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| **Promoting Equity in Childhood Immunisation through Innovative Health Promotion Leadership** |
| **Setting/problem**  Internationally, childhood immunisation is regarded as one of the most cost-effective and beneficial health care interventions[[1]](#endnote-1). All children should benefit from immunisation regardless of where they live and who they are. The World Health Organization states that promoting more equitable access to immunisation must remain a core goal[[2]](#endnote-2). In New Zealand, significant socio-economic, ethnic and geographic inequities exist in immunisation coverage. An active response is required to address disparities in immunisation access and utilisation.[[3]](#endnote-3) Action is required to integrate equity considerations into immunisation service planning. Health Promotion is ideally positioned to advocate for a health equity agenda and possesses the expertise required to lead the translation of health equity rhetoric into equity focused actions and outcomes.  **Intervention**  In 2017 the Taranaki District Health Board led a Health Equity Assessment (HEA) of immunisation in Taranaki. By employing an innovative, locally developed process the HEA aimed to cast attention on the existing inequities in childhood immunisation coverage in Taranaki and identify service improvement opportunities to address unfair immunisation disparities. The Ministry of Health 2008 Health Equity Assessment Tool (HEAT)[[4]](#endnote-4) was employed to frame the health equity analysis. Evidence was collected from a stakeholder workshop, key informant interviews, consumer interviews and focus group, data analysis and a literature review. Eleven recommendations were made to the immunisation service to improve equitable access to immunisation.  **Outcomes**  The HEA highlighted existing geographical, ethnic and socio-economic inequities and barriers to achieving timely immunisation coverage. It identified a range of opportunities to strengthen service equity, emphasizing that a number of strategies are required at multiple levels to tackle persisting inequities. The childhood immunisation service formally accepted the HEA findings and prioritised the recommendations to guide strategic and collaborative planning. The HEA raised awareness of inequities in immunisation amongst stakeholders and has directly impacted on service planning decisions which are now driven by a stronger health equity lens.  **Implications**  This case study demonstrates the potential for Health Promotion to advocate for health equity within organisational planning practices by utilising equity tools such as the HEAT tool.  **Preferred presentation format:** Oral presentation |

1. Turner, N. (2012) The challenge of improving immunization coverage: the New Zealand example. Expert review of vaccines 11:1, 9-11. DOI: 10.1586/erv.11.157 [↑](#endnote-ref-1)
2. World Health Organization. (2017). 2017 Assessment Report of the Global Vaccine Action Plan Strategic Advisory Group of Experts on Immunization. Geneva: WHO. Licence: CC BY-NC-SA 3.0 IGO. [↑](#endnote-ref-2)
3. Brearley, L., Eggers, R., Steinglass, R., & Vandelaer, J. (2013). Applying an equity lens in the Decade of Vaccines. Vaccine, 31, B103-B107. [↑](#endnote-ref-3)
4. Signal, L., Martin, J., Cram, F., and Robson, B. (2008) The Health Equity Assessment Tool: A User’s Guide. Wellington: Ministry of Health [↑](#endnote-ref-4)