

Flu Vaccinations among the Kingston Homeless & Rough Sleeper Population - Engagement Report June 2018

Background:

Homeless people and rough sleepers are at increased risk of influenza due to of high rates of smoking, chronic lung disease, other co-morbidities, poor nutrition, and crowded living conditions. Individuals with chronic health conditions including chronic lung disease, heart disease, diabetes and those aged over 65 are eligible for the seasonal influenza vaccination¹. A survey conducted in 2011/12 identified that the homeless population in London have high levels of chronic health problems predisposing them to severe complications of influenza, but vaccine uptake levels that are less than half those seen among eligible GP patient groups².

In London, the UCLH Find & Treat service³ provide a pan-London case finding and management service for homeless and vulnerable populations which screens for active TB and blood borne viral infections. The Find & Treat service is also commissioned to provide flu vaccinations for homeless and vulnerable people engaging with their service across London.

A Homeless Health Day was held for homeless and rough sleepers, and those at risk of homelessness, in Kingston in October 2017. Over 20 professionals attended to cover a variety of topics relating to health and wellbeing and were offered flu vaccinations by the Find & Treat team. The uptake of vaccinations was 17.6% (n=9/51). Following the event, a recommendation was made to explore why uptake of the flu vaccine was low and how this could be improved in the future.

Aim and objectives:

The aim of this research is to understand homeless people and rough sleepers attitudes towards and barriers to accessing influenza vaccination in order to develop strategies to improve uptake of the vaccine in Kingston. The specific objectives are to:

1. Estimate uptake of the flu vaccine this season among homeless people and rough sleepers participating in the focus group
2. Understand the reasons behind low uptake of the vaccine at the homeless health event in Kingston
3. Explore the barriers to vaccine uptake among homeless people, and uptake of influenza specifically
4. Assess awareness of and attitudes towards vaccination among the homeless community in Kingston
5. Identify strategies to improve vaccine uptake among the homeless community in Kingston.

Methodology:

Method: Up to 3 focus groups will be conducted with homeless people and rough sleepers in Kingston. To ensure a mix of clients we will attempt to recruit to 3 separate groups consisting of:

6. Younger men
7. Older men
8. Women

The focus groups will follow a topic guide (Appendix 1).

¹ <https://www.nhs.uk/conditions/vaccinations/who-should-have-flu-vaccine/>

² Story A et al. Influenza vaccination, inverse care and homelessness: cross-sectional survey of eligibility and uptake during the 2011/12 season in London. BMC Public Health. 2014. 14:44.

³ <https://www.uclh.nhs.uk/ourservices/servicea-z/htd/pages/mxu.aspx>

Participants will be given an information sheet and consent form to confirm that they have understood the purpose of the discussion and how the information will be used. This will be prepared in conjunction with SPEAR to ensure that the language and content is appropriate for the client group. (Appendix 2)

Recruitment: Participants will be recruited through various local organisations working with this client group. A recruitment leaflet / poster (Appendix 3) will be developed for display in service provider locations and for staff to use to encourage clients to attend. To incentivise participation, refreshments (including food) will be provided. The provision of yoga or acupuncture following the group discussion will also be explored.

Location: The groups will be held at KCAH (Kingston Churches Action Against Homelessness) and MOT (Moving on Together) venues throughout the Royal Borough of Kingston.

Equipment: Dictaphone / recorder, information sheets / consent forms, refreshments, flipchart paper, post it notes, pens

Analysis:

The focus groups will be recorded using a dictaphone recorder. The recording will be transcribed. Photographs will be taken of any materials produced by focus group participants during the discussion.

A thematic analysis will be conducted of the transcription materials. This involves creating a set of open codes that emerge from the transcription, rather than defining a set of codes a priori. The thematic analysis will be undertaken on printed copies of the transcription and in a word document.

Findings:

Three main themes were identified which demonstrate the attitudes and experiences those who are homeless or in temporary accommodation have towards vaccinations in general, with a spotlight on Flu.

We started by asking people who were currently street-homeless or in temporary accommodation, what they felt they were at risk of in terms of infectious diseases, we had a broad and accurate response. They showed a positive level of knowledge about what infectious diseases were and what they might be susceptible to.

“So what like airborne diseases and things”

The following diseases were highlighted by clients: TB, Hep A, B and C, Flu, HIV, Scabies, Ringworm, Impetigo and Pneumonia.

We explored with clients whether these diseases were something they worried about. The worries expressed were mixed and based on the different circumstances and experiences clients had had or were having. We have explored the key themes below.

1. Individual’s priorities and perceived risks to their health

The cohort of clients rough sleeping or in temporary accommodation we engaged with expressed a disconnect with their own health and wellbeing or receiving healthcare. It was clear they had their own scale of importance due to their current circumstances and experiences.

