

CASE STUDY: Travellers' health: vaccination awareness through peer led approach

A disadvantaged Irish ethnic minority group

Travellers are an Irish Minority Ethnic Group that experience extreme disadvantage in terms of health and that faces exceptionally strong level of prejudice and institutional discrimination. The 2010 "*All Ireland Traveller Health Study*" (AITHS) has empirically demonstrated the lower health status of the Irish Travellers and has evidenced the high level of discrimination faced by Travellers when accessing health facilities. 66.7% of service providers believed that Travellers experience discrimination in their use of health services, and only 41% of Travellers interviewed have a complete trust in health professionals, compared to 82.7% of the majority of the population. Traveller access to health services is at least as good as that of the general population but Travellers are less likely to attend outpatient appointments or engage with preventative health services. Moreover, the following were identified as barriers to accessing health services: waiting lists, embarrassment, lack of information, cost, difficulty getting to services and refused services.

A focus on Infant vaccinations

The data outlined above, compounded by the high Infant Mortality Rate (14.1 per 1,000 live births) and the fact that the 0-4yrs age group represents the 8% of the Traveller population, supports the relevance for a peer-led approach in terms of awareness raising around the benefit of early childhood vaccination.

In addition, a study published in January 2017 by the Economic and Social Research Institute (ESRI) entitled “*A Social Portrait of Travellers in Ireland*” supports the need for a peer-led method to promote the uptake of early childhood and infant vaccinations. The study shows how the Irish Travellers have an average of five children compared to a national average of three children, and that over two thirds (67.3%) of Travellers children lived in families where the mother had either no formal education or only primary education. Socioeconomic variables such as mothers’ educational attainment and paternal employment have been found to influence the uptake of vaccination, so too do emotional and cognitive variables. For all these reasons the uptake of infant vaccination, among others, has been a crucial area of work for the CHWs in the period Jan 2015 – Jun 2017.

ACTION PROPOSED

1. Infant and Childhood Vaccinations.

Travellers have a population demographic similar to developing countries: over 25% of the population are under the age of 15yrs with the highest population amongst the aged 0-4yrs category. This coupled with the high infant mortality rates means it is imperative that Travellers are supported to immunize their infants and follow through on all childhood vaccinations. This has always been and will continue to be a key priority for the Traveller Primary Healthcare Programme. The Traveller community are supported to follow through on all infant and childhood vaccinations in the following ways.

First and foremost the Traveller CHWs receive training on infant immunizations and the childhood vaccination schedules. This is updated with fresh training regularly particularly when there is a change in the schedules or a new vaccine is introduced.

Due to being members of the community themselves, the Traveller CHWs have unique local knowledge on all babies born within their community and the trust of their community. Additionally there are strong links with the local Public Health Nurses. This allows for every family who has a new born child, to be targeted with information and educated on the importance of immunizing their child.

When a child is born within the community, two members of the Traveller PHC Programme are allocated to this family to ensure that the family receives regular visits. This ensures that the child receives all vaccinations, and if there is a problem of access to services, this can be worked through.

Data on how many children are born and are following through with their vaccinations is recorded and is used to track the rates of immunization uptake.

2. The Human Papilloma Virus Vaccine

When the H.P.V vaccine was first introduced in Ireland in 2011, there was a general fear and reluctance about the vaccine within the Traveller Community. Pavee Point arranged for Training to be delivered to the Traveller CHWs in relation to the vaccine. This information was then disseminated to the community by the Community Healthcare Workers to alleviate fears and support a high uptake of the vaccine.

Current practices to ensure that all eligible members of the community avail of the H.P.V are in place. This is done through a targeted approach, where all families with a child due to start secondary school are provided with information about the vaccine and the importance of ensuring their child received the vaccine. This is followed up throughout the year to discuss any issues the family may have about the vaccine and to once again ensure the child has received the vaccine.

3. The Flu Vaccine

Information and training on Flu vaccine is delivered to the CHWs to be disseminated within the community. Once again, a targeted approach is adopted where all older Travellers and members of the community with underlining health problems such as asthmas are provided with information on the vaccine and how to access it.

In some instances, where there has been eligible members of the community living on one Traveller site, or when some members due to illness may find it difficult to attend a service for the vaccine, Pavee Point has arranged for a health professional to visit the site and administer the vaccine in people's homes.

4. Meningitis

At the end of 2013 the Health Service Executive (HSE) identified an increase in meningococcal disease (causes meningitis and septicaemia) among Travellers (children in particular) when compared to the general population in Ireland. This might be due to travel and population displacements and poor socioeconomic conditions of Travellers community, as well as a possible immunological susceptibility to the disease. The HSE has worked with Pavee Point to improve communication with the Traveller community via the links with the Traveller PHC Programme. Additionally, if any Traveller becomes sick with meningococcal disease the families have been quickly contacted by Public Health through the PHC Programme to prevent further cases. Besides the provision of antibiotics to close contacts to the sick person, vaccination may be recommended for some families if indicated. Close link is maintained with the Health Protection Surveillance Centre about keeping them informed about any outbreak in the community.

METHODOLOGY

The peer delivered health promotion is a method utilised in many health promotion and health education projects around the world. It is an effective method based on the belief that health information, particularly sensitive information, is easily shared between people of a similar social background or age. This method has been effectively utilized by Pavee Point to disseminate information on the importance of immunisation among Travellers, who have limited access to health information through mainstream health services.

