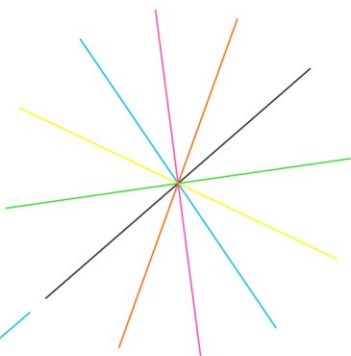


# Research to identify immunisation information needs

Qualitative research report

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# 1. EXECUTIVE SUMMARY

## 1.1 Background

The **Immunise Australia Program** implements the **National Immunisation Program** (NIP) schedule of recommended vaccines. At present, the schedule includes vaccines against a total of 16 diseases. Vaccines on the schedule are available for infants, children, young adults, vulnerable adults (such as Aboriginal and Torres Strait Islander people and pregnant women) and older people. Each state and territory is responsible for delivering the Immunise Australia Program under the **National Partnership Agreement on Essential Vaccines** (NPEV).

Despite the fact that support for vaccination in Australia is mostly high, it cannot be assumed that all Australians are in favour of it or comply with the NIP schedule. A range of barriers are believed to exist around immunisation uptake in Australia. These may be philosophical - relating to attitudes, lifestyle or religious beliefs – or more practical in nature, such as time constraints, lack of access and financial limitations. In this context, the Department of Health (the Department) has identified a need to gather a detailed view of the status quo regarding vaccine acceptance, hesitancy and refusal, so as to ensure maintenance of high compliance levels and ongoing support for vaccination programs in Australia.

## 1.2 Research methodology

Snapcracker Research and Strategy was engaged to conduct a significant program of qualitative research to understand knowledge, behaviour and intentions regarding immunisation among target audiences, and to uncover any information needs, gaps and overall preferences. Research was conducted in an iterative manner and included two main stages.

Stage One involved 13 in-depth interviews and one group discussion with stakeholders, including state and territory Jurisdictional Immunisation Co-ordinators (JICs), members of the National Immunisation Committee (NIC), members of the Australian Technical Advisory Group on Immunisation (ATAGI) and representatives from the National Centre for Immunisation Research and Surveillance (NCIRS). Stage One also involved a comprehensive audit of communication materials on the topic of immunisation that are currently used in Australia. Fieldwork for stage one took place between 9 - 16 March 2016.

Stage Two involved a comprehensive program of research with members of the public, and included four 'exposure sessions', 65 mini-group discussions and four in-depth interviews with a broad sample consisting of parents, first-time pregnant mothers, adolescents, adults aged 70 years and over, people from culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander people and health professionals. Fieldwork took place between 9 March and 29 May 2016.

## 1.3 Key stakeholder observations

Broadly, states and Territories and other stakeholders identify similar issues relating to immunisation. Most of these relate to childhood immunisation, and most focus their attention on this cohort. The majority of state and territory stakeholders acknowledge that rates are relatively high, at around 90 per cent, and there is a general impression that parents are motivated to 'do the right thing'. Stakeholders believe that the primary concerns about immunisation relate to safety, and there is a widespread sense that people are now more concerned about the vaccines themselves rather than the diseases they target.

## 1.4 Stakeholder perceptions of issues, barriers and motivators

As mentioned above, and in line with high vaccination rates, stakeholders felt that overall, parents are motivated to have their children vaccinated by the need to 'do the right thing'. Largely, this is

felt to be driven by the desire to be a ‘good parent’ and do what is possible to prevent or minimise the risk of their child contracting a vaccine-preventable disease. Some stakeholders report that many parents are also motivated by financial incentives, which is often in addition to the desire to protect their child’s health.

However, they also report that there are residual concerns about the link between MMR and autism. There is also evidence to suggest that HPV has received a lot of attention of late, including some concerns about longer-term adverse effects. Stakeholders also believe that some parents are choosing not to immunise their newborns against Hepatitis B, instead choosing to catch up this vaccination at a later date.

### **1.5 Stakeholder perceptions of the health professional perspective**

All stakeholders acknowledge that the role of health professionals can be pivotal in influencing people to vaccinate (or not). As a result, stakeholders see it as imperative that health professionals have a level of confidence around the topic that allows them to deal with more complex cases. In some cases, stakeholders believe that health professionals may lack confidence in this area and could potentially benefit from a more coordinated approach to information delivery.

### **1.6 Stakeholder perceptions of immunisation communications**

All stakeholders report that they would appreciate greater clarity around the definitive roles and responsibilities of Jurisdictions and the Commonwealth. Each Jurisdiction tends to create their own communications materials when they identify a need, and there can be some sharing between Jurisdictions, although this tends to be on a personal basis and not especially systematic.

### **1.7 Stakeholder perceptions of potential messages and strategies**

Stakeholders identify a range of potential messages and strategies to use in communications about immunisation. These include creating a one-stop-shop for materials designed for health professionals, the creation of positive messages about the NIP overall, a one-stop-shop for the general public, messages to more fully explain the NIP to those who need it and communication to help make diseases that are unfamiliar to feel more real.

### **1.8 Mapping of current communications activity**

It is clear that there is a significant volume and wide variety of materials available when it comes to immunisation. Certainly, there appears to be little shortage of information available. Websites clearly play a vital role in delivering information, with each Jurisdiction having their own site, in addition to the *Immunise Australia* website<sup>1</sup>, and supporting sites from NCIRS, etc. The majority of these appear to be relatively heavily-worded at first glance, although the strongest example appears to be the *Better Health Channel*<sup>2</sup> in Victoria (whose content includes, but is not limited to, immunisation), which has been the subject of considerable effort.

While all Jurisdictions create material to support the NIP, it is clear that some create more than others and that some use more innovative and/or costly approaches to deliver information. Additionally, it is clear that there is considerable overlap of the types and styles of materials used across each state and territory.

There are, however, some apparent gaps in available information, including information targeted at older adults aged 65+, information for adolescents, specific CALD information, general information about immunisation, information that works on an emotional level, information that does not rely on

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<sup>1</sup> [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

<sup>2</sup> <https://www.betterhealth.vic.gov.au/>

large chunks of text, and communications which use a more creative approach to deliver information.

The bulk of communication appears to be targeted at parents of children aged 0-5 years. It does not appear that there are any significant gaps for this audience, with information covering a wide range of areas including reminders and prompts, general explainers about immunisation, specific resources about particular vaccines and/or diseases, information about new vaccines and information designed to bust myths.

## 1.9 The context: immunisation in 2016

The general public perceive the topic to be one that largely relates to children – even among adults who themselves are eligible for free vaccines under the NIP. Health professionals also see the ‘issues’ around immunisation as primarily relating to children.

Parents generally see that parenting is an exercise fraught with judgement by the wider community, and immunisation is felt to be a fundamental part of that. Additionally, there is a clear sense that immunisation as a topic is viewed in relatively black-and-white terms by the community, with very strong views at either end of the spectrum. As a result, the topic is felt to be quite emotional and many prefer not to talk openly about it as a result.

Perceived levels of vaccination within the community tend to be much lower than they are in reality, with some believing that rates hover at around 60 per cent. Upon learning that the rates are in fact higher, in fact generally above 90 per cent, most feel quite reassured.

The vast majority see on-time vaccination as being quite important, although there are differing interpretations of what ‘on-time’ means. Some believe that you will still be on-time provided immunisations are given within three or four weeks after the due date, while others don’t delay a vaccination appointment by more than a few days. There is little evidence of vaccinating before the due date.

Perceptions of diseases can have a significant impact on how vaccines are perceived. Many vaccine preventable diseases are relatively unknown in practical terms, with exceptions being whooping cough, chickenpox and flu. Diseases which are unknown are often seen in the abstract, meaning that concerns about the vaccine can outweigh concerns about the disease. For diseases that are perceived to be relatively minor (such as chickenpox) there can be a sense that the vaccine is not really necessary.

The tone of conversation around immunisation is felt to be quite negative, with focus drawn to a ‘debate’ about vaccination, and little focus on the inherent benefits. Concerns about vaccine safety tend to dominate the discussion, and there tends to be a lot of negative emotion around the topic overall. It seems that the introduction of *No Jab, No Pay* has further added to this sense, by creating a punitive layer around the topic.

## 1.10 Detailed examination of NIP audiences

### Parents

Attitudes vary widely between parents. Essentially, these differences can be described in terms of the different levels of engagement that people have with the topic of immunisation, as well as the extent to which people accept the idea of immunisation. Using these dimensions, a number of ‘types’ of parents emerge.

‘**Strong Advocates**’ are highly accepting, highly engaged and are marked out by their willingness to advocate for immunisation. ‘**Active Acceptors**’ are also engaged and accepting, tend to have done their homework and have determined that immunisation is the right choice for their family. ‘**Passive Acceptors**’ tend not to think too much about immunisation and accept it as ‘the thing that



you do' based on the expert advice of health professionals. **'Cautious Considerers'** are less accepting of immunisation, and not overly engaged with it, although they do have 'niggles' that can prevent them from fully immunising their children. **'Naturalists'** and **'Extreme Naturalists'** have varying levels of disinterest with the idea of immunisation, as they prefer to live their lives as naturally as possible. Their decision not to immunise is often based on quite a positive frame of mind. **'Worriers'** and **'Extreme Worriers'** are characterised by anxiety about the potential for misadventure due to immunisation, to varying levels. **'Outright Rejectors'** tend to exist on the fringes and often see immunisation as a conspiracy hatched by governments and the pharmaceutical industry.

While this research is qualitative in nature, it appears that the majority of the population fit into the 'Passive Acceptors', 'Active Acceptors', 'Strong Advocates', and 'Cautious Considerers' types.

### Adults aged over 70 years

This cohort universally accepts the idea of immunisation, and key differences relate to attitudes toward the flu vaccine, the main reference point for this group when it comes to immunisation. Critically, some in this group are not fully aware of the vaccines available to them under the NIP.

**'Positive Advocates'** are very open to the idea of the flu vaccine and are often those 'waiting in line' for the GP to receive the first shipment of the vaccine for the season. **'Healthy Rejectors'** prefer to see themselves as healthy, active adults and as such reject the idea of the vaccine as it is for 'frail old people'. **'Flu Vaccine<sup>3</sup> Rejectors'** reject the idea of the flu vaccine due to concerns about the vaccine itself – either because it is believed to cause the flu, or not be especially effective at preventing it.

### Adolescents

The vast majority of adolescents appear to follow the wishes of their parents with regard to immunisation, and few have any ideas about the topic that extend beyond what they have heard their parents say. The majority of the concerns this group has are about the experience of receiving the vaccine itself, at school. It seems that the biggest influence that adolescents have over decision making for immunisation relates to the setting in which they are vaccinated, as some prefer to visit the GP over participating at school.

## 1.11 Drivers and barriers to immunising

While there are a wide range of drivers and barriers to immunising, it is clear that health is at the epicentre of all decision making, with 'weighing up' of the risks of the disease versus the risks of the vaccine fundamental to this decision. For more accepting types this process is virtually instantaneous and imperceptible, while for the less accepting types this process may be undertaken on an individual vaccine basis.

The key drivers to immunising can be broken down into personal and societal elements. Personal drivers to immunise include protecting health, adhering to strong ideological beliefs, ensuring access to childcare and schools, being a 'good parent', and ensuring access to financial incentives. Societal drivers include helping to ensure herd immunity, working together to eradicate disease, and saving the system money. It seems clear that the personal drivers are primary, while societal drivers tend to be secondary.

Barriers to immunising can be broken down into **attitudinal barriers**, **practical barriers** and **minor barriers**.

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<sup>3</sup>The proprietary name of the seasonal flu vaccine in use at the time of research was 'FluVax'. Participants in the research often used this term interchangeably with 'flu vaccine'.

**Attitudinal barriers** tend to be more fundamental and are most likely to be behind a decision not to immunise at all. These include concerns about serious adverse events, worries about a perceived lack of efficacy, problems with the idea of being a ‘test subject’ for new vaccines, issues around vaccine ingredients and concerns about the number of vaccines given at once. There are also specific concerns about the Hepatitis B vaccine given at birth, as well as the HPV vaccine.

**Practical barriers** tend not to be reasons to avoid immunisation altogether, although they can be a reason to delay and therefore not be on time. These include when a child is sick, and simply forgetting to attend or make an appointment.

**Minor barriers** include things such as concerns about the process of vaccinating (needles, etc.), and concerns about common side-effects of vaccines. As with practical barriers, minor barriers rarely have an impact on behaviour in their own right but can contribute to decision making in concert with other barriers.

## 1.12 The role of health professionals

Relationships with health professionals tend to vary by age – older people are generally more ‘respectful’ of, and compliant with directions from health professionals, while younger people often expect to be able to challenge their health professionals and have these challenges dealt with in a respectful manner.

Health professionals universally support the idea of immunisation, although it is clear that some have a greater level of passion around the topic than others. The majority of health professionals feel highly confident when it comes to immunisation – most believe they are easily able to deal with day-to-day concerns. Health professionals also report that they recognise the limits of their knowledge when it comes to more difficult presentations, and most feel comfortable either checking the Immunisation Handbook or calling the state and territory helplines for guidance.

Nurses tend to see patients when they have already made a decision to immunise, and as a result they tend to deal with questions designed to seek reassurance. GPs also engage with patients in this way, but have the added dimension of dealing with other health issues, and so therefore have greater opportunities to raise the topic with patients who are not entirely supportive of immunisation. Midwives tend to be quite influential, especially for first-time mothers, as they have a considerable amount of face-time and form trusted relationships over time.

## 1.13 Immunisation information needs

While there is considerable diversity across the different audiences, there are some commonly held expectations about the characteristics that information should ideally have in the immunisation space. These are that the information be factual and well-researched, balanced and impartial, use accessible language and be up-to-date.

Depending on the level of engagement of each audience ‘type’, there are a range of different levels of detail required. Some require virtually none, while others seek only key headline messages. Others prefer to get some detail underneath the headline messages, while others seek a far more comprehensive level of detail. At the most extreme, there are some who wish to review scientific journal articles.

Types of information required vary again by level of engagement. At the less engaged end, many prefer simple reminders about when to make immunisation appointments. As people become more engaged, they are interested in general information about immunisation, information about the program and information about new vaccines as they become available. Further along the spectrum, those more engaged are also interested in specific information about different vaccines, as well as vaccine preventable diseases. There is also interest in information that addresses commonly held misconceptions.

## 1.14 Key information channels and sources

Information is generally received via broadcast, being personally delivered or by being sought out. Broadcast information can be relevant, and can deliver key headline messages and reminders. Information that is delivered personally is more relevant by its nature, and tends to be taken notice of to a greater extent. Unsurprisingly, information that is actively sought out tends to have the greatest impact.

At the broadcast level, TV and news media tend to deliver stories, rather than paid advertising in the majority of cases. Stories are often quite emotional, and can be both positive and negative in their perspective. Social media is generally approached with caution, as most recognise that it includes extreme viewpoints at either end, and a dearth of moderate viewpoints. Brochures and posters, particularly those delivered in healthcare settings, are felt to have significant impact, as most expect to find this type of information in these settings.

At the personal level, direct contact that is personally addressed has a significant impact. Of this, it seems that letters which arrive by post are appreciated for their relative novelty, as well as their physicality which allows them to exist within the home. Information from schools is felt to largely deliver what is required, and the majority take notice given that it usually requires action. 'Blue Books'<sup>4</sup> are felt to be authoritative sources of information while fridge magnets are believed to offer excellent reminders.

Information that is sought out largely comes from the internet, and it is at this point where the majority express frustration at their inability to find the information that they are seeking. None seem to have a single, trusted source of information, and there is virtually zero awareness of the Immunise Australia website or any other government sites dedicated to immunisation. Most search on Google and wade through results, hoping to find information that suits their requirements in terms of level of detail. Trusted sources can be difficult to identify, and many take particular note of websites from Australian and/or overseas universities. Critically, it seems that Australian Health Departments are the most trusted source of information about immunisation (although these are rarely identified during searches).

## 1.15 Communication styles and approaches

The research investigated a number of existing communications materials to yield learning around the optimal styles and approaches. The research identified that positivity in terms of tone and content can help messages to cut-through. It also determined that imagery can play an important role, especially when it comes to bringing diseases to life – although there is a clear need to balance imagery with headlines and copy that helps to make sense of it. Equally, materials which do not overly rely on blocks of text to deliver information tend to be most engaging for the audience. Directly addressing the audience can help to cut-through, especially in busy environments such as GP surgeries. The use of animation and infographics can help to decode complex ideas, and is often appreciated for adding an element of interest to otherwise fairly dry content.

## 1.16 Conclusions and recommendations

The research identified a range of recommendations when it comes to information designed to support the NIP.

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<sup>4</sup> 'Blue Books' is the popular term for Early Childhood Health Record (which is issued in a blue folder in NSW/ACT). The Blue Book is generally used to record vaccinations up to the fourth year schedule point.

## **Coordination**

Firstly, there is potential value in a more coordinated approach between the Department and Jurisdictions, potentially involving a sub-committee of the JIC to focus on communications.

## **Targeting**

In terms of targeting, there appears to be value in targeting parents and adults aged 70 and over, although it appears there is little need to provide health professionals with any additional information.

For parents, there seems to be value in targeting the less extreme 'types' – the 'Passive Acceptors' may benefit from reminders and reassurance that they are doing the right thing, and while 'Active Acceptors' and 'Strong Advocates' are unlikely to require specific messages, there is potential for them to act as advocates. The 'Cautious Considerers', 'Worriers' and 'Naturalists' are potentially vulnerable to negative messages, and so reassurance in the form of balanced information that seeks to dispel misconceptions and highlight benefits could be powerful for these groups.

For adults aged 70 years and over, there seems to be the greatest benefit in targeting the 'Fit and Healthy Rejectors', ideally by re-positioning the flu vaccine as a means to maintain good health and activity levels.

## **A systematic review of existing materials**

There may be value in reviewing all materials to ensure that the full hierarchy of information needs are being met by the suite of material to support the NIP. As part of this review, it will be important to consider the levels of detail that people require, as well as ensuring that all materials take advantage of the learnings about style and approach.

## **A strong brand identity**

There is also value in developing a strong, visual brand identity (that moves beyond Immunise Australia) to hold all of the different materials together, and to signal that the material is credible as well as being impartial, well researched, accessible and up to date.

## **A dynamic digital presence**

There also seems to be value in 'resetting' the NIP's online presence by developing a one-stop-shop for consumers containing all of the information that they require in a single, credible place. Ideally, this would involve stepped layers of detail to ensure that people are able to engage with information at the level they feel comfortable with. This web presence must provide an engaging and functional user experience. There is also a role for more sophisticated search engine optimisation to be used, to help ensure that the site appears at the top of search results.

## **A high-profile communications campaign**

There may also be value in developing a high-profile communications campaign that seeks to re-frame the conversation about immunisation into more positive terms and highlight the high levels of coverage across the population - in doing so, creating a powerful social norm. Such a campaign could also be used to launch the strong brand identity and the dynamic digital presence.

## 2. BACKGROUND

### 2.1 Overview

Australia has one of the most comprehensive publicly funded immunisation programs in the world. As a result of years of successful vaccination programs, many diseases such as tetanus, diphtheria and poliomyelitis either no longer occur or are extremely rare in Australia. Vaccination not only protects individuals but also protects entire communities by increasing overall levels of immunity and thereby minimising the spread of infection. Immunisation is a successful and cost-effective health intervention.

The Immunise Australia Program implements the National Immunisation Program (NIP) schedule of recommended vaccines. At present, the schedule includes vaccines against a total of 16 diseases. Vaccines on the schedule are available for infants, children, young adults, vulnerable adults (such as Aboriginal and Torres Strait Islander people and pregnant women) and older people. Each state and territory is responsible for delivering the Immunise Australia Program under the National Partnership Agreement on Essential Vaccines (NPEV). Under the program, vaccines are delivered free of charge through a range of providers which include but are not limited to General Practitioners (GPs); GP practice nurses; nurses employed by local councils and state/territory run community health centres; midwives; specialists; and Aboriginal Health Workers.

The purchase of essential vaccines is funded by the Australian Government. In years gone by each state and territory used these funds to purchase vaccines individually, although over time this model is moving toward centralised procurement, whereby the Australian Government purchases vaccines directly. The NPEV also allows for the Department to pay incentives to states and territories to encourage effective service delivery. This includes maintaining or increasing coverage for Indigenous Australians and in agreed areas of low coverage; and maintaining or decreasing wastage of vaccines.

The Australian Childhood Immunisation Register (ACIR) is a key element of the program. The ACIR is administered by the Department of Human Services and records details of vaccinations given to children under seven years of age who live in Australia. It enables the vaccination status of individual children to be checked, helps determine eligibility for Government benefits which require children to be immunised, and provides a measure of immunisation coverage at a national, state/territory and local level. As at September 2015, ACIR statistics indicate that 91.7 per cent of children aged 12-15 across Australia were fully immunised.

Despite the fact that support for vaccination in Australia is mostly high, it cannot be assumed that all Australians are in favour of it or comply with the NIP schedule. Previous research conducted by Snapcracker among health professionals found that in some cases, there is a need to show parents 'hard' medical evidence (such as that found in the Immunisation Handbook) regarding vaccinations before parents are sufficiently comfortable to allow their child to be vaccinated. Another recent study conducted by Snapcracker also found that some mothers will delay a vaccination for up to six months if they do not feel their child is 'strong' enough for it at the recommended time. In her paper 'Target the Fence Sitters' (2011<sup>5</sup>), Associate Professor at the University of Sydney School of Public Health, Julie Leask asserted that 'in the USA, the UK and Australia up to one-third of parents report concern about the number of vaccines babies are receiving and are more distrustful of newer vaccines, a phenomenon that may increase as more are introduced'. She discusses prior scares that have occurred around vaccination, such as the (now discredited) link between MMR and autism and the effect that they can have on parental compliance with immunisation and upon the confidence of health professionals to recommend certain vaccines. She concludes that 'we can and must work harder to head-off such scares by

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<sup>5</sup> Leask, J. 'Target the Fence Sitters. *Nature* 473, 443-445 (2011)

better engaging fence sitting parents and wavering health professionals'. Clearly, even those parents who fully comply with the schedule can in fact be hesitant or even reluctant to do so.

A range of potential barriers exist around immunisation. Some may be philosophical barriers that relate to lifestyle or religious beliefs. Others can be more practical in nature, such as time constraints, financial limitations or simply a struggle to gain access to an immunisation provider (Snapcracker has found in past research that these practical barriers are more likely to exist among the socially disadvantaged). Ideally, information and communications will help to challenge these barriers among communities in Australia.

The role of health professionals in the immunisation sphere is clearly a pivotal one. Previous research conducted by Snapcracker among both health professionals and parents has shown that parents are highly likely to listen to doctors and nurses, and – for the most part - to take their advice. Consequently, it is clearly important to engage and provide resources to health professionals so as to arm them with information that will help to minimise all types of barriers to vaccination.

