice and personal reminders).

Told by my GP to have vaccine when I reached 70 years. Government recommends vaccine for people at age 70. Know heaps of people who are unaware or have low awareness of the shingles vaccine. Information is available from GPs and AMS for our mob but all our mob are unaware.

INFORMATION WAS SHARED ABOUT SHINGLES AND THE SHINGLES VACCINATION

What is shingles?

If you've had chickenpox as a kid, you can get shingles as an adult. Shingles is a viral infection that can be nasty; especially if you are 50 or over, or if your immune system is weak.

Shingles can cause:

- a painful, blistering rash
- sudden and intense pain that can last for months
- serious illness in some cases.

While most symptoms usually last 2 to 3 weeks, shingles can become serious. It can lead to nerve pain that can last for months and can also cause:

- pneumonia (problems with your lungs and breathing)
- hearing problems
- Blindness
- swelling of your brain.

The shingles vaccine

The shingles vaccine, Shingrix, is now available free through the National Immunisation Program (NIP).

The Australian Immunisation Handbook recommends shingles vaccination for:

- people aged 50 years and over
- immunocompromised people aged 18 years and over
- people aged 50 years and over who live in the same household as someone who has a weakened immune system.

Shingles vaccination is free for Aboriginal and Torres Strait Islander people 50 years and over. You should get 2 doses of the Shingrix vaccine for the best protection, given a few months apart.

Both doses are free through the National Immunisation Program. To get the free shingles vaccine, speak with your health professional.

AFTER BEING INFORMED ABOUT SHINGLES, MANY OF THE FIRST NATIONS RESPONDENTS WERE LIKELY TO TAKE SOME ACTION

- **Almost all community members expressed a desire to either get the vaccine or consider speaking with their GP at their next appointment**

- There was a wide variance in likelihood or follow up, with many indicating a general or soft consideration rather than a priority approach.
- Most felt that post-Christmas would be the only likely time for consideration as they were “simply too busy” at the time of fieldwork immediately pre-Christmas.
- The symptoms and risks were particularly impactful for some, especially as this was new information for the majority.
- The potential impacts on the brain and the length of symptoms were commonly recounted.

Look I think we have had so many needles over the last few years you get over talking about vaccines but, you know, it’s something we need to look at because we are getting older.

DRIVERS RELY ON INFORMING FIRST NATIONS PEOPLE ABOUT THE SEVERITY OF SHINGLES. KEY CHALLENGE IS OTHER HEALTH PRIORITIES

DRIVERS

Severity and length of Shingles symptoms

Once informed, the key driver was to lessen the severity of what sounded like a horrible thing to get – lasts a long time, impacts the brain. Particularly how bad it could be for older people

Very important. My health is important to me I want to live a long time and getting the shingles and that it can affect you for a long time … who wants to do that?

Open to vaccinations generally

The majority of people had regular vaccinations (flu especially) and considered other vaccines as normal and important for health (other than Covid vaccination which was highly variable in response and regarded by some as passed or problematic).

Look I think we have had so many needles over the last few years you get over talking about vaccines but, you know, it's something we need to look at because we are getting older.

BARRIERS

Lack of knowledge

They don't know about Shingles nor the vaccine – so are not even thinking about it. Need for education and importantly for HPs to be raising it and suggesting vaccination

Other competing health issues

Older First Nations people often have other health issues to keep on top of. And when they see their HP the most important issues are tackled first – Shingles is likely to be down the list.

Risk and benefit unclear

Little mention of people in the community getting shingles so assume it is not very prevalent. Like with the flu, confusion over the fact you can still get Shingles needs to be addressed to give people confidence in getting the vaccine

But sometimes every time we go to the doctor there is something else we need to do or they find something new.

I think now knowing more what it can do and what and how it can affect you. I think it just needs to be talked about more in community.

