

# Recommendations to enhance General Practice to improve access of tamariki to immunisation

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# 1. Overview

## 1.1 Project aim

Māori have disproportionate rates of meningitis, pneumonia and otitis media that can be prevented through immunisation.<sup>1,12</sup> The aim of this project was to identify the factors that improve access for Māori to General Practice with regards to immunisation, especially within the first 2 years of life, to help ensure coverage against pneumococcal disease. The outcome was to develop functional communication and practice-based approaches to enhance the immunisation service to Māori provided by General Practice.

## 1.2 Key recommendations

- i. The key recommendation of this report is to increase the level of comfort that whānau experience in General Practice through proactive, whānau based communication and service enhancement approaches

This report identifies five further recommendations to improve access for Māori to General Practice with regards to immunisation. These are as follows:

- ii. Use all the touch points across the 'patient immunisation journey' to increase comfort
- iii. Recognise the first 30 seconds of interaction are critical to establishing comfort
- iv. Train reception staff in ways of making whānau comfortable and at ease in General Practice
- v. Inform all medical staff of the importance and positive consequences of making the patient journey more comfortable
- vi. Produce a guide to the pronunciation of Māori and basic Māori phrases. The content would explain the issue, underline the importance of the welcome and correct Māori pronunciation

## 2. Introduction

Māori have disproportionate rates of meningitis, pneumonia and otitis media that can be prevented through immunisation.<sup>1,12</sup> There is a need to engage Māori parents and whānau on the benefits of immunising their children against these diseases. Māori health providers are effective at reaching whānau but the majority of Māori children are enrolled with non-Māori health providers.<sup>2</sup> Previous research and guidelines have identified the need to enhance the ability of non-Māori healthcare professionals to understand Māori health models and to put them into

practice.<sup>3</sup> This is important because the degree of comfort individuals feel with health services impacts on their use of services and, in turn, health outcomes.<sup>3</sup>

This report summarises the literature reviewed and the input gathered. It then sets out ThinkSpace's recommendations for making General Practice 'easier to use' for Māori to enhance pneumococcal immunisation for under two year olds.

## 3. Background

The aims of this project were to:

- i. Identify the factors that improve access for Māori to General Practice from a patient/user perspective
- ii. Analyse the General Practice setting using a social marketing, audience/customer framework
- iii. Identify the potential touch points to engage with Māori parents through General Practice
- iv. Develop functional communication approaches that improve the immunisation service provided by General Practice to Māori parents
- v. Develop recommendations relative to the current capacity of General Practice

The focus was on making General Practice 'easier to use' rather than Māori being 'hard to reach'. A range of key touch points were identified where 'comfort' can be increased.

### 3.1 Infectious disease is increasing in New Zealand

GlaxoSmithKline (GSK) has had international success in facilitating high immunisation rates and has worked closely with the Ministry of Health and the immunisation sector for many years in New Zealand. In 2011, to further support New Zealand communities, GSK commissioned ThinkSpace to investigate methodologies to support immunisation of tamariki. ThinkSpace undertook to identify the enabling factors that would support whānau to immunise their tamariki. The focus was on the General Practice setting and making it 'easier to use' for whānau rather than a deficit approach of viewing Māori as 'hard to reach.'

At present one in ten children has not completed their age-appropriate immunisation schedule by their second birthday. The World Health Organization ranked New Zealand 24<sup>th</sup> out of 25 developed nations for



immunisation rates.<sup>5</sup> Missed or late immunisations leave children at particular risk of pertussis and pneumococcal disease when they are at their most vulnerable.<sup>6</sup>

In New Zealand, Māori children have lower immunisation coverage and higher rates of vaccine preventable diseases than their peers.<sup>7</sup> A recent publication by Baker et al (2011) shows that hospitalisation due to infectious disease has increased in New Zealand while decreasing in other developed countries. This increase is seen predominantly in Māori and Pacific children with rates of admission being over twice that of European. - “these inequalities have increased substantially in the past 20 years, particularly for Māori and Pacific peoples in the most deprived quintile”.<sup>8</sup>

### 3.2 The incidence of pneumococcal disease is high in Māori

Māori are disproportionately represented across the spectrum of pneumococcal disease, including invasive disease, pneumonia and otitis media. Compared with New Zealand Europeans, Māori have:

- Rates of invasive disease that are three times higher<sup>1,9</sup>
- Hospitalisation rates for pneumonia that are 5 times higher<sup>1,10,11</sup>
- And, hospitalisation rates for complications of otitis media are twice those of other ethnicities<sup>12</sup>

Ear infections can severely impact hearing and cause significant delays in learning,<sup>13-15</sup> and Māori children are twice as likely to fail school hearing checks as NZ European children with 10% of Māori, 11% of Pacific Island and 4% of NZ European 5 year olds fail hearing checks when starting school.<sup>16</sup>

### 3.3 More Māori children at risk of pneumococcal disease

This is compounded by the birth rates for Māori women being higher than non-Māori. In particular, the birth rate for teenage Māori women is more than four times that of non-Māori.<sup>17</sup> As a result, the absolute number of Māori children at risk of pneumococcal disease is increasing.