Each state and territory produces its own information and communication materials regarding immunisation, and there are also a range of materials provided by the Department. It is important to understand where there is overlap between these materials, or gaps that exist among them, to ensure that access to information is equitable across the country, and materials are produced as efficiently as possible.

## **2.2 Need for research**

In this context, the Department identified a need to gather a strong, detailed view of the status quo regarding vaccine acceptance, hesitancy and refusal. It was determined that this research should dig into knowledge, behaviour and intentions regarding immunisation among target audiences, and to uncover any information needs, gaps and overall preferences, at a national level. The findings from the research will be used to formulate strategies and inform communication efforts to ensure maintenance of high compliance levels and ongoing support for vaccination programs in Australia.



### 3. RESEARCH OBJECTIVES

The overall objective of this research was to understand the status quo in terms of attitudes, knowledge and intentions regarding immunisation among specific target audiences, as well as preferences for receiving information, so as to inform future communication approaches.

The specific objectives of the research were:

- > To more fully explore attitudes, knowledge and beliefs around immunisation;
- > To identify and understand any gaps in information;
- > To identify and understand all information needs of the target audiences, including any 'myths' around vaccine safety;
- > To fully explore all motivators and barriers to immunisation;
- > To conduct a full review of all existing communication materials and their perceived effectiveness and credibility;
- > To fully understand target audiences to be able to define a segmentation of them (as well as any other audiences that communication needs to target);
- > To determine messaging, communication styles and approaches as well as media that will be most effective among our target audiences;
- > To conduct a full review of current communications and dissemination approaches among states and territories, to identify any gaps and overlaps;
- > To provide recommendations to the Department as to optimal information, messaging, approaches and communication channels to reach and engage target audiences.

## 4. RESEARCH METHODOLOGY

### 4.1 Overview

The research program was split into two stages:

- > **Stage One** focused on learning as much as possible from relevant immunisation stakeholders and conducting a full audit of communication materials currently used across Australia; and
- > **Stage Two** focused on examining community knowledge and perceptions of immunisation.

An overview of the activities conducted within each stage of the research program can be seen in the table below.

Table 1 Stages of Research

Stages of Research Activity	Number conducted
Stage One - Qualitative in-depth interviews with stakeholders	13
Group discussion with stakeholders	1
Audit of communication materials	1
Stage Two - Exposure sessions with parents of 0-5 year olds	4
Mini group discussions with target audiences, including health professionals	64
Interviews with health professionals	4

Each stage is described in further detail in the following sections.

### 4.2 Stage One

Stage One was seen as a critical foundation for the study as it allowed the team to 'set the scene' and gather an in-depth understanding of the current issues that surround immunisation uptake in Australia.

#### Approach to stakeholder consultation

The first part of Stage One involved consultation with a wide range of stakeholders which provided the opportunity to gather existing sector expertise on this issue, formulate hypotheses to test in the subsequent stages of the research, and to review communication materials used at the state and local levels.

Interviews were conducted with a series of key stakeholders, as follows:

- > a group discussion with members of National Centre for Immunisation Research and Surveillance (NCIRS);
- > 8 interviews with state and territory Jurisdictional Immunisation Co-ordinators (JICs);
- > 4 interviews with members of National Immunisation Committee (NIC); and



- > an interview with Associate Professor Julie Leask (University of Sydney and NCIRS), currently working on the Strategies And Resources to Assist Hesitant parents with vaccination (S.A.R.A.H) project, which is partly funded by the Department.

Interviews lasted for up to two hours, and covered a range of subjects, including:

- > attitudes, knowledge and beliefs about immunisation;
- > motivators and barriers to immunising (and/or immunising *on time*) within the community;
- > the role of health professionals;
- > community information needs; and
- > current communication activities.

### Approach to mapping communication activity

#### Sourcing materials

As part of the first stage of research, an audit was undertaken of communication materials relating to immunisation that are currently used in Australia. The process used to conduct this audit was to:

- > review materials as supplied by the Department;
- > review materials as supplied by all JICs, on behalf of the relevant states and territories;
- > review materials supplied by NCIRS and other stakeholders; and
- > conduct online searches using relevant search terms to identify further material which may have been overlooked by stakeholders.

Materials that were included in the review were limited to those that could be disseminated to both the community and health professionals. These included:

- > any mainstream media, including TV, radio, digital advertising, etc.;
- > printed materials including brochures, posters, fact sheets, etc.; and
- > any material available for individual download available on the relevant jurisdiction and Department of Health websites (such as digital fact sheets).

Copy from the various pages of different websites was not included in the mapping task – the information available on these websites tends to be replicated across materials that are able to be disseminated, and it was determined that a comprehensive review of web content should be a separate task given its scope.

#### Categorising materials

A number of choices are available when it comes to organising the materials into categories. They can be organised by specific topic, by audience, by source or by medium. In this instance it was determined that the most meaningful way to categorise these materials was by source and audience. Given that a key objective was to identify gaps and overlap, examining materials by source makes solid intuitive sense. It was also determined that the target audience was more meaningful than the topic - the range of topics can become unwieldy, and reviewing by audience has a sensible fit with the immunisation schedule which forms the backbone of the program.

The source categories included the Australian Government, all state and territory governments, and NCIRS. While there were some materials identified with alternative sources – family planning and cancer organisations for example, it was decided that the focus should be on the key government organisations responsible for the NIP. NCIRS was also included, given the high profile role that it plays in the immunisation space, as well as the fact that it is largely funded by government.

The target audiences included in the mapping exercise largely mirror the immunisation schedule. They are:

- > parents of 0-5 year olds;
- > parents of school age children (and adolescents themselves);
- > pregnant women;
- > adults aged over 65 years;
- > a wider group of adults (largely this tends to be information about seasonal influenza);
- > Aboriginal and Torres Strait Islander populations;
- > Culturally and Linguistically Diverse populations;
- > health professionals; and
- > a general audience that could be anybody with an interest in the topic (broadly, information about immunisation which is applicable to anyone).

#### Analysing **materials**

After being categorised, a full analysis was conducted. Initially, the materials were reviewed as a whole – this process included a determination of gaps and overlap. Once this process was complete, the materials within each target audience category were further reviewed, to examine content, style, tone, language, etc.

#### **Caveats around the mapping exercise**

While every attempt was made to source as wide a selection of materials as possible, in reality it is highly likely that some materials were missed. This is particularly the case for the materials prepared for health professionals – through previous work on the Immunisation Handbook it is known that a very wide variety of material is delivered to immunisation providers through a range of informal networks.

### **4.3 Stage Two**

Stage Two comprised a comprehensive qualitative research approach, which included a total of four 'exposure sessions', 65 mini-group discussions and four in-depth interviews.

- > 4 x 'exposure sessions' with parents of 0-5 year olds;
- > 20 x mini-group discussions with parents of children aged 0-5 years;
- > 8 x mini-group discussions with parents of school-aged children;
- > 8 x mini-group discussions with adults aged 70+ years;
- > 4 x mini-group discussions with teenagers in Year 7;
- > 2 x mini-group discussions with pregnant women;
- > 4 x mini-group discussions with Indigenous mothers and kin-carers of children aged 0-5 years;
- > 4 x mini-group discussions with CALD mothers of children aged 0-5 years;
- > 6 x mini-group discussions with General Practitioners;
- > 3 x mini-group discussions with nurses who work in community settings;
- > 3 x mini-group discussions with nurses who work in general practice settings;
- > 3 x mini-group discussions with midwives; and

> 4 x in-depth interviews with Aboriginal health workers.

Each mini-group discussion included 5-6 participants and ran for approximately 1 ¾ hours, while in-depth interviews ran for approximately one hour.

### ‘Exposure sessions’

Group sessions were held with parents of children aged 0-5 years with varying views toward immunisation (i.e. advocates, accepting, hesitant and opposed) to explore responses to the opinions of others. Each session included up to 15 participants and ran for approximately 2 ¾ hours.

Table 2 Research

No. of Groups	Audience	Attitude to immunisation	Parental experience	SEG	Location
2	Mothers of children 0-5	‘Accepting’ vs ‘Advocates’ and ‘Rejectors’	Mix of experience	Mix	Sydney, Hurstville
2	Mothers of children 0-5	‘Hesitant’ vs ‘Advocates’ and ‘Rejectors’	Mix of experience	Mix	Maroochydore, Parramatta

### Community mini-groups

Mini-group discussions (generally 5-6 participants) were held around Australia in both regional and metropolitan locations with a wide range of community audience types. The sample had a greater focus on parents of children aged 0-5 years given the majority of scheduled vaccinations under the NIP are focused on children under five.

The table below shows the sample of people the research team spoke to, segmented by audience type, attitude to immunisation, parental experience (if applicable), broad socio-economic status (blue or white collar) and the locations in which the groups were conducted.

Table 3 Community Mini Groups

No. of Groups	Audience	Attitude to immunisation	Parental experience	SEG	Locations
2	Mothers of children 0-5	‘Accepting’	First-timers	2 x blue	Parramatta, Rockhampton
3			More experienced	2 x white 1x blue	North Sydney, Coffs Harbour, Murray Bridge
3			Highly experienced	1 x white 2 x blue	Perth, Melbourne, Brisbane
4	Mothers of children 0-5	‘Hesitant’	First-timers	3 x white 1 x blue	Adelaide, Perth, Bunbury, Ballarat
3			More experienced	2 x white 1	Sydney, Brisbane,

No. of Groups	Audience	Attitude to immunisation	Parental experience	SEG	Locations
				x blue	Wollongong
3			Highly experienced	1 x white 2x blue	Adelaide, Murray Bridge, Parramatta
2	Fathers of children 0-5	1 x 'Hesitant', 1 x 'Accepting'	Mix	Mix	Bunbury, Adelaide
3	Mothers of school-aged children	'Accepting'	Mix	1 x white 2 x blue	Perth, Wagga Wagga, Brisbane
3		'Hesitant'	Mix	2 x white 1 x blue	Melbourne, Adelaide, Rockhampton
2	Fathers of school-aged children	1 x 'Accepting' 1 x 'Hesitant'	Mix	Mix	Ballarat, North Sydney
2	Pregnant mothers	1 x 'Accepting' 1 x 'Hesitant'	First-timers	1 x white 1 x blue	North Sydney, Coffs Harbour
2	Adolescent boys	N/A	N/A	1 x white 1 x blue	Perth, Murray Bridge
2	Adolescent girls	N/A	N/A	1 x white 1 x blue	Brisbane, North Sydney
4	Adults aged 70+ years	'Users'	N/A	2 x white 2 x blue	Adelaide, Perth, Brisbane, Murray Bridge
4		'Non-users'	N/A	2 x white 2 x blue	Ballarat, Rockhampton, North Sydney, Melbourne
4	Indigenous mothers and kin-carers	2 x 'Hesitant' 2 x 'Accepting'	Mix	N/A	Melbourne, Ballina, Darwin, Napranum / Mapoon
4	CALD	1 x Chinese (Mandarin and Cantonese), 1 x Vietnamese, 2 x Arabic	Mix	N/A	Sydney, Melbourne

### Immunisation providers

In addition to community members, mini-group discussions were held with a mix of health professionals who are involved in administration of vaccinations to patients. The sample comprised

five professional groups: GPs, GP Practice Nurses, Community Nurses, Midwives and Aboriginal Health Workers across various metropolitan, regional and remote locations.

The table below shows the sample of health professionals spoken to.

Table 2 Immunisation Providers for Groups

No. of Groups	Immunisation Provider	Location
6	General practitioners	Parramatta, Perth, Adelaide, Newcastle, Sydney
3	Community Nurses	Parramatta, Brisbane, Bunbury
3	GP Practice Nurses	Perth, Wagga, Ballarat
3	Midwives	North Sydney, Melbourne, Brisbane
No. of Depths	Immunisation Provider	Location
4	Aboriginal Health Worker	Melbourne, Cairns, Bathurst Island and Ballina

### Recruitment of participants

All participants were recruited by accredited, experienced recruitment agencies using large databases of people who have signed up to participate in paid market research. Screening questionnaires were used to ensure that participants fit the necessary specifications for each session.

### Research venues

In metropolitan areas groups were held in dedicated group research facilities. Groups in regional locations were conducted in local conference room/hotel facilities.

### Discussion guides and research stimulus

Detailed discussion guides were designed in collaboration with the Department for use during the mini-group discussions. The Snapcracker team also developed a range of stimulus materials for use in the sessions which were designed to examine drivers and barriers to compliance with the schedule. A range of communication materials developed by Australian, state and territory governments collected during Stage One, as well as selected materials from international/other sources, were also tested in the groups to gauge community recall of these materials and responses to their different messages, formats, style and tone.

## STAGE ONE: DETAILED FINDINGS

## 5. KEY STAKEHOLDER OBSERVATIONS AND HYPOTHESES

### 5.1 Overall findings across States and Territories

Broadly, the state and territory JICs and other stakeholders identify similar issues relating to immunisation. While there are some regional differences, all have comparable observations and hypotheses around the subject. Any regional differences are identified throughout this report.

Most tend to talk predominantly about childhood immunisation (children 0-5 years), and many claim to focus most of their efforts on this cohort. While teenage and adult immunisation - including those aged 65+, are clearly important to stakeholders, it appears their first priority is young children.

That said, there is felt to be low awareness overall of the need for adult vaccines (below the age of 65). Few believe that health professionals regularly raise the issue with adult patients, and it is often felt to be unclear which vaccines are required. While this is not seen as an issue of high priority, it was felt that it might benefit from being addressed more broadly at some point.

### 5.2 Perceptions of rates of immunisation and reasons why

All acknowledge that immunisation rates in Australia and in their state / Territories are relatively high, at roughly 90 per cent. There is a general impression that the vast majority of parents are motivated to 'do the right thing', to comply with the immunisation program, to look after the health of their child and to conform to social norms. While there are clearly some issues relating to immunisation overall, for the most part, stakeholders believe that the program is working well and that Australia has strong immunisation coverage.

When it comes to the roughly 10 per cent who are not recorded as having been vaccinated, all assert that this is likely to be for a number of reasons. Firstly, all believe that there is likely to be some degree (probably around 2 per cent) of data error, so that actual coverage could in fact be higher than recorded. This is felt to be the case particularly for children who were born overseas, who may have been vaccinated according to a different schedule (but are still fully immunised) but have not yet been recorded by the ACIR.

Secondly, there is widespread belief that many parents fully intend to vaccinate their children on time, but fail to do so for predominantly logistical reasons. Most often, there is a perception that this relates to access, i.e. low-income parents having to rely on public transport, or parents of multiple children simply not having the time to get to the immunisation provider. In this case, even though these parents are attitudinally pro-immunisation, they fail to comply fully with the schedule and their children can be recorded as not being fully immunised. While *No Jab, No Pay*<sup>6</sup> has had some effect on this, it still remains an issue from the stakeholder perspective.

Thirdly, stakeholders believe that there is a group of people in the community who are either conscientious objectors (they often claim this cohort is 1-2 per cent of the population), or more broadly hesitant. The hesitant group **may or may not** vaccinate their children / themselves. Few feel there is real value in targeting conscientious objectors as their views tend to be highly ingrained and particularly strong. Rather, many discuss the idea that it would be of value to more

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<sup>6</sup>The *No Jab, No Pay* policy from the Department of Human Services came into effect on 1 January 2016. The policy states that only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive the Child Care Benefit, the Child Care Rebate and the Family Tax Benefit Part A end of year supplement.

The relevant vaccinations are those under the National Immunisation Program (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Childhood Immunisation Register (ACIR). Significantly, conscientious objection and vaccination objection on non-medical grounds will no longer be a valid exemption from immunisation requirements.

fully understand the experiences and perspectives of those who are hesitant, and to identify the size and profile of this group.

### **5.3 Safety concerns and resulting behaviour**

Stakeholders believe that the primary concerns that exist around vaccinations relate to safety. There is a widespread sense that people are now more concerned about the actual vaccines than they are around the diseases they target. This is especially so for those diseases which are no longer visible in communities, and of which many in the population have no lived experience (such as polio). Safety concerns tend to relate to the ingredients in vaccines and potential side effects or adverse events. They also relate to the number of vaccines that are given to small children in a relatively short interval from birth.

Many stakeholders report that some parents have begun to 'cherry pick' vaccinations for their children as a result of this concern around the number of vaccines on the childhood schedule. Anecdotally, it appears that many of these parents select the DTP vaccine, but are less happy about the Hepatitis B vaccine (particularly at birth, as parents are reluctant to vaccinate such small babies). Alternatively, some parents prefer to 'stretch' the schedule and have their children vaccinated later than recommended, so as to avoid so many vaccinations in a short space of time.

In the case of disease outbreaks, parents often alter their stance regarding safety. This was especially the case in Northern Territory, where there was an outbreak of measles in 2014. Visibility of a disease (and the associated increase in perceived risk of contracting the disease) clearly has a significant impact on perceptions of immunising against it.

### **5.4 A highly informed population**

There is a widespread perception that, particularly due to the internet, parents have access to more information than ever before. Stakeholders believe that some parents are over-informed about immunisation 'to the point of paralysis' as they have access to so much information, and can be unsure as to what to do. Social media in particular is felt to have allowed the views of those both very anti-vaccination and pro-vaccination to have more of a public (often highly emotive) voice. Parents can report feeling highly judged if they voice an opinion either way, or even if they ask questions about vaccination in this context.

Stakeholders often assert that a key challenge is to give people enough information about immunisation to allay their concerns, but not to give them so much information as to overwhelm them. Many suggest there is a need for a factual, straightforward, non-emotive source of information that can act as a foil to the social media 'deluge', and that in its absence, what is posted on social media can sometimes be viewed as the truth.

A key perceived challenge is to ensure that cohorts of new parents are continually given positive information and messages about the benefits of immunisation, especially given diseases can seem increasingly remote. Maintaining the 'normalcy' of immunising children in particular is believed to be vital.



## 6. STAKEHOLDER PERCEPTIONS OF ISSUES, BARRIERS AND MOTIVATORS

### 6.1 Some residual MMR concerns

Stakeholders believe that for the most part, the link between MMR and autism seems to have been eradicated. There is however some residual concern, and parents do still sometimes raise the issue. Many stakeholders believe that when health professionals explain that any link has been disproved, most parents' concerns are assuaged.

### 6.2 HPV

Many stakeholders report that HPV seems to have been receiving a lot of attention recently. In some areas, parents are withdrawing their consent for their children to be vaccinated, or simply not consenting at all. There are also reports of some health professionals questioning the HPV vaccine. Most states and territories report a drop of roughly 10 per cent in compliance levels between each vaccine in schools. The key issues appear to be the number of needles (few believe that parents or teenagers are aware, or made aware of, the reason for three separate vaccinations). A series of myths have emerged about the HPV vaccine and its side effects / adverse events, which include infertility, ovarian failure and early menopause.

Adolescents themselves can form part of this myth creation (often 'working themselves up' in the days leading up to school vaccines) and in some cases have raised concerns to their parents which have resulted in consent being withheld or withdrawn.

There also seems to be a general, relatively widespread concern among parents that children in year 7 or 8 (dependent on the state/territory) are receiving a vaccine that essentially relates to sexual behaviour (and potentially promiscuity), which is deemed inappropriate for this age group. This can be a particularly sensitive issue among parents from some cultural and religious backgrounds, but is also felt to exist among the wider population.

Questions are raised by stakeholders as to whether parents are choosing to have their children vaccinated for HPV outside the school environment. Those who raise this issue claim they would like it to be explored further to more fully understand what is actually occurring.

### 6.3 Pertussis

There is a widespread perception that there has been significant media (and social media) attention around whooping cough, particularly in babies. Many parents are apparently aware that there have been outbreaks and are concerned, especially if they have seen video clips of babies struggling to breathe. In addition, the 'Light for Riley'<sup>7</sup> campaign has clearly had an impact on perceptions and concerns about the disease (and not the vaccine in this case).

Stakeholders report that some new parents now insist upon friends and family members being vaccinated prior to being allowed to visit their newborns (either in hospitals or at home). Given so many grandparents now provide childcare for their grandchildren, it is believed that there has been an increase in this group requesting the vaccine, which may have contributed to the shortage in available vaccine<sup>8</sup>.

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<sup>7</sup> 'Light for Riley' is an informal advocacy movement formed by the parents of Riley Hughes, who died from pertussis at 32 days of age in 2015. It has received a significant amount of media, and social media attention. The Facebook page states: "We seek to educate people about the dangers of whooping cough, and positively promote the need for vaccination. Our mission is to protect other children and families from suffering a similar loss from a vaccine-preventable disease."

<sup>8</sup> For a period in late 2015 through early 2016 stocks of pertussis vaccine were exhausted in some locations.

All states and Territories now fund the pertussis vaccine for pregnant women. Anecdotally, there has been a widely positive response to this across Australia.

#### **6.4 Hepatitis B for newborns**

As indicated, some parents are unwilling to give their newborns the Hepatitis B vaccine. This appears to relate to either an unwillingness to consider the potential for their new child to contract Hepatitis B in the future, or a reluctance to vaccinate a newborn (although most believe that the majority of parents are happy to comply with the Vitamin K vaccine at birth). There is also anecdotal evidence of midwives advising parents against this vaccine. Stakeholders generally believe that most parents will 'catch up' with the Hepatitis B vaccine when their infant is slightly older.

#### **6.5 People from Culturally and Linguistically Diverse (CALD) backgrounds**

As earlier indicated, ensuring that children born overseas are fully vaccinated can be a real challenge for health professionals, especially if language is an issue.

While many materials provided by states and Territories are translated, language can often be a problem during patient consultations. Given the need to talk in relative detail about medical issues such as side effects and adverse events, if a patient is less than fluent in English, it can be difficult for them to understand exactly what is being told to them by the health professional. The ideal scenario in this context is for the health professional to be able to speak the patient's language.

In the case of refugees, where there may be no vaccination records available, many stakeholders believe that the default position of health professionals is often to re-vaccinate, to ensure compliance with the schedule. Stakeholders rarely express their personal views on this beyond the fact that they believe it is better for refugees to be vaccinated than not.

#### **6.6 Older Australians**

In the main, older Australians are felt to be extremely happy to be vaccinated, and are generally willing to comply with the schedule, which is well-attended. Indeed, many report that this audience may present early for their flu vaccines each year. This age group is felt to be highly compliant with advice from health professionals in general, and to be particularly focused on their health and wellbeing compared to other adult age groups.

#### **6.7 No Jab, No Pay**

Many stakeholders report that the introduction of '*No Jab, No Pay*' has resulted in some previous 'fence-sitters', or even objectors having their children vaccinated. However, for some, it is believed to have clouded the issue of vaccination with economics, and possibly given it a slightly punitive, rather than positive, impression. Overall, it is felt that *No Jab, No Pay* has had little effect on the views of those who object to the concept of vaccination, except to reinforce their negativity around the subject, as they now feel the government is 'forcing' people to vaccinate their children.

