

Module 1. Cultural Awareness - Topic 4. Acknowledgement of health and social service needs for users and staff

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1. INTRODUCTION

Vaccine hesitancy is receiving increasing public health attention in developed and developing countries around the world. Evidence suggests that in North America, Europe, and in other parts of the world, public confidence in vaccines is decreasing and anti-vaccine movements are becoming stronger (Dubé, 2014). When faced with vaccine hesitancy, public health authorities are looking for effective strategies to address it. Many public health interventions to promote vaccination have been based on a “knowledge-deficit” approach assuming that vaccine hesitant individuals would change their mind if given the proper information. However, research on vaccine acceptance has shown that individual decision-making regarding vaccination is far more complex and may involve emotional, cultural, social, spiritual or political factors as much as cognitive factors.

2. AIMS

The aim of the tool is to investigate the health and social needs of the health professionals but and the users that help to tackle vaccine hesitancy and to promote vaccination.

3. LEARNING OUTCOMES

At the end of this training, the participants will be able to:

- Define the terms: need, health needs and social needs.
- Explain the procedure of needs assessment.
- Refer some of the health and social needs of health professionals and users that can promote the vaccination and tackle vaccine hesitancy based on research findings.

4. THEORETICAL FRAMEWORK

4.1. Concepts and Definition

Need

The term, “need”, is used widely, but it can have a variety of meanings. The Oxford Advanced Learner's Dictionary of Current English (Oxford Advanced Learner's Dictionary of Current English., 2020) refers four meanings of this term:

1. a situation when something is necessary or must be done
2. a strong feeling that somebody want somebody/something or must have something
3. the things that somebody requires to live in a comfortable way or achieve what he/she wants
4. the state of not having enough food, money, or support.

All these meanings share the same idea - a need refers to a lack of something.

Health needs

The concept of “health needs” is one of key concepts in public health (Zaletel-Kragelj, Eržen and Premik, 2008). From the public health standpoint, the most important perspective on this concept is the perspective of a population, or an individual respectively (figure 1).

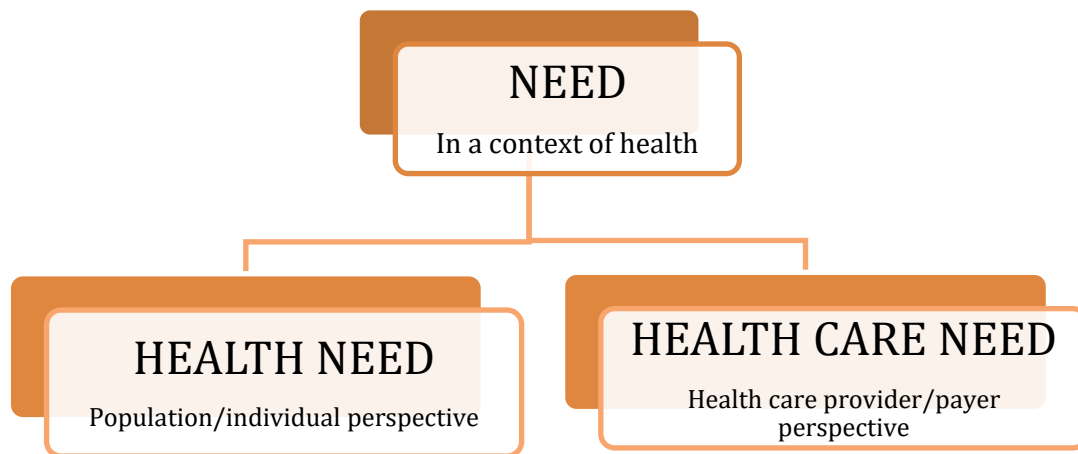


Figure 1. Health needs from population/individuals' perspective (Zaletel-Kragelj, Eržen and Premik, 2008)

There exist several dimensions of health need from perspective of population/individual, at least being physical, mental, social, and environmental (in the sense of natural, physical and biological, environment) (Figure 2).