### 3.4 Māori immunisation rates are lower

Historically, Māori have disproportionately low rates of immunisation coverage and timeliness but rates have improved in recent years.<sup>7</sup> Completion of immunisation is a significant factor for preventing pneumococcal

disease because the vaccine is included in the National Immunisation Schedule at 6 weeks, 3 months, 5 months and 15 months of age.<sup>18</sup> With children under two years of age being more vulnerable to pneumococcal disease, it is important that the schedule is completed on time to ensure protection.<sup>18</sup>

Many Māori do not appear to be anti-immunisation. Instead, the motivation to immunise seems to be low.<sup>19</sup> This may be due to a lack of education; a factor of their socio-economic situation; or because Māori in New Zealand will see relatively few cases of the disease.<sup>19</sup> Whatever the reason, the importance of immunising their children is not obvious.

**Key out take:** Māori children have a higher risk of pneumococcal disease due to lower immunisation rates and timeliness of immunisation schedule completion and ‘life events’.

### 3.5 Barriers to immunisation for Māori

What prevents Māori parents and caregivers from bringing their tamariki in for immunisation? There are a range of systemic and environmental factors that influence immunisation choices for Māori. Many of these are outside the control of the health sector.<sup>20</sup> However, on an interpersonal level where General Practice has influence, barriers to care for Māori have been identified as:

- i. geographic and transport barriers, which can prevent Māori reaching a service
- ii. the timing and availability of services to suit Māori preferences
- iii. financial barriers<sup>20</sup>
- iv. cultural barriers, including the acceptability of services to Māori and the provision of appropriate information to Māori<sup>3</sup>

Hawkes Bay District Health Board reports that immunisation amongst Māori is traditionally low due to barriers such as transport, the waiting time after injections, whānau perceptions that medical clinics are somewhere you go only when you are sick, and that they are not “whānau friendly”.<sup>21</sup> Further, Comrie et al (2010), in a project researching infant immunisation communication approaches in Whanganui, found words like ‘unpleasant, disconcerting, anxiety inducing, confusing and off putting’ were used by Māori and non-Māori to describe immunisation.<sup>20</sup> They found the

top three barriers to immunisation reported in a range of focus groups that included Māori were:

- i. the relevance/accessibility of written information
- ii. fear/anxiety about complications
- iii. negative experiences talking to/visiting the GP <sup>20</sup>

This was supported by immunisation audience research conducted for the Ministry of Health, which found most Māori participants are not favourably connected with the health system and feel frustrated with the services they receive and the negative attitudes towards them by health providers.<sup>19</sup>

Comrie's team also focused on the low level of health literacy in Māori. Health literacy is a function of both the individual's literacy level as well as their ability to interact with health professionals to manage their health.<sup>20</sup> Low health literacy left Māori feeling inadequate and ill-equipped to deal with the amount of information provided to them about immunisation.<sup>20</sup> Similarly, the Litmus (2011) report found that Māori felt they could not confidently engage with health professionals.<sup>19</sup> Instead, Māori found dealing with health professionals on immunisation difficult, frustrating and intimidating.<sup>19</sup> These observations suggest that General Practice is not currently providing services tailored to Māori.

Durie highlights the importance of culturally appropriate services in access to healthcare:

*"The degree of comfort individuals feel with seeking health services impacts on their use of services and, in turn, health outcomes. Comfort is the product of both individual attitudes and the way in which services are delivered. The delivery of care in a culturally appropriate manner is an important element in determining both the willingness of people to access services and the success of any treatment or care then delivered."*<sup>3</sup>

**Key out take:** Improving the 'comfort' of Māori parents, caregivers and whānau in the General Practice setting will improve immunisation rates of tamariki. Which, in turn, provides better protection from pneumococcal and other infectious diseases.

### 3.6 Changing the health sector's perspective and approach from Māori as 'hard to reach' to a health system that is 'easy to use'

Often Māori are described in the health sector as 'hard

to reach'. The success seen in increased immunisation rates with Māori (Bay of Plenty 88% coverage, Raukura Haurora O Tainui 92%)<sup>22</sup> show that changes at a provider level, can turn 'hard to reach' into 'easy to reach', if the provider is 'easy to use'.