## **7. STAKEHOLDER PERCEPTIONS ON THE HEALTH PROFESSIONAL PERSPECTIVE**

### **7.1 The crucial role of health professionals**

All acknowledge that the influence of health professionals on whether someone is vaccinated can be pivotal, especially among more reluctant patients and parents. If a health professional can create a rapport with a patient (or parent), and a trusting relationship ensues, more often than not, the patient will comply with their recommendation to vaccinate. This positive rapport is widely believed to be at least as influential as - if not more than - communications materials around vaccination.

### **7.2 Confidence of health professionals**

Given the influence of health professionals in respect to vaccination behaviour, clearly the confidence of the health professional in dealing with patients is paramount. Having an informed perspective around vaccination per se, as well as an ability to respond to any potential (and sometimes very difficult) questions that they may be asked is felt to be particularly important. This is especially the case in more complex scenarios, when a patient's case is outside the standard immunisation schedule, and they may need a complicated series of catch up vaccines. Many stakeholders believe that some health professionals may lack confidence in these cases, and would benefit from support via consistent, co-ordinated information. (Please note: there is feedback from health professionals themselves throughout the Section 2 of this report which provides greater detail on how they currently source information, as well as how they feel about this information – this chapter is only reporting on the views of the stakeholders, who have varying levels of contact with health professionals themselves).

### **7.3 Different immunisation providers**

Clearly, each state and territory varies in the proportion of GP versus other immunisation providers, and this can have an influence in terms of who administers vaccines, and the rapport that is created. There is also a widespread sense that if a GP practice has a practice nurse who is knowledgeable about immunisation, this can have a very positive impact upon successful vaccination outcomes. Essentially, practice nurses are believed to have more time to discuss issues with patients and parents, and in many cases express greater empathy and understanding towards those with different points of view.

### **7.4 Challenges faced by health professionals**

Health professionals are known to face a range of challenges in the area of immunisation. Firstly, GPs are often busy and only have a short window of time with patients to deal with a range of issues. Secondly, given the immunisation schedule changes relatively frequently, it can be hard for them to keep up with it, especially in relation to issues such as catch-ups. Also, given that parents are increasingly informed, health professionals face increasing (and, increasingly detailed) questions and challenges around the whole subject of immunisation. In these cases, many stakeholders assert that it can be as important for health professionals to listen to parents' and patients' concerns and acknowledge them, as it is for them to offer information. Finally, there is felt to be a lack of a centralised, co-ordinated one-stop-shop (beyond the Immunisation Handbook) where health professionals can access consistent, easily digestible information to help them deal with these challenges. Few stakeholders went into great detail as to how exactly this may look, although the majority alluded to the fact that it would be an online resource.

## 8. STAKEHOLDER PERCEPTIONS OF IMMUNISATION COMMUNICATIONS

### 8.1 The roles of the different levels of government in terms of communications

Stakeholders all report they would appreciate greater clarity around the definitive role and responsibility of the Department and each of the states / territories regarding communications.

There is a general awareness that there can be some duplication of effort, and there is also an impression that messaging would benefit from greater consistency. How this would work in reality is not completely clear from all stakeholders, although there are some suggestions:

- > greater focus on communications at JIC meetings, allowing members to share their activities with each other;
- > increased co-ordination between states, territories and the Department, where each have defined roles and responsibilities in relation to communications – for example, it may be that the Department has a more general, ‘umbrella’ role in relation to national initiatives, and the states and territories have a more specific, ‘spoke’ role in relation to more localised initiatives such as posters and brochures (which are currently developed by each state and territory);
- > each stakeholder having clear guidelines on what materials are in development and when they are likely to be shared with others, so they are available for use when / before they are needed (some anecdotal evidence emerged about materials from the Department not being available on time for the introduction of new vaccines). For example, some suggested that materials regarding the new herpes zoster vaccine could be made available in September this year, prior to the launch of the new vaccine in November;
- > stricter guidelines for materials themselves, so they meet the needs of parents and health professionals (and are not overly wordy). Many stakeholders claim to be happy to help develop these guidelines with the Department.

### 8.2 State-produced materials

State and territory stakeholders tend to produce their own communications materials when they feel there is a need for them, and / or when they perceive a gap in the materials supplied by the Department. For example, the Northern Territory produced an animated TV ad in 2014 when there was an outbreak of measles, and South Australia produced ‘Help me stay strong’ packs including one-piece baby jumpsuits for new Aboriginal mothers and babies, to try and raise vaccination rates among that specific audience. Some stakeholders look to other states for ideas in this respect (for example, the ACT is developing bibs for babies as a result of seeing the South Australian one-piece baby jumpsuits). Networking between stakeholders beyond JIC meetings tends to be on a relatively personal basis, and not highly consistent across states and Territories.

It appears that limitations of funding have an effect on the type and nature of materials produced – for example, Tasmania is less likely to consider producing materials beyond the more traditional, such as posters and brochures, due to limited funds.

Few states (apart from Queensland and New South Wales) conduct formal research into their communication materials (largely due to the prohibitive cost and time constraints – stakeholders claim they would prefer to use funds to develop new resources, rather than to evaluate the ones they already have), but rather tend to consult with, for example, public health units or Aboriginal Health Workers to ensure materials are linguistically and culturally appropriate. In Queensland and New South Wales formal research tends to be undertaken to pre-test and evaluate large-scale mass-media campaigns.

In terms of evaluating materials, it can be difficult to establish how successful materials have been without formal evaluation (again, only conducted by Queensland and New South Wales). The exception to this is if there is a clear effect on rates of vaccination at the time the materials are introduced, either measured through formal evaluation, or through more anecdotal reported data from health professionals.

## **9. STAKEHOLDER PERCEPTIONS OF POTENTIAL MESSAGES AND STRATEGIES**

### **9.1 Overview**

Stakeholders identified a range of possible messages and strategies to use in communications about immunisation.

Significantly, many believe that communicating with health professionals is as important as communicating with the general public, given their key, pivotal role in affecting positive vaccine outcomes.

### **9.2 One-stop-shop for health professionals**

Many stakeholders identified a need for a single, national (ideally digital) source of information aimed at health professionals, which serves as a repository for all their information needs around immunisation. This could address all the different options for catch-up vaccinations (ideally including a catch-up calculator, similar to the one used in South Australia which many stakeholders comment on as being extremely useful and convenient as it simply gives health professionals ‘the answer’ when they input information), provide tools to help them deal with difficult scenarios, contain the information in the Immunisation Handbook (many expressed a desire to see an online version of the Handbook), and deal with the complexities of the schedule.

Please note: none of the stakeholders discussed the Immunise Australia website in this context, or made any comparisons between it and their suggested source of information.

The idea of video clips depicting different scenarios between patients / parents and GPs has been suggested several times. These could show certain vignettes / role play scenarios and offer suggestions as to key questions to ask / information to provide, as well as tips for building rapport and trust with patients / parents.

### **9.3 Positive messages about the NIP overall**

Several stakeholders identify the opportunity to potentially develop a campaign that reinforces the value of immunisation and the NIP to the wider community in a positive way. Given that much media attention about immunisation can be perceived to be about contentious issues and problems, there is potential in a campaign that ‘congratulates’ Australia for having high levels of immunisation and encourages the public to continue to be vigilant to ensure that we have low levels of vaccine-preventable diseases.

### **9.4 One-stop-shop for the general public**

Similar to the one-stop shop for health professionals, there is a perceived need for a single, national source of information about immunisation for the general public. This could potentially be a non-emotional, factual bolster against the (often emotional) viewpoints that are shared on social media. It could also potentially act as a valuable forum for parents to be able to ask questions about vaccination without judgement. While many stakeholders did not overtly say so, the implication is that these questions would be answered by health professionals who are highly informed about the NIP and vaccinations per se.

Messages to more fully explain the NIP to those who need it

For those members of the public and parents who require greater levels of detail around vaccination, there is also the opportunity to provide more specific information. Specifically, this would relate to the logistics of how vaccines are placed on the schedule and why, how the schedule is designed and why there are so many vaccines (i.e. it is designed to deal with how children's bodies can handle vaccines so they are immunised as early as possible to get the best possible protection).

## **9.5 Making diseases real**

Clearly, seeing images/video clips of the realities of vaccine preventable diseases<sup>9</sup> can have a significant impact on people's perceptions of – and fearfulness around – diseases. Having these available for the public to view could be a potential strategy to combat the relative 'invisibility' of many diseases nowadays.

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<sup>9</sup> For example, videos and images about cases of whooping cough on Facebook, YouTube and other online platforms.



## 10. MAPPING OF CURRENT COMMUNICATIONS ACTIVITY

### 10.1 Overall findings

#### Volume of material overall

It is clear that there is a significant volume and wide variety of information available when it comes to immunisation. While primary research will provide insight into the audience's perceptions around the information available to them, on face value it is reasonable to hypothesise that members of the different target audiences may feel overwhelmed by the quantity of information available.

This impression is no doubt exacerbated by looking across jurisdictions, and it is unlikely that someone in Western Australia would receive printed information targeted to residents of Victoria (although they may each be able to access the same information online) – but even in spite of this, it is clear that there is certainly no shortage of information available.

#### Use of websites to deliver information

Although a comprehensive review of website information was out of scope for this exercise, websites clearly play a vital role in delivering information. All of the different governments have their own sites, or parts of sites which are dedicated to immunisation, and all contain a wealth of information. These sites generally contain links to one another – for example, most states and territories link to the Immunise Australia site, as well as NCIRS.

As is often the case with government websites, at first glance it appears that many are relatively heavily worded, and navigation (or even finding the site in the first place) can be difficult. Stakeholders acknowledge these issues and most claim to be working toward managing them in one way or another. However, there are some notable exceptions - particularly Victoria which has dedicated considerable resources to its online Better Health Channel.

#### Jurisdictional communication activity

While all jurisdictions do create their own materials to support the program, it is clear that some are creating more material than others, and additionally, that some are using more innovative (and often expensive) approaches to communication, such as smart phone apps. This tends to be roughly aligned with the size and budgets of individual state and territory departments. For example, New South Wales and Queensland run significant mainstream media campaigns, while Tasmania's budget is fairly limited, and with that the ability to develop campaigns is restricted. While there is some clear willingness to share materials where appropriate and relevant, this is not currently done in a structured, formal way, and occurs on a more incidental level. Many feel that JIC meetings would be a good context in which to discuss this further.

#### Overlap across information sources

It is clear that the bulk of the information provided in these information sources is relatively consistent across the jurisdictions. For example, almost all jurisdictions provide fact sheets about vaccine preventable diseases such as pertussis and chickenpox. While there are slight differences, it is clear that the information has a single source and is reproduced with slight differences by each state and territory.

In addition to overlap across the different jurisdictions, it is also clear that these communication materials often replicate the information provided by the Department – in many cases, the Department's materials appear to be used as a basis, and are then modified and simplified by each jurisdiction.



Based on this initial evaluation and the discussion with stakeholders, it seems that there is potential scope for a more unified approach to communications that better uses the available time and budget to develop a suite of materials that can be used across all jurisdictions.

### **Gaps in information**

While overall there is reasonably solid coverage, the analysis has identified some gaps. This is based purely on the review of information and the discussions held with the various stakeholders. It is likely that primary research with the target audiences will identify further gaps for information needs that are not currently met, and allow us to validate gaps that have been identified as part of this analysis. At this point, there appears to be potential gaps in the following areas:

- > information for adults aged over 65 years;
- > information for adolescents themselves (rather than their parents);
- > materials designed specifically for CALD audiences;
- > general information about immunisation (as opposed to information about specific elements);
- > information that works on more of an emotional versus rational level;
- > materials which do not rely on consumers engaging with dense text; and
- > communications which use a more creative approach to delivering information.

These gaps are explored in more detail in the sections below.

### **Tone and approach of information delivery**

The information delivered by jurisdictions, the Department and NCIRS is almost exclusively highly fact-based, and delivered in a cool and calm manner that avoids seeking to persuade in an overt way, using a 'straight bat'.

A key element of this overall approach is a studied avoidance of using emotion in communications. There are some notable exceptions (for example Western Australia showing a child in tears with the chicken pox, the NSW 'Save the Date' campaign using a lullaby in TV and radio advertising), but overall it seems that messages are designed to work on a rational, rather than an emotional level. It is likely that this is in part driven by a desire to provide a clear voice of reason in the face of misinformation that often works on a highly emotional level.

Another element is a general lack of narrative-based approaches to delivering messages – there are few stories used to illustrate points or help to engage the audience. Critically, this is in contrast to materials that exist which oppose immunisation.

It may be that more emotive messaging has a greater role to play, and that this could in fact be a gap. Primary research with the target audiences will provide greater insight into this issue.

### **Mass-market versus targeted approaches**

New South Wales and Queensland are each running, or have recently run, significant mass-media campaigns aimed at parents of children under five years. The Northern Territory has also recently run an above the line campaign in response to a measles outbreak. Outside of this there appears to be very little happening at a mass-market level.

However, the majority of the materials are delivered in a much more targeted manner. Materials tend to be made available in a range of different ways designed to ensure they are delivered to the right audience.

The first of these is to use relevant information channels, such as using the waiting rooms of a GP or other vaccination provider, or using schools to contact adolescents and their parents. Secondly,

direct mail is also used relatively frequently – often by using ACIR data, or by asking providers to mail information to patients directly. Finally, the majority of information is made available online, either as copy on web pages, or by downloading PDF versions of print documents - however obviously this approach usually relies on people seeking information out, rather than delivering it unsolicited.

### **Communication channels used**

Mass-market campaigns included in this analysis utilise TV, digital, radio as well as outdoor and print channels. New South Wales, Queensland and Victoria have developed smartphone apps for parents, which are designed to provide reminders about when childhood vaccinations are due. In New South Wales and Queensland these apps are both supported by mainstream media campaign activity.

The bulk of materials tend to be written – such as brochures, posters, fact sheets, printed reminder cards and fridge magnets. There are some videos delivered via YouTube, although this tends to be in the minority and certainly it appears that not all jurisdictions have used this approach to deliver information.

There are also some examples where a more innovative approach has been taken to deliver key messages, such as children’s story books, branded baby clothes, and infinity cards that deliver messages once the puzzle has been solved. These materials are believed to be highly effective as they are perceived to be unique and offer a different take on more traditional materials such as brochures and posters, which can lend them greater impact.

### **A heavy reliance on text to communicate**

In line with a focus on written materials, it is clear that the bulk of the material that is currently available relies on the audience digesting relatively large chunks of text. Materials which are not text-heavy are certainly the exception rather than the rule across the full suite of communications included in the mapping.

Clearly the fact that the majority of these materials are designed to be ‘materials’, rather than a creative above the line campaign, has a lot to do with this approach. Additionally, the complexity of the topic at hand cannot be underestimated, and to a certain extent a level of detail is required to meet the needs of the audience.

However, overall it seems that there is scope to simplify and pull back on the density of language used across the board, to help improve the likelihood that the audience will engage with the content. For example, some parental consent forms for the HPV vaccine are felt to be extremely text-heavy, and potentially off-putting to parents. Many stakeholders report that they are currently reviewing these, to make them more accessible to parents, and more likely to be read.

### **Style and creativity**

Much of the information reviewed (particularly brochures and fact sheets) can feel relatively similar, and in many cases the design is not overly engaging from a visual perspective. The fact that the majority of the material is text/written also suggests that risk-taking in communication is not especially common in this space. Consequently, there may be scope to employ a style of communication that is less dry and more creative in its approach in some materials.

## **10.2 Parents of children aged 0-5**

Perhaps unsurprisingly, the vast majority of material is focused toward parents of children aged 0-5 years. Every jurisdiction has at least some material targeted at this audience, and there is a wealth of material produced by the Department in this space. Based on the audit of materials alone, it does not appear that there are any significant gaps in information for this audience. However, the

Stage two research with consumers identifies some issues, especially around *accessing* this information when it is required.

There are a range of different messages contained within communications aimed at parents of children aged 0-5 years. These are discussed below, in order of their frequency:

### **Reminders and prompts**

There are various types of materials designed to provide reminders that nudge people into making vaccination appointments on time. Examples include fridge magnets, wallet cards, reminder postcards, stickers, direct mail, phone apps and SMS services.

Generally, these materials tend to assume that people simply require a reminder and do not necessarily need to be convinced in any great detail that immunisation is a good idea, although the majority are framed in terms of 'it's important to get vaccinated on time'. Some messages are framed around important milestones, for example starting school or preschool – 'it's time to make sure your vaccinations are up-to-date'.

Overall, it seems that this area of communication is certainly the one where the most creativity has been used to design messages, with a range of innovative approaches used to get the attention of busy parents.

### **General explainers**

This tends to be broad information about the program overall, as well as information about immunisation as it applies to parents of newborns and children under five. It includes information about schedule points, and broad FAQs. This information is generally delivered using fact sheets, brochures, posters, YouTube videos or consent documents available in GP surgeries.

### **Specific resources about particular vaccines or vaccine preventable diseases**

This information is different from the general information about vaccines developed for the broader population in that it focuses specifically on the implications for children aged under five years. Largely, this information appears to be about dealing with problem areas (real or perceived), or answering questions that are frequently raised by parents.

The materials included in this analysis focus primarily on pertussis and the implications for infants, as well as resources around the need for Hepatitis B vaccines for newborns. To a lesser extent, information is available about varicella and pneumococcal. (Note: Stakeholders did not comment on whether this information should be available for every vaccine-preventable disease).

### **'Myth-busting'**

This type of communication is grounded in addressing common misconceptions about immunisation. It tends to be contained within fact sheets, and FAQs. This type of information is commonly found on most health department websites and there tends to be a significant volume of information available online. However, in contrast it appears that printed information available for dissemination is less readily available than might be expected.

### **Information about new vaccines**

At present, there is little information available about new vaccines. Some materials exist which explain the new 18 months DTPa vaccine, but outside of this there is little activity. However, all jurisdictions talk about the 'launch' of new vaccines when things are added to the schedule. This tends to be done with brochures and posters, or letters being sent to those directly affected.

### **10.3 Parents of adolescents (and adolescents themselves)**

Parents of adolescents and adolescents themselves appear to be relatively well covered for information about school-based programs. The majority of the states and territories have a suite of consent materials which provide information about the vaccines and a rationale for why they are given, and this is supplemented by the Department with information about specific vaccines, etc.

Largely, information designed for school-based programs tends to be targeted at parents, with very little directed at the adolescents themselves, hence it might be the case that materials directed toward adolescents is a gap in the current communication mix, which would benefit from being available should it be required or sought out.

### **10.4 Pregnant women**

There is a considerable selection of material targeted toward pregnant women – largely, this relates to the state-funded programs for antenatal pertussis, and each jurisdiction has prepared material about this, although many jurisdictions also have information about seasonal influenza. The Department does not appear to have any information specifically for this audience, although that makes sense given that it does not fund the antenatal pertussis vaccine.

The materials are largely posters, fact sheets and brochures, and all delivered via the relevant health channels, such as via GP surgeries, or maternal and child health services.

The pertussis information campaigns run by the states and territories are a prime example of duplication across resources. Largely, the materials say the same thing, and are even laid out in a similar way – but they have individual differences and have been produced separately. Although in this instance it makes sense given that each state and territory funds the vaccine individually, in other cases it would offer an excellent opportunity to reduce duplication of effort.

### **10.5 Adults aged over 65 years**

Across the board, there is considerably less material targeted at the over 65 age group, and this has a good fit with the fact that most JIC members believe that this audience tends to require little in the way of prompting to get immunised each year. The majority of jurisdictions have no material specifically for this audience, although Tasmania has a campaign designed to encourage this group to seek vaccination against pneumococcal, and the Department has some fairly dated information from the launch of this vaccine. It may be that this is a potential gap which requires more attention. This is discussed in a later section of this report which specifically discusses the information needs of adults aged over 65 years.

### **10.6 Adults generally**

For the broader group of adults, there appears to be a strong suite of information about the seasonal influenza vaccine. This is led by material developed by the Department, which appears to be used in some jurisdictions, although specific material is produced in some other jurisdictions too.

This is largely posters and brochures, although in Queensland there is some mass-market campaign activity, including print and digital advertising.

### **10.7 Aboriginal and Torres Strait Islander People**

Most jurisdictions have materials designed specifically for Aboriginal and Torres Strait Islander audiences – in some cases these are specific campaigns designed to increase coverage among these groups, while in others it is more mainstream materials that have been modified to suit the audience. It does not appear that there are any significant gaps at this point, although further research may uncover additional information needs.

A strong example of a campaign designed to target this audience has been developed by South Australia – this campaign is delivered via child and maternal health to parents of newborns. It includes baby clothes in three sizes with reminders about vaccination, as well as other collateral items, and reminder cards which are sent out using ACIR data.

Beyond this, there tends to be a range of posters and information brochures developed specifically for the Aboriginal and Torres Strait Islander community.

## **10.8 CALD audiences**

While it does not appear that there are many resources specifically designed for CALD audiences, the majority of jurisdictions indicate that most materials (or at least a selection of them) are translated into a large number of different languages for use by these audiences. Given that there are often issues with catch-ups for recent migrants, it might be that there is a need for more specifically targeted communication which goes beyond simply translating mainstream materials and offers information about catch-ups for recent arrivals in Australia.

## **10.9 Health professionals**

All jurisdictions have developed a suite of information materials and resources for immunisation providers that aim to ensure health professionals are as well-equipped and up to date as possible on all matters relating to immunisation. In general, these are all highly-detailed, lengthy and text-heavy with limited visuals. They largely comprise guidelines, procedures and updates and come in various different formats – predominantly as handbooks, booklets and fact sheets. Each jurisdiction also has information for immunisation providers on their websites.

Of the printed and digital material available, these can be broadly classified into the following categories:

### **Clinical guidelines**

This is the main type of information provided to health professionals and essentially focuses on providing instructions on the clinical administration of vaccines. This information tends to be quite detailed, specific and instructional in tone, whether it's in relation to a particular vaccine or clinical standards and procedures that must be adhered to. Clinical guidelines typically come in the form of fact sheets and booklets.

### **News and updates**

These are announcements that provide information on new policies (e.g. *No Jab, No Pay*) or new vaccines that have become available, and generally come in the form of letters or digital fact sheets.

### **Regular updates**

These are newsletters and bulletins that are disseminated periodically to immunisation providers at a state-wide level. They serve as resources on the latest updates and advice, with information on wide-ranging subjects such as vaccine eligibility, newly-available free vaccines, vaccine coverage data, reminders, technical and definitional changes, administrative reminders and new resources available for parents.

### **Vaccine management**

This is instructional material on the safe and effective handling and storage of vaccines. These generally come in the form of guidelines and fact sheets but some jurisdictions also use more creative and eye-catching materials as visual prompts for vaccine providers such as colourful checklists, wall posters, stickers and fridge magnets. While some jurisdictions develop their own

instructional materials many of these procedures originate from guidelines at the federal level (for example, the 'Strive for 5' National Vaccine Storage guidelines).

