Increasing the uptake of MMR in London: executive summary of findings from the social marketing project, November 2009

1 Introduction & approach

The London Social Marketing Unit (LSMU joined Commissioning Support for London in April 2009) was commissioned by NHS London in October 2008 to deliver a social marketing project in support of increasing the uptake of MMR in London and reducing the likelihood of a measles epidemic. To inform the approach LSMU commissioned University College London (UCL) to undertake a literature review and intervention feasibility study which found that social-demographic factors influence the uptake of the MMR vaccine. LSMU designed an approach to deliver the following elements:

1. Audience insight to gain key insight into the attitudes and drivers among “doubters”, parents of high socio-economic group (SEG) background who had made an informed choice not to vaccinate their children with MMR

2. Pilot-in-the-field activity to deliver and evaluate the effectiveness of interventions and communications with a wider audience targeting parents of lower socio-economic group (SEG) background including BME audiences.

This document provides a management summary of the project findings. It is intended to be used in conjunction with existing evidence to inform the practical development and design of future interventions. It highlights (in italics) where the project findings differ or support current evidence, specifically referencing the following documents:

- NICE public health guidance 21 “Reducing differences in the uptake of immunizations (including targeted vaccines) among children and young people aged under 19 years”, Sept 2009
- UCL “How can MMR uptake be increased? A literature review and intervention feasibility study”, Sept 2008

The project findings were presented to the London Immunisation Steering Group in September 2009. A copy of the full report is available from Commissioning Support for London.

2 Insight with MMR ‘doubters’ audience

The UCL study found that socio-economic status influences uptake of MMR, with low uptake in both low and higher SEG groups. It recommended further examination of why particular audiences do or do not vaccinate. The NICE guidance found some evidence that uptake of MMR has declined at a greater rate among children of more highly educated parents and among those living in more affluent areas. In summary the findings of the audience insight (undertaken as part of the LSMU social marketing project) with parents from high SEG who choose not to vaccinate their children found:

- This audience accepted other vaccinations (they were not immunisation ‘rejecters’ as such) but had specific concerns about MMR. The primary concern driving their reluctance to accept MMR was the perceived link with autism. The NICE guidance notes that despite
evidence from professionals and the DH, some parents remained concerned about the
link to autism
• For these parents the risks of vaccinating their children with MMR (and the perceived risk
of autism) far outweigh the perceived risks associated with measles, mumps and rubella. They therefore felt unable to take the decision to have their child vaccinated and instead the safest option was to delay, to do nothing or take the single jab route
• Other barriers and concerns about MMR were minor in comparison with the fear of
autism. They included that measles was not perceived to be a common disease nowadays (which undermined the urgency of getting vaccinated) and concern about taking 3 vaccines in 1 being too much for a young immune system
• For these parents, their experience of health professionals in relation to MMR tends to be
non-committal or dismissive. GPs are not perceived as impartial advisors on MMR. As a result, this group avoid GPs/clinics as a source of information on MMR. The UCL study reported studies that identified a perception of HCPs as ‘agents of distrusted government’
• Instead these parents’ influences were trusted personal contacts such as close family and
friends, particularly for first time mothers. The internet is a first port of call for researching
MMR. Organisations such as the National Autism Society, which are seen as independent of government, have credibility in relation to information on MMR
• This audience want to hear an authority (ideally the NHS) tell them that research proves
that there is no link. They would like unequivocal certainty that there is no link between
MMR and autism (although they realise that nobody can give 100% guarantees about any
vaccination)
• Attendance at nursery and school is a key trigger to re-consider vaccines for this
audience, so interventions at this point would help their decision making. The NICE
guidance makes recommendations on the contribution of nurseries, schools and further
education colleges to increasing the uptake of MMR. The actions include using school
entry or transfer to a new college to check the vaccination status of children and young
people and explaining to parents why immunisation is important and providing information
in an appropriate format (such as Q&A sessions).