This project focuses upon how to make General Practice 'easier to use'. In particular, it analyses how General Practice can increase the 'comfort' of Māori parents, caregivers and whānau. The aim was to develop recommendations to enhance 'comfort' to help increase immunisation rates at two years to ensure protection from pneumococcal disease. Creating comfort and positive interaction with Māori is likely to improve uptake across the entire immunisation schedule.

The greatest gains will be achieved by enhancing the ability of 'mainstream' General Practices. This is because these Practices have the highest total number of Māori enrolments.<sup>23</sup>

Conversely, for General Practice, delivery of immunisation services has been shown to be a net financial loss activity for them especially for parents who require more follow up and recall.<sup>24</sup> Finding ways to improve their delivery of immunisation to Māori will not only allow them to support tamariki ora but will ensure the sustainability of their practice services.

## 4. Methodology and approach taken

ThinkSpace is a specialist health consulting agency with a large and varied experience working in a range of programmes (CVD, Diabetes, Safety, Immunisation, Obesity, Smoking cessation, Gout) that look to engage Māori with both the 'mainstream' and Māori health-provider networks. This experience includes strategic development of immunisation services, provider development and health communication, and health marketing specifically in immunisation. This experience was used to identify the potential areas where General Practice could be enhanced to become 'easier to use for Māori'.

The analysis involved the following steps:

- i. A review of specific literature to identify key areas that could increase 'comfort' or 'ease' experienced by whānau in immunisation services

- ii. A more targeted review of current literature and immunisation service examples to identify research specifically focussed on Māori and immunisation communication
- iii. A review of core cultural constructs of Māori health that empower whānau to support service enhancement and communication approaches.
- iv. A review of examples of enhanced service delivery by General Practice
- v. An in-depth workshop held with the Māori members of the Immunisation Advisory Centre team. This included regional coordinators, outreach staff and management staff, and was supported by communication with IMAC senior staff experienced in General Practice. The purpose was to gain a better understanding of the 'user experience' for whānau in General Practice
- vi. The input from these sources was then analysed to form a model of Parent-General Practice interaction. This was used to identify the touch points where whānau could be made to feel more comfortable engaging with health professionals around immunisation
- vii. Potential communication activities were then described for these touch points that General Practice could undertake
- viii. The approach and recommendations developed were presented at the Public Health Association of Australia Immunisation Conference in Darwin (2012) and at Te Ohu Rata o Aotearoa Hui A Tau (the Māori GP Association National hui), Ahipara (2012). The feedback from these conferences was then incorporated into the recommendations presented in this report

## 5. Recommendations from analysis

The analysis and development of recommendations were based upon current literature on the enabling factors for Māori immunisation, Māori health constructs, the user experience point-of-view, and the constraints of resources and capacity, cost effectiveness and capacity of general practice. From the analysis, the key enabling factors to make General Practice 'easier to use' for Māori were identified.

### 5.1 Build the relationship early to prevent delay but be empathetic

Immunisation uptake is increased when families of young babies establish an early formal

relationship with their primary health provider.<sup>19</sup> Early engagement should start in the ante-natal period and take into account the life of a 'new mum'. This might include her energy level, whānau support, ease of getting to the practice, number of other children and their age, and the turmoil a mum can experience giving her 'vulnerable little new born' a needle. Māori parents can often delay the first scheduled vaccine feeling their baby is too young.<sup>19</sup> Once behind, Māori parents can then experience intimidation from the General Practice for being 'late'.<sup>25</sup> Further, if they delay scheduled immunisations, they are less likely to complete, which is especially concerning for diseases where multiple doses of vaccine are required, such as for pneumococcal disease.<sup>19</sup>

It appears that when general practitioners are empathetic to parental needs, improvements can occur. For example, both health providers and parents surveyed have largely tended to downplay access as a possible factor. However, Petousis-Harris et al (2011) found that, where general practitioners were able to perceive parental access to be a barrier, timeliness of immunisation coverage improved.<sup>26</sup>

### 5.2 More effective communication between patients and healthcare professionals

Based on the health literacy and immunisation communication work of Comrie et al (2010), developing more effective communication between patients and healthcare professionals may be critical to improve immunisation rates. These include:

- Interactive communication tools e.g. flipcharts
- Basing communication on audience segmentation both cultural and attitudinal
- Targeted 'grass roots' communication campaigns
- Health professional training on patient information needs, anxieties and concerns, and how to have conversations around these
- Using an informative rather than authoritative tone and approach
- Training in risk-communication approaches i.e. ways to effectively communicate the relative risk of immunisation in patient centric 'lay' terms
- Recognising the importance of the relationship between health care providers and patients as an enabling factor<sup>20</sup>

### 5.3 Enhance recall communication

The National Immunisation Register has enabled

the implementation of a recall system; however, the communication pieces sent to whānau are not often read and the content is seen as impersonal and too generic by Māori parents.<sup>25</sup> The communication is also not based on Māori values or worldview having more of a clinical objective.<sup>19</sup> However, when Māori health providers have used ‘patient-centric’ methods of communicating, immunisation rates have improved. For example, Raukura Hauora O Tainui, have used text reminders to improve Māori immunisation rates to 92%.<sup>27</sup> Because these texts come from a Māori provider they already had a close relationship with, their impact is likely to have been much higher than generic text reminders both because of the relationship and use of te reo or ‘whānau-based’ communication.