### **Myths and realities**

The Department's *Myths and Realities* guidebook is the primary resource for health professionals (noting that this is available by download to members of the public also) that provides fact-based responses to common questions and myths that health professionals may encounter when discussing vaccinations with parents or patients. This guidebook is specifically designed to ensure health professionals are well informed about common vaccination concerns and equipped with scientifically valid advice in response to myths and concerns.

### **Immunisation Handbook**

The Australian Immunisation Handbook developed by the Australian Government is the most comprehensive printed resource on immunisation clinical guidelines for health professionals in Australia. Often referred to as the 'Bible' among vaccine providers, the handbook is based on the best scientific evidence available and offers guidance on a wide variety of matters including the processes and procedures involved around vaccination encounters, vaccination for special risk groups and information on each individual disease for which a vaccine is currently available in Australia (whether funded through the Immunise Australia Program or not).

### **10.10 General population**

Most jurisdictions and the NCIRS in particular, provide materials containing general information about vaccine-preventable diseases and vaccines themselves. These generally come in the form of fact sheets and provide explanatory information about diseases and vaccines in a very black and white, factual manner and are not targeted at any audience in particular. The NCIRS has produced a significant amount of fact sheets, all of which are highly detailed and text heavy with no visuals. Because most jurisdictions have also developed their own general information fact sheets (on either one or more specific vaccines or diseases), a significant amount of overlap and crossover exists.

## STAGE TWO: COMMUNITY RESEARCH FINDINGS



## 11. THE CONTEXT: IMMUNISATION IN 2016

### 11.1 Perceptions of immunisation as an issue primarily affecting children

In conducting the research, it is clearly evident that immunisation is predominantly thought of as more of a children's health issue than anything else. Among almost all audiences, people's immediate thoughts on this topic centre around childhood vaccinations and protecting children against disease as they grow.

Unsurprisingly, parents of children think about the topic entirely through the lens of their children, with very little consideration of immunisation as something that also concerns adults. The key exception to this is the vaccine for whooping cough – there appears to be strong perception of the need for adults in regular contact with babies to be vaccinated against the disease. Among those who travel there is some consideration of vaccines that they personally require to visit particular destinations, but this is very much an afterthought.

Adults over 65 years generally perceive immunisation in a similar way. While there appears to be widespread awareness that vaccinations are freely available to adults over 65 years (especially the flu vaccine), most perceive that the broader discourse in society is all about protecting the health of children. As a result, when asked about the topic, most people over 65 default to a focus on immunisation as it applies to children, rather than themselves.

Unsurprisingly, health professionals see immunisation as a health issue that affects people across a wide range of different life-stages. Those working in general practice are acutely switched on to the flu vaccination season – during this time, adult vaccination is seen to be a significant contributor to workload. However, the *issues* around immunisation, as they see them, relate more to children and non-compliance with the schedule.

### 11.2 Parents and their perspective on immunisation

It is apparent that the topic of immunisation is deeply entrenched within the broader context of modern day parenting and the social expectations and scrutiny that have come to typify it. Indeed, for many parents today, parenting is felt to have become a complex exercise fraught with judgement in regards to how they parent and the choices they make for the health and wellbeing of their children. Many share the sense that parenting has become a very public activity, and this is no surprise given the age of social surveillance in which we live. The gaze of health professionals, teachers, friends, family and peers is further exacerbated through the rise of social media where parenting can feel even more public.

*“Sometimes it feels like everyone has their eye on you, just waiting for you to make a mistake so that they can pounce on you for it.”*

Parents believe that life has become more complex and there are now more choices available to parents than ever before when it comes to how they decide to take care of their children. Immunisation in particular and the decision about whether or not to vaccinate is just one part of a much larger web of choices parents make from the day their children are born. An abundance of choice in an environment of judgement can create a constant fear of 'getting it wrong' and being seen to be a negligent parent.

There is a general sense that immunisation is considered to be quite a controversial and often emotional subject. People are well aware that strong views exist on either side of the argument and that some people in the community feel very passionately for and against immunisation. Stories that emerge through news and social media channels and word of mouth tend to be in very black and white terms with little room for any shades of grey. Seeing immunisation discussed in this way has created a 'frame' of emotion around the topic.



While the two sides of the argument are seen as being in total opposition, there is a general view that the perspectives from both sides are grounded in the health and wellbeing of children. Both sides clearly want the best for children and protecting the health of children lies at the very core of both arguments.

Because of the emotion and controversy that has come to surround the topic of immunisation, there is a substantial degree of hesitation amongst the community to discuss immunisation publicly. In many cases the topic is felt to almost sit side by side with religion and politics as subjects to leave alone, while in some communities and parts of Australia the topic of immunisation is considered to be taboo. This is fundamentally driven by fear of offending someone or fear of exposing one's views to the strident viewpoint of someone else.

*"It's just not something I'd ever bring up at a dinner party, you never know who is going to think what, and it's like a bomb exploding sometimes!"*

### **11.3 Perceived levels of vaccination within the community**

Generally, current levels of coverage among children are considered by parents to be much lower than they really are. At the lowest end, some believe that coverage rates sit at around 60 per cent (though more frequently they are seen to be around 70 - 80 per cent).

This underestimation of coverage levels seems to be driven by a significant volume of 'chatter' about the topic. Most report that they hear quite a number of stories about people who choose not to immunise, and given that many parents would prefer not to talk about immunisation themselves, they often assume that there must be many more people who choose not to immunise and do not talk about it. It is also clear that news media and social media do a good job of amplifying these stories to the point that there seem to be more than there really are.

Upon hearing that rates are in fact around 90 per cent, many claim to feel reassured in that they have made the right choice for their children and also that the level of risk in the community from unvaccinated children is lower than they might have expected.

*"Wow, 90 per cent, really? From all the carry on you see online, I would have thought it was much lower than that."*

### **11.4 On-time vaccination**

The vast majority seem to appreciate that on-time vaccination is important to ensure that vaccines are as effective as possible. As part of this, it seems to be accepted wisdom that by vaccinating on time, people give themselves or their children the best possible protection from disease. As a result, it appears that most parents recognise and acknowledge that the schedule of immunisation for children exists for a reason.

However, the notion of on-time seems to be a fairly loose concept for most parents. While some try to adhere to the schedule as strictly as possible, others believe that some delay is reasonably acceptable and falls within the definition of on-time. Delays that parents see as acceptable range from a few days to three or four weeks after the scheduled date.

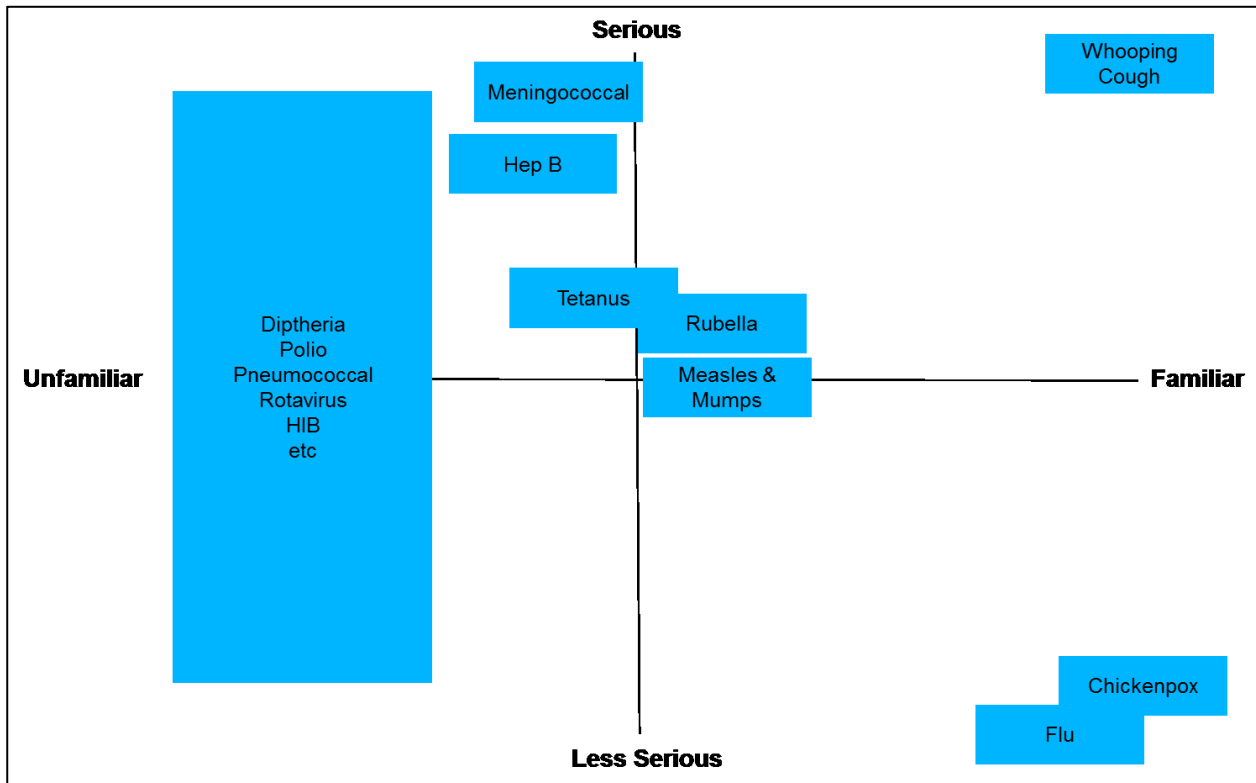
This slightly loose interpretation of what it means to be on-time is often simply based on the way in which individuals think about their health, although it does appear that in some instances, health professionals are indirectly reinforcing this perception by providing inconsistent advice.

*"It's important that you stick to the schedule but I reckon its ok for you to be late by a week or so."*

## 11.5 Perceptions of diseases and how these influence perceptions of vaccines

It is clear that people’s perceptions of different diseases can have a significant bearing on their perceptions of the vaccines that are designed to prevent them. It seems that diseases are broadly understood by the general public in terms of how familiar they are, as well as how serious a risk they are believed to pose to people’s health. Figure 1 below illustrates how a range of diseases covered by the NIP are generally perceived by the public according to their familiarity and seriousness.

Figure 1: Perceptions of vaccine preventable diseases



As illustrated above, current levels of public knowledge about different vaccine preventable diseases are quite varied. These variations are seen to exist largely because some diseases are more widely discussed and receive more public attention than others. The amount of exposure people have to certain diseases is also an influencing factor on levels of public knowledge as diseases that are more prevalent and visible tend to be more recognisable and understood.

At present, it appears that the most significant disease for the public (in terms of severity) is whooping cough. This disease is both highly familiar to people and is also perceived to be highly serious. Other diseases that the public considers to be highly serious include Meningococcal and Hepatitis B, although these tend to be less familiar and understood.

*“You hear so much about whooping cough, it’s terrible. There’s all these videos on Facebook of babies coughing so much they can’t breathe.”*

Diseases such as Tetanus, Rubella and Measles and Mumps tend to be considered to be somewhat serious, and, collectively, there appears to be a vague public understanding of what these diseases are. By contrast, varicella and influenza are diseases that are usually not considered to be very serious, but these are very familiar and there is a substantial amount of

public understanding about these diseases because they can be quite common and easily-recognised.

Diseases such as Diphtheria, Polio, Pneumococcal, Rotavirus and Hib disease are very much at the unfamiliar end of the scale, and the perceived severity of these diseases can vary significantly. While people tend to have heard about Diphtheria, Polio and Pneumococcal, there is very limited knowledge of what these diseases are, what they look like and how they can be contracted. Diseases such as Rotavirus and Hib have often never been heard of, and overall the majority of people are highly uncertain about the extent to which these are serious health threats or not.

How diseases are perceived has a direct bearing on how the vaccines are seen by the public. For those diseases that are quite familiar and not seen to be overly serious, there can be questions around the need for a vaccine at all. Chickenpox and flu are the most frequently identified diseases which fall into this category, often because many have had these diseases in the past and they are not perceived to deliver any significant or lasting damage to health.

*“It’s weird that they have a vaccine for chickenpox now. I remember when I was a kid there used to be chickenpox parties, and if you’d never had it you got sent around there to make sure you got it over with... and we were alright in the end!”*

In contrast, for diseases which are familiar and are perceived to be serious, there can be a great sense of urgency about getting the vaccine (the standout in this category is whooping cough). For some, this extends beyond the child itself, with many stating a preference for any adult in regular contact with the child to be vaccinated too.

However, those diseases which are poorly understood (arguably a majority) are often seen in quite abstract terms. Simply put, few understand what the human impact of these diseases might be, and as a result there can be a sense of ambivalence surrounding the vaccines designed to prevent them. This can be a particular issue if people have concerns about vaccines, as they are unable to balance the risks of the vaccine against the risks of the disease itself.

*“I couldn’t really tell you much about those ones. It’s interesting I guess because if you don’t know much about the disease it can be easy to listen to people who talk about their concerns with the vaccines.”*

## **11.6 The tone of community discourse about immunisation**

The research has identified that the current discourse about immunisation within the community tends to be shrouded in negativity. There is very little evidence of any positivity or pride when it comes to the community conversation about immunisation, and there is certainly little focus on the benefits that immunisation offers to individuals and the community at large. In part, this seems due to the fact that diseases and their practical implications are often poorly understood, so the benefits of immunising can be quite abstract.

In contrast, concerns about vaccine safety and the potential negative impacts that vaccines can have seem to be a regular focus of discussion in the community. In part, this is possibly due to these concerns being very easy to articulate and understand, for example, the perceived risk of autism.

The negativity surrounding immunisation also seems to be driven by the fact that the debate itself exists. There is a strongly held belief that discussion about immunisation is held in quite negative terms, and with quite a lot of negative emotion behind it. Even those who support the idea of immunisation often express themselves in quite negative terms as part of the community debate,

by demonising those who have chosen not to immunise and focusing on the risks of their behaviour.

The federal government's *No Jab, No Pay* policy seems to have added an additional layer of negativity to the public discourse around immunisation. By 'enforcing' immunisation in this way, many see the government removing freedom of choice from parents who depend on child care benefits. As a result, many people have become increasingly sceptical of the government's motivations. Others feel that *No Jab, No Pay* has made immunisation feel quite punitive and as a result it has further reduced the positivity that can be associated with it.

*"I immunise my kids already but I don't like the way they have taken away people's choices... it's our kids' lives and we should be able to have the choice either way without being punished for it."*

## 12. DETAILED EXAMINATION OF NIP AUDIENCES

### 12.1 Overview

There are a range of different audiences within the immunisation space, the majority of whom are users of the NIP - parents, including Aboriginal and Torres Strait Islander parents and those from CALD backgrounds; adolescents; and adults aged 65 years and over. Health professionals are an additional audience who are not necessarily direct users of the NIP, but who nonetheless are engaged with the program. The research comprehensively examined each of these different audiences, and this chapter examines them in detail.

The research clearly identified that parents share a range of characteristics and attitudes, irrespective of whether their children are aged 0-5 years or are old enough to be engaging with school-based immunisation programs. The research also determined that both mothers and fathers share these characteristics, as well as mothers who are pregnant for the first time. For this reason, rather than examining each separate type of parent in unnecessarily repetitive detail, parents are included as a single audience in the analysis.

The research also included specific representation of parents with Aboriginal and Torres Strait Islander background, as well as those from CALD backgrounds. The research identified that each of these groups tend to be consistent with the broader population of parents, although there are additional 'layers' to these audiences, which are fully explained in this chapter.

Adolescents for the purposes of this study are aged between 12 and 14 years, and are eligible for school-based immunisation programs. The key finding for this audience is that they tend to closely follow the beliefs and wishes of their parents.

Adults aged 65 years and over tend to have a completely different set of attitudes and characteristics to parents. For this reason, this group are analysed separately in this chapter.

Unsurprisingly, health professionals such as GPs, nurses and midwives are quite different to consumer audiences. The perceptions of health professionals are explored later in this report, in Chapter 14.

### 12.2 Parents

It is clear that parental confidence with regards to immunisation increases as parents gain more experience. Over time, as parents go through the various milestones in their children's health and upbringing, they tend to become more relaxed, confident in their decisions and overall are happier with the choices they make. Further, as time goes on they are more likely to have their own experiences (positive or negative) which subsequently inform their attitudes and behaviours.

Attitudes toward immunisation vary widely between different parents. The research has established a range of different 'types' of parents. These types have been identified by evaluating how engaged parents are with the topic of immunisation, and how accepting they are of it.

'Engagement' essentially describes the extent to which parents are interested in the topic of immunisation. Engaged parents tend to have a need to be relatively informed, and are prepared to think about the topic, often in quite a bit of detail. Engagement is often expressed behaviourally by seeking out information and talking about immunisation. It is clear from the research that engagement exists on a spectrum, with some parents being highly engaged with immunisation, while others are barely engaged with it at all.

'Acceptance' describes the extent to which parents are comfortable for immunisation to be a part of their approach to their children's health. Parents who are accepting tend to see immunisation as a fundamentally positive health intervention, and the most obvious expression of acceptance is a clear willingness to immunise their children. Similarly to engagement, it is clear that acceptance

exists on a spectrum - some parents are highly accepting, while others have reservations and some entirely reject the idea that immunisation is positive for their children.

Using these two dimensions of engagement and acceptance, a number of 'types' of parents emerge. The matrix below depicts the different parent 'types' and where they are positioned in terms of their levels of acceptance and engagement with regards to immunisation.

Figure 2: 'Types' of parents

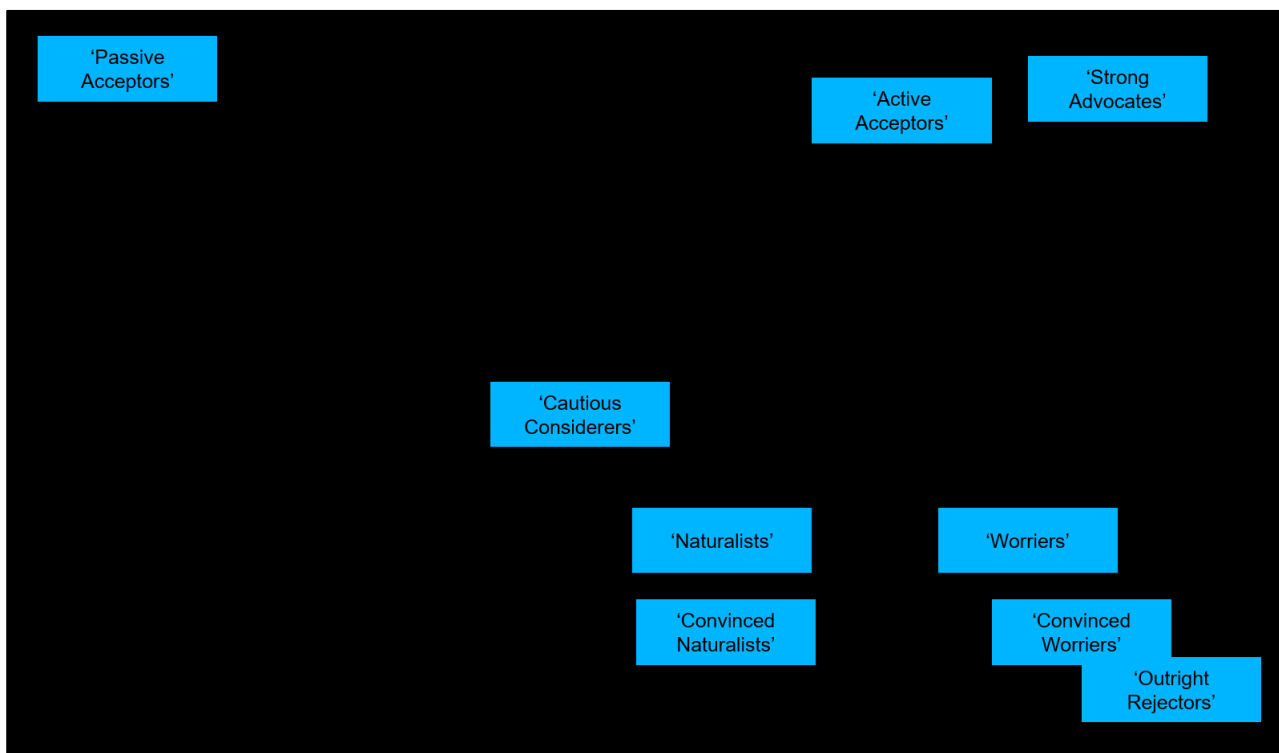


Figure 2 above shows three distinct 'types' who are relatively accepting of the idea of immunisation – the Passive Acceptors, Active Acceptors and Strong Advocates. One 'type' exists toward the middle when it comes to both their levels of engagement with the topic and their acceptance of immunisation. In the bottom right quadrant, there are five different 'types', each of which is not generally accepting of immunisation – in essence, these five 'types' form the group that is commonly known as 'anti-vaxxers'.

This research is qualitative in nature and as such is not able to quantify the size of each of these different 'types' of people. However, it appears qualitatively at least that the majority of people sit within the four 'Types' closer to the top of the figure – namely Passive Acceptors, Active Acceptors, Strong Advocates and Cautious Considerers. While the research was able to identify and explore the groups in the lower half of the figure, at this point there is little evidence to suggest that these 'types' are widespread within the community.

### 'Strong Advocates'

'Strong Advocates' are highly accepting of immunisation and highly engaged in the topic. They tend to be reasonably well researched when it comes to immunisation, and are extremely comfortable with the idea of immunisation playing a role in their children's health. This group generally have a very 'black and white' perspective on the issue of immunisation, and they often believe that other people who do not share their enthusiasm are fundamentally wrong.

This group tend to advocate for immunisation and are strident and vocal in their support. They often defend immunisation with a passionate manner and can be quite aggressive in countering alternative viewpoints. When the topic arises in conversation they are almost always prepared to challenge other people's viewpoints and behaviours.

The key characteristic that truly sets this group apart is the extent to which they are prepared to actively raise the subject of immunisation in an effort to change the opinions and behaviours of other people. They tend to demonstrate a willingness to engage both face-to-face and online – it seems that this 'type' of parent is most likely to be actively disseminating pro-vaccination messages on social media.

*"I can't understand what's wrong with people who don't immunise their kids, and I'm very happy to ask them why and try to talk them into it."*

### **'Active Acceptors'**

'Active Acceptors' are also highly accepting of immunisation, although they are less engaged than the 'Strong Advocates'. This group usually has an interest in conducting some level of research – enough to make them feel that they have satisfied any concerns to the point where they are comfortable immunising their children. However, beyond this point, they tend to have little interest in developing an even deeper understanding. While some people in this group may have had some doubts or questions, these have usually been dealt with adequately through active research or conversations with health professionals.

This group of parents will usually advocate for immunisation if the topic comes up, although this tends to be done in a way that is slightly more open to shades of grey than the Strong Advocates. While they wholeheartedly believe that immunisation is the 'right way', they tend to be less militant in this view.

As a result of this, Active Acceptors are far less likely to seek out conversations about immunisation. While they are comfortable with their own decisions and are prepared to back their position in public if necessary, they generally keep their opinions private until the topic is broached by someone else.