HEALTH PROFESSIONAL PERSPECTIVE

VACCINATION CONTEXT FROM HP'S – GENERAL POSITIVITY BUT CONSPIRACY THEORIES AND SIDE EFFECTS THE BIGGEST CHALLENGES

- HPs all provided medical and health services to their local communities including vaccinations.
- They were all strong advocates for immunisation due to the heightened risks and personally took a lot of time and effort to inform and engage with patients.
- Conspiracy theories and misinformation, particularly on social media and 'Dr Google' were commonly experienced and tended to take a great deal of effort, time and sensitivity to address.
- HPs reported **majority of their patients in 50+ years age group being "quite positive" towards vaccines** as they were normal procedures and often repeated annually with the same trusted provider.
- **However, the influence of COVID conspiracies and experiencing negative side effects had a profound effect on many** (and this was particularly so for the elderly due to increased concerns from HPs and family members for their aged patient or loved one).
- For others there had been a waning of interest after COVID restrictions and follow up measures have eased.
- For some HPs there was a recent increase in questions about COVID boosters due to resurgence in the community generally and news items.

HOW VACCINATIONS ARE DISCUSSED WITH PATIENTS – INFORMALLY AND BUILDING TRUST

I don't usually approach them unless I am doing a health check and I see that they are due for a particular vaccination, and I let them know in the consult. People then tell me if they want that vaccination or not. If they say yes, I make sure the doctor knows by doing a handover, so they know to give the vaccination to the patient during their consult.

I yarn with patients when they come in for appointments and we look together at their record of vaccines.

I use a culturally appropriate approach and personally don't have a problem with patients as long as vaccines are explained simply.

I have personal yarns with them and treat them like a family member.

Build rapport and trust with them.

I use pamphlets on shingles vaccinations with patients and yarn about the causes, symptoms and treatment and the effects of the vaccination. I use the same approach for flu which is a topic talked about more often.

HCP'S POINT TO THE NEED FOR TRAINING AND MATERIALS TO SUPPORT CONVERSATIONS

HPs reported very little awareness of shingles and virtually no requests for the vaccine or information. Needs to be HP driven

I don't think patients know much about it more unless the doctor told them they had shingles, then they would know. Patients don't have any idea, it's like 'If I don't get it then I may not know about it', they won't worry about it.

They don't really know about it unless they get it so they can't rate it. I think if we promote it more and they realise how serious the symptoms are then they would probably get it done especially over 50.

No one is asking for it to my knowledge to me as it has not been promoted and the doctors would be promoting it more and nurses due to having just got a new batch in and they have more knowledge about the shingles and the symptoms and what can happen if you get it.

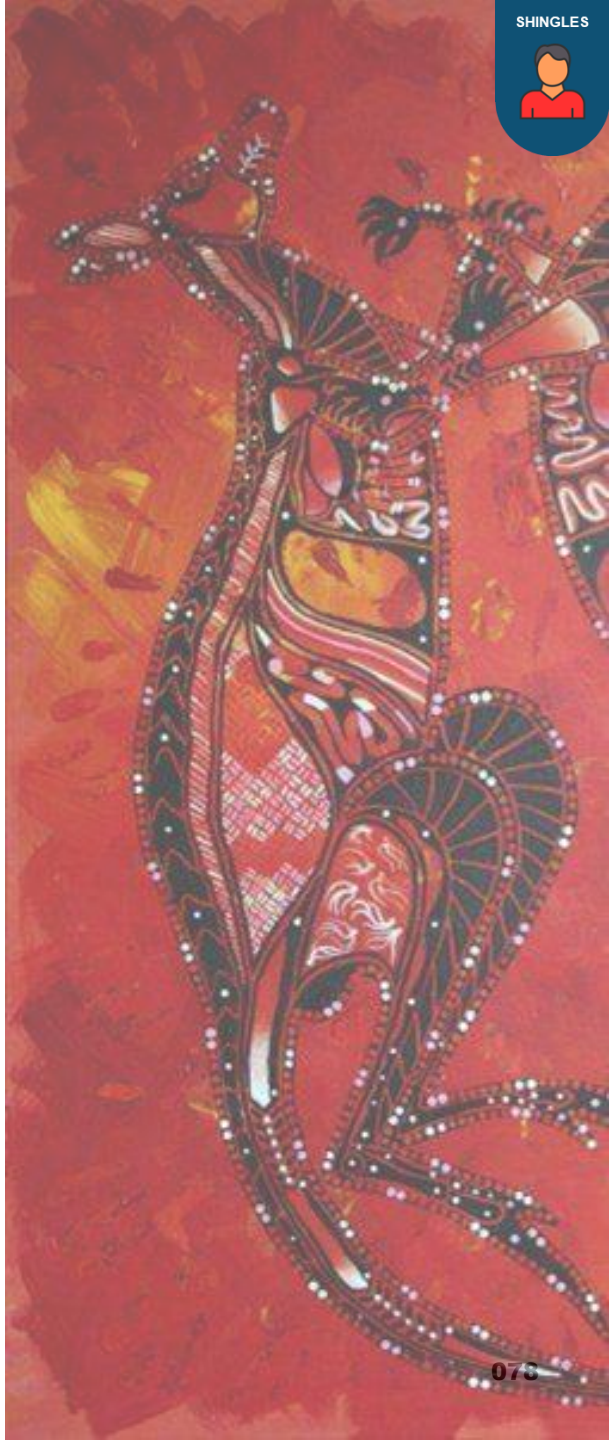
I have not spoken to patients yet as we have only just got the shingles vaccination in and a batch in and I have never promoted it before. I would bring it up with them during the consult if I saw they were due or they haven't had it yet and ask them if they want it or not.

