

*Chicago Department of Public Health*

*Parent Focus Group Report on*

**Parental Barriers to Childhood  
Immunizations**

**Executive Summary**

**December 15, 1999**

## EXECUTIVE SUMMARY

Parents of young children from four predominantly African American Community areas of Chicago were recruited and volunteered to complete a short survey and participate in the focus group discussion. The purpose of the survey and the discussion was to identify barriers to immunizations of young children, discuss perspectives of low immunization rates among African American children and identify possible solutions to the problems. Furthermore, the parents were to provide input on the development of a campaign to address low immunization rates in the African American Community.

Findings suggest a consumer model that calls for a need to address not only social issues that parents, especially younger parents, face but also access to immunization service. Parents clearly emphasized that availability of free shots and clinics do not translate to accessibility when the clinics are not open during hours that could accommodate their other obligations. They articulated the need for providers, regardless of ethnic background, to have better communication skills. They especially felt disempowered by the lack of cultural sensitivity, lack of cultural competence and the language barriers that exist in their encounters with the clinicians. While parents expressed an overwhelming acceptance of responsibility for immunization, they also expressed concern over providers' lack of organized and consistent tracking as other reasons for low immunization.

Similar to the providers' observation, the health belief model serves as an operative principle for ensuring the behavior of parents to seek immunization. Immunization efforts in impoverished African American communities should take into consideration the following factors:

- Number of children in the family
- Persistent unofficial guardianship
- Homelessness/ parents in transition
- Insurance coverage
- Fear
- Conditions of the clinic in terms of quality of service and sanitation
- Cultural sensitivity

- Cultural competence
- HMO reliability
- Respect for human dignity
- Long waits at the clinics
- Religiosity
- Social problems of the parent
- Lack of education/awareness
- Lack of access to walk in clinics
- Difficult circumstances (domestic abuse, drug use, transient living and size of the family)
- Foster parenting status

Furthermore, the parents suggest a need to use all available resources to remind and encourage them to take children to the doctor, given the variety of challenges and social problems they face in their communities. Like the providers, parents also see a need for a centralized system of immunization record keeping and tracking.

Given the emotions that several participants demonstrated in their articulation of problems in clinic visitations in general and the areas of immunization in particular, it is conceivable that they may feel the same way in many other areas of health care services. For the most part however, parents of young children that participated in this study appeared to blame themselves more often than not as being responsible for the low immunization levels of their children. They essentially accepted their responsibility for ensuring that their children are adequately immunized, that they should keep up with the records of immunization and follow through on scheduled appointments. However, participants presented some very convincing arguments as to the difficult circumstances they often face. These participants felt that those circumstances needed to be considered when addressing immunization issues.

These circumstances include:

- Homelessness
- Foster parenting status
- Being in transitional housing and temporary living arrangements

- A significant number of adults acting unofficially as foster parents
- Over burdened with other responsibilities
- An apparent lack of visible evidence of the impact of non immunization
- An exaggeration of the adverse effects of immunization

Furthermore, parents articulated what could play a great role in their behavior related to childhood immunizations, especially in seeking adequate and timely immunization. These areas include:

- An environment that respects and accepts them as individuals
- An environment that validates their responsibility to their children as that of caring and love.
- An environment that accommodates their cultural being
- An environment that includes them as participants in the health care of their children
- A clinic that is accessible and provide some time flexibility
- An environment that ensures adequate communication between the provider and the patient
- A clean environment that recognizes the needs of their babies at the clinic
- An environment that recognizes and practices essentials of communication such as clarity, chemistry and credibility
- An environment that does not disempower them as parents
- An environment in which the staff are culturally competent and relevant
- An environment that is safe
- An environment that recognize their belief system
- Eye contact from the clinician
- A clinic that provides a complete check up
- A clinician that is not in a rush

There was a consensus that if the goal of immunization was to be achieved, parents also need some help. Parents need help in the following areas:

- Accessing records from public agencies
- Removing difficulties in securing records both from open and closed clinics
- Reducing miscommunication on when to immunize their children

- Improving communication on immunization schedule
- Reducing the number of provider initiated cancelled appointments.
- Addressing issues of HMO's that essentially make them powerless as consumers
- Removing the aggravation caused by the HMO's in the course of referrals