“Do you know what the amount of cocaine I've snorted I've never actually looked into it, using different notes or what you can catch from it. You know what, I've never looked at it like that. Think of how many houses a banknote goes through. Do you know what it's been oblivious to me.”

“ COPD third stage 20% lung capacity is what I have and worry about”

“You don't get the flu now, I've got no time for that”

“Tend not to worry about flu and things”

Certain infections or areas of the body took higher priority, such as HIV or Tetanus over Flu or Pneumonia based on perceived risks to their health.

“I worry about HIV as a gay man. I think it's quite a risk for me and in the past I've been in difficult situations and had to rely on sex work, it's been quite a concern particularly when PrEP and things like that are not available on the NHS”

“My feet gets messed up and I can't deal with it and I want to know my feet going to be alright or if anything really bad, serious happens and I can't stitch myself up”

“Yeah I will be more worried about getting something like tetanus then Flu”

With further exploration it was clear that, for these clients, the likelihood and perceived risk of getting Tetanus was more credible than Flu due to the environments they inhabit being homeless:

“Saying that, if you cut yourself on the street on a bit of metal, then you go and get a jab straight away for Tetanus”

“Tetanus is something I think everybody should have protection from with the jab...can't do you any harm if you scratch yourself on something dirty it's worth getting”

“It's easier to get tetanus because you could just be walking through somewhere, walking through a bush, trying to find somewhere to get your head down and easily scratched yourself”

The distinction between vaccinations was interesting, with a clear divide for clients. As Tetanus was a concern it was deemed acceptable and necessary to have this vaccine, possibly as it caused by more relatable circumstances. Whereas the Flu vaccine appeared to be mistrusted (see section 2).

2. Perceptions and Beliefs of vaccinations and immunity

Clients expressed their beliefs towards illness, infection and prevention. The majority used their belief systems to determine whether they were at risk of infection which had some parallels with their priorities based on being homeless.

“I wake up in the morning and carry on darling, if you're going to get ill you're going to get ill, don't use other people's needles that's how you don't get Hepatitis”

“It's just Karma”

“I don't believe in the flu vaccination or any other vaccinations now”

Their beliefs extended into perceptions of what vaccinations do, why we use them and whether they should have them. Their responses showed a deep level of mistrust for the health system and professionals within it. When in discussion these opinions were shared by the majority and applied broadly to vaccinations, not just the Flu vaccine.

“I wouldn't be giving it to my child. I think that about most Vaccines. I just don't trust these people man, they'll put anything in you like guinea pigs.”

"They've got a lot a lot of bad stuff in them. America won't use them because have a British report showing all the stuff dumped into them was very bad and I don't get it anyway, so never suffered from it, everyone else drops like fries" (Flu)

"Know why people get them? It's what they hear, it's what they are told. Their brainwashed"

"I have heard the flu jab can kill you"

"Until I have more information I would be nervous to have it" (Flu)

"They're writing lies on the internet you can't believe it everything you read on the internet"

"It could kill you, the vaccinations, I think that about most vaccinations"

"Like, when newborn mums didn't want to give their babies injections, that says something doesn't it?"

"I just don't like the fact that they're injecting me with the Flu, if you're going to get the flu you're going to get over it, so you don't need the flu to be inside you for your immune system to fight it. You're going to get over it"

"The Flu one doesn't seem to work, I don't get the Flu, but they always say they give you the wrong one. It's a different virus this year, they don't know what it is"

"I don't trust those things"

Immunity to such illnesses were linked with various aspects of life, including exposure to dirt and germs:

"It might sound strange. I work outside work on lorries, all different lorries and sometimes I will always wash my hands but sometimes when I'm doing a service engine I just take my gloves off so my immune system - touch wood - I haven't been ill for a long time. Whether that's because I'm always outside I'll get my hands dirty and I'll eat if I'm planting things in the garden I get soil on my hands, it's not going to kill me, but people wrap their kids up so they have a low immune system"

"I eat with oil on my hands and I'm fine"

Immunity was also linked to their understanding of their own body and the rate of infections they have or have not had, alongside age as a factor affecting immunity:

"People can have the Flu around me and drop like flies but it doesn't happen to me, I have a strong immune system... believe"

"I've seen other people get it, I don't get it"

"It might be affecting you, but it's not affecting me"

"I'll probably get it when I'm an old lady. When I'm 65 because your immune system is weaker"

For some clients their past experiences of the Flu vaccine were influencing their future intentions:

"Didn't know if I'd get it again, I don't know if you really need it if you look after yourself"

"I don't really worry about it I had a flu jab last autumn at a health event here and then I've had cold after cold after cold since then, but that was about the time I got off the street. When I was homeless I was never ill. Since I've not been homeless I can't stop it, I think it's because my body is just relaxing, but yeah I don't really worry about it"

There was some discussion with clients about prevention methods to reduce chances of catching infections. They expressed a broad range of methods relating to different illnesses.

