Talking about flu vaccination with Aboriginal and Torres Strait Islander families

This resource is a conversation guide for immunisation providers to use when discussing vaccination with Aboriginal and Torres Strait Islander people and families of all ages. It’s designed to support providers to feel comfortable to have these conversations and strongly recommend vaccination.

Building rapport
Building rapport leads to building trust and creating a comfortable environment. Greet with a smile and take the time to chat about something more personal for the person, before discussing their health. Building rapport will take time.

Family considerations
Family is an important aspect of Aboriginal and Torres Strait Islander communities. Some people may wish to have their family as support at appointments and may refrain from accessing services if they are unable to do so. Provide the flexibility to have more people present at appointments. This is particularly relevant for families who have multiple children – it can be very challenging for parents to find childcare for children when appointments are restricted to one parent and one child.

 Asking the question
It is really important to know whether a person identifies as Aboriginal or Torres Strait Islander. Don’t assume how a person does or does not identify and always ask the question.

“Do you or your child identify as Aboriginal or Torres Strait Islander?”

“Would you like to bring an Aboriginal health worker or family member with you?”

“You can bring your other children/family members along.”

A person walks in wearing a sporting jersey or hat. “How’d your team go in their last game?”
Talking about flu vaccination with Aboriginal and Torres Strait Islander families (continued)

**Strong recommendation to vaccinate**
Aboriginal and Torres Strait Islander people value a clear, strong recommendation to vaccinate. Sometimes people need a strong reminder about the importance of vaccination in order to vaccinate. As a provider, your strong recommendation to vaccinate is very important.

Explain to the person that vaccination will help them protect themselves, their families and their communities, against serious illness and potential hospitalisation from communicable diseases.

“It’s really important for your health and the health of your family for you to have this vaccination.”

**Opportunistic vaccination**
Consider every visit an opportunity to have a conversation about vaccination and the opportunity to vaccinate.

Consider who else might require a vaccination. Does the person have a family member in the waiting room or car who hasn’t been vaccinated? Offer everyone present the opportunity to be vaccinated.

“Did anyone else come with you today who might want their flu shot now, too?”

**Some things to consider when having a conversation**
- Try to be flexible and accessible when booking appointments.
- Avoid reprimanding a person if they miss an appointment.
- Don’t rush a person during their appointment.
- Some Aboriginal and Torres Strait Islander people don’t make eye contact for various cultural reasons.
  - Follow the other person’s lead and lower your eyes during conversation.
- Avoid rushing a response from the patient and allow for silence.
  - Observe and respect the silence.
  - Give the person time to process and respond.
- Avoid interrupting the person while they are talking.
- Avoid using medical jargon.
- Ensure the conversation occurs in a private space.
EXAMPLE OF A SUPPORTIVE CONVERSATION

“I can see that you’re due for your flu shot. Do you have any questions or concerns about getting the flu shot?”

“I don’t know whether to get it. My mum had the flu shot the other day and it gave her the flu. I don’t want to get the shot and get sick like her.”

“Do you have any other concerns about having the flu shot?”

“No, I don’t think so.”

“Thank you for sharing your thoughts and concerns with me.”

The immunisation provider has started this conversation by asking if the patient has any questions and has let the patient talk without interrupting. They may nod while the patient is speaking to show they are listening.

The immunisation provider here is encouraging the patient to express any other concerns they might have.
“It’s normal to have concerns and I can see you’re really thinking about your health. Can I share with you what I know about this vaccine? We can explore your concerns together.”

“So, you mentioned you don’t want to get the flu shot and get sick like your mum.”

“Yep, that’s right.”

“That would be great.”

“The flu vaccine does not have a live virus, so it cannot give you the flu. But it is normal to feel a bit achy, tired or feverish after getting your shot and to have redness and swelling at the spot where the needle went in. These side-effects are normal; they mean that your body is responding well to the vaccine.”

Here, the immunisation provider is acknowledging the patient’s concerns and asking for their permission to share knowledge about immunisation.
“I have the flu shot every year and I recommend that everyone has it. I recommend that you have it. We can chat to the practice nurse about getting the flu shot today if you would like.”

“So, why did my mum end up with flu even after getting the flu shot?”

“It takes the body a couple of weeks after getting the flu shot to build its strength and immunity against the flu. So, if you come into contact with the flu virus soon after you receive your flu shot, you can still catch the flu.”

“So, you can get the flu even if you’ve had the shot?”

“Yes, until the shot’s had time to work. Also, it’s never 100% guaranteed to stop you getting the flu, but if you have the flu shot, you’re less likely to get really sick and need to go to the hospital if you do catch the flu. It also helps to protect Elders, bubs and people with other health problems you live with or have close contact with, as they’re more likely to get really sick from the flu.”

The next step is for the immunisation provider to recommend vaccination.

“I have the flu shot every year and I recommend that everyone has it. I recommend that you have it. We can chat to the practice nurse about getting the flu shot today if you would like.”

“That sounds good.”

Note: For suggestions on how to address other common questions about flu and the flu shot (e.g. ‘Why get the shot if I don’t feel like I’m at risk of getting the flu?’), see the Flu vaccine information for Aboriginal and Torres Strait Islander people.
What can we do as a service?

As a service, you can do the following:

– If you’re scheduling vaccination appointments, be flexible with your appointment times and offer to help with transport if possible.

– Remove barriers to vaccination for families by removing any fees related to vaccinations or consultations.

– Consider hiring an Aboriginal Health Worker who can act as a trusted community liaison with Aboriginal families. The Aboriginal Health Worker can also help non-Indigenous staff become more culturally aware.

About this resource

This resource was developed by Aboriginal Population Health Trainee Larissa Karpish, in collaboration with the Social Science team at NCIRS. It was developed as a result of the findings of the NCIRS Social Science Aboriginal Influenza Vaccination Study.

What other resources can support my conversations with Aboriginal and Torres Strait Islander families about vaccines?

See here for a list of resources designed specifically to support immunisation providers in having supportive vaccination conversations with Aboriginal and Torres Strait Islander families.


About the example of a supportive conversation

The example of a supportive conversation comes from Sharing Knowledge About Immunisation (SKAI) vaccination support resources. An adaptation of SKAI for Aboriginal and Torres Strait Islander peoples is currently underway. For more information about SKAI, visit: skai.org.au

For more information about vaccination for Aboriginal and Torres Strait Islander people, see www.ncirs.org.au/VFOM

Prepared by National Indigenous Immunisation Coordinator Katrina Clark and the team at NCIRS.