What is innovation?

- Innovation is crucial for continued success
- Innovation can be a catalyst for growth
- Innovation does not mean inventing
- Innovation can mean adapting to changes in your environment.
State of play in Victoria

- Statistics: childhood coverage around 91%
- Conscientious Objectors: < 2%
- LGAs immunise approx 45% of children in Victoria
- No jab no Play
- No jab no Pay
- Leaves the truly vulnerable
- All LGAs working hard
- This is a snapshot of some innovative work being done with vulnerable groups.
- Learning from these experiences
- In an era of rate capping innovation is needed.

Motivating some into action. Vaccine hesitancy issues?
Vulnerable Groups

- Aboriginal and Torres Strait Islander children
- Refugees and Asylum Seekers,
- Homeless people
- Children in Out of Home Care
- Other less defined community groups
Out of Home Care

- There is a higher proportion of Aboriginal and Torres Strait Islander children in this group
- DHHS (Rosie Morey) and others meet to discuss issues and plan for immunisation surrounding these children
- Many issues
- Also more likely to be absent from secondary school which effects their adolescent vaccine uptake
Growing issues of vulnerability

Fears for a new ‘lost generation’

Daniel Flitton

A sharp increase in the rate of Indigenous children in Victoria being taken from their families has prompted fears of a “lost generation” with broken cultural ties.

HOME AND AWAY

<p>| Proportion of Indigenous children in statutory care compared with non-Indigenous children |</p>
<table>
<thead>
<tr>
<th>Victoria</th>
<th>Northern Territory</th>
<th>Western Australia</th>
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<tr>
<td>12x</td>
<td>8x</td>
<td>15x</td>
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<table>
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<tr>
<th>Number of Indigenous children in statutory care in Victoria</th>
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<td>1308</td>
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<table>
<thead>
<tr>
<th>Aboriginal and Torres Strait Islanders as % of Aust. child population</th>
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<tr>
<td>4.8%</td>
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<tr>
<th>% Aboriginal and Torres Strait Islanders child population in statutory care</th>
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<tr>
<td>34%</td>
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</table>
Other vulnerable

- This group is not as easily defined
- Often
  - lower socio economic circumstances
  - Fractured family life
  - Young parents
  - Single parent families
- Strategies surrounding other vulnerable groups could be applied to assist these children in our community.
Aboriginal and Torres Strait Islander: City of Whittlesea

- The Aboriginal community is one of the fastest growing communities within the City of Whittlesea.
- The 4th highest Aboriginal population in Metropolitan Melbourne.
- Victoria’s Aboriginal immunisation coverage sits between 79-89%.
- Very poor attendance rates by Aboriginal people at Council public sessions.
- Bubup Wilam has become an important part of our community; Council signed a 50 year lease in 2014 with the Centre at the annual Reconciliation dinner.
- New and incoming families to the Centre all the time.
- Funding via a Sanofi grant (although planning was in place much earlier)
Pulling it together

A small team was set-up; Tanya Perrin, Louise Johnson and Tracie Yuill, to meet with the staff at Bubup Wilam to discuss the project.
The Bubup Wilam Children

61 children attending the Centre

- In the beginning ...
  - 16 overdue
  - 8 near due 2015
  - 17 due 2016 or 2017
  - 7 not on ACIR (status unknown)
  - 1 on ACIR but no history
  - 12 fully completed childhood schedule

- 3 months in ...
  - 0 overdue
  - 5 near due 2015
  - 21 due 2016 or 2017
  - 7 not on ACIR (status unknown)
  - 1 Conscientious Obj.
  - 27 fully completed childhood schedule
Parents and Teachers

- 15 parents and teachers have been immunised with influenza and/or boostrix.
- Continued opportunity to educate and update parents and teachers via the immunisation sessions and continued communication.
What’s next?

➢ To continue to monitor the immunisation status of Bubup Wilam children and hold immunisation sessions when required.

➢ To provide resources and materials for teachers and parents to educate them on vaccines available to the Aboriginal community.

➢ To engage an Aboriginal author and illustrator to write a children’s story book, with input from the children, to educate them on vaccines and harmful diseases.
Refugee children and Asylum Seekers in City of Greater Dandenong

- A review of Refugee immunisation services was conducted with Foundation House as a result of some of the issues in this LGA (as well as across the state)
- Highest intake of refugees and asylum seekers in Victoria
- Enormous cultural diversity, over 130 different languages are spoken.
- Often no documentation
- Varied levels of health literacy.
- Navigating the Australian health system
City of GD has been committed to immunising all at NPELS for many decades

Catch up all children attending the school not only adolescent program

Refugee Nurse Immuniser employed to work with the school

- Catch up schedules formulated
- Documentation collated
- Accessing GPs

Details on the system so able to receive reminders
Committed to two initiatives

- Implementation of SMS system for reminders and distribution of information
- Develop culturally appropriate video ‘Immunisation in Australia’ an overview for people from CALD backgrounds. (almost complete)
- Funding from DHHS Regional Immunisation Initiatives
SMS success

- Reminders for all parents of infants/children
- Vaccination reminder for parents of adolescents
- Instant and cheaper than mail outs
- Higher stability of contact information, many families no longer have land lines
- Links to translated information can be included
- Apps available to assist with translation from English
  - Not validated
- Messages need to be brief and uncomplicated
  - Useful for low literacy
  - CALD
Limitations

- ACIR does not have capacity for mobile numbers.
- Only accessing families who have had contact with CofGD
- Difficult to evaluate effectiveness with specific groups.
  - Anecdotally many more secondary students attending public sessions for catch doses. Parents often show admin staff the text they have received.
- Not able to identify refugee status from ACIR
  - A positive as texts sent to all.
Geelong Region has an estimated homeless population of 600+ people.

2014: Pilot program
Generosity of volunteer staff and vaccine funded by Barwon Health
65 homeless people vaccinated, some of whom met criteria for funded flu and many that didn’t.
2015 goal to vaccinate 400 homeless people. Successful grant application from Sanofi
Influenza and expand to include Pertussis containing vaccine. Discussion around pneumococcal vaccine as well.
How it worked

- Christ Church Community Meals Program
- Safe, non threatening environment
- Many different ages and included families, pregnant women, the elderly with chronic complex conditions.
- Identified the need to expand service to include Salvo connect and other networks.
- Possible saving of costs as preventing influenza spreading among this group could decrease hospitalisations and the need for other medical services.
- There are many barriers to this group accessing vaccines one being no access to health records to ascertain vaccine status of any vaccines.
Consultation

- Barwon Health Immunisation Team
- Mental health services, drugs and alcohol services, police, prison services, HMAC (homeless males advisory service)
- Salvo connect and Christ Church Community Meal Service
- Barwon child, youth and family services also being consulted.
Israeli scientist Avi Hasson says collaboration key to innovation
The future…

- Collaboration is vital, communication essential
- As seen with these examples working with many not just those who provide immunisation services
- Many regions have well established immunisation reference groups.
  - Could others be included?
  - MCHNs, settlement services, AMSs,
- Utilising technology to inform, remind and recall.
  - Presently, SMS, Apps
  - Future, E-health records (right!)?
Acknowledgments

- Immunisation Program – DHHS
- Tanya Perrin- City of Whittlesea
- Lisa Beck- City of Greater Dandenong
- Carolyn Poynder- Barwon Health