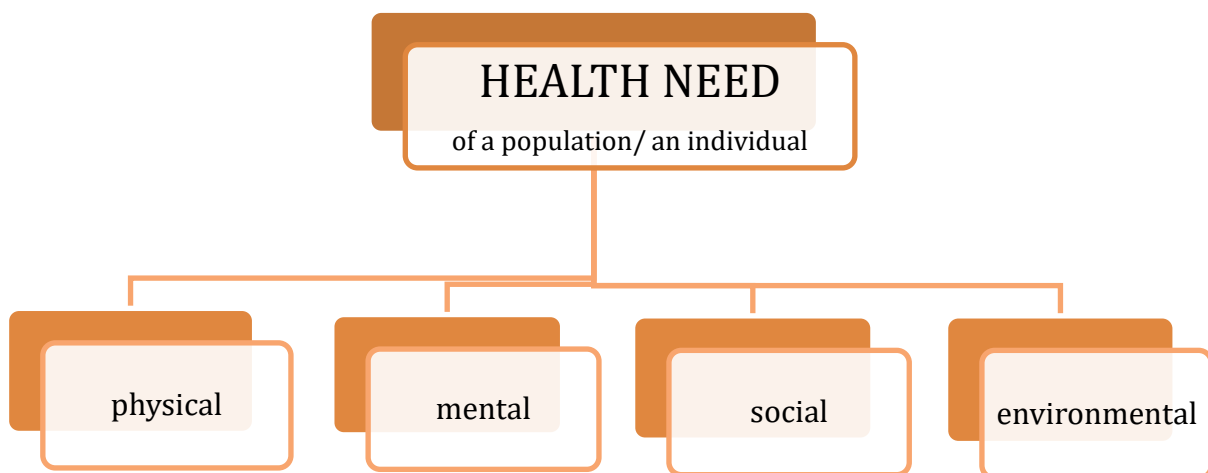


Figure 2. Some dimensions of health need of a population/an individual (Zaletel-Kragelj, Eržen and Premik, 2008)

Health needs assessment in public health practice

Assessment of health needs is a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs. It involves epidemiological, qualitative and comparative methods to describe health problems of a population, identify inequalities in health and determine priorities for the most effective use of resources. This approach must balance clinical, ethical, and economic considerations of need that is, what should be done, what can be done, and what can be afforded (Wright, 1998).

Social needs

The term "Health-Related Social Needs" is sometimes used interchangeably with the Social Determinants of Health (SDOH), but an important distinction can be made.

Health Related social needs refers to the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They include things such as housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation and affordable utilities, and more.

Social Determinants of Health on the other hand, refers to the conditions in which people are born, grow, work, live, and age that are shaped by the distribution of money, power and resources and impacted by factors such as institutional bias, discrimination, racism, and more. The World Health Organization's (WHO) definition of SDOH includes political, social and economic forces that affect health by shaping the conditions in which people live. These determinants are usually viewed as system- and policy-level influences that affect everyone in a society and can either drive or reduce inequities in housing, education, jobs, pay, and other social institutions and opportunities. At a person level, the downstream consequences of SDOH for people who have been systematically disadvantaged include unmet social needs, such as unstable, unaffordable, and/or low-quality housing; food insecurity; unemployment; lack of quality, affordable childcare; or needing utility payment assistance (*The world health report: 2006: working together for health*, 2006).

Assessing Social Needs

The most commonly Social needs screening tools assess needs related to food, utilities, housing, transportation, and personal safety. Within these multidimensional domains, screening tends to focus on aspects of the need that align with the priorities of the health care organization or its perceived locus of influence. For example, screening items are more likely to assess housing stability than housing quality, even though both can have a significant impact on people's lives and health. Most screening tools do not include an open-ended question about other social needs that patients may want to report that were not already addressed; such a question could improve the patient-centeredness of screening tools and elicit additional needs.

4.2. What the research says on the topic

Leask, J., Kinnersley, P., Jackson, C., Cheater, F., Bedford, H., & Rowles, G. (2012). Communicating with parents about vaccination: A framework for health professionals. *BMC Pediatrics*, 12, 154. <https://doi.org/10.1186/1471-2431-12-154>

Vaccine uptake rates in most industrialized countries are generally high. However, two broad parental factors are associated with under-vaccination. The first relates to socioeconomic disadvantage where, despite some motivation to have their children vaccinated, parents or carers lack access to adequate resources and support to overcome logistical barriers such as a lack of transport or childcare (Falagas, 2008; Samad, 2006). The second factor relates to parents' concerns about the safety or necessity of vaccine (Gust, 2008; Smith, 2004). A critical factor shaping parental attitudes to vaccination is the parents' interactions with health professionals. An effective interaction can address the concerns of vaccine supportive parents and motivate a hesitant parent towards vaccine acceptance (Kennedy, 2011). Conversely, poor communication can contribute to rejection of vaccinations or dissatisfaction with care. Such poor communication often results from a belief by the health professional that vaccine refusal arises from ignorance which can simply be addressed by persuading or providing more information. Such an approach is counter-productive because it fails to account for the complexity of reasons underpinning vaccine refusal and may even result in a backfire effect (Jackson, 2008).