### 5.4 Involve whānau network

For many Māori mums, ‘Nannie’ is a key support person.<sup>19</sup> She is likely to help mum and baby get to the GP or may even take baby by herself. Including whānau support people in the patients details and including them on any communication from the practice, and inviting them to the practice, will help keep ‘Nannie’ involved and increase the comfort level of mum by reducing her stress and any feelings of isolation or whakama.

### 5.5 Improve health literacy

43% of New Zealanders aged 16 – 65 years are below the level necessary to fully function in a knowledge society.<sup>20</sup> Therefore, it is essential to empower health literacy in Māori parents, caregivers and whānau so as to build trust and confidence to interact with healthcare professionals around immunisation.

Comrie’s team identify the following factors to improve health literacy:<sup>20</sup>

- i. **Use concepts and contexts that are culturally relevant and familiar to the audience.** Using a whānau and whakapapa approach, incorporating tikanga concepts, relating to both health and social outcomes to strengthen engagement
- ii. **Use relevant images, photos and stories that the audience can relate to.** These can be placed in all communication to the mum and whānau, used in the waiting room both on the walls and in ‘coffee table’ reading or inside the consultation and/or immunisation space to provide a sense of familiarity and to increase comfort levels. The images need to be ‘authentic’ and preferably, of local people and landmarks
- iii. **Include illustrations that represent the content.**

Experience of utilising ‘graphic novel’ approaches to adult health communication shows that the key is to use a pictorial approach that is not perceived as ‘child-like’ by the audience. For immunisation, pictorial approaches can be used to explain how immunisation works, the process of immunisation, the immunisation schedule and Well Child checks, post immunisation symptoms and care, and to reinforce the mum’s action to immunise. These can be included in communication to mum from the practice, in waiting rooms, in consultations, in digital formats on tablet devices and on practice web sites and social media pages

#### iv. **Use plain, non-technical language**

#### v. **Use flip chart type devices to prompt conversation, not to replace conversation.**

Patients are often overwhelmed by the amount of information they are provided within consultations and by the speed in which it is delivered.

Using flip chart type devices encourages the health provider to communicate in systematic way and provides multiple modality learning – aural, pictorial and in an interactive manner. In the practice setting, interactive tools in print or digital format could be used in the waiting room for mum and whānau to review before the consultation and/or during the immunisation consult and/or post consult to identify any queries or concerns. Again, the aim being to reduce stress and whakama and increase comfort

#### vi. **Use leaflets/brochures given to patients as a prompt or conversation starter for patient questions**

These approaches can be used as a foundation to improve health literacy in immunisation communication.

### 5.6 Reduce medical terminology

Use of medical terminology and clinical terms such as ‘DNA’, ‘deny’, ‘non-compliant’ and ‘adhere’, do not resonate with most parents and are seen as negative.<sup>3</sup> These terms tend to be used in discussions about patients between healthcare professionals which may be overheard or on health records which patients often see.

### 5.7 Keep the communication approach positive

According to the IMAC Māori team, any communication initiative must not construct a ‘brown person’ problem focused on infectious disease and low immunisation rates in Māori.<sup>25</sup> Conversely, a key message that ‘you can help others to make a change’ is a very powerful one within Māori communities and one that can create change through peer modelling.

## 5.8 Use Māori belief systems (tikanga Māori) as a base for immunisation communication

The current approach to communicate immunisation tends to be framed on a European culture, with a biomedical approach. Better engagement and enhanced 'comfort' will come from basing immunisation communication on Māori belief systems. This will make more sense to whānau and enhance 'comfort'.<sup>3</sup> Māori have a different 'world view', and incorporating this into the practice-parent interaction will significantly aid 'comfort'. Understanding of whānau, whakapapa, whānau tangata, manakitanga, tapu and noa will help healthcare professionals to frame their immunisation communication in a way that makes better sense to Māori and will enhance 'comfort'.