*"I did a bit of looking around way back in the beginning and I feel confident that it's the right decision for my family."*

### **'Passive Acceptors'**

'Passive Acceptors' support immunisation, but are often barely engaged with the topic. The hallmark of this 'type' is the absence of any fuss. Passive Acceptors see immunisation as just 'something you do' that is an accepted part of modern life - and most are very happy not to think about it any further.

Passive acceptors tend not to question this topic and don't feel they require a great deal of information beyond the practicalities required to have their children immunised, such as date, time and location. They are generally not interested in conducting research or having protracted conversations about the topic.

Passive Acceptors are usually fairly firm in their beliefs. There is little evidence to suggest that they are vulnerable to suggestion by others who are less accepting of immunisation, as these parents are characterised by the trust they have for health professionals. They believe that health professionals provide the right guidance and advice, to the extent that they often don't know what type of immunisations are administered to their children at their various appointments - and they claim to be relatively comfortable with that.



*“Honestly, I couldn’t tell you what is even in the needles. I just turn up because the doctors tell me to, and that’s good enough for me.”*

### **‘Cautious Considerers’**

Cautious Considerers tend not to be overly engaged with the topic of immunisation, although they are not fully accepting of the idea for their children. A ‘niggling’ sense of concern about immunisation that simmers in the back of the mind is the key characteristic of this group.

Ultimately though, this group tend not to have an enormous thirst for information about the topic. They do not usually feel compelled to conduct lots of research into the topic, and certainly not to the point where they are interested in technical details.

The concerns that this group have are usually based around the risk that something might go wrong for their children as a result of an immunisation. In some cases, these concerns are not specific in their nature, and can be simply a sense that vaccines may not be entirely safe. In others, there may be more specific concerns around specific vaccines. Usually, this is a result of hearing ‘on the grapevine’ of examples where adverse reactions have occurred.

While these concerns exist, they are not often sufficient to change behaviour when it comes to immunisation – Cautious Considerers are, on balance, prepared to have their children immunised. However, it is clear that this group are more likely to listen when they encounter anti-vaccination sentiment. Coupled with a relative lack of interest in the topic, this group seem particularly susceptible to becoming less engaged with the topic over time.

It is clear that many in this group are seeking to have their concerns about immunisation allayed, and to be reassured that they are making the right decision by immunising their children. Such reassurance seems to have potential to insulate this group against suggestion from those who are less accepting of immunisation than they are.

*“I have immunised my kids so far but I do have some worries about it and I’ve always got my eye on what people are saying about it.”*

### **‘Naturalists’ and ‘Convinced Naturalists’**

Naturalists and Convinced Naturalists are from one ‘stream’ of people who are less accepting of immunisation. Central to this ‘stream’ is a belief in a natural approach to life, and a sense of positivity and calm around alternative medicine. Essentially, these two types have a great deal in common, with the key difference being that the ‘Convinced Naturalists’ tend to hold a more extreme set of attitudes.

Naturalists prefer a more holistic medical approach and predominantly believe in the benefits and power of alternative medicine. This group opts-in to a lifestyle that avoids over-medicalisation and favours a natural approach to health, wellbeing and protection against disease. They are usually not especially accepting of immunisation, but while they have a preference not to immunise, many in this group also acknowledge that there can be positive benefits to immunisation.

Critically, this group has a relatively positive state of mind – rather than worrying about risks, they see their abstention from immunisation as more of a positive, alternative lifestyle choice rather than a negative rejection of immunisation.

As a result, this group are not especially engaged with the idea of immunisation. They rarely feel the need to do extensive research about immunisation, or to investigate any risks that might be associated with it. However, this group tend to have a greater interest in examining alternatives to immunisation such as natural immunity.

The Convinced Naturalists take this set of attitudes to an extreme. Often they are quite uncompromising in their beliefs and see it as quite important to do as much as possible to avoid anything artificial in their children's lives – such as a focus on whole foods and trying to avoid fluoride in their drinking water, and in some cases avoiding doctors and medication entirely.

While the Naturalists will often see benefits in immunisation, Convinced Naturalists are far less likely to do so, and instead have a much stronger belief in natural remedies that they believe have been proven to work over thousands of years.

*“My kids have never had Panadol, and the oldest is 17. There's plenty of natural remedies that have worked for years and years – if my kids get a fever, then they get a raw potato on their head and that works just fine.”*

### **‘Worriers’ and ‘Convinced Worriers’**

Worriers and Convinced Worriers make up the second ‘stream’ of people who are less accepting of immunisation. Central to this ‘stream’ is anxiety about the potential negative outcomes of immunisation. While the Naturalists tend to have a positive frame of mind when it comes to immunisation (or lack thereof), Worriers are surrounded by an inherent sense of negativity. Again, these two types have a great deal in common, with the key difference being that the Convinced Worriers tend to hold a more extreme set of attitudes.

Worriers have quite significant concerns and questions about the risks of immunisation and how these compare with the benefits, and as such are relatively engaged with the topic. These questions and concerns are generally driven by a fear of the risks and how these can impact on their children. Overall, Worriers tends to be full of anxiety about the potential outcomes and adverse events that may arise from immunising.

*“There are so many things that make me worry about what's in these vaccines, and I think it's just not worth the risk to inject it into my kids.”*

People in this group often feel conflicted because they can also see the benefits of immunising their children. They often have a desire to conduct detailed research, and in some cases they evaluate each individual vaccine in considerable detail before committing to a decision one way or the other.

‘Convinced Worriers’ are more confident in their position on immunisation. They share many of the same characteristics as the Worriers and have a similar appetite for information, but they are usually far less conflicted about the subject because they see a lesser number of benefits associated with immunisation, and are much more focused on the risks that might exist. Convinced Worriers are driven by evidence that they believe supports their position, often first-hand or from friends or family who have had bad experiences.

### **‘Outright Rejectors’**

Outright Rejectors are perhaps the least accepting of immunisation, and the most highly engaged with the topic. The defining characteristic of this group is a belief in a systematic cover-up about immunisation and its risks and benefits.

In particular, this group very strongly believe that there is an agenda or something bigger at play than simply doing what is right for health. Many see a strong relationship between the NIP and the money that flows to pharmaceutical companies, doctors and even politicians.

At the extreme, some can believe that the cover-up extends to murdering of dissenting voices in the global community. Many who fall into this category have a genuine fear of being persecuted for their views.

*“I worry for my safety talking about this stuff in public, so I just keep my views to myself most of the time.”*

### **Aboriginal and Torres Strait Islander parents**

As alluded to previously, Aboriginal and Torres Strait Islander parents are overall quite consistent with parents from the broader population. It is clear that parents from this group easily fit into the different ‘types’ identified above. However, there is an additional layer of insight relevant to Aboriginal and Torres Strait Islander parents.

This essentially relates to the fact that Aboriginal and Torres Strait Islander parents are generally more focused on health overall. They are acutely aware that their communities face a more challenging set of health circumstances than the broader population. This group is also more likely to have personal exposure to disease and ill health and are therefore more likely to perceive disease in much more ‘real’ and human terms, rather than in the abstract – irrespective of whether they know much about specific vaccine preventable diseases or not.

In this context, immunisation tends to be seen as an important tool to help fight disease in Aboriginal communities. As a result, it seems that Aboriginal people are far more likely to fall into the more accepting attitudinal ‘types’ such as Passive Acceptors, Active Acceptors and Strong Advocates.

Overall, Aboriginal parents seem far less likely to question the fundamentals of immunisation in the same way as is evident among some sections of the broader population. Those who have concerns are usually focused around the practicalities of the event, such as fear of needles or worries about children crying.

### **CALD parents**

Similar to the Aboriginal and Torres Strait Islander parents, those from the CALD backgrounds within this research generally fit the ‘types’ identified within the broader population. However, again the research identified an additional layer of insight.

For this group, this insight relates to different lived experiences of immunisation in home countries. Those with different experiences in their home countries tend to use this as a lens through which to view immunisation in Australia. Again, the research found fewer people from CALD backgrounds who fall into the less accepting segments for this relatively small sample.

The perspectives of parents from each of the countries included in this study (China, Vietnam and Iraq) are examined below.

In China immunisation is routine and is delivered in hospitals according to a timetable – in much the same way as the program operates in Australia. Therefore, like parents in the broader sample, Chinese parents seem to have varying views regarding immunisation. Most Chinese parents in our sample claim to support immunisation, however some believe immunisation is not necessary and that babies and children can develop their own natural immunity to combat disease. Stories about malpractices in China may cause some to lose confidence in immunisation. There is concern among some Chinese parents that the process of immunisation might not be safe because of the equipment used, the skills of the nurses and doctors and the quality of vaccines.

In Vietnam, access to immunisation is believed to be poor, and many have been exposed to diseases such as hepatitis. In this context, parents from a Vietnamese background claim to be quite grateful for the publicly funded health system in Australia and are generally more accepting of immunisation.

Parents from Iraq suggest that in their home country, immunisation is left entirely up to the individual – essentially meaning that the delivery of immunisation can be quite haphazard. In this

context, parents from Iraq claim to appreciate the highly coordinated system in Australia where there are publicly funded services and information is readily provided.

### 12.3 Adults aged over 70

Adults aged over 70 almost universally claim to support the concept of immunisation. Most have seen vaccine preventable diseases first hand, and the effects they can have on people and society more broadly. In many cases they have also been witness to the role that immunisation has played in a reduction in prevalence or, in some cases, complete eradication of diseases. So, they tend to be very strong supporters of immunisation, particularly when it comes to childhood immunisations against serious diseases. As with the broader research findings, there was a tendency for this group to discuss immunisation as an issue relating primarily to children, before turning the discussion to vaccinations that are available to their own age group.

Interestingly, adults aged over 70 years perceive a substantial amount of equivocating among parents of today, and often find it difficult to understand why parents object to or criticise such a valuable, proven health intervention that has had such a positive effect on society. As a result, this group often act as advocates and many report having encouraged their children and grandchildren to vaccinate their own children.

*“I just can’t figure out what’s wrong with all these nincompoop parents today. If they saw what we saw, kids in the iron lung, and kids in calipers... well, that might change their minds a bit.”*

When it comes to immunisation and their own health, adults aged over 70 tend to see immunisation as being entirely about the flu vaccine. The vast majority are aware that they can get the flu vaccine for free and that they are generally encouraged to do so. As such, the flu vaccine tends to be the main reference point for this group when they think about immunisation for themselves.

When prompted, a smaller proportion are able to talk about ‘the pneumonia vaccine’ (Pneumococcal), although this is the minority and there are many who are clearly completely unaware of it. A very small number are aware that a vaccine for shingles is going to be available soon. While awareness exists only in very small pockets of the community, discussion around it tends to arouse much broader interest given that most recognise shingles as a serious affliction and like the idea of being able to be immunised against it.

#### Perspectives on the flu vaccine

When it comes to the flu vaccine attitudes are varied, and those aged over 70 years can be split into three main attitudinal groups:

- > Positive Advocates;
- > Healthy Rejectors; and
- > Flu Vaccine Rejectors

#### Positive advocates

Positive advocates of the flu vaccine are often very eager to be immunised and usually want to receive all the vaccines that they are allowed to have. People in this group see the flu vaccine as a real benefit to their own health and wellbeing – they do what they can to prevent falling ill and they see the flu vaccine as a sensible way to try to prevent it. Positive advocates of the flu vaccine also tend to be quite community minded about it and see this as a way to play their part in helping to stop the spread of flu.

Many in this group go to see their GP as soon as they find out the latest flu vaccine has become available, and in some cases they present to their GP even before the vaccine is widely available. Anecdotal reports from health professionals and stakeholders suggest that the majority of adults aged over 70 fit within this group.

*“Of course I get the flu jab, you’d be a fool not to!”*

### **Healthy Rejectors**

This group fundamentally see themselves as being healthy, with a genuine sense that they simply ‘do not get sick’. As a result, this group tend not to believe that they are candidates for the flu vaccine. In their minds, this vaccine is suited to the ‘old and frail’ – and they have no desire to think of themselves in this way.

At a deeper level, this sentiment is clearly tied up with a need to feel young and in control of the ageing process. It seems unlikely that this group would engage with the idea of the flu vaccine without some kind of repositioning of it. If the flu vaccine were positioned as a way to maintain fitness and good health, it may be of more interest to this group.

*“I just don’t get sick and so I don’t really see a need to go line up with all the old people and get the jab.”*

### **Flu Vaccine Rejectors**

This group essentially have very strong concerns about the flu vaccine, and these concerns are at the heart of a decision not to vaccinate themselves. There are two key concerns that this group tend to have about the vaccine. The first is that the vaccine will ‘give you the flu’ – a belief that seems to be quite widely held within this cohort. The second, is that the vaccine is not especially effective – many have themselves been vaccinated in the past and still gotten sick. For those who have not had either of these experiences personally, there is a very active ‘grapevine’ of information sharing among this cohort, with many stories existing about people who believe they have gotten ill from the vaccine, or been ill in spite of it.

Media reports also play a role in perpetuating these perceptions. Reports about adverse reactions to the flu vaccine in 2010 are frequently cited as evidence against getting the flu vaccine, almost six years after the event.

*“Well let me tell you, I had the flu shot one year and I’ve never been so sick as I was after getting it. Never again, you mark my words!”*

## **12.4 Adolescents**

As a whole, adolescents tend to simply follow the guidance of their parents in relation to immunisation. Very few seem to engage with the topic for themselves, and during discussions about immunisation it is clear that most simply repeat the views that they hear from their parents. The majority seem comfortable to follow the guidance of their parents on this issue – if their parents think it is a good idea, then that’s what they will do.

*“Nah, I just do what my Mum says, I don’t think I know enough about this myself.”*

Any concerns that adolescents have about immunisation tend to revolve around the experience of receiving the vaccine. Some report feelings of worry the day prior or on the day, particularly in regards to whether the needle will cause them pain. Other concerns are about visibility and privacy

on the day, and what type of reaction they would have and if that would be made visible to their friends. Some adolescent girls are aware that they will be asked about whether they might be pregnant, but this is generally not seen to be overly uncomfortable or intrusive. Overall, their concerns are around how the experience is going to 'play out' on the day.

It seems that the biggest influence young people have over their immunisations is the circumstances in which the immunisation is given. Those who have real concerns about being immunised at school can ask to be taken to the family GP to be immunised instead. Although there is some anecdotal evidence to suggest that some young people protest so much that they simply do not get vaccinated, this appears to be in the extreme minority.



## 13. DRIVERS AND BARRIERS TO IMMUNISING

### 13.1 Overview

There are a wide variety of different drivers and barriers to immunising across different audiences in the community, many of which are largely dependent on individual experience and context. However, a number of common, overarching dynamics are seen to exist in how people rationalise and make their decisions on whether or not to immunise.

#### Health as the core driver

Health is at the very epicentre of all decisions people make in terms of whether to immunise or not. Irrespective of the different choices that are made, all seem to be fundamentally underpinned by a desire to do the 'right thing' for one's health and/or the health of one's child. On one side, a person's decision to immunise is ultimately driven by the desire to protect against serious disease which is good for health. On the other, a person's decision *not* to immunise is driven by their desire to protect one's health from the risks they associate with immunisation.

When the decision process is broken down it becomes evident that a person's final decision fundamentally rests upon an assessment of risk. This is inherently a weighing-up of the risks (perceived or real) associated with contracting the disease versus an adverse event resulting from receiving the vaccine.

Those 'types' who tend to be more engaged in the subject and those who are less accepting of immunisation appear to spend more time making this risk assessment and in some cases it is clear that individuals make this assessment on the basis of the individual vaccines they consider unsafe, even if they are accepting of all other vaccines and immunisation in general. In contrast, those who are less engaged in the subject and more accepting of immunisation tend to make this judgement call much more quickly, often to the extent that it can become an almost unconscious process.

### 13.2 Drivers to immunising

A wide range of different drivers exist that motivate people to immunise, and these can be broadly classified into two key types: personal drivers and societal drivers.

Personal drivers are centred around the protection of one's own health (and/or the health of one's child) and other personal interests. The majority of people who are accepting of immunisation seem to be predominantly motivated by personal drivers and view immunisation as an act of self-protection for health, financial, convenience and/or other reasons.

Societal drivers are centred around the protection of one's community and playing one's part as a member of the community. It appears that these motivators are often secondary for people when it comes to making a decision about whether to immunise or not, although it is clear that they do play a role.

#### Personal drivers

##### Health protection

Protecting one's health and/or the health of one's child was the primary consideration behind people's decisions to immunise. This is driven by a fear of contracting disease and a recognition that disease can be deadly and that people's lives can be put at risk if they are not immunised. This is particularly the case for diseases that are commonly perceived to be most serious (for example whooping cough and meningococcal). For diseases that are perceived to be less life-threatening, the primary motivation to immunise is centred around prevention of illness and the



recognition that even illnesses that can be recovered from can cause detrimental long-term health impacts.

*“I think it’s pretty clear that it’s better for your health to vaccinate than it is not to.”*

### **Strong ideological beliefs**

Another type of personal driver that exists amongst some of those who are accepting of immunisation is a deeper, personal view that immunisation is simply the ‘right’ thing to do in today’s modern world. This perspective is driven by a sense of social solidarity and an ideology that immunisation is grounded in morality. Those who hold this belief also tend to view immunisation as an invaluable modern intervention that saves lives, and claim that the rejection of immunisation is simply nonsensical and sometimes even immoral.

*“It’s just the right thing to do.”*

### **Access to childcare and schools**

After health reasons, for many parents a key driver to immunise their children is to ensure they have access to child care and schooling. Although different legislation exists in each Jurisdiction around the country, there is a clear and commonly-held belief that the majority of early learning centres and schools require evidence of a child’s immunisation records prior to enrolment. So, many parents ensure their children are fully immunised and up to date in order for their children to attend.

In some cases, this can be the strongest motivation for parents. These parents may have pre-existing doubts or concerns regarding immunisation and, while they may ultimately choose to immunise their children after weighing up the benefits and risks, it seems that in some cases ‘compulsory’ immunisation for child care and schooling has pushed them over the line.

### **Being a ‘good parent’**

Another personal motivator to immunise amongst parents is the desire to be a ‘good parent’ and do everything in one’s power to do the ‘right thing’ for one’s children. This often stems from the context in which parenting exists in today’s modern world. Particularly for parents who lead busy lives or experience internal struggles about the quality of their care of their child, taking their child to an appointment to receive an immunisation can be a way to assuage parental guilt. In this way, the act of immunising their children becomes something that some parents also do for themselves. This personal driver is usually felt to be as a supplement to the primary motivator of protecting the health of their children.

### **Financial incentives**

The ability to receive financial support from the childcare benefit is a strong motivator amongst certain parents, particularly those from lower socio-economic backgrounds who are dependent on government benefits. While many of the parents who rely on financial incentives are accepting of immunisation, the potential threat of losing financial assistance seems to help solidify their position, and encourage them to be on time with their children’s immunisations.

There are some parents who rely on financial support and are less accepting of immunisation. Among this group, the threat of losing benefits is often the single-biggest motivator for immunising their children. Many who fall into this sub-group feel that they are not in complete control of the health decisions they make for their family, and unsurprisingly this can yield feelings of strong resentment.

*“I don’t think it’s the main reason for me but I definitely have those payments on my mind when I make the appointment.”*

### **Societal drivers**

As discussed earlier there are also a range of societal motivators that some people take into consideration when making a decision to immunise. While many consider these to be important they tend to be a secondary consideration in the decision making process.

### **Herd immunity**

The most commonly identified societal motivator is that of herd immunity. While some are unaware of the term itself, the concept of building the community’s resistance to disease is relatively well understood and frequently cited as a consideration in people’s decision making. One of the key drivers behind this is the view that high immunisation coverage levels within a community can significantly prevent or limit outbreaks from occurring and diseases from spreading.

Another consideration behind the need to become immunised as a *group* is to protect those who are more vulnerable from contracting disease. Most people are aware that vulnerable members of the community (such as infants under six months, the elderly or people with chronic illness) are not always able to be immunised themselves, and depend on the immunity of the ‘herd’ to protect them from contracting a disease.

### **Eradicating disease**

Another societal motivator that is spontaneously raised is disease eradication. There appears to be a substantial amount of awareness amongst the community that diseases used to be much more prevalent than they are today and that vaccines have played a significant role in eradicating diseases in the last several decades. While the vast majority do not know the figures and extent to which this is the case, and many also attribute this decline to improved hygiene levels, there is broad acknowledgement that vaccines have made a solid contribution to reducing the incidence of disease or, in some cases eradicating it altogether.

There appear to be significant knowledge gaps amongst the community in relation to which diseases are on the brink of eradication and which no longer exist. Despite this, there is an inherent assumption amongst the community that vaccines could eventually ‘kill off’ several other vaccine preventable diseases, and so keeping immunisation coverage rates high will help to ensure this occurs.

*“We’ve managed to stop lots of really bad stuff and I think it’s important that we keep on working toward doing more of that.”*

### **Saving the system money**

For some people the decision to immunise can also be driven by the societal motivator to play one’s part in reducing the burden on the health system. This is mostly driven by the recognition that ‘prevention is better than cure’ and that treating illness and affliction can be highly expensive and place a significant amount of avoidable pressure on the public purse. Clearly, this motivator is never at the top of people’s minds when it comes to their main reasons for choosing to immunise, but it does seem to play a role for some people.

## **13.3 Barriers to immunising**

There are a wide range of barriers to immunising within the community, and these can be experienced by many different types of people at different points in time, including amongst those who choose to immunise. These barriers can range in intensity for different people and, much like

motivators, this can be dependent on various factors such as personal experience or life context. Importantly, a person's experience of a barrier does not necessarily lead to the decision not to immunise, but it seems that it can certainly play a role in reducing levels of acceptance and support. Unsurprisingly, evidence of these barriers is much higher among those 'types' who are less accepting of immunisation.

In evaluating the different barriers to immunising, the research has identified three main types of barrier. There are minor barriers, attitudinal barriers and practical barriers. These are discussed in detail in the section below.

### **Minor barriers**

Ultimately these are better classified as 'issues' – almost everyone is conscious of these, and while they rarely act independently as barriers, they can work alongside attitudinal barriers to reinforce a decision not to immunise, or they can contribute to a decision to delay. There are two main types of minor barriers identified in the research – concerns about the act of vaccination itself, as well as concerns about known (common) side effects of vaccines, such as a fever or a child feeling 'unsettled' in the days after a vaccination.

#### **The act of vaccination**

For some people the actual process of receiving a vaccination can cause concern and, in some cases, anxiety. This is usually because the event itself is felt to be stressful, irrespective of who is getting vaccinated. The main issues people report experiencing are in relation to the injection itself, which can stem either a genuine fear of needles or a fear of the pain that may be experienced during and after receiving a vaccine.

This is particularly the case for children's vaccinations. Many parents indicate that the act of vaccination can cause a great deal of fear in both the parent and the child, particularly if the child has experienced pain from a vaccine in the past or, in fewer cases, if the child suffered a reaction. For parents of children who have experienced pain or a reaction in the past, the lead up to the appointment can elicit anxiety and nervousness in relation to how the child will react during and after the appointment.