The brief to the research agency included them making recommendations to inform the
practical development and design of interventions to increase the uptake of MMR with the
doubter audience. It did not specify that this should reflect current government / Department
of Health policy. Their recommendations included medical professionals and the NHS
acknowledging the concerns of this audience and addressing them with balanced, impartial
evidence based information; and opening up a dialogue between health professionals and
this audience to re-establish trust in relation to MMR.

The NICE guidance recommends a range of actions to reduce differences in the uptake of
immunisations among children and young people under 19 years. As part of a multifaceted,
coordinated programme across different settings it recommends actions including tailoring
information and invitations to different communities and groups, using different settings to
reach parents and young people, and ensuring parents and young people have an
opportunity to discuss any concerns they might have about an immunisation. It states that a
note should be made of parents or young person express concerns about vaccination.
3 Increasing MMR uptake among families in low SEG audiences

The evaluation findings of pilot-in-the-field activity targeting lower SEG audience identified similarities and differences in views towards MMR and the 3 diseases compared to the high SEG (‘or doubters’) audience. Importantly, the similarities across both audiences included a distrust of MMR and concerns about the links to autism. Other barriers to MMR uptake included a lack of understanding of the importance of the second MMR dose and of the seriousness of the 3 diseases. In contrast the key differences between the 2 audiences included:

- Compared to MMR “doubters” this audience (lower SEG) was less likely to have researched MMR in detail. Therefore, they had not necessarily heard the counter arguments and refutations of the Wakefield report.
- Instead they were more likely to be informed and influenced by media stories and hearsay. Based on this, they made a decision to avoid the perceived risk by not taking up MMR.
- They could potentially be harder to influence and persuade than the ‘doubter’ audience because they were not looking to update their knowledge or revisit their decision. For them the decision is made and they ignored communications asking them to make appointments. Many had other more immediate day to day priorities. The NICE guidance found evidence that groups of children and young people at risk of not being fully immunised included those not registered with a GP, younger children from larger families, vulnerable children, such as those whose families are travelers, asylum seekers or are homeless.
- For this audience, the single jab option was neither desirable nor practical. They were less likely to take the view that it is better to wait until their child is older.
- However they had better contact with and respect for GPs and nurses than the higher SEG ‘doubter’ audience who lacked trust in relation to the issue of MMR.
- For the participants in this project, lack of access to health services did not seem to be a major factor. This differs from findings in the UCL study and NICE guidance. The researchers qualified the finding by noting that those with access issues can be harder to recruit for research (thus the research did not engage with the very hard to reach). The NICE guidance recommends actions to improve access to vaccinations including extending clinic times and ensuring enough immunisation appointments are available. It notes that logistical difficulties associated with large families and children not being in contact with primary care services prevent children and young people from being up-to-date with their vaccinations. Access was identified in the UCL study as a barrier to MMR uptake, both in terms of access to information (knowing about the vaccination) and logistics (being able to get to locations where children can be vaccinated).

The evaluation found that parents in the Asian community tended to be compliant when MMR was explained to them. The UCL study found that ethnicity influenced the uptake of MMR and that differences within black and minority ethnic groups were apparent, with uptake rates higher amongst parents of Asian background. The NICE guidance highlights that children from minority ethnic groups and those whose first language is not English may also be vulnerable.

As part of the evaluation the views of healthcare professionals were sought and included:
• Health professionals felt that there were problems with the second dose of MMR as mothers may lose touch with health services, forget, or not see the importance of the second dose

• Nurses and health visitors did not feel well equipped to deal with questions from those who were concerned about the autism link. The NICE guidance recommends that all staff involved in immunisation services are appropriately trained and that training should be tailored to individual needs to ensure staff have the necessary skills and knowledge, for example, communications skills and the ability to answer questions about different vaccinations

• Experience of data held by GP practices was that it was often inaccurate and PCTs were not able to provide accurate data on who had been fully immunised, making it difficult to identify and contact the right people. The NICE guidance recommends that PCTs and GP practices have a structured, systematic method for recording, maintaining and transferring accurate information on the vaccination status of all children and young people.