For example, much of our immunisation promotional material tends to show an image of mum and baby, which works for conveying the intimacy of the caring relationship and bond between mother and child. This could be extended to show whānau care and the 'wrap around' support provided by whānau, and could potentially contain a trans-cultural aspect that would reinforce the message for many families. Further, our experience in PHARMAC's 'One Heart Many Lives' programme for Māori men and CVD risk, shows that whakapapa is a strong reinforcer for Māori. Ensuring continuity and strengthening whānau – hapu – Iwi lineage is a key aspect for Māori (and again, potentially has a trans-cultural aspect) that could be incorporated to show both the historical effect of disease on whakapapa and how immunisation can help ensure continuity and strengthen tamariki and whānau.

These concepts could be illustrated through print, TV, digital and personal communication approaches.

## 5.9 Train and encourage correct pronunciation of Māori

Mispronunciation of Māori names and words is disconcerting to Māori because it implies a lack of respect for Māori.<sup>3</sup> Training practice staff to pronounce and greet Māori parents, caregivers and whānau appropriately would greatly increase 'comfort' in the clinic setting and in phone recall reminders.

## 5.10 Developing the relationships between non-Māori GPs and Māori patients

Hauraki GP Dave Colquhoun chose to focus on the relationship between Pakeha GPs and Māori patients for his Master of General Practice thesis.<sup>28</sup> Colquhoun

lists four major lessons from the kuia and kaumatua he interviewed for his thesis. These are:

- i. Act with humility, warmth and respect
- ii. Establish linkages and connections with Māori patients – asking where they are from and is that where their family is from is way to start doing this
- iii. Involve the whānau – kuia are often the gatekeepers of whānau health and are highly involved in immunisation for the whānau
- iv. Offer to participate in local Māori community activities in some way. For example, go to a local Marae hui, market days and events, buy locally made goods and display them in the practice to support health initiatives

## 5.11 Show manakitanga – welcome, warmth, generosity in the waiting room

One Northland 'mainstream' clinic has an open drop in time for immunisation and provides an 'open' area in the waiting room where anyone can make a cup of tea. These actions appear to have made a significant difference to immunisation rates at the clinic with 'hard to reach' patients, by ensuring whānau feel welcome and comfortable.<sup>25</sup>

## 5.12 Focus on the initial reception of mum and whānau

The Practice Receptionist has been identified as **the** critical factor in the acceptance of General Practice based immunisation for whānau.<sup>25</sup> This had not been identified in the literature so was a very valuable insight from the analyses described in this report. Previous reports identified that parents can feel intimidated in General Practice,<sup>19</sup> but it was the IMAC team who found that the Receptionist plays a major role in how welcome Māori parents feel and whether or not their child will be fully immunised.<sup>25</sup> 'The look' from the receptionist, as well as their attitude, manner, tone, body language and approach are key in generating these feelings. In addition, what the receptionist **doesn't say** is important because it allows some parents to make negative assumptions about what the receptionist is actually thinking.<sup>25</sup> It was stated that often the Practice Receptionists put more effort into being efficient than having a friendly manner.<sup>25</sup> The IMAC team discussed reports of Māori mums consistently being made to feel unwelcome and uncomfortable in General Practice by the Receptionist and Practice Nurse. To their credit, some Primary Health Organisations, such as ProCare, have recognised this and are implementing

professional development programmes to improve the skills of healthcare professionals in making patients feel welcome and comfortable, but it is unclear whether or not this will extend to front-of-house staff. There may also be physical barriers to overcome – security glass or physical barriers in clinics can accentuate the patient’s feeling of disconnection.

Correct pronunciation of Māori names by the Receptionist is crucial. Simply making an attempt to say the Māori pronunciation correctly and then quietly asking how to pronounce it correctly, can make a positive difference. It may even be enough to try but then admit they are still learning.<sup>25</sup>

A welcoming waiting room is important. Posters, magazines and objects can reflect positive Māori aspects in action such as whānau, whakapapa and mana. These contribute to a feeling of familiarity and comfort. One clinic the author has seen used a map of New Zealand formatted by iwi and simply asked patients where they were from. This enabled the consultation to begin on familiar ground thereby making the patient feel welcome and comfortable.

### **5.13 Increase ‘comfort’ of mum and whānau**

From this review, ‘comfort’ has emerged as the fundamental determinate of how well General Practice and Māori engage with each other. How comfortable a Māori parent feels on being approached by the practice, entering the practice, sitting in the practice waiting room and during the consultation, affects access and completion of the immunisation schedule.

The following section looks at the ‘patient immunisation journey’ and identifies the key touch points where the enabling factors can be applied to improve ‘comfort’.