Some parents also report experiencing a strong sense of discomfort with the notion that they are taking their child to experience pain, and for some this level of discomfort is so intense that they ask their partners or their own parents to take their child to the appointment on their behalf. The feeling of inflicting pain on one's child or putting the child through an experience that makes them cry is clearly an issue for many parents, although rarely to the extent that this alone would prevent them from immunising their child. Indeed, the majority of parents who report a tendency to feel deeply uncomfortable on the day of their child's vaccination appointment agree that the benefits of immunising far outweigh any levels of distress.

*"That's one of Grandma's jobs. I much rather they come home to mummy for a cuddle than blame me for doing that to them!"*

Other reported feelings of discomfort during the act of vaccination are in relation to the setting itself. In particular, there is a sense that some clinical environments (both GP surgeries and immunisation clinics) can be quite stressful, especially when they contain lots of unwell people and crying children.

On the whole, these feelings of discomfort associated with the act of vaccination itself can be worrisome but not so traumatic that it hinders a parent's decision to immunise. These events can, however, be an additional factor that people consider in concert with other barriers and it can also be a reason that parents decide to postpone a vaccination appointment to a later date.

## Reactions to vaccines

Known, common reactions to vaccines can also play a role as a minor barrier. The majority of parents seem to accept that vaccines have the potential to cause reactions and largely these are considered to be quite normal. Standard reported reactions include fever, swelling, skin rash and the child being unsettled or 'out of sorts' for a few days. For the most part, these are seen as a necessary part of the process that does not present a significant barrier to immunising, although it is clear that these can trigger concern.

In anticipation of a child's reaction to a vaccine, many parents report taking a day off work to care for their child and keep an eye on any symptoms following an immunisation appointment. There is also some evidence of parents proactively trying to manage their child's physical reaction by giving them paracetamol before the appointment, parents also mentioned offering treats or promising 'rewards' to calm the child's feelings of apprehension.

Ultimately, reactions to vaccines can be seen as a precursor to more serious adverse effects and as a result they are very much on people's radars, especially among those who are less accepting of immunisation overall, or those who have experienced negative reactions in the past. While concerns about common reactions do not generally create a barrier to immunising in isolation, they do seem to cause some people to delay immunising themselves or their children. Additionally, among those who have chosen not to vaccinate, these concerns are often raised in concert with attitudinal barriers.

## Attitudinal barriers

Attitudinal barriers represent the largest group of barriers identified in the research. These tend to be fairly fundamental in nature, and can often be behind a decision not to immunise at all. Among those who are less accepting of immunisation, it is common to see a number of these barriers working together in concert. Equally, among those who are more accepting, it is common to see none of these barriers at play.

The majority of these barriers relate to concerns about immunisation at a fairly broad level. However, there are some barriers described in this section which relate to concerns about particular vaccines – namely HPV and Hepatitis B when administered at birth.

## Risk of adverse events

The risk of adverse events can be a significant barrier for some people, particularly for those who feel unsure about immunising and have questions regarding the safety of vaccines. A range of different concerns exist about the potential for negative outcomes from vaccines. Many have concerns about more immediate serious side effects such as seizures, vomiting and dangerously high fevers – these are felt to be very real and frightening prospects among those who worry about the potential for serious adverse events.

However, fears of serious, long-term negative outcomes that will have a significant impact on people's lives thereafter tend to have greater prominence and be much more salient for those who have concerns. It is important to acknowledge that concerns about adverse events are not limited to parents – there is evidence that people over 70 years also worry about long-term adverse events. For example, parents are believed to have rejected the rotavirus vaccine on the basis of stories about adverse events that occurred as a result of the vaccine several years ago. Equally, among older people there exists a commonly-held belief that the flu vaccine can lead to Guillain-Barré syndrome.

The link between the MMR vaccine and autism continues to be a very real concern among some members of the community. This link is frequently raised as an area of concern relating to immunisation, often by people who continue to believe that the idea may have some credence. There are also many within the community who know and readily acknowledge that this link has

been thoroughly disproven. While it may be the case that those who do not believe in this idea outnumber those who do, it is very clear that the issue continues to echo around the community as part of the discourse about immunisation. The link has been so prominent as a topic on news and social media channels over the years, and so it has become a 'front of mind' concept when people think about immunisation.

In almost all cases where people harbour concern about adverse events, it seems to be that these concerns are backed up by examples of people who have lived through negative consequences attributed to immunisation. These example stories tend to include a highly emotional element that can in some cases work to overpower any facts that might contradict the argument. Mostly, these stories tend not to be delivered 'first-hand', and travel far and wide, often gaining almost 'legend' status as they pass from person to person. Social media has clearly helped to accelerate and amplify this storytelling.

*"My sister's husband's mum had a really awful experience when she got the flu shot, it put me right off it."*

### **Perceived lack of efficacy**

For some people, a barrier to immunising can also be a perceived lack of efficacy of vaccines in protecting against disease - there are some very clear concerns that some vaccines simply do not protect against the diseases they are supposed to. Particularly common examples of vaccines that can be believed to not 'work' are flu, varicella and pertussis, although there are others.

Again, there is a clear role here for 'the grapevine' and the sharing of stories that prove a point. There appear to be many stories circulating about people who have contracted the disease even after having been immunised. This is often presented as proof that vaccines simply 'do not work'.

Some people acknowledge that vaccination does not promise 'perfect' immunity – they understand the notion that it reduces the risk of contracting the disease, and reduces the severity of the disease if it is contracted. Others however, see vaccination as something that ought to offer one-hundred per cent certainty when it comes to immunity, and when it does not this is felt to be a significant failure. In these circumstances people wonder why the vaccine is necessary if the benefit is negligible or non-existent.

It is important to note, however, that the majority of those who are aware that vaccines don't always guarantee full immunity tend to accept this as simply a 'part of the deal', and still consider vaccines to be the best option available in reducing the risk of contracting the disease.

### **New vaccines**

A key barrier for many is a concern about the safety of new vaccines – essentially, there can be a strong desire not to be a test subject for new formulations. This concern is largely driven by a fear that these vaccines are too new to have been through a sufficient amount of stringent testing before they are launched to the market. Those who are concerned about new vaccines tend to feel that people who receive these new vaccines are 'guinea pigs' to new ingredients and, as such, are subject to an increased likelihood of adverse events.

It is apparent that few are truly aware of the testing regime that new vaccines must go through before they are accepted for use in Australia and that in place of a detailed understanding, that many simply assume that testing is not especially rigorous. However, it is also clear that this barrier is not simply the result of poor understanding of the various clearances that new medicines must go through before being certified – there is clearly an element of distrust around new advancements in medicine more generally. This is often backed up by discussion of different examples where medicine has 'gotten it wrong' in the past. A frequently cited example is that of thalidomide babies, which clearly still carries some weight for some people.



There are a range of vaccines which seem to fall into this 'new' category. These include HPV, Varicella, and in some cases the seasonal Flu vaccine, which is generally known to involve a new formulation each year.

At the heart of this barrier is the concern about the potential for long-term damage that may not yet have become apparent, despite any testing that has already taken place. Many who harbour concerns about new vaccines are very happy to consider vaccines that have been in place for many years – for example, there are some parents who are unwilling to accept a new vaccine such as varicella, but who are more than happy to go ahead with vaccines they themselves received as children, and which they therefore consider to be proven to be safe.

### **Vaccine ingredients**

Concern about vaccine ingredients can be a significant barrier to immunising for many people. There is a notable lack of knowledge amongst the community about the ingredients contained within vaccines and for some people this can create tension and worry. This concern is mostly driven by a fear of artificial elements entering the body and causing long term health effects. Particular ingredients of concern include live vaccines, heavy metals, mercury, carcinogens and other general toxic additives.

While this is particularly the case for those who fall into the less accepting and more engaged segments, this concern can also be exacerbated among people who have children with allergies, and worry at a more general level about things their children consume. These groups of people tend to conduct online research about vaccine ingredients and can find information that concerns them.

This barrier is usually more pronounced among those who have done some level of internet research into vaccines. It seems that there is a great deal of commentary and information available online which raises concerns about vaccine ingredients, and it is clear that some people have uncovered information which causes them concern and have subsequently been unable to find clarity from a trusted source that provides them with reassurance.

*“You just don't know what's in it, and when you try to find out you never know what half the stuff even is anyway, and I think that makes it worse.”*

### **The number of vaccines given at once**

The amount of vaccines administered at once can also be a concern and a barrier for some. Unlike other barriers, this tends to apply almost exclusively to parents although there is likely to be small pockets of older adults with concerns about receiving multiple vaccinations at once.

There are two elements to this barrier, which tend to work together. The first is a concern about the number of different needles given at one schedule point, and the second is the use of multi-valent vaccines which protect against multiple diseases.

The concern is ultimately underpinned by a belief that children's bodies are too small and vulnerable to cope with such a large volume of vaccines at once. This belief appears to stem from people's perceptions that while vaccines are beneficial they can also be quite powerful – and that too many at once can be excessive and could induce harm.

Many parents who feel this way ask their health professionals to stagger and delay certain vaccines so that their children don't have to receive so many at once. GPs confirm this, and some allow their patients to 'go slower' and only give their child one vaccine per injection if that helps to make it easier for them in getting their child fully immunised. Critically, evidence of this tends to be mostly among those in wealthier areas, ultimately because parents are required to pay for vaccines that are not part of the schedule if they wish to separate some vaccines out. There is also some evidence to suggest a correlation may exist between the decision to stagger or delay certain

vaccines and having a higher level of educational attainment, however this finding requires further quantitative verification.

In contrast, combination vaccines can also be favoured by other groups of parents who see it as an easier way to administer vaccines to their children so it is done quickly. This is particularly the case for parents who tend to feel apprehensive about the act of immunisation itself and the discomfort it may bring to their child and to themselves on the day.

### **Hepatitis B at birth**

Hepatitis B at birth is a vaccine schedule point that is frequently identified as causing concern for parents, especially first time mothers. Some who otherwise support the idea of immunisation for their children and who are happy to immunise their children choose to opt out of the Hepatitis B vaccination at birth.

This is largely driven by concerns some parents have about giving their newborn children this vaccine at such a young age, as the child is believed to be incredibly vulnerable at this point. In addition, many believe that there is no risk of their child contracting Hepatitis B between birth and six weeks and so they defer until the child's six-week vaccination appointment.

Key to this attitude appears to be an emotional consideration that relates to a common perception that Hepatitis is a 'dirty disease that happens to dirty people'. Some health professionals attribute this to a lack of public information about Hepatitis B, and not enough promotion of the need for the vaccine at birth.

### **HPV vaccine**

The HPV vaccine is also regularly signed out as having specific barriers, with some parents choosing to opt their children out of this vaccine, while continuing with others at the school-aged schedule point. There appear to be a number of elements that work to create concerns about this vaccine in particular.

First, there are concerns about the relative new-ness of the vaccine in comparison to others on the schedule, with all of the concerns that are outlined in the section above relating to new vaccines more broadly. However, for HPV there are additional specific concerns about the vaccine and a perceived relationship it may have to sterility among young women. As with all concerns about adverse events, this perception is strongly influenced by the presence of emotional stories about people who have suffered after having the vaccine.

*"I think I heard something about that one turning young girls sterile... I don't like the sound of that!"*

There is also some evidence that parents can be slightly squeamish about the vaccine given its relationship with sexual activity. There is evidence that some parents view it as an inappropriate vaccine to receive because they associate it with sexual promiscuity, or have concerns because they believe their children are too young to participate in sexual activity.

An additional issue with the HPV vaccine relates to boys. It is very clear that the vaccine has been very successfully positioned as one against cervical cancer. While this has clear benefits for a female target group, it seems to have had some unintended consequences when it comes to a male target group. It is clear that some parents see the vaccine as having little use for boys, while there are others who believe that it is relevant to ensure that they do not pass HPV to girls. In either case, there are some parents who question the need for their boys to receive the vaccination.



## **Practical barriers**

Beyond attitudinal barriers, there are also some practical barriers that exist. These tend not to be reasons to avoid immunisation altogether, but they can certainly contribute to being late for immunisations.

### **Forgetfulness**

Forgetfulness is often a reason cited for late immunisation. For many busy parents, a need to make appointments for their children's immunisations can be easily lost amongst myriad other tasks and activities that come with raising children. Forgetting to make or attend an immunisation appointment can also become more common as children grow older and parents tend to lose some of the intense focus they give to their newborn baby, and especially as the schedule intervals get longer.

Many try to combat this by setting reminders, and some report that their health professionals provide reminder services through letters, emails and text messages that are also felt to be very useful. Overall, this is generally a simple oversight and is usually remedied as soon as parents remember or are reminded.

### **When children are sick**

Sick children can also be a significant practical barrier that can work in different ways. The first of this relates to the child in question being sick. There is a widespread knowledge that sickness can be a contra-indication for administering vaccines, although it is clear that there is some confusion about exactly how sick children must be before their vaccinations are delayed. While a fever is a clear reason not to vaccinate, some parents believe that a runny nose is enough reason to delay. It is clear that this confusion can be perpetuated by health professionals who approach this question with an understandable degree of caution and often err on the side of delay.

Other sick children can also be a reason to delay, particularly for those who are unable to leave siblings at home for immunisation appointments. It is clear that most parents would prefer to wait until all of their children are at optimal health before attending an immunisation appointment, given the stress that can exist around these appointments even without the presence of any sick children.

## 14. THE ROLE OF HEALTH PROFESSIONALS

### 14.1 The nature of relationships between health professionals and the public

It is very clear that health professionals play a vital role as advocates and sources of guidance and information with regards to immunisation. However, it is also clear that the perceived role of health professionals varies between older adults aged 70 years and over, and younger adults such as parents of young children.

Those aged 70 years and above appear to place a great deal of trust in their health professionals. This group generally anticipate that they will be told what to do by their doctors, and they seem to be more open to following the guidance of their health professional without a lot of questioning. This seems to be underpinned by a fundamental level of respect for health professionals that can be less pronounced among younger people. Often, this group recognise that they are more compliant than younger generations.

In contrast, younger adults seem to have a more 'democratic' set of expectations about their interactions with health professionals. It is clear that many feel a need to be able to ask questions and challenge their health professionals, often based on research from the internet. It is also clear that most expect their questions and concerns to be treated with credibility and respect.

Overall it is very clear that some health professionals are more adept than others, especially when it comes to providing guidance and reassurance on the topic of immunisation. People seem to have varied experiences of health professionals, particularly their GPs.

Some health professionals are felt to be highly competent when it comes to discussing immunisation with their patients, as they are very proactive in their approach, seem to know what they are talking about, genuinely listen, and acknowledge any concerns patients might have. Others however, are felt to be less competent on when it comes to handling this subject. While many are still knowledgeable, some can be more dismissive of concerns and sometimes act somewhat 'aggressively' pushing people toward immunising. As a result, some people claim to feel a lack of trust in individual health professionals. Unsurprisingly, this is particularly evident among those younger people who have more democratic expectations of relationships with their health professionals.

### 14.2 Health professional perceptions of immunisation

Almost universally, health professionals see their role as being to advocate for immunisation among the broader public. Across all types of health professionals, a positive attitude toward immunisation is generally seen as a prerequisite for the job, and there is zero evidence (at the surface) of any health professionals having concerns about immunisation. Obviously there are likely to be health professionals who do not privately hold this view, although this research did not uncover any evidence of this among the sample.

Immunisation is a topic that can hold varying levels of interest and excitement for different health professionals. There are some for whom it is a pet topic, and it therefore is something that receives a great deal of focus in their everyday practice, and a topic that can generate relatively high levels of enthusiasm. Others see it as an important part of their practice but not one that they have a particular interest in, so it is dealt with but without the same level of enthusiasm.

The majority believe that they do try to advocate for immunisation as much as possible as they practice – a good outcome is almost universally seen to be when a person immunises. This advocacy can take a range of different forms, and it is clear that it occurs to varying levels of intensity.

### 14.3 Levels of knowledge and confidence

The majority of health professionals are relatively confident when it comes to their knowledge about immunisation. Most claim to have a very firm grip on the basic information they need on a daily basis, and in addition most have over time built a more complex understanding of the area, often through dealing with complex and unusual cases as they progress through their career. Certainly, most health professionals believe they know as much as they need to in order to communicate effectively with patients about immunisation.

*“No, we don’t need any extra information. It’s part of our job to know this stuff.”*

Most health professionals also claim to recognise the limits of their knowledge when it comes to dealing with ‘curlier’ questions from patients. Naturally, these limits vary depending on experience, but most indicate that their knowledge tends to be limited when they move into more complex situations such as catch-ups, unusual cases, technical questions about vaccine ingredients and very detailed questions about disease. Critically, in this situation almost all health professionals indicate that they are well prepared when it comes to resources they can draw on to help manage more complex issues.

There are two resources that are frequently identified by health professionals when it comes to these complex areas. The first is the Immunisation Handbook, which, consistent with the recent evaluation research, is widely felt to offer answers to virtually any question that a health professional can have about immunisation. In addition to the Immunisation Handbook, most health professionals are quick to identify that they are able to call on the helplines provided by the state and territory governments, where they can speak with a trained expert who is able to help with more technical questions.

When it comes to handling patients who have concerns, health professionals identify a range of different strategies that they use. Primarily they talk about using techniques in explaining how immunisation works, such as through analogies (e.g. ‘Immunisation is like wearing a seatbelt. It may not save your life every day but it will give you added protection’). Others say they employ their own personal perspectives and experience in diseases to bring them to life in a way that resonates for their patients – to help patients to weigh up risks between administering the vaccine and not.

The acts of listening and validating patient’s concerns are seen as crucial by many health professionals, whereby, ‘hearing someone out’ and, especially, not dismissing their concerns out of hand will better set the scene for providing information in support of vaccinating. Many also say they try to ‘normalise’ immunisation when speaking to patients and treat it as a matter of course and something that everyone does.

Many health professionals also acknowledge that some people just won’t be turned, and that they have made up their mind on the issue and it’s clear they won’t be shifted. In these cases, health professionals claim to know not to push and back away in favour of maintaining a therapeutic relationship for other areas of health where these patients may be prepared to listen more.

### 14.4 Different types of health professionals

#### GP Practice and community nurses

Nurses who work in GP and community settings are often experts in the area of immunisation, as it may form a significant proportion of their daily work. It is very clear that in some GP practices, the nurse is the key person to coordinate information about updates and changes to the program, who then distributes this information to others in the practice, including GPs.

When it comes to engaging with the public about immunisation, nurses in both GP and community settings tend to most frequently encounter those who are already on the pathway of immunising – it is rare for a person to present to a nurse in a GP or community setting to talk about immunisation if that person is against the idea of immunisation overall. As a result, it seems that nurses are less likely to find themselves justifying the need for immunisation to someone who does not believe it has at least some benefit.

*“Most of the time when they get to me, they’ve already decided so I don’t see many who need to be talked into it all together.”*

However, this is not to say that nurses do not answer questions from patients and parents. There are a wide range of different questions that nurses deal with, although these tend to be about specific details, the need for different vaccines at different schedule points, potential side effects as well as after care requirements. Most often, these questions are grounded in a desire to seek reassurance that they are making the right decision and that they won’t suffer any adverse events.

From the perspective of people in the general public, it appears that nurses are highly appreciated and are often felt to offer more time and more considered responses than GPs, which can go a long way to providing reassurance for people.

### General Practitioners

GPs are by and large viewed as a highly trusted source of guidance on immunisation. Like nurses, they often interact with patients as they move along the pathway to immunising. When they discuss immunisation with patients it is usually when patients present to them for a vaccination appointment, however GPs are also able to bring up the topic with patients on an incidental basis during a general check-up. As a result, GPs tend to be much more likely to have discussions about immunisation with people who are less accepting of the idea.

During these interactions patients ask GPs questions about vaccination, in particular questions around safety, ingredients and risks associated with receiving a vaccine. In these events GPs attempt to answer as best they can from their own existing knowledge, but when more complex questions are asked they tend to refer to other sources, most commonly the Immunisation Handbook, the local Public Health Unit and the ‘Myths and Realities’<sup>10</sup> book if the need to clarify a misconception arises. In these situations, GPs say they are often able to answer the patient’s questions to a sufficient degree and are able to steer patients into a more positive view of immunisation.

In cases where patients continue to express concern and apprehension, GPs claim they try to listen to concerns and provide guidance and reassurance in a tactful manner, and try to raise the topic again when they see them at the next appointment.

*“I just do everything I can to listen to what worries them, and then we try to do a workaround. If they don’t like the MMR for the autism thing, then we do everything except the MMR. My objective is always to just get as many vaccines into them as I possibly can.”*

Some GPs also express frustration with what they see as a growing interest in alternative medicine approaches. Some GPs indicate that patients they encounter who have the most questions and concerns about immunisation tend to be those who prefer to use alternative medicine, as well as parents who are better educated with professional jobs.

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<sup>10</sup>Myths and Realities: Responding to arguments against vaccination. A guide for providers’ is published by the Department of Health.

## Midwives

Midwives tend to play a highly influential role in the attitudes and behaviours that parents form around immunisation, particularly for first-time parents in antenatal care and at birth. They tend to interact with mothers more frequently than other health professionals and often play a highly-regarded advisory role throughout the pregnancy, birth and post-birth period.

*“My midwife was there right the way along – when the time came for me to give birth she was off sick and I was devastated!”*

The majority of midwives are highly supportive of immunisations that are recommended for both mothers and their babies and claim to understand the importance of their role in educating mothers about the importance of these vaccines.

Midwives frequently mention that they are very mindful of how mothers can feel inundated with information on different topics during pregnancy, birth and post-birth, and so they try to frequently remind them verbally about the immunisations that will take place from birth to six months. Many midwives also consciously try to positively steer mothers toward immunisation, aiming to normalise immunisation by talking about it as a ‘given’.

There are some cases where mothers express concern about vaccines for their babies (from birth to six months) and have many questions around safety, necessity, ingredients and risk of adverse events. In this context, many midwives report using certain techniques to provide factual information, clarification and reassurance. Techniques often used include open listening, verbal dialogue about the benefits and risks, the provision of brochures and fact sheets, frequent reminders and a gentle, calm approach to communication.

There is some evidence to suggest that midwives can be quite flexible about the Hepatitis B vaccine at birth, with a small number of midwives suggesting that they sometimes tell mothers the vaccine is not compulsory and that they can delay the dose. The reasons for this are unclear and the proportion of cases in which this occurs would require further investigation.

## Health professionals working with Aboriginal and Torres Strait Islander communities

Aboriginal communities seem to be well served for their immunisation needs. It appears that health professionals working with Aboriginal communities (such as doctors, nurses and Aboriginal health workers) are working particularly hard when it comes to ensuring high levels of immunisation coverage.