A report summarises the results and data collected through the 2018 ECDC capacity and training needs assessment survey. The field of vaccination and vaccine hesitancy was flagged up as an area where training is needed. The vaccination and vaccine hesitancy field were mentioned by several countries. The need to tackle vaccine hesitancy through training in communication and advocacy, addressing behaviour change and using new communication technologies, was mentioned twice. Surveillance and management of vaccine-preventable diseases, assessment of emerging risks from

vaccine-preventable diseases and response to outbreaks caused by vaccine-preventable diseases were also mentioned.

Arogundade, L., Akinwumi, T., Molemodile, S., Nwaononiwu, E., Ezika, J., Yau, I., & Wonodi, C. (2019). Lessons from a training needs assessment to strengthen the capacity of routine immunization service providers in Nigeria. BMC Health Services Research, 19. <https://doi.org/10.1186/s12913-019-4514-2>

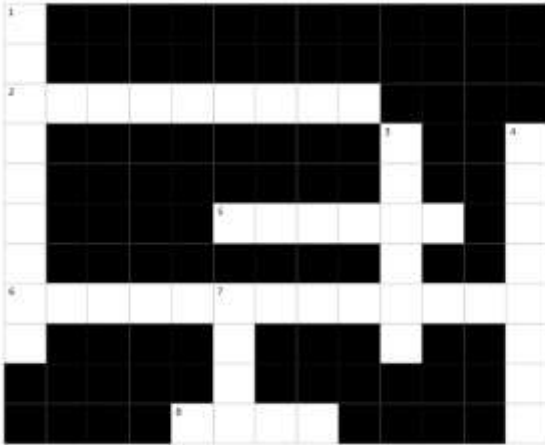
The health workforce is one of the key pillars of a health system in both developing and developed countries (Adeloye, 2017). The provision of an efficient health service delivery, including immunization is heavily reliant on a skilled workforce to deliver quality services (*The world health report: 2006: working together for health*, 2006). Training Needs Analysis survey tools were designed to obtain knowledge-based information on the fundamental Expanded Program on Immunization concepts through key informant interviews and focus group discussions with 90 health workers and 27 pre-service tutors. Quantitative data was also obtained, hence utilizing a mixed method approach for the study. This TNA revealed that the knowledge and skills gap among some service providers and their inability to effectively deliver immunization services goes beyond just the lack of regular and well-structured training to improve knowledge. Instead, it reveals other deep-seated issues affecting primary health care delivery such as inadequate funding, frequent delays in the release of funds to carry out RI program activities, inadequate staffing mainly due to non-replacement of retired staff and other vital accountability issues in the system. Furthermore, many of the findings are valuable in informing the design and planning of training required to develop health worker skills with the resultant impact on routine immunization service delivery in Nigeria.

5. LEARNING ACTIVITIES

Activity 1 (duration: 10 minutes). This exercise is in English and optional.

In the following link complete the crossword puzzle:

https://puzzel.org/en/crossword/play?p=-NJjPS_xLR7r7z2bYq9



| ACROSS | | DOWN | |
|--------|---|------|---|
| 2 | the most common tool for assessing social needs | 1 | vaccine considered that is receiving increasing public health attention |
| 5 | needs that individuals experience like safety housing, healthy food, job. | 3 | there are several dimensions of this need |
| 6 | it is an effective intervention to motivate and support parents towards vaccination acceptanceparents | 4 | factor associated with under-vaccination in children |
| 8 | political, social and economic forces that affect health by shaping the conditions in which people live (first letters of four words) | 7 | a situation when something is necessary or must done |

Activity 2 (duration: 15 minutes):

Watch the video and write the four steps a health professional should take to make sure the patients are fully immunized, then share your thoughts/opinions/experiences about the issues on this topic on the dedicated forum and give feedback to other participants.

According to your work setting, discuss how you would assess the need of an individual for vaccination. <https://www.youtube.com/watch?v=hWsX2vu3PQU> (12'12'') (English, Subtitles auto-generated in all languages).

6. ASSESSMENT ACTIVITIES

In the following link you will take the quiz taking a score (duration: 10 minutes):

<https://take.quiz-maker.com/QB8LPN1ZY>

Questions and Answers

1. The term "need" is a strong feeling that somebody want somebody/something or must have something.
2. Health needs are the physical and mental needs of the population/individual.
3. Health needs assesment is a systematic method to identify.
4. Health Related Needs are the political, social and economic forces that affect health by shaping the conditions in which people live.

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