**Key out take:** ‘hard to reach’ Māori parents, caregivers and whānau may in fact be the consequence of ‘hard to use’ practices. ‘Hard to reach practices’ could be improved by focussing on key aspects that generate ‘comfort’, namely:

1. Health literacy
2. Positive communication
3. The reception

Based on a Māori belief system, the potential to improve immunisation uptake by Māori by making General Practice ‘easier to use’ is significant.



## 6. The Māori patient journey for immunisation and key recommendations for each touch point to improve immunisation uptake

The journey for Māori parents in immunising their children is more than their consultation with the Practice Nurse – in fact, this is just a small part of the whole picture. Rather, the patient journey encompasses an individual's general life, including their situation within their whānau, community, neighbourhood and home. It also includes their entire interaction with General Practice, from the moment they receive the letter or recall message, to when they enter the clinic, their

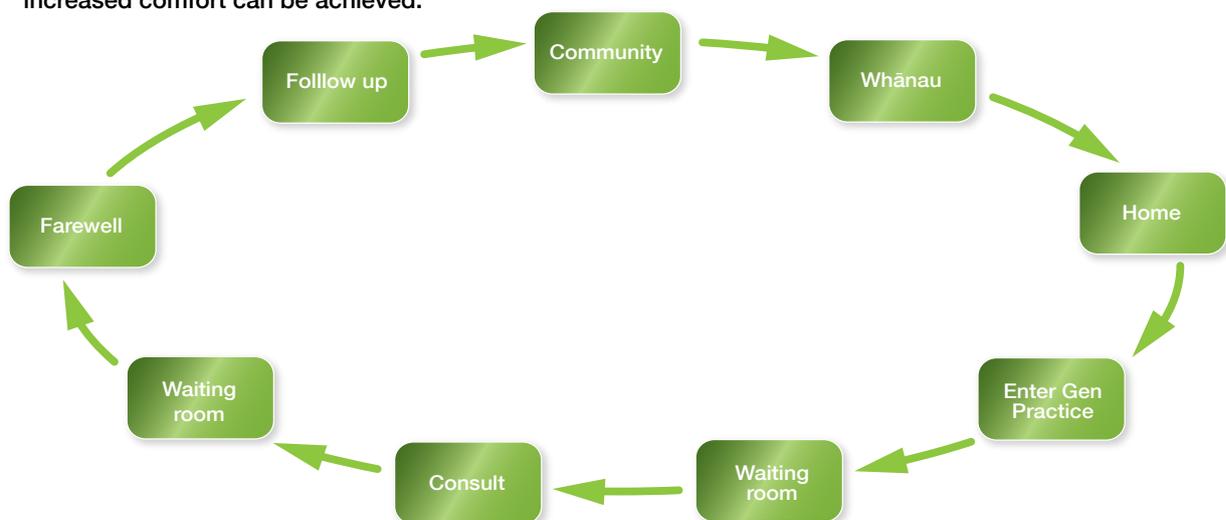
experience with the receptionist and in the waiting room, the farewell and follow-up (summarised in the diagram below).

Along the way, the journey is influenced by Māori belief systems that affect how Māori view health while also being affected by the patient experience provided by the Practice. The final section of this report looks to bring the enabling factors into this journey to create the most positive experience possible for whānau.

By incorporating these enabling factors into general practice systems and approach, the following outcomes can be achieved – an increased desire:

1. For Māori to immunise their children with the full schedule of vaccines
2. To improve engagement of Māori mums and whānau by general practice
3. For Māori to return for follow-up vaccinations and consultations
4. To tell others of their positive experience.

**Fig 1. The immunisation journey for Māori mums and whānau starts with whānau and has multiple 'touchpoints' where increased comfort can be achieved.**



For each of the stages in the journey, there is an opportunity to improve comfort and these are presented in the table opposite.

### Key recommendations:

1. Increase the level of comfort that whānau experience in General Practice through proactive, whānau-based communication and service enhancement approaches
2. Use all the touch points across the 'patient immunisation journey' to increase comfort
3. Focus on the first 30 seconds of interaction in the Practice to establish comfort with the Māori parents
4. Support and train reception staff to support Māori mums and whānau because they are the most important people in the practice for enabling a feeling of comfort

Increasing comfort is likely to enhance immunisation of tamariki, follow-up immunisation and improve peer endorsement of the immunisation experience.