In particular, it seems that significant effort is made on the part of these health professionals to explain immunisation in user-friendly terms and proactively remind parents to attend their children’s vaccination appointments on time. On the whole, Aboriginal and Torres Strait Islander parents seem to feel comfortable with their health professionals when it comes to immunisation and they are very open to trusting their advice. These parents tend to perceive health professionals as valuable sources of medical information as well as support and encouragement and they claim to appreciate the time that is taken to explain immunisation.

## Health professionals working with CALD communities

Parents from CALD backgrounds particularly appreciate healthcare in language. Although many are able to speak in English for most aspects of their lives, a substantial proportion of CALD audiences prefer to deal with complex health issues such as immunisation in their first language. Unsurprisingly, this allows people to fully explore the nuance around the issues and feel confident that they fully understand what they are being told.

Many CALD parents have found health services in their local areas where they are able to engage with health professionals in language (anecdotally, it can be difficult to get appointments with these professionals given their popularity). However, there are reports of CALD parents experiencing difficulties in finding health professionals who speak their native language, particularly in some child and maternal health areas within the health system, which can make it somewhat challenging for them.

## 15. IMMUNISATION INFORMATION NEEDS

### 15.1 Overview

The research examined in detail the information needs held by the different NIP audiences. These information needs can vary between the audiences and the different 'types' identified by the research, as can the level of detail required when it comes to information. There are also some clear consistencies in terms of information needs, particularly when it comes to the different information characteristics that audiences are looking for in the immunisation space. The information needs uncovered by the research are examined in the chapter below.

### 15.2 Desired information characteristics

There is considerable diversity in the needs of different audiences for information about immunisation. However, it is clear that across all of these audiences, there are some commonly held expectations when it comes to the ideal characteristics for information to have in this space. These characteristics are detailed below.

#### Factual and well-researched

Almost universally, there is a hunger for information that is well-researched and grounded in facts. It seems there is often substantial scepticism amongst the public about the information they receive on the topic of immunisation – namely, there is a suspicion that it may not always be evidence-based and substantiated by research. As a result, there is a clear desire for information to be visibly substantiated by evidence, such as through references and links to scientific research.

In terms of what constitutes 'evidence' and 'facts', opinions are varied. For many, an authoritative health body (such as NCIRS, the Department of Health, the World Health Organisation and other large health organisations) is seen to be an adequate voice of authority on the topic of immunisation and any information that references research conducted by such organisations is considered to be well-supported and therefore factual. For others, for information to feel based on 'evidence' it needs to be substantiated by scientific research conducted by independent research teams and organisations such as universities. In some cases, particularly for the more engaged types, there is a claimed preference for these scientific studies to be conducted over a period of several years.

#### Balanced and impartial

There is also a clear and widespread need for information to be balanced and impartial. It appears that many in the community can be sceptical toward information that seems overly persuasive and one-sided, as it can create a sense of 'propaganda' around the topic of immunisation, and feel as though it is firmly driven by an agenda.

There is also a feeling that many information materials on the topic of immunisation could be more balanced and show the good with the bad. Given many are aware that no vaccine is without risk, there is a sense that information may be missing crucial facts from the other side of the argument (such as risks), particularly when it comes to information about vaccines through materials such as fact sheets, brochures and official online information.

There is a genuine desire to see information presented in a more neutral and balanced way, and any change in this direction is anticipated to greatly improve the perceived credibility of the information. It could also have the added convenience of being seen to supply the 'full' story (both for and against) so people feel they are learning everything they need to know from the one source.



## Use accessible language

The need for improved accessibility in information about immunisation is a key theme that emerges, from both the community and health professionals alike. There is a strong perceived need for language on information materials to be simpler and presented in a clearer and easy to digest manner. There is a widespread perception that many information materials available on the topic of immunisation are replete with jargon and complicated medical language that can make it difficult to understand, particularly when people are time-poor and not particularly engaged with the topic.

*“So much of it is so complicated that you need a degree to understand it!”*

## Up to date

It is also felt to be very important for many people that any information they receive on immunisation is completely up to date. Many recognise that changes and updates can occur frequently and so information that is a few years old can feel irrelevant and no longer useful. In an ideal scenario, sources would be updated regularly.

### 15.3 Levels of detail required

When it comes to receiving information about immunisation, the research has identified that people are quite different when it comes to the level of detail they require to satisfy their information needs. Unsurprisingly, a need for greater detail usually corresponds with a greater level of engagement with the topic, so there are certain ‘types’ who naturally seek greater detail.

There are some members of the community who have a ‘zero information’ need beyond basic scheduling and logistics. This tends to be the ‘Passive Acceptors’, and it is evident that this group have few questions about immunisation, are confident in the process and trusting of health professionals.

Others appear to require only headline information – just a few key points of relevant information which is easy and quick to digest. Beyond these headlines, this group seem to have little interest in digging much deeper into the detail. These tend to be ‘Passive Acceptors’ and ‘Active Acceptors’.

*“I just want the answer, I don’t want to have to read for 20 minutes before I find it.”*

Beyond this, there are some people who have a desire to get underneath the headline points and understand the issues in greater detail. This is not to say that this group require elaborate detail or depth, but there is a desire for headline points to be further explained. These tend to be ‘Cautious Considerers’, who are uncertain about some elements of immunisation and have questions they would like answered to provide them with some reassurance.

There are also some within the community who have a thirst for knowledge and information on the topic, and are prepared to engage in detailed reading to help improve their knowledge. This group have a clear desire to really dig into the detail, and seek a fairly comprehensive coverage of the topics they are interested in. Unsurprisingly, these tend to be the most engaged ‘types’, including ‘Strong Advocates’ and ‘Worriers’.

There is a minority within the community who take this desire for knowledge and understanding to an additional level, and claim to be very interested in reading the original scientific journals that have informed the thinking around immunisation. This group tends to have two main motivations – the first is a desire to really truly understand what is going on, and the second tend to be quite

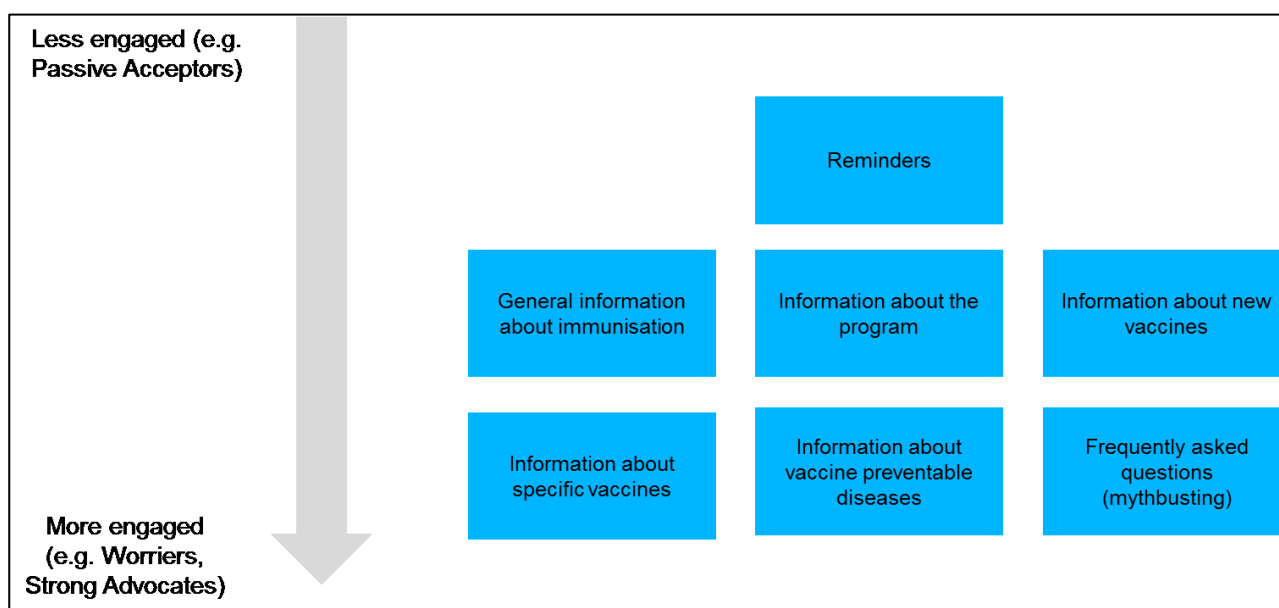
sceptical of information that has been prepared by a third party, and prefer to go directly to the source.

It appears to be extremely important that information about immunisation is made available at all of these levels of detail (i.e. headlines and key point summaries through to specific detail and scientific evidence) in order to effectively meet the different information needs within the community. Critically, it seems that a ‘stepped’ approach offers the best way to deliver this information, as people with different needs when it comes to detail can quickly be turned off if they believe their needs are not met. For example, those who have a desire for headlines only are quickly turned off by large chunks of text, while those with a need for detail can be frustrated by information that is delivered at too high a level without an obvious way to drill into the information in more detail.

## 15.4 Types of information

The research examined the different types of information required by different people within the community. It seems that there is a hierarchy of information needs which depends on the extent to which people are engaged with the topic – this applies equally to parents as well as older adults. Figure 3 below illustrates the hierarchy of information needs, which is then explained in greater detail below.

Figure 3: Hierarchy of information needs



At the very top level, reminders play a relevant role for almost everyone. As people become more engaged, there is a clear role for more general information about immunisation, as well as information about the program and new vaccines. Below this, there is a third level of information that is relevant, although only for those who are more engaged in the topic. This is information about specific vaccines, vaccine preventable diseases, as well as frequently asked questions and ‘myth-busting’ information.

### Reminders

Reminders and prompts are considered to be useful for almost everyone, irrespective of the extent to which they are engaged with the immunisation program. For some people - most notably the Passive Acceptors (parents) and Positive Advocates (over 70s), this is really the only information about immunisation that is genuinely required. Even beyond these groups, most believe that it can

be easy to forget to make an appointment, and anything which helps to manage this is likely to be gratefully received.

*"Just getting a reminder is so helpful, I wish someone would call me and tell me when it was time."*

At present, it seems that reminders are relatively patchy across the country. Some people have a very good experience of being reminded, as it is clear that some GP surgeries are very proactive. Others however claim there is little done to remind them when it is time to make an appointment. It seems that there are a range of different methods used to provide people with reminders, and that the majority of these are appreciated and seem to work. These include the use of smartphone apps, fridge magnets, SMS and emails, as well as letters that are posted to the home.

### **Information about National Immunisation Program**

Practical information about the program is felt to be vital to its efficient functioning. In particular, there is an obvious need for information that makes it clear what vaccines are available and for whom. Additionally, there is a strong need to identify when these different vaccines are required to be given, and where people are able to access these services for free.

At present, the vast majority believe that this information is widely available. The basics about how the program runs and what is available tends to be quite common knowledge – the research identified almost no parents who were not aware of what is available. It seems that the existing materials which have been prepared in this space do a reasonable job of communicating the details of the program. It is also clear that this information is supported by health professionals who reinforce it with the general public at a range of different touchpoints.

*"I don't think there are many parents out there who don't know this stuff. Are there?"*

It is also apparent that the majority of people aged over 70 also know a little about the program that is available for them, although knowledge in this cohort is patchier than among parents. Most seem to be aware that they are eligible for the flu vaccine, although there are some who have very limited knowledge about the program beyond this.

### **General information about immunisation**

There does appear to be some appetite for information about immunisation which is broad-brushed in approach. In particular, there seems to be a significant opportunity for information which is positive in message and tone. Many recognise that the discourse on the topic is often quite negative, and suggest that there is a need to counter this by delivering some positivity around immunisation.

In particular, it seems that there is a desire for more information that reinforces the benefits of immunisation at a fairly broad level. While most people inherently know this information, many believe it would be reassuring to hear these arguments bolstered.

There is also interest in better understanding levels of coverage in the community. Currently these are seen to be lower than they really are, and hearing that rates are generally very high can provide reassurance, but more importantly, can play a powerful social norming role for those who are questioning whether or not to immunise.

At present, general information like this is felt to be fairly thin on the ground. Few are able to point to any official information of this nature, and most see that any positive efforts come from

individuals, often on social media. As a result, this type of general, positive information tends to feel uncoordinated and patchy at best.

### **Information about new vaccines**

There is a genuine desire amongst the community for more information about new vaccines as they become available. Given the barriers that often exist around new vaccines, it is unsurprising that there are a range of questions that people have when a new one becomes available.

The most common questions people raise are in relation to the basic information about the reasons why it is launched, who it is for and why certain people are excluded from it, also, why things have been updated or changed. The absence of this information can cause apprehension for some people, particularly those who have existing feelings of uncertainty about immunisation and who tend to be sceptical of new vaccines.

*“I do have questions when they bring these new ones in. I want to know why they feel the need to have it on the list, how have they made that decision?”*

Further efforts to answer these questions through more channels could help to reinforce trust in the program and reduce any perceptions that the program is unreliable due to frequent changes to it. There is also potential to utilise the moments in which new vaccines are launched to reinforce the process behind the program and provide information that attempts to break down some barriers. This might include information about the testing and rigorous analysis that takes place well before new vaccines are launched, an outline of best practice guidelines that are adhered to and the panels of clinical experts that are used in the testing and approval process.

At present, it seems that some new vaccines are launched better than others. The HPV vaccine appears to be an example where the vaccine was launched well, with a clear positioning (cervical cancer) that sought to answer questions. Although since its launch there appear to be some issues, the strong communications at launch have not gone unnoticed. In contrast, the DTPa vaccine at 18 months has caused some consternation among parents. There continue to be questions about this change – some recall that it has been changed before, and there are questions about why the changes have been made.

### **Information about specific vaccines and vaccine preventable diseases**

There is also a clear need in the community for more information about specific vaccines and vaccine-preventable diseases. As discussed earlier, perceptions of vaccines and diseases go hand in hand: how severe a disease is perceived to be can influence how important a vaccine is perceived to be. Ultimately, this information need is driven by those who wish to make an informed decision when they weigh up their risks and make their decision on whether or not to immunise.

This information is predominantly desired by the more engaged types who usually have a greater desire for more detailed information on different vaccines and diseases. It is also clear that this is an area where details become important in explaining different elements of both diseases and vaccines. However, it seems important that any information in this area is delivered in a way that takes into consideration the different requirements in terms of detail that exist within the community.

This type of information is also where science and evidence have a strong role to play. Again, it is seen to be important that that information about vaccines is presented in a way that is credible and easy to digest, without using overly technical language that can be difficult to understand.

This information is often felt to be very difficult to locate for those who are interested. Informative and credible information on vaccines and vaccine preventable diseases is felt to be hard to find.

While the mapping exercise in Phase One did identify a wide range of information that meets this need, it does not appear to be especially easy to find, and when it is found, it is often hard to digest. As a result, there can be a sense that this end of the information scale is dominated by the likes of the Australian Vaccination-Skeptics Network<sup>11</sup> (AVN), and there is a desire for greater balance.

### Frequently asked questions (or ‘myth-busting’)

Among those who are more engaged, there does appear to be an appetite for factual, balanced information that combats some of the commonly held concerns about immunisation. Given the significant volume of commentary that is available on social media in particular, many would appreciate having a credible source of information that provides the facts about these issues.

The research made clear that this type of information needs to be delivered in quite a careful way; ideally, a calm, non-judgemental way that feels balanced and not overly persuasive in tone or nature. A key finding relates to the way in which this type of information should be positioned. Much of the existing work is positioned around ‘myths’ that exist about immunisation, and it is clear that this positioning is not especially helpful. Talking about commonly held concerns in terms of them being ‘myths’ can carry a tone of condescension which can make the information feel unbalanced and make some readers dismissive of the information as a result. It seems that this type of information might be better framed in terms of ‘frequently asked questions’.

*“To me a myth is a silly little story that everyone knows is not true. What I’ve got is a genuine concern that I want someone to seriously address, and telling me it’s a myth makes me feel like you think I’m stupid, and I’m not.”*

Critically, it seems that this type of information is not readily available for people who seek it out. While there is some information available currently, it is clear that this is either difficult to find, or difficult to consume once it has been located.

### Information about the Australian Childhood Immunisation Register (ACIR)

The community appears to have a vague understanding that the government keeps a record of all childhood immunisation in Australia, however very few know of this record by name. It can also be safely said there is very little understanding of the role the ACIR plays in the broader immunisation strategy aside from the fact that it makes it easier for the government, health professionals and parents to keep track of individual immunisation records.

Some midwives claim that many parents don’t know how to access their children’s records, and are unaware that they can access records through ACIR or Medicare, so they often go to their GP clinics to ask for print outs of their records. It is widely reported that since *No Jab, No Pay* has been imposed, a substantially greater number of parents are requesting immunisation records from their immunisation providers.

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<sup>11</sup> The Australian Vaccination-skeptics Network, an anti-vaccination lobby group which disseminates information to the public through its website and social media accounts ([www.avn.org](http://www.avn.org)).

## 16. KEY INFORMATION CHANNELS AND SOURCES

### 16.1 Overview

A key objective of the research was to understand the role for different communication channels when it comes to information about immunisation. As such, an area of focus was to investigate the different ways in which the public is receiving information about immunisation, and how effective, informative and reliable they consider these channels to be.

A central finding from the research is that the channels and sources through which people receive information about immunisation can be quite disparate. In general, it appears that individuals use or are exposed to very different information sources and that their recall of what they have encountered can vary significantly.

### 16.2 Types of communication channels

Information about immunisation can be very broadly categorised into three different groups – information which is broadcast, personally delivered and sought out. Each of these different groups work in slightly different ways, and vary in terms of the impact they have.

#### Broadcast information

Information that is broadcast is usually delivered via TV, radio and news media (including paid advertising). This type of information also exists on social media, and can be found in various print materials such as brochures and posters that are freely available in the public domain.

Ultimately, this type of information is made available to everyone, and may contain pertinent information (or it may not). It tends to be very passively received, rather than being sought out. This type of information is noticed in the moment and can often have a fairly limited impact – because it is so passively received, only key headlines tend to be retained by the audiences.

Broadly, a reasonable volume of this type of information is believed to exist, and for the most part it is felt to deliver relevant information that people find useful.

#### Personally delivered information

This is information that is tailored and delivered in a more personal way to target a specific audience. Examples include direct contact such as letters, emails or SMS reminders. It can be information delivered via schools or childcare centres, or provided directly by health professionals.

It is usually directly linked to the individual's life context, for example when a person has a four-year-old child or is a pregnant woman. This information tends to have a greater impact as it is more personal and relevant, and as such, it can also live beyond the moment and be used for future reference.

It seems that there is a fair volume of information that is personally delivered to people. Equally, it seems that this information is largely felt to be relevant, useful and helps people to negotiate the immunisation space with greater confidence.

#### Sought out information

This is information that is actively searched for by the individual, usually on the internet. There is some evidence of people seeking information from health professionals and asking family members, although the internet is by far the most frequently used source.

This type of information is usually found when people are in search of an answer to a question or more detailed information. Unsurprisingly, this information generally always has the most impact



because it is information that is personally searched for and being 'pulled in' by the individual by choice and on their terms, as opposed to information that is sent to them.

Critically, it appears that it can be extremely difficult to find the right type of information from a source that is felt to be valid and trustworthy to satisfy a particular information need. Most recognise that there is a large volume of information available online, but many struggle to find the information they are looking for, and can get quite frustrated as a result.

### **16.3 Key sources of information about immunisation**

#### **TV and news media**

Most identify that mainstream media tends to deliver news stories, rather than paid advertising. In fact, very few recall any advertising on the topic without prompting. In NSW and Queensland, there was some prompted recall of recent campaign activity but outside of these states few are able to talk about any advertising in this space at all.

However, it is clear that TV, radio and other types of news media work very hard to bring stories about immunisation to life. People within the community report encountering a range of different types of stories in the media. On the positive side, there are stories where immunisation is championed – for example, a recent story about a parent who had been strongly opposed to immunisation until her child contracted whooping cough, and she then very publicly changed her stance. Equally, there are stories about negative encounters with immunisation, especially regarding negative and unexpected side effects. Unsurprisingly, the majority of these stories carry an element of emotional tension, and as a result these stories tend to be remembered for a period of time.

Often, it seems that media stories can give credence to existing niggles about immunisation, and help to flesh out barriers that may exist to immunising. It also seems that stories that people encounter in the media can create an initial niggle – by hearing about a negative vaccination experience, people may begin to ask questions for the first time. Equally, it seems that stories in the media can help to change people's minds in a positive way – usually by providing food for thought that challenges an existing perspective on immunisation.

#### **Social media**

Social media is a frequently mentioned source of information about immunisation, particularly amongst mothers. It can be a regular feed through which people receive immunisation-related information and stories.

Critically, it seems that the majority approach social media with a degree of caution. Most are highly attuned to the fact that social media is not a source of unadulterated facts, and that the majority of people who share information online tend to have an agenda of their own. As a result, most are slightly sceptical to information presented on social media, particularly when information is delivered by individuals or groups who are highly vocal on the issue.

There is also a general belief that those people who hold moderate views tend to stay quiet on social media – meaning that the viewpoints expressed tend to be from either extreme of the spectrum in terms of acceptance of immunisation. It is also often said that contributing to the conversation will likely result in being strongly criticised by others who hold a different point of view, and so many say they prefer to 'watch' discussions from afar rather than participate in them. This can further create the sense that it is mostly the louder 'extremes' that dominate the conversation on this issue. The anonymity that comes with social media is also perceived to contribute to the heightened discussions that take place, as people feel greater liberty to express their opinions and condemn the views of others in a way they otherwise wouldn't in the outside world.



*“Yeah I mean you see all this stuff on Facebook and of course there’s people who do think that stuff, but it’s always pretty extreme.”*

In spite of the readily acknowledged limitations of social media, it is clear that the majority continue to tune in to issues about immunisation that come up on the various platforms. There is a stated belief that arguments on social media can simply be a source of entertainment, especially given the lively debate that can exist between those who have opposing views. However, underneath this, it also seems that most keep an eye on social media so that they can stay abreast of developments in the topic, and be aware of the different arguments that are being made.

### **Brochures and posters**

It appears that brochures and posters about immunisation tend to be noticed by the target audiences, especially when they exist within relevant health environments. Certainly in GP surgeries, pharmacies and other health touchpoints, the majority do engage with information that is presented in brochures and posters.

In large part this seems to be due to the fact that most people enter these environments with their radar attuned to health information that might be relevant to them. For many, a visit to a health professional is an opportunity to catch up on any recent developments, and so they will happily read a brochure or a poster if they believe the topic has a relevant fit with their lives.

In general, it seems that these are mostly consumed in the moment, and that headline messages are most likely to stay with people once they leave these contexts. While brochures are useful and can be taken away, this seems only to be the case if the information is especially relevant – the majority report reading the brochure in the surgery and then leaving it there. As a result, these sources seem most relevant to delivering reminders, or promoting information that people need to remember – for example, there is a new vaccine that you are eligible for.

### **Direct contact**

Direct contact, whereby information is personally addressed to individuals, seems to have a particularly strong impact on delivering informative and credible information to the public. Letters, emails and SMS reminders are all identified as channels that cut through the daily clutter of life to deliver important information, largely because they are personalised and require a greater level of attention than material that is made available more broadly.