As part of the evaluation reactions to the MMR ‘1 in 10’ pilot with the lower SEG audience included:

• The ‘1 in 10’ visual attracts attention and raises concern about measles, and the messages about the long term consequences of measles are shocking and compelling for those who do not have an ‘objection’ to MMR

• However the effectiveness of the creative idea was weakened by a number of factors including:
  – The ‘1 in 10’ line was not sufficiently motivating, and did not address the perception that there is a low risk of catching measles
  – The link with MMR was not strong and did not address the perceived link between MMR and autism/disability
  – The posters lacked the key information about the long term, serious consequences of measles.

4 Social marketing recommendations

The recommendations are provided here in full from the management summary report.

A primary objective of the MMR social marketing pilot project was to use the insight and findings to plan further interventions for the 2009/10 strategy. This section presents the recommendations for consideration and action by the London Immunisation Steering Group.

Since the inception and delivery of the pilot project, immunisation has been identified by the NHS London Chief Executive a key area for attention across London due to poor performance, with a specific reference to measles (in a letter to London PCT Chief Executives in June 2009).
4.1 Develop an integrated strategy to increase MMR uptake

The social marketing pilot activity and other MMR immunisation initiatives in London PCTs have been intended to contribute towards closing the MMR vaccination gap in London. However, given the scale of the MMR immunisation deficit across London, a strategic approach to meet the recommended 95% herd community is needed. The approach to date offers learnings and insight on interventions, however a strategy that combines a 3 year approach with a forecast of future investment is recommended.

The insight findings with parents suggest that the perception of links between MMR and autism continue to be a primary concern, and as such a barrier to parents taking up MMR for their children. The erosion of this perception and resulting change in behaviour requires a longer term approach, given both the scale of the challenge and different audiences relationship to the issue.

We also know that currently there is no complete picture of the MMR vaccination rates across London, and this is a key barrier to better understanding the scale of the issue and to effectively targeting priority audiences. Work is in progress to improve the infrastructure and IT systems however this alone is unlikely to address the challenge.

The London Social Marketing Unit’s experience of smoking cessation is that an integrated strategy that continually evolves to reflect the growing understanding of audiences and effectiveness of interventions can deliver improved return on investment and outcomes.

Findings from this project suggest a Strategy for MMR needs to address the following workstreams:

1. Infrastructure
2. Healthcare practitioner audiences
3. Public audiences.

Our experience is that an integrated approach is needed to close the gap, rather than limiting activity to a single workstream. The Immunisation Steering Group is requested to consider and action the allocation of resources across workstreams so as to optimise a Strategy’s implementation and outcomes.

4.2 Infrastructure

As outlined above there is an incomplete picture of MMR immunisation rates across London and London PCTs are transitioning to new IT systems. This has limited our understanding of the scale of the issue and importantly our ability to effectively target parents and families to increase the uptake of MMR. The implementation of new IT systems and data cleansing needs to continue in order to provide a fuller picture. However given the transient and mobile nature of London’s community, it is unlikely a totally complete picture will be realisable. The NICE guidance makes recommendations in relation to information systems (recommendation 2).
4.3 Health practitioners

Findings from parents, specifically the ‘doubter’ audience, and healthcare practitioners suggest that there are a number of issues impacting on the uptake of MMR. These include healthcare practitioners’ knowledge and skills in relation to MMR, specifically “how” health practitioners engage with parents on this topic and the information and resources available to them to do so.

To re-establish trust between parents and healthcare practitioners in relation to MMR, attention needs to be given to the nature of healthcare practitioners engagement with parents on MMR (the “how”). Healthcare practitioners need to be equipped with the skills to confidently engage in a dialogue on MMR, including acknowledging parents’ concerns and fears. Training and development in motivational interviewing and interpersonal skills have successfully been used in other areas.