**Table 1: The ‘patient journey’ for whānau and improving comfort when interacting with General Practice**

Step in the journey		Description	Ways of improving ‘comfort’
1	Whānau	First point of contact via reminder letter or communication to initiate connection and feeling of comfort	Use personal, patient-centric, relevant, health literate, engaging, motivating, ‘Māori based’ communication.
2	Community	Community and neighbourhood support/influence/‘word of mouth’ regarding immunisation to increase desire to take up immunisation	Use local community media to promote a ‘welcoming face’ to whānau from local General Practice. Be involved in local Marae and/or Māori community groups and leaders to reduce levels of ‘fear’ and anxiety. For community promotion, increase desire by whānau to take up immunisation by utilising a Māori media mix by: <ul style="list-style-type: none"> <li>• Focussing on Māori communities</li> <li>• Focussing on Māori settings (Marae, events, shopping, markets, workplaces)</li> <li>• Using personalised direct mail (adapt the format and content of recall material)</li> <li>• Use Māori constructs to frame and position communication</li> <li>• Provide opportunities for whānau to ‘see’ and ‘feel’ themselves in the promotional and communication material</li> </ul>
3	Home	Whānau support/influence to increase whānau and peer support for immunisation.	Use ‘whānau based’ communication from local General Practice to explain the value and benefits of immunisation for tamariki and whānau.
4	Enter General Practice	First impressions and experience arriving and being welcomed into the General Practice – the first 30 seconds of the patient experience. Aim is to increase desire to engage and create a positive experience for mum and whānau.	Reduce anxiety and fear of whānau in their first physical interaction with General Practice, especially for young Māori mums. Emphasise the welcome. Use recommendations and approaches from health literacy in Section 5. Focus on receptionist verbal and non-verbal communication in the welcome. Establish a practice-wide ‘welcome’ approach/system. Encourage correct pronunciation of Māori names. Include te reo training and/or resources for reception staff. Incorporate customer service training and systems into the practice. <ul style="list-style-type: none"> <li>• The first impression is critical so there is a need to have something welcoming, familiar, comforting upon entry to the practice</li> <li>• The receptionist is most critical person</li> </ul>
5	Waiting room	The physical setting and social environment of the waiting room and its influence on the level of comfort for whānau.	Mum and child(ren) will be in the waiting room for between 5 – 30 minutes. All mums have a level of stress and anxiety when it comes to the vaccination. This is heightened further for Māori mums feeling a level of discomfort in General Practice. Reduce this fear by improving the waiting room experience. For example, include Māori media and publications in the waiting room reading material. Have childrens books in Te Reo and/or ‘Māori stories’ available. Include appropriate local and national Māori symbols, art and artefacts. Place a map of NZ by Iwi on the wall and encourage whānau to map ‘where they’re from’. Allow whānau to quickly see Māori reference points in the waiting room. Support this with practice-wide training and development in Māori health. <ul style="list-style-type: none"> <li>• Need to use ‘scalable’ methods to reach and counter variable human factor (i.e a practice system to ensure consistent level of attention and to build practice comfort for whānau )</li> <li>• Blend Māori constructs with customer experience</li> <li>• Focus on ‘comfortable’ experience</li> <li>• Integrate across the practice setting</li> </ul>
6	Consult	The direct communication experience with the immuniser.	Utilise interactive approaches from Section 5 to improve health literacy. Flip charts, digital tools, print media etc that encourages interaction, pictorial-based communication to illustrate the immunisation process and encourage questioning. Utilise a ‘communication system’ that includes a focus on non-verbal communication, to encourage practice staff to deliver information in patient-centred/friendly format.
7	Farewell	Final impressions from immuniser and reception staff and reinforcement of immunisation action by mum and whānau	Proactive communication to aid a feeling of connectedness with the General Practice and to encourage mum to positively refer others to the practice. Ensure Māori mums and whānau receive the same level of attention and relationship care that all patients receive. Make a deliberate effort to thank and farewell mum, whānau and baby. Take a photo of mum and baby and ask permission to put on the practice ‘baby board’ that shows the babies and children immunised this month. (This also helps with ‘first impressions’ so Māori mums and whānau can see other Māori mums and babies). Email a digital copy or MMS (mobile phone) the copy to mum and whānau so they can share easily in their own networks.

# 7. Specific recommendations to enhance access to immunisation for Māori at each of the identified touch points

Support by General Practice could be offered at four pivotal touch points across the Māori patient journey. Taking into account the constraints of resources and capacity, cost effectiveness of interventions, and general practice capacity.

## 7.1 Promoting immunisation to Māori

This would ideally be a general campaign that has a component tailored for Māori. This would avoid feelings of stigmatisation amongst Māori and confusion amongst non-Māori. It would involve targeting Māori via Māori communication channels and media, such as Mana magazine, local newspapers, Marae communication and Māori TV. It would be based on Māori belief systems and the key enabling factors identified in this analysis. Ideally, having a Kuia or 'Nannie' lead the communication, would work best.

## 7.2 General Practice communication tools

These would be template communication tools that can be used by General Practice for whānau, such as letters or postcards developed for Māori audiences and tailored to a whānau setting.