SMS and emails seem to work particularly well to deliver reminders to people, particularly time-poor parents, although in some cases parents considered emails to be ineffective as they tend to become lost amongst the many other emails they often receive. Letters and information that is delivered in the post seem to have particular cut-through – most likely because there is less and less material that is posted to people’s homes, but also because material that arrives in the post has a certain physicality to it that allows it to exist within the home in a way that an email or SMS is unable to.

*“When Jack was about to turn four we got this great little story book in the post that was all about reminding us to get vaccinated. He loved it and it really helped me to make sure I was on top of things.”*

### **Information from schools**

Information that is delivered by schools tends to act as a useful reminder and source of guidance for parents about immunisation for their children. This often comes in the form of a letter and usually requires some form of action, typically parental consent, so it is felt to require a degree of

consideration on the part of the parents. This information is usually centred around logistics (e.g. place and time) and processes for school immunisation programs.

In some cases, information provided by schools can come in the form of a 'pack' that contains a substantial amount of information about the immunisations their children are able to receive. For some, this information can feel too dense and overdone (particularly for the less engaged, more accepting types). For these parents, information on immunisation may be better presented in the form of an executive summary containing the most essential information for parents. However, for a smaller proportion of parents (such as the less accepting and/or more engaged types), this amount of information can be quite useful as it serves to answer many of their questions in one central resource. This type of information can also sometimes act as a springboard for seeking more information from other sources.

### **Blue books and fridge magnets**

The 'Blue book' is seen to be an extremely valuable resource by many parents as it provides a central source of information on all matters involving their child's immunisation. Information provided in the 'Blue book' is usually seen to be highly trustworthy and it is enjoyed for its easy to use format.

While the Blue Book currently includes a very small amount of information about immunisation, it is clear that these could potentially be further leveraged, given the level of trust that is attributed to this publication.

Refrigerator magnets are also highly valued as an easy reminder for parents as the refrigerator, being at the heart of the household, exists naturally in the fabric of life. A magnet containing information about the immunisation schedule is therefore a useful visual reminder that can serve to keep children's vaccination appointments front of mind.

### **Friends and family**

Friends and family can be highly influential sources of information. Most people (particularly mothers) have a trusted inner circle of friends and family members that they will go to for advice and this is often felt to be a safe environment in which to ask questions. Some mothers tend to ask their own mothers for advice on immunisation if they have questions, due to their experience and because they carry the family history. Others have people in their networks who they deem to have extra credibility in this space, for example someone who works as a health professional.

It seems that information shared by family and friends is often given particular credence, simply based on the strength of these relationships. However, the information that is shared through these networks tends to echo information that people receive through other channels, for example via social media.

### **The internet**

As identified previously, the internet is the key source of information for those who have questions or wish to understand immunisation in greater detail. It appears that almost none have a single trusted source that they visit to being with, as it seems none are aware of a clear stand-out destination available that is known to provide the information that people are looking for. Certainly, it appears that recognition and awareness of the Immunise Australia website is extremely low – very few if any appear to know a great deal about it.

As a result, the majority go to Google, and conduct a search on the term or question they have which then leads them to choose from a number of different websites. It seems that most struggle to find sources of information that offers the right information, with the right level of detail. Additionally, it can be quite difficult to determine what sources of online information are credible, and what carries bias. Many tend to jump from one website to another in search of information until

they feel satisfied the information they read has been validated and repeated across various sources.

In terms of the online resources that health professionals use, the majority claim to visit the Immunise Australia website when they don't want to go through the Handbook or can't find the information they are looking for. Some nurses say they also like to visit the South Australian health website to use the immunisation calculator. By and large, many health professionals say they find doing online research difficult and don't trust many of the sources available online beyond official government websites.

#### **16.4 Identifying trusted sources online**

Many claim to make their choice on which websites to visit based on how reputable or authoritative it appears to be. For some, websites which end in .org can be seen as more trustworthy, along with websites that are explicitly linked to universities. Some people with higher levels of education indicate that they see the World Health Organisation as trustworthy, although this tends to be a minority. Some visit well known child and health websites such as the 'Raising Children Network'.

Universally, information delivered via pharmaceutical companies is felt to have a clear vested interest behind it, and as such is rarely seen to be impartial or trustworthy. Equally, few trust information from websites which they feel overtly push one side of the argument or the other. The AVN is included by some as a source they do not trust given its clear agenda.

Health departments are almost universally considered to be the most trusted source of information on the topic of immunisation, particularly among those who are more accepting of immunisation. Health departments are usually felt to be relatively impartial and have the best interests of the community at the centre of their mandate. They are also perceived to value rigour and clinical best practice, and are felt to comprise of a group of many experts. Within this context, materials issued by health departments or that appear to be endorsed by a governmental body (e.g. letters, fact sheets, posters and brochures) are generally respected and well-received.

As part of this, some identify the Victorian Government's 'Better Health Channel' as a website that they trust, which delivers information they are looking for. Of all the different Health department web information available on the topic, it appears that the Better Health Channel does the best job of delivering what people are looking for. It is important to note that the research did not explore this or any other online source in significant detail, so it is impossible to provide any further detail around this finding.

#### **16.5 Materials for Indigenous and CALD audiences**

On the whole, Aboriginal and Torres Strait Islander parents seem to be satisfied with the information that is available to them. There is believed to be a good range of materials designed specifically for Indigenous people, typically brochures, and these materials are appreciated for being culturally relevant, friendly in tone, clear and easy to understand. This is felt to be a reinforcement of a highly positive and consultative health professional experience overall.

Materials that are presented in language for CALD audiences are felt to be fairly accessible, especially if people use health services in language. However, when it comes to searching for information online, it can feel quite difficult for people to find relevant information in language, particularly as it relates to the Australian context. This would appear to be a matter of simply navigating one's way to finding the right information, as information in languages other than English do exist (as explored through the information audit in Stage One).

## 17. COMMUNICATION STYLES AND APPROACHES

### 17.1 Overview

The research sought to examine how different messaging styles and approaches impact the different target audiences. To understand this, the research included a range of existing materials sourced from Australia and overseas across a number of different media – for example, the research reviewed TV advertising, as well as online videos and printed materials. It is important to note that this exercise was not designed to comprehensively test these materials – rather, it was to examine these at a fairly broad level to identify different themes that can have an impact on the audiences. This yielded a number of key learnings, which are outlined in the section below.

### 17.2 Key learnings about communication styles and approaches

#### Positivity of tone and content

The research identified that materials which contain positivity can work hard to engage the audience, and in doing so reinforce audience confidence about immunisation overall. This relates to both content and the tone of the materials.

Materials with a positive tone tend to be more noticeable, and can create a higher level of interest among the audience. This seems to be because materials with a positive spin can feel like a ‘breath of fresh air’ in contrast with the negativity which can surround the topic overall.

At a more substantive level, materials which deliver positive information about immunisation can work to create a sense of reassurance, particularly for those who have slight concerns about immunising. This effect seems to be amplified when messages are delivered in a positive way.

*“Gee it’s a nice change being able to crack a smile when you’re talking about this!”*

#### The role of imagery

Unsurprisingly, imagery can be a powerful tool to grab the attention of audiences, create engagement and deliver the message without an over-reliance on text. In particular, for the immunisation space, it seems that imagery can work hard to help bring diseases to life, especially those which may not be especially familiar, or which may be seen to be less serious. For example, the research examined a poster which vividly showed the effects of chickenpox, which worked to highlight the potential seriousness of the disease and, in some cases, caused people to re-think their stance on the disease.

*“Well I did think that chickenpox was pretty run of the mill, but when you look at that you realise that it’s actually pretty bloody awful.”*

However, it is also clear that some materials use imagery that is not necessarily connected to the key message itself. One example showed a happy baby in a bathtub, and carries a message about the need to vaccinate against whooping cough (with the tagline: *In the battle against whooping cough, she needs more than cute*). In this case the message is often perceived to be quite confusing and the imagery actively works *against* the message.

In other cases, there is evidence to suggest that the message is overly reliant on imagery – that is, the message is not adequately supported by headlines or copy. In these examples, the message can be difficult for the audience to interpret.

## The role of text / copy

While there is clearly a need for headlines or some copy to help images work to deliver their message, there is much evidence to suggest that balance is required. Too much copy can very quickly turn audiences off and minimise cut-through of the message. The research examined a range of materials developed by the Department and many of these were identified to have an over-reliance on text that limits their ability to deliver the necessary information.

## Directly addressing the audience

The research also identified that materials which directly address the audience can be particularly appreciated, as it helps the relevant messages to cut-through cluttered environments – for example, a GP surgery. Given that many people enter these types of environments with their radar on for relevant information, calling out to them in an overt manner can help to speed up the process and ensure that the relevant messages are received. One example from a poster explored in the research included the headline *'Is your child turning 4?'*, followed by some advice about actions required.

*"That's great because I'd walk in and go, yep, he is almost four. I better read that."*

In addition to helping these materials cut-through to the relevant audiences, it seems that a personalised approach can also help to generate a more personal connection with the audience. With no doubt that they are the intended audience, many people engage with the message in a more direct and personal way than they would with a message that feels targeted at a more generic audience.

## Use of infographics and animation

The research identified that animated and infographic approaches can be useful to help bring complex ideas to life, and that as a result they can have appeal for audiences when it comes to immunisation. One example reviewed in the research used an animated approach to help explain how easily the flu can be transmitted, and encouraged people to have the flu vaccine each year. This approach is appreciated as an interesting way to receive information, particularly where the animation helps to break down relatively complex concepts.

Infographics are also appreciated by this audience, as they are felt to be an excellent way for information to be presented that might otherwise require a lot of text. Additionally, many believe that infographics, if presented in the right way, can help to add a sense of positivity and fun to the message overall.

## 18. CONCLUSIONS AND RECOMMENDATIONS

### 18.1 Overview

The research has uncovered a range of different insights about the different audiences for the NIP, including the different motivators and barriers to immunise, the role of health professionals, information needs as well as channels and methods of communicating that are likely to have the greatest impact. On the basis of these insights, Snapcracker Research and Strategy has developed a series of recommendations for the Department to consider in moving forward with communication on the topic of immunisation.

### 18.2 Coordination of activity

The stakeholder component of the research, as well as the mapping of current communication activity in Australia has made it very clear that there is a great deal of overlap between different states and territories and the Department when it comes to communicating about immunisation. In addition to this overlap, it is also clear that there are areas where there are gaps in information that the general public appears to have an appetite for. As a result, it is recommended that the Department consider a more coordinated approach to communications for the NIP.

There appears to be value in setting up a sub-committee of the JIC which deals with communications. As part of this, there are likely to be benefits from a greater sharing of information and insight around communications, as well as building on the considerable expertise that exists within the Jurisdictions. It is also likely that a stronger leadership role from the Department in this space has potential to help minimise overlap and fill gaps.

### 18.3 Targeting of communications and messages

The research has identified a range of different targeting strategies for the different audiences which interact with the NIP. It is clear that parents are and will remain a significant audience for communications given the relative complexity of the NIP schedule for children. Older people are also a potential audience for communications, particularly given that many are not fully aware of what the program can offer them. Health professionals do not appear to warrant significant additional communication beyond what is already delivered. Each of these groups is discussed in greater detail below.

#### Parents

At this point the research provides only qualitative insight into these 'types' – it is likely that there would be additional benefit in quantifying these types into firmer segments, to ensure that the realistic size of each group is understood. However, qualitatively it appears that the majority of people sit in the more accepting 'types', and that those who are extremely less accepting of immunisation are in a minority.

Based on qualitative estimation of the scale of each of the 'types', in addition to the understanding developed about what drives each 'type', it is likely that communications targeting those who are less extreme in their views will have the greatest value.

Given that the 'Passive Acceptors' genuinely seem to have little in the way of concerns or questions about immunisation, it is recommended that this group be targeted in a way that seeks to provide ongoing reminders to stay up-to-date with the immunisation schedule, as well as reassurance that they are doing the right thing by immunising their children.

Additionally, the 'Active Acceptors' and 'Strong Advocates' seem unlikely to require a great deal of reassurance about their decisions, given they are relatively highly engaged and are accepting of the idea of immunisation. However, it does seem that these 'types' have potential to act as



advocates and conduits for information, particularly if they are provided with sufficient ammunition to challenge existing concerns and disseminate a positive message about immunisation.

Probably the most interesting audience when it comes to parents are those 'types' who sit more in the middle when it comes to their levels of acceptance with the idea of immunisation. In particular, the 'Cautious Considerers' are a group of interest, given they are generally accepting of immunisation but have niggles about it. Clearly, this group are potentially vulnerable to negative stories about immunisation and could slip into becoming 'Worriers' if left unchecked. Additionally, while the 'Naturalists' and 'Worriers' tend to be less accepting of immunisation and therefore more likely to reject it for their children, there remains within both groups a belief that immunisation in some cases can be of benefit. Therefore, there clearly remains potential to positively influence these groups into immunising their children, if the right messages and approach are used. Ultimately, these three 'types' would likely benefit from balanced information that seeks to dispel common misconceptions, and emphasise the positive benefits of immunisation as a way to prevent serious disease.

Finally, it seems that those 'types' at the most extreme end who do not accept immunisation are unlikely to be a productive target group for communications about immunisation. The 'Extreme Worriers', 'Extreme Naturalists' and 'Outright Rejectors' fall within this overall grouping. Firstly, questions exist about the actual size of these groups. In addition, however, and likely of more relevance – these groups tend to have deeply entrenched positions when it comes to immunisation, and it is unlikely that communications would be able to sway members of these groups in any significant way.

### **Older adults**

There also appears to be some benefit in targeting members of the older adult cohort when it comes to immunisation. While immunisation is widely supported in general, there is evidence to suggest that different attitudes exist with regard to the flu vaccine. As a result, there may be benefit in targeting these groups with messages about the vaccine.

The 'Positive Advocates' are definitely on board with the idea of the flu vaccine – this is the group that health professionals report 'banging down the doors' of their surgeries when the vaccine becomes available. While there is likely to be some benefit in reminding this group about the need to get vaccinated when the time comes, there does not appear to be any great need to communicate with them otherwise. For some within this cohort, it is evident that even a reminder is not necessary, as the flu vaccine seems to be an important event in the annual calendar.

'Fit and Healthy Rejectors' offer the most interesting opportunity among this age cohort. They seem to reject the vaccine on the basis that it is for 'old and frail people' – not a label that they are keen to ascribe to themselves. The opportunity that exists for this group involves a slight re-positioning of the flu vaccine. Rather than talking about it in terms of preventing illness among a vulnerable group, there is a likelihood that in framing the flu vaccine as a way to maintain good health and fitness, this group may be more likely to engage with it.

With regard to the 'Flu Vaccine Rejectors', the research suggests there is minimal opportunity to significantly shift the attitudes or behaviours of this group. Their opposition to the vaccine is rooted in concerns about its potential side effects and a perceived lack of efficacy. Beyond being able to actively challenge these concerns in a compelling way, it would appear that this group are fairly firm in their objections to the vaccine.

At a broader level, it certainly appears that the older adult cohort may benefit from greater communication at a general level about the vaccines that are available to them. It is recommended that a broader communications approach be taken when the varicella vaccine is launched for this cohort, in a way that works to highlight that pneumococcal vaccine is also available to this group.



## Health professionals

At this juncture, the research suggests that health professionals do not require any additional communications. It is clear that most health professionals believe that they are more than adequately served by the existing information that is provided to them. As a result, there would appear to be limited value in developing any additional resources for this audience.

However, the findings from this research reinforce the recommendations made in the evaluation of the 10<sup>th</sup> Edition of the Australian Immunisation Handbook. It is clear that the Handbook works to meet the vast majority of the information needs that health professionals have when it comes to immunisation. The Evaluation identified a range of issues with the Handbook, including that it was difficult to navigate, particularly under the pressure when a patient is watching. The Evaluation recommended that a dedicated online presence be developed for the Handbook, which sought to do much more than simply replicate the hard copy version on a website. This research has reiterated the desire for this online tool to be developed.

### 18.4 A potential systematic review of current materials

As discussed in the section above, there are significant overlaps and gaps in the materials that are prepared by the Department, states and territories, as well as NCIRS and others. As part of the coordinated approach outlined above, there is clear scope for a detailed review of the information delivered in current materials, to determine exactly what information is missing and from where.

Ideally, such a review would seek to ensure that the entire hierarchy of information is delivered at some point in the suite of information designed to support the NIP. In particular, it is recommended that close attention is paid to the inclusion of reminders, general information about immunisation, information about the program and new vaccines, information about specific vaccines and vaccine preventable diseases, as well as frequently asked questions that seek to debunk some of the common misconceptions about immunisation.

In delivering this information across the suite of supporting information, it will be important to consider the different levels of detail that are required by many people. For printed materials keeping at a relatively high level of detail is recommended – those who wish to examine these issues in greater detail would ideally be directed to the website (specific recommendations follow below).

Additionally, in reviewing the current suite of materials, it is worthwhile to consider the learnings about style and approach when it comes to communicating about immunisation. In particular, there is value in considering a positive tone where it is appropriate, as this has potential to help drive cut-through, particularly in a context where negativity is often the norm. Materials would also ideally offer a balance between imagery and text – imagery can really work to help bring messages to life, particularly when it comes to diseases which may be unfamiliar or considered to be relatively harmless. Equally, copy and headlines are important to help ensure that messages are clear, but there are significant advantages in ensuring that copy is kept to a simple minimum – there is evidence to suggest that this has not always been the case in Australian Government materials that have been prepared to date. There is also likely to be benefit in considering the use of a direct target for different audiences (e.g. *Is your child turning 4?*), as this can help materials to cut through. Finally, for complex ideas, there may be value in considering the use of infographics and animation where appropriate.

### 18.5 Potential for a strong brand identity

Given that communication materials are currently perceived to be quite disparate, and that it can be difficult for the broader public to identify materials that are trustworthy, it is recommended that the Department consider developing a unifying visual brand identity as part of the review of existing materials.

A strong identity (something that moves past the current Immunise Australia identity) could be used as a powerful tool to help bring a wide range of materials together under one umbrella. Given that Health Departments seem to be the most trusted source of information about immunisation, there is likely to be value in leveraging this in any branding.

Over time, it is anticipated that a strong visual brand identity, if launched adequately and appropriately supported over time, could come to stand for all of the values that the public clearly seeks when it comes to information about immunisation. Namely, it could be a visual shortcut to suggest that information is well researched, impartial, factual, accessible and up-to-date.

## **18.6 A strong and dynamic digital presence**

The research has strongly determined that the source most used by those who seek information about immunisation is the internet, and that it can be difficult for people to find the information they are looking for at the level of detail they require. The research also identified that there is little awareness of the existing Immunise Australia website. The findings from the research also suggests that, even if it were better known, the current approach of the website, which uses a lot of text, is unlikely to be engaging for the majority in any case.

Consequently, there is a significant opportunity for the Department to make a decisive play in the online space, to capture those who seek information online but cannot currently find anything that suits their needs. This online presence would ideally be a central 'hub' that delivers everything that consumers need (covering the whole information hierarchy described in the recommendations in Section 18.4).

Additionally, this central presence would also deliver content in a 'stepped' manner, so that those who only wish to engage with headlines can do so without feeling overwhelmed by text, and so that those who are really interested in digging into the detail can do so. The online presence would also ideally link back to scientific articles so that those who wish to engage with these would be able to do so.

While it is no doubt tempting to use the existing Immunise Australia website as a starting point and build from there, there would be clear benefit to 'starting from scratch'; systematically reviewing and rethinking the content and design so as to create the maximum impact possible. The user experience must be engaging and use a range of different methods to deliver information that does not simply rely on chunks of text. The design needs to be optimised to help the audience find the information they seek in a way that flows as simply as possible.

As part of developing this online presence, it is strongly recommended that the Department invest in Search Engine Optimisation practices to help ensure that the digital presence appears toward the top of search results on relevant immunisation topics. At present, it seems that the AVN is often the first result to come up in searches, and while in the perfect world the audience would start with the Department's website, in reality it is likely to be the case that most people continue to start their search at Google.

Finally, if the Department does choose to move forward with an optimised digital presence, there will be enormous value in using all other collateral that supports the NIP to direct traffic to the website. While providing links is an obvious solution, there may be other more innovative ways to use other communication material to drive traffic to the site, such as the use of QR codes on brochures etc.

## **18.7 A high-profile communications campaign**

In order to tie these recommendations together, there may be a potential role for a high-profile communications campaign in the immunisation space. It is clear that few have a great deal of exposure to mass media campaigns in this space, so any campaign activity would be landing on potentially quite fertile ground.

Ideally, any campaign would have a strong health department focus – perhaps jointly run with the various state and territory Departments, so as to help create a sense of credibility around messaging. There are a number of key beneficial outcomes that could result from a national campaign.

The first of these is the potential to help re-frame the conversation about immunisation in Australia. The evidence clearly suggests that the topic of immunisation is currently weighed down with negativity, and that this can have an impact on people's perceptions overall. A strong campaign that reframes immunisation in terms of its benefits could help to realign the way that many people think about the topic.

Secondly, there is potentially enormous value in highlighting Australia's relatively strong performance when it comes to coverage rates. The general public regularly assumes that rates of immunisation are much lower than they are in reality – and this creates two sets of independent issues. The first issue is that many assume that not immunising is actually a 'done thing', which creates a sense that choosing not to immunise is a socially acceptable and valid choice. The second issue is that many harbour concerns about a large number of unvaccinated children in the community, potentially putting their own children at risk of serious diseases.

By highlighting that rates are in fact around 90 per cent, a campaign can create a much stronger social norm that suggests that only a minority choose not to immunise. This can reassure those who already choose to immunise (I'm doing the right thing), and create a sense that those who choose not to immunise are in a smaller minority than they think (everyone else is doing it, maybe I should). Additionally, it can reassure people that there is not in fact a large number of unvaccinated children in the community, which is likely to put some minds at rest.

There is some argument to suggest that if the government creates a message about high rates of immunisation, that it will give some people permission to opt out themselves (everyone else is doing it, so I don't have to worry about it). While this is potentially an issue to be aware of, the research suggests that the risk is minimal. Although the social reasons to immunise do act as drivers, the reasons to do so are fundamentally much more personal – that is, people are likely to carry concerns about their own or their children's health if they do not vaccinate, and the research suggests this is likely to mitigate the likelihood that people choose to opt out because rates are high.

A campaign could also potentially be used as a vehicle to launch the strong visual identity to unify support materials. By featuring the new brand in any communication materials and drawing people's attention to it, a campaign can help to create brand awareness. In turn, this will mean that all other materials effectively work together as part of the campaign to help deliver and reinforce key campaign messages.

The final key benefit of a campaign is the potential to use it as a launch-pad for the newly created digital presence. By featuring it in communications and calling it out as the online hub for information about immunisation, the campaign can help to drive traffic to the site, and cement it in people's minds as a trustworthy source of information about immunisation.