"It's a proven fact an old-fashioned remedy"

"It's amazing what plants are out there which you can use"

"Well HIV hepatitis that's sexual contact, so that's just safe sex. Impetigo or skin infections you get with common contact so you don't, I don't, know how you protect yourself against that"

"Abstinence"

"Wearing a PC suit"

Prevention methods specifically relating to Flu were put forward:

"Just wrap yourself up"

"Flu is going to come anyway"

"But that's just good diet, being healthy, don't get run down, sleep enough"

"Yeah well I think if you look after yourself you'll be alright but if I wanted it then yeah that's it. But you see some people eat healthy all day long and they still get the flu"

3. Health awareness and opportunities for prevention

Awareness levels of what Flu is and the identification of symptoms were unclear as clients described various levels of infection which could relate to viral colds, Flu or Pneumonia:

"We all know about the Flu"

"You get a cough, temperature, feeling achy"

"It's just there for a few days and then it goes."

"Achy"

"Sweaty fever"

"I don't even know what the flu is"

"So many people say they've had it when they have a common cold, but I had it when I was 11 and I was actually hallucinating and I think that was the flu and everything else has a cold"

"It can kill can't it?"

"Yeah I was all over the place I wasn't sure if I was awake or asleep"

Overall, experiences with healthcare professionals in GP's were expressed as positive however all clients were united that they had not been offered the flu vaccine and had a clear understanding of who is eligible based on medical guidance they had received and national campaigns.

"For the over 65's or 70's, but not for anyone younger"

"Don't you have to be a certain age to get it?"

"It's only old people who get it"

"Isn't it October onwards"

"Diabetics"

"Children"

"Asthmatics"

When eligibility was discussed it was clear participants were unaware they would be eligible. The majority had no awareness that if you are homeless or in temporary accommodation you are entitled to a free flu vaccine each year at your GP or Pharmacy.

"I did not think I was eligible as I thought it was just for old people"

"No"

"No"

"It only says over 65 at the doctors"

"That's not made clear though when you're homeless"

"No, didn't know that"

"Wouldn't it be free anyway"

"No"

"I think just knowing you know, I didn't know that if you were homeless that you could have it. That should be made a lot clearer I think"

Clients had clear thoughts on where they would go for vaccinations or where they felt they might be able to receive the Flu jab. The responses clarified their high knowledge level of local services and support available.

"Well I had one when they had a health day here in October. Yeah they had a van outside doing a TB check and Flu jab and all of that so yeah, full MOT really. That's the only time I've ever had one I've always stayed clear of jabs."

"I would have thought the doctors, but they don't speak to me about vaccinations"

"Going to St Peter's church or The Moving On Together group"

"Piper Hall is another location I go to"

"When I lived in North London I had a blood glucose test done in a local pharmacy, but have not had anything since living in Kingston"

"I will go to Medical Practice but when I did I had to ask for the Flu jab but they didn't offer it to me"

"I will go to the doctor's"

"...and the pharmacy do it"

"...and boots at the airport"

When asked if they would consider having the Flu vaccine following this discussion the majority declined. Some clients referenced a fear of needles but this was only mentioned within this portion of the discussion.

"Not at all"

"I'm not a fan of needles, put one in front of me and I fell off the chair"

"If I don't see it then it's fine"

"Maybe, it depends on my circumstances, it depends if I have a home by winter"

"Don't think so"

"I don't need to get the vaccinations, I will be the miracle for Jesus"

"Yeah if I was at death's door and it was the only thing that would save me I'd have it"

"If you are watching young people die of the flu then yeah I'd go and get it, so if there was an outbreak"

"Don't know if I'd get it again, I don't know if you really need it if you look after yourself"

Discussion:

From the focus groups and 1-2-1 interviews in drop in centres it was challenging to estimate client uptake of the flu vaccine this past season, however based on conversations it was clear that the majority had not been offered or accepted vaccinations for Flu. We were able to gain an understanding of the reasons behind low uptake of the vaccine at the homeless health event in Kingston, with the majority of clients showing high levels of mistrust about the Flu vaccine and feeling Flu is not a viable risk to their health that needs that level of prevention. Instead, many wanted to self-manage through other lifestyle factors such as eating well and getting enough sleep.