The CHW from the Traveller Community receive training first, who then visit their peers in their homes and advises/give information on vaccinations. The 16 CHWs employed by Pavee Point have attended a 3 years training on health issues, which has endowed them with skills not commonly shared in their community. Through this empowerment, they now have the respect and admiration of their peers, and are able to disseminate information in an effective way.

RESULTS

Between 1st of January 2015 and the 31st of December 2016, 590 Travellers received information either on the route to access to immunisation and/or awareness/health education on immunisation. During the period, 241 children have availed vaccination and 345 individuals were followed up regarding vaccination. In addition, due to an increase in meningococcal disease among Travellers, there has been a particular focus on health education on Meningitis in the past few years. Since 2015, 337 Travellers have received information on signs and symptoms of Meningitis and have been advised that all Traveller children and young adults should make sure that they have received all their vaccines according to HSE Guidelines and to check with their GP if unsure.

Another important result from a Policy and Advocacy perspective, has been the inclusion of an action on vaccination in the recently published *National Traveller and Roma Inclusion Strategy (2017-2021)*.

AWARD CRITERIA OF TECHNICAL QUALITIES

- **Relevance**

The PHC Programme and the intervention is relevant to both the target population's needs, the national policy environment and the country priorities in terms of health.

The objective of the Pavee Point intervention are consistent with the needs of the Traveller Community. Given the low literacy rates among young mothers, the high unemployment rate (84% of Travellers interviewed in the AITHS were unemployed), the existing barriers to access health services, the high level of institutional and individual discrimination and the fact that Travellers are a very young population (8% of total pop. between 0-4yrs), the need for a peer-to-peer approach to improve the uptake of childhood vaccination is evident.

Moreover, the PHC Programme is relevant to the Immunisation targets of the national Framework for Improved Health and Wellbeing (2013 – 2025), named *Healthy Ireland*. Under the domain of "Prevention, Control and Surveillance of Infectious Disease" there are the following indicators and target: "Increase child and vulnerable adult immunisation" and "95% uptake for childhood immunisation and 80% for HPV immunisation". This is coherent to the Pavee Point activities on vaccinations and makes its Programme very relevant.

- **Effectiveness**

The PHC Programme is very effective in reaching its target population. Travellers are relatively small community accounting for less than 1% of the total population in Ireland (29,573 Travellers were enumerated in the April 2011 Census). Due to the high level of personal connections existing within the Traveller community the CHWs are able to link with almost the entire Traveller population in the Programme area. The immunisation record kept by the CHWs is used to monitor the uptake of children vaccination and to be able to encourage families who have defaulted.

The Primary Healthcare programme has proven to be successful in bringing about an improvement in Traveller health with twice the amount of Traveller women attending for breast and cervical cancer screening than the majority population; this can be directly contributed to awareness raising campaigns by the CHWs (AITHS, 2010). In addition 82% of Travellers interviewed in the *All Ireland Traveller Health Study* stated that they received their health information from their local Traveller Primary Healthcare workers (AITHS, 2010).

Moreover, this Programme allows for a high level of cost effectiveness, as resources, training and experience gained by the CHWs is shared amongst their peers constantly, events and meetings for information sharing on vaccination are organized with limited resources and budgets.

- **Transferability**

The model of Primary Health Care established by Pavee Point in Ireland has proven to be easily transferable. This model was first transferred to Ireland from Africa, where it was used by humanitarian and development workers employed in resource poor settings. The Pavee Point PHC Programme began as a pilot initiative in October 1994 in Dublin and has now been adopted as a model of practice all over the Republic of Ireland. There are currently 10 Traveller PHC Programme's across the greater Dublin area and an additional 23 Traveller PHC Programmes have been set up across the Republic of Ireland.

This shows that the peer-to-peer approach to raise awareness on vaccination among lower socio-economic classes, including disadvantaged communities and minority ethnic groups, could be utilized in other European countries.

- **Sustainability**

This method of supporting the Traveller Community in the immunization of infants and following through with childhood vaccinations is effective and sustainable. The training on immunizations is delivered by Health Professionals to the Traveller CHW, who then disseminate the same information to their own community. This means that the awareness stays within the community and does not leave once the Health Professional has left their post. The sustainability of the Programme is guaranteed by the constant training of new CHWs and by their long-lasting commitment to disseminate information on immunisation within their communities.

- **Intersectional collaboration and innovation and creativity**

A close collaboration with the HSE staff and other not for profit organizations working in the field of vaccination (ex.: Meningitis Research Foundation) has helped Pavee Point to raise awareness among Travellers on the importance of vaccination among the Traveller Community. In particular, workshops and training modules on the national vaccination program has been delivered to the CHWs, as well as members of the Traveller community by Public Health Nurses employed in the public sector, especially, after an update of the national immunisation program.

Development of culturally accepted leaflets and posters in conjunction with health service providers and their use have been a useful method to disseminate information on vaccination, among Travellers.

CONCLUSIONS

In conclusion, the PHC Programme implemented by Pavee Point can be considered a relevant, effective and sustainable initiative to help improve the uptake of vaccination among one of the most disadvantaged ethnic group in Europe. This model of practice could be easily transferred to other disadvantaged groups in Europe. Through the peer led methodology and a close collaboration with local health providers, this Programme is helping Travellers to achieve higher health status through awareness raising campaigns on vaccination. The data collected by the Programme and the activities undertaken clearly show positive results and represent an encouragement for the CHWs to continue their positive work in their communities. The great policy and advocacy achievement of senior Pavee Point staff in lobbying political figures is also a great result which can be attributed to the Programme activities and experience.