The largest body of work and greatest expense would be engaging General Practices (Practice Managers or GP Partners) to buy-in to the programme and tailoring the templates to Māori parents. However, given General Practice are in great need of support with this and are thirsty for such tools, their acceptance may be relatively straight forward. Previous ThinkSpace experience with 'One Heart Many Lives' shows that 'mainstream' general practice will use 'Māori communication' materials when branded and presented well. Feedback from GPs and Practice Nurses tells us that these materials filled a knowledge gap for them and gave them confidence to engage with Māori men around CVD risk.

The first step would be to work with members of the Māori GP Association (as a follow-up from presenting

this work at their national 2012 hui) to workshop General Practice draft templates.

## 7.3 The welcome

It is well known that people usually evaluate a situation in the first 30 seconds. Therefore, it is important that there be processes in place upon immediate entry to the clinic to make Māori parents feel welcome and comfortable. Providing these strategies to all clinics in New Zealand would make the initiative very resource demanding. An alternative is to target the areas that most need assistance.

It is essential for all practice staff to buy into the initiative. Full engagement will be achieved by using: local, relevant people; appealing branding; engaging merchandise; and interesting case stories. Example welcome tactics include waiting room posters and other display resources that are whānau-oriented and tailored by region and iwi. These resources need to be of interest to the target Māori audience and present familiar ideas that help Māori parents to identify connections and elicit feelings of community.

Simple techniques, such as having a coffee table with magazines available, ideally including Māori publications, such as Mana magazine and Māori TV, also help with the welcome phase.

Most valuable would be a print, audio or digital guide to Māori pronunciation for Practice Receptionists and other staff. Māori parents will feel more welcome and comfortable in General Practice if simple Māori words and correct pronunciation of names are used. A potential challenge with this type of tool is ensuring staff engagement. To aid this, having key Practice Nurses using demonstration versions of the guide and reporting results in NZ Doctor and Kai Tiaki magazine would help endorse its use in General Practice. Making this tool available as an 'app' or free download would allow low cost, mass distribution.

'Customer service training' for reception staff, specifically on welcoming whānau, would significantly enhance comfort for whānau. Large PHOs such as ProCare are initiating reception staff training; including a 'whānau component' in this would aid in enabling comfort for Māori parents.

A CME course on improving practice systems to increase Māori immunisation could be developed for cell group training and/or web based training for PHOs.

## 7.4 The farewell

Empathetic farewell and follow-up is crucial to ensure that Māori parents return to General Practice and encourage others to visit their General Practice to immunise their children.

Tools could include a follow-up postcard and a photo frame, perhaps including a picture of parent and baby, with Well Child checkpoints. A promise of a second photo at their next visit (or a transfer of the photo to a T-shirt) could act as a helpful incentive for parents to return. The photos could also be displayed on the entrance or waiting room walls, providing a friendly welcome to other parents when entering the clinic.

Clinics could use a growth chart that is matched to immunisation time points. Children enjoy measuring themselves against these and they are another great incentive for parents to return and see how their children are 'measuring up'.

Finally, parent surveys would ensure feedback on the user experience and feed into on-going efforts to improve the service. Asking a local Kuia to ask her mums for feedback would be the best way to do this.

## 8. Best return on investment

We believe the basic guide to Māori pronunciation has the most potential to add value. The vast majority of General Practice receptionists want to do a good job and contribute to the improvement of New Zealand healthcare. If they understand that making a simple change to pronunciation could make a big difference to immunisation rates in Māori, they could be encouraged to commit to making an effort to improve. Adapting an existing web-based tool or guide would be cost and resource efficient. Combining this with a visual resource to support Practice staff at 'point of care' would increase utilisation. Vital to the success of such a tool is an educational element to go alongside the tool dissemination. This could be a letter or an advertorial or supplement within NZ Doctor or Kai Tiaki, authored by a well-respected GP and Practice Nurse. The content would need to explain the issue, underline the importance of the welcome and correct Māori pronunciation and introduce the tool, to be included free of charge.

## 9. Progress to date

This project has been reported back internally to GSK to enhance the company's responsiveness to Māori healthcare needs and to identify where GSK could work to help support improvement in Māori immunisation.

The project was presented in 2012 at the Public Health Association of Australia Immunisation Conference in Darwin and also at Te Ohu Rata o Aotearoa Hui A Tau (Māori GP Association national hui) in Ahipara in 2012. Feedback gathered from these meetings has been incorporated into this report.

An abstract will also be submitted for the IMAC national immunisation conference to help disseminate the findings and transfer them into practice.

ThinkSpace has been asked to provide material to the National Haurora Collective to support 'mainstream' practices in its network to better service Māori patients and whānau.

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