- HPs emphasised the importance of First Nations staff as trusted workers and sources of information.
- All emphasised the critical need for other staff to do **cultural training** in order to develop the requisite rapport and understanding to engage with local communities.
- **Pictorial information, visual guides, and brochures** to hand out were commonly noted as essential tools.
- **Clear and concise information about the seriousness of shingles and the benefits of the vaccine are needed.**
- **Addressing common concerns, particularly side effects,** was essential for developing trust and providing accurate information.
- **Ensuring up to date professional development and practice advice** was regarded as essential.

OPPORTUNITIES FOR MESSAGING & REACHING THIS AUDIENCE

FOR THIS OLDER COHORT, HEALTH INFORMATION COMES FROM WORD OF MOUTH, TV AND OF COURSE DOCTORS. HCPS CRITICAL FOR VACCINATION INFO AND SUPPORT

- Majority of people get health information through **talking with other people, family and friends**. Overall, this was word-of-mouth, general conversations, and anecdotal stories shared amongst peer groups rather than focused conversations on a particular health topic.
- For this old age group **television was a particular source of information** on wider health issues and news relating to health (including NITV). Phones (mobiles) were also noted by many as a main source for information that was read or viewed but this was less preferred than TV or larger screens for many.
- Similarly, **pamphlets** (obtained from health services and waiting rooms) were commonly reported as information sources which could be accessed, revisited and taken home as a tangible piece of information.
- **Doctors were the key and trusted source** of health information and personal health matters but this was usually through the **provision of advice during a consultation or a direct administration of a vaccine with limited discussion** (i.e. “You are having an injection.”). Doctors, the AMS generally, and for some other HPs were sources of trusted information, however, the GP was by and far the most critical and common information provider.
- **Information about vaccinations in particular was solely the province of doctors and the AMS**. This was particularly associated with reminders and information provided by these services about vaccinations and scheduling appointments.



GUIDANCE ON MESSAGES AND HOW TO CONNECT REGARDING SHINGLES

Generally speaking there was a **high degree of interest in learning more about shingles** and its relevance to these people in the 50+ year cohort (especially for those at the older end of the spectrum 70 years) due to its impact and potential severity.

MESSAGING: Main information requested related to **symptoms** (including rashes and other obvious signs) as most were surprised at the potential **severity and impact**. However, most critical for the majority were queries about **whether shingles was contagious**. Also is it **around/prevalent**. *Due to lack of advertising, mention in the media there was a pervasive sense that shingles was uncommon and possibly only important for a limited cohort due to its perceived rarity, resulting in little personal engagement, risk assessment or interest.*

HOW AND WHEN TO CONNECT:

- Timing and delivery of health messaging about shingles vaccination was not attached to any particular event or schedule, other than a very clear association with visits to the GP or AMS.
- During these regular visits it was assumed that HPs and GPs would provide relevant information directly to the patient.
- Frequent conversations, discussions in lead up to vaccination and prioritising appointments for target age groups were thought to be the most effective methods.
- There was also a degree of concern for some about misinformation or vaccination concerns arising from Covid pandemic and GPs were considered the truthful source of information as a result.

OUT OF THEIR MOUTHS

Government can assist better understanding of vaccinations through promotion of symptoms, treatment and importance of vaccination for prevention and protection.

