



Eliciting youth and adult recommendations through citizens' juries to improve school based adolescent immunisation programs



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ABSTRACT

Objectives: Completion of adolescent immunisation schedules in Australia is sub-optimal despite a well-established school based delivery program. The aim of this study was to seek adolescent and adult views on how existing adolescent school based immunisation policy and program delivery could be improved to increase adolescent immunisation uptake.

Method: Two citizens' juries held separately, one with adolescent participants and one with adult participants deliberated on recommendations for public policy. Jury members were selected using a stratified sampling technique and recruited from a standing panel of community research participants through a market research company in South Australia. Juries were conducted in Metropolitan South Australia over two days and used university facilities with all meals and refreshments provided.

Results: Fifteen adults and 16 adolescents participated in the adult and youth juries respectively. Similar recommendations were made by both juries including increased ensuring the accuracy of information provided to adolescents and parents; employing a variety of formats for information delivery; and greater consideration of students' physical and emotional comfort in order to improve the experience for adolescents. While the youth jury recommended that it should be compulsory for adolescents to receive vaccines through the school based immunisation program, the adult jury recommended an 'opt-out' system of consent. Both juries also recommended the use of incentives to improve immunisation uptake and immunisation course completion.

Conclusions: Eliciting adolescent views and including the perspectives of adolescents in discussions and development of strategies to improve engagement in the school based immunisation program provided valuable insight from the group most impacted by these policies and practices. Specifically, incorporation of adolescent and community views using citizens' juries may lead to greater overall support from the community as their values and needs are more accurately reflected.

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Abbreviations: AUD, Australian Dollar; HPV, Human Papillomavirus; SBIP, School Based Immunisation Program.

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1. Introduction

In Australia, delivery of immunisations through a school based immunisation program (SBIP) has been in place since the 1970s when monovalent rubella vaccine was first offered to adolescent girls in most states and territories. Trained immunisation nurses deliver the program in schools as a standalone clinical service, providing the immunisations specified in the adolescent immunisation schedule to year groupings of up to 200 students per session. Currently the Australian adolescent immunisation schedule includes vaccination against varicella, diphtheria, tetanus, pertussis, hepatitis B and, most recently, Human Papillomavirus (HPV). Vaccine uptake through the SBIP in Australia has been high (between 70 and 90% uptake across various immunisations) and compares very favourably with the main alternative delivery mechanism via family physicians [1]. Despite the continued success of the SBIP in maintaining high coverage, uptake of the most recently introduced immunisation – the HPV vaccination – has been lower than other vaccines in the Australian childhood immunisation program (currently approximately 95%) [2]. Although 80% of girls receive two doses of HPV vaccine, only 71% of girls receive a complete (three dose) course of HPV vaccine in South Australia [3]. While this level of uptake is considered successful in global terms, almost 30% of adolescent girls are not receiving the recommended 3 doses to provide adequate long term protection against HPV-related infections [4,5] and thus there is potential to improve uptake further.

Examining the way in which the SBIP is delivered may assist in identifying factors which could be modified at relatively low cost to improve uptake. The recent expansion of the HPV program to include boys brings into sharper focus the need to ensure effective SBIP for adolescents so that the program can realise its full benefit in terms of herd immunity and equity of access.

One method for informing the development of public health policy such as the SBIP is citizens' juries. In Australia and other countries, citizens' juries have been conducted on a wide range of health-related areas, including health resource allocation [6], pandemic influenza planning [7,8], mammography screening [9] and new genetic technologies [10]. The theoretical underpinning of a citizens' jury is that, given sufficient information on a topic, a small representative sample of the population can deliberate with conscience and arrive at a decision which is informed and draws on community values [7]. Thus, incorporating citizens' juries into the development, implementation and refinement of policy and practice for SBIPs can enhance existing programs in ways which reflect both the best available scientific evidence and community beliefs and values. Juries may be held with groups of adults or, if appropriate, with young people to provide an avenue for their voices to be heard on issues that directly impact them.

The aim of this study was to seek community views about the SBIP; in particular whether there are alternative ways to deliver the program or to improve the existing program to ensure acceptability to young people and their families, whilst also reflecting community values.

2. Method

Two citizens' juries, one with adolescents and one with adults, were conducted in Adelaide, South Australia in 2012 to elicit informed views on the existing SBIP. Jurors were asked to consider the following questions:

Youth Jury: Under what circumstances should adolescent immunisation programs be delivered in schools?

Adult Jury: How can we best enhance the School Based Immunisation Program?

The reworded question for the adult jury evolved through the process of the youth jury which was held first, and better reflected the objectives of the project. Both jury questions were developed with involvement from the project steering group including academic experts and policy makers with representation from the health and education sectors.

2.1. Study recruitment

A local market research company was engaged to recruit participants for both the juries. Potential jurors were selected from a standing panel of community members to match the stratification requirements outlined by the research team to ensure demographically representative juries (Table 1). Recruitment continued until the number of jurors in each stratification was reached (including three standby jurors for the adult jury and four for the youth jury). Jurors received an honorarium of AUD\$250 to compensate for time spent, missed employment opportunities and any study related costs for the two days. Youth jurors signed an assent form, with their parent/guardian providing consent and adult jurors signed a consent form prior to commencement of the formal jury process. The study was approved by the University of Adelaide's Human Research Ethics Committee.

2.2. Jury process

The juries' preparatory activities took place the week beforehand and consisted of a two and a half hour workshop for the Youth Jury and a dinner with 'ice-breaker' activities for the Adult Jury. For each jury, a trained, independent facilitator was employed to guide participants through preparatory activities and the jury event. Both juries followed very similar formats. Both began with introductory information to outline the two days, orientate the jurors and establish ground rules for conduct. This was followed by expert presentations on immunisation, the history and role of the SBIP, ethical issues in immunisation and a presentation of study findings from previous phases of the research project (Supplementary file 1). The facilitators encouraged questions and discussions. On the second day jurors deliberated individually, in pairs or small groups, and as a whole group. Deliberation activities were somewhat more structured for the youth jury. On the afternoon of the second day both juries developed a series of recommendations which were presented to the research team at the end of the day. Detailed descriptions of the jury activities are in Supplementary file 2.

2.3. Documentation of jury proceedings

Recordings were made of all large group discussions including the reading of the recommendations, the question and answer sessions following the expert presentations, and the formal small group activities. Deliberations were not recorded to enable unrestricted discussion about issues and recommendations. Recordings were later transcribed and supplemented by notes taken by the research team either during observation of the process or from listening to the recordings afterwards, and by the written list of recommendations produced by each jury (with votes taken by the adult jury).

2.4. Analysis

Data were analysed thematically by two members of the research team (JC and CP). Written recommendations from the juries were compared with transcripts and notes to add depth and clarity and were then categorised by theme. A process evaluation using the data collected will be reported separately.

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