The major identified barrier to low vaccine uptake among homeless people, and uptake of influenza specifically was evident with the majority of those we spoke with not being aware they were eligible for this vaccination and not offered it at their local GP's during appointments.

Attitudes towards vaccinations among the homeless community in Kingston were mixed; some did not put importance on this vaccination as it was not a priority for them in comparison to other health needs or conditions, others showed a great level of mistrust in the vaccination (what was in it, infection rates in the community, personal experience and what effect it would actually have on their health) and others expressed an overall mistrust for the health system in general and any form of vaccination or immunisation. The only acceptance of vaccinations within the discussions were linked to more relatable infections, such as Tetanus.

Overall, there appeared to be a lack of knowledge around what Flu is, the symptoms clients would expect to experience and the true risks to your health.

The research conducted had some limitations as we engaged with a small number of individuals (11 total) and using a mix of focus group and 121 interviews. However, this level of engagement on this topic was a positive, based on the support from voluntary sector organisations. The level of detail clients were willing to go into and comfortable to disclose personal details about their health led to a positive and in depth discussion which Kingston based Health Services can learn from.

Recommendations for Kingston Borough:

- 1. CCG and Primary Health Care Services partner to identify strategies to improve vaccine uptake among the homeless community in Kingston.**
- 2. CCG and voluntary sector (with homeless as core client group) explore how to communicate full eligibility for the Flu vaccine amongst all eligible communities.**
- 3. When at health events, facilitate discussions for health education about vaccinations: their benefits and risks in order to dispel myths and misconceptions.**

Appendix 1: Draft focus group topic guide

What infections / bugs do you think that you are at risk of?

(Get participants to either write on post it notes and put these up on a flipchart, or the facilitator to write these up)

Do you worry about these?

Which ones do you worry about the most? (Ask them to order / move post it notes around in order of importance)

If not why not? - If you do, what do you worry about?

Do you know how to prevent / reduce the risk of catching infections and bugs?

What things can you do?

If not mentioned, what about vaccinations?

Can you tell me about any vaccinations that you know are available for you?

Are these vaccinations important to you?

Why are these important?

Why do you think this?

How do you find out about what vaccines you need?

How would you get any vaccines that you need?

Where would you go to have a vaccination?

How easy or hard is this? (Explore GP access, registration)

What do you know about the flu vaccine?

What is it for?

Who can get one?

When do you need one?

Why do you need one? Is it important to you? Why / why not?

Have you ever been offered a flu vaccination?

Where were you offered it / who told you about it?

How were you told about it?

When were you told about it?

What information were you given?

Have you had a flu vaccination this winter?

If yes:

Why did you have one?

Where did you have it?

How did you arrange it?

If no, why not?

What would encourage you to have a flu vaccination next year?

What would make it easier to get the vaccine?

Where would be the best place to get the vaccine?

Appendix 2: Draft information sheet and consent form



Consent to take part in Research with those experiencing homelessness aged 16 & over - focusing on health and infectious diseases.

Public Health (from Kingston Council) are talking with those experiencing homelessness to understand how they feel about their health experiences related to infectious diseases and treatment within Kingston. The reason we are asking these questions is to show where Kingston Council and other services could work harder, knowing and supporting your needs better.

By signing below you are showing that you:

- understand what the research is about
- give permission to record what you say so we have an accurate record of our conversation
- understand that your details will not be shared with anyone and that your name will not be used in any reports
- understand that you can refuse to answer any question or to stop taking part
- you are happy for this information to be fed back to the the JSNA for Public Health England to inform and improve services and that information may be used in a published report

Printed Name:

Signature:

Date:

The following information will be used for our statistics and equal opportunity monitoring purposes only.

Which age group are you in? Please circle

Under 15	15 – 18	19 – 25	26 – 29	30 – 34	35 – 39
40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	
Over 65					

What is your ethnic group? Please circle

White
British English Gypsy Roma Irish Traveller Other Gypsy Other
Traveller Irish

Any other white background (Please cross and write in)

Mixed

White and Black Caribbean White and Black African White and Asian

Any other mixed background (Please write in)

Asian or Asian British

Indian Pakistani Bangladeshi

Any other Asian background (Please cross and write in)

Black or Black British

Caribbean African

Any other black background (Please cross and write in)

Chinese or Other ethnic group

Chinese

Any other (Please cross and write in)

Appendix 3: Poster / leaflet to advertise focus groups

FOCUS GROUP

WE WANT TO SPEAK TO YOU!



We would like to speak to you about your health - we want to learn from you about the choices you make to try and make services better.

Light refreshments provided.

Tuesday 12th June

11am - 12.30pm

KCAH,

St Peter's Church Hall, London Rd,

Kingston upon Thames,

Surrey, KT2 6QL