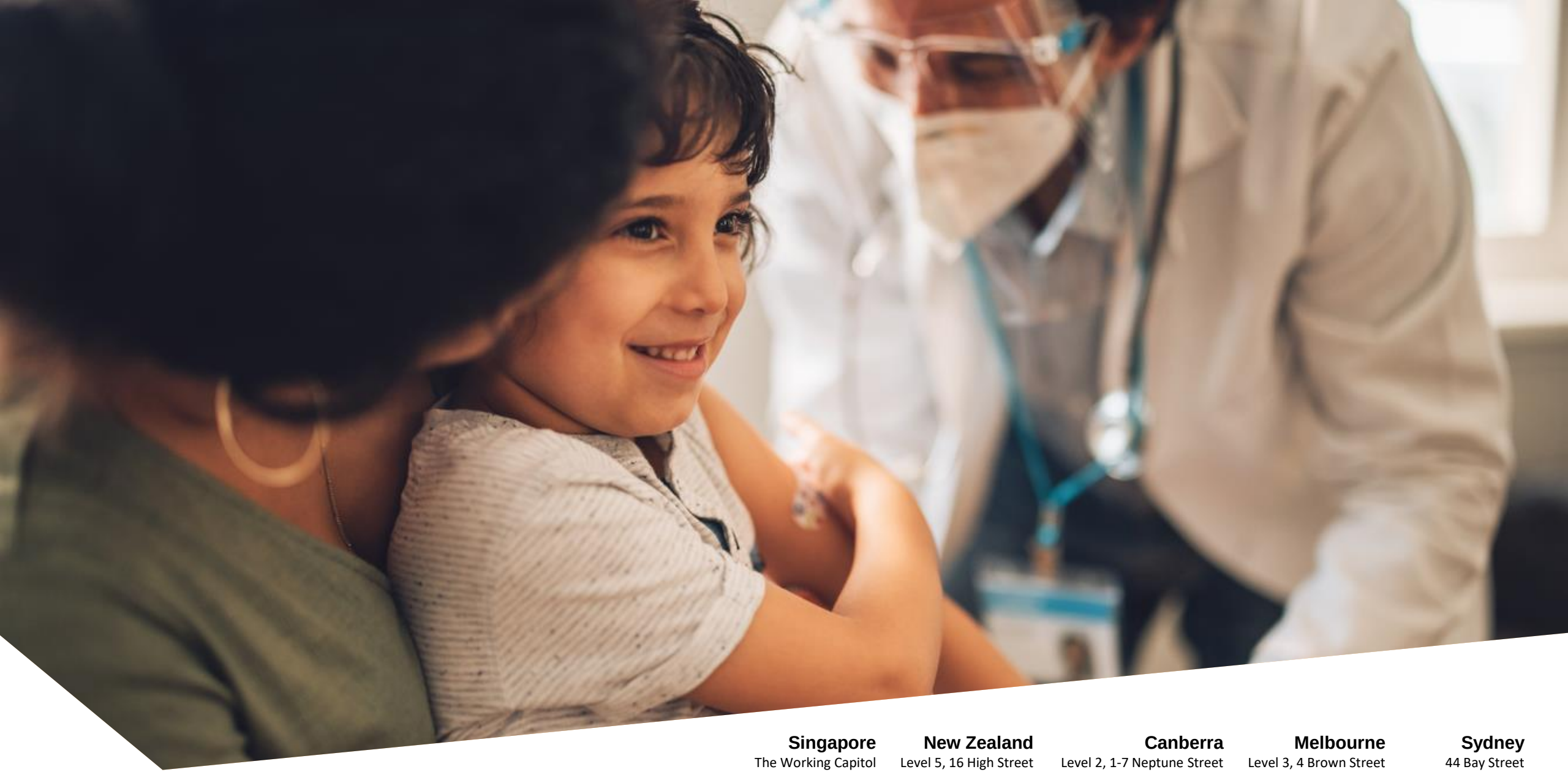
Government need to listen to and involve Aboriginal health professionals who have enough experience of these vaccinations and know how to interact and communicate with our mob.

I thinks the flu and shingles vaccines are very important and they need to be promoted to our mob in culturally sensitive ways.

Face to face yarning with people the best way. Or maybe on social media but make it real clear how shingles can affect you because I didn't realise it was that bad.

I don't know a lot about shingles which shocks me.

I never had shingles but will have vaccination now that I'm 70.



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