Some healthcare practitioners highlighted a lack of resources available to them to effectively engage with parents on the topic of MMR. A range of information and resources are available, many on the Department of Health website, however it appears that practitioners in the field – including practice nurses, school nurses, health visitors and GPs – do not have access to these or are not aware of them. Work needs to be undertaken to both effectively share these with practitioners and ensure that they meet the needs of different audiences of parents. The NICE guidance makes recommendations in relation to training (recommendation 3).

4.4 Public audiences

The work of LSMU is to establish a long term plan based on a strategy informed by audience insight. The MMR project identified 2 priority audiences – (1) ‘doubters’, parents of high SEG and (2) parents of low SEG – and undertook specific activity with each of these. The recommendations are based on findings for these existing audiences as well as recommending activity to target new audiences. The Strategy to increase MMR uptake would include different audiences at different stages in the development cycle. The NICE guidance makes recommendations in relation to immunisation programmes (recommendation 1) targeting groups at risk of not being fully immunised (recommendation 5).

4.4.1 Existing audiences

A mix of interventions targeting different audiences is needed rather than a ‘1 size fits all’ approach. We would not recommend a roll-out of the ‘1 in 10’ campaign in its current form, however the lessons learnt from the pilot should be taken into account in the planning of future interventions. Ways to address parent’s concerns of the perceived links between MMR and autism need to be considered and developed. For both audiences interventions need to emphasise the long term and serious consequences of the 3 diseases, and develop the understanding that it is never too late to vaccinate and that 2 doses of MMR are needed.

For parents of low SEG audience there is an ongoing need to raise awareness of the diseases and the MMR vaccination, and address their concerns regarding the perceived link with autism. The findings show that parents in this audience can be hard to engage on the topic of MMR once they have ‘made up their mind’. However, they have better contact with
health practitioners than ‘doubters’ and this relationship is an opportunity to influence their views and behaviour in taking up MMR. We suggest this is supported by steady low-level interventions to shift perceptions and change behaviour.

While this project did not identify access as a key barrier, other evidence highlights that this continues to be an issue for some. As such, access needs to be addressed in developing interventions as part of a Strategy.

For ‘doubters’ –parents in high SEG - findings suggest that interventions designed to engage with them in a way that acknowledges their concerns and addresses these with appropriate information could be effective. Creating opportunities for parents to consider MMR in settings outside of GP surgeries is one route. For example, a knowledgeable and confident health practitioner could offer informal group sessions. While a small sample, some parents who participated in the insight project went on to get their children vaccinated. The opportunity to discuss MMR in more depth and voice concerns or fears was what they needed in terms of reassurance and was instrumental in changing their behaviour. A generic campaign focusing would not be effective with this audience.

4.4.2 Insight and development with new audiences

Interventions with school-aged children and young people: there is a cohort of school aged children / young people who have not been immunised with MMR and continue to be at risk of catching measles, mumps and rubella. Older children / young people have fewer interactions with health practitioners compared to their younger counterparts (0 – 5 year olds). However, the school environment means that they are more likely to have exposure to other children with the diseases, and are at greater risk. In the insight with the ‘doubter’ audience we found that school entry is a trigger for them to re-consider vaccines.

However, to date, school based interventions targeting children and young people have not been successful in delivering increased MMR uptake rates. As such it is suggested that insight and development activity is undertaken with school-aged children, starting with a scoping exercise to define the audience and design the approach to test and evaluate interventions.

For copies of the MMR Social Marketing Project Report and the UCL Literature Review please go to the Project Documentation section on the London childhood immunisation project webpage: http://www.healthcareforlondon.nhs.uk/the-london-childhood-immunisation-project/

The NICE Guidance is available: http://guidance.nice.org.uk/PH21