

**ADDRESSING BARRIERS TO IMMUNIZATION
IN AFRICAN AMERICAN "POCKET OF NEED"
COMMUNITIES**

PROVIDER PERSPECTIVES

**A SUMMARY OF PROVIDER FOCUS GROUPS FOR
THE CHICAGO DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM**

OCTOBER 12, 1999

Executive Summary

Providers (Nurses/Nurse Practitioners, Physicians and Administrators), representing a wide variety of practices, both public and private, in two predominantly African-American communities were recruited to participate in focus group discussion sessions and to complete a pre-discussion survey. The purpose of the survey and the discussion was to ascertain provider perceptions of the factors associated with low immunization coverage in African-American communities where they practice. Our intention was also to find out how the Chicago Department of Public Health, providers and parents/caretakers could address the problems of missed appointments and scattered immunization records. Additionally, it was to explore the educational and informational needs of the providers.

Findings suggest a provider model for reaching and maintaining high immunization coverage in African American PON communities. As shown in the summary diagram, this model embraces three domains of influence in ensuring and maintaining high immunization coverage in PON communities. The three domains include Parental/Care Takers Domain, Provider Domain and in between these two domains is the Policy Domain. There is a multi-directional line of action between the Policy Domain and Parental Domain, between the Provider Domain and Policy Domain and a multidirectional loop between the provider and the parent. Findings also suggests inadequate record keeping and tracking on the part of providers and parents and the absence of a confidential, accessible and user-friendly data systems as being responsible for the low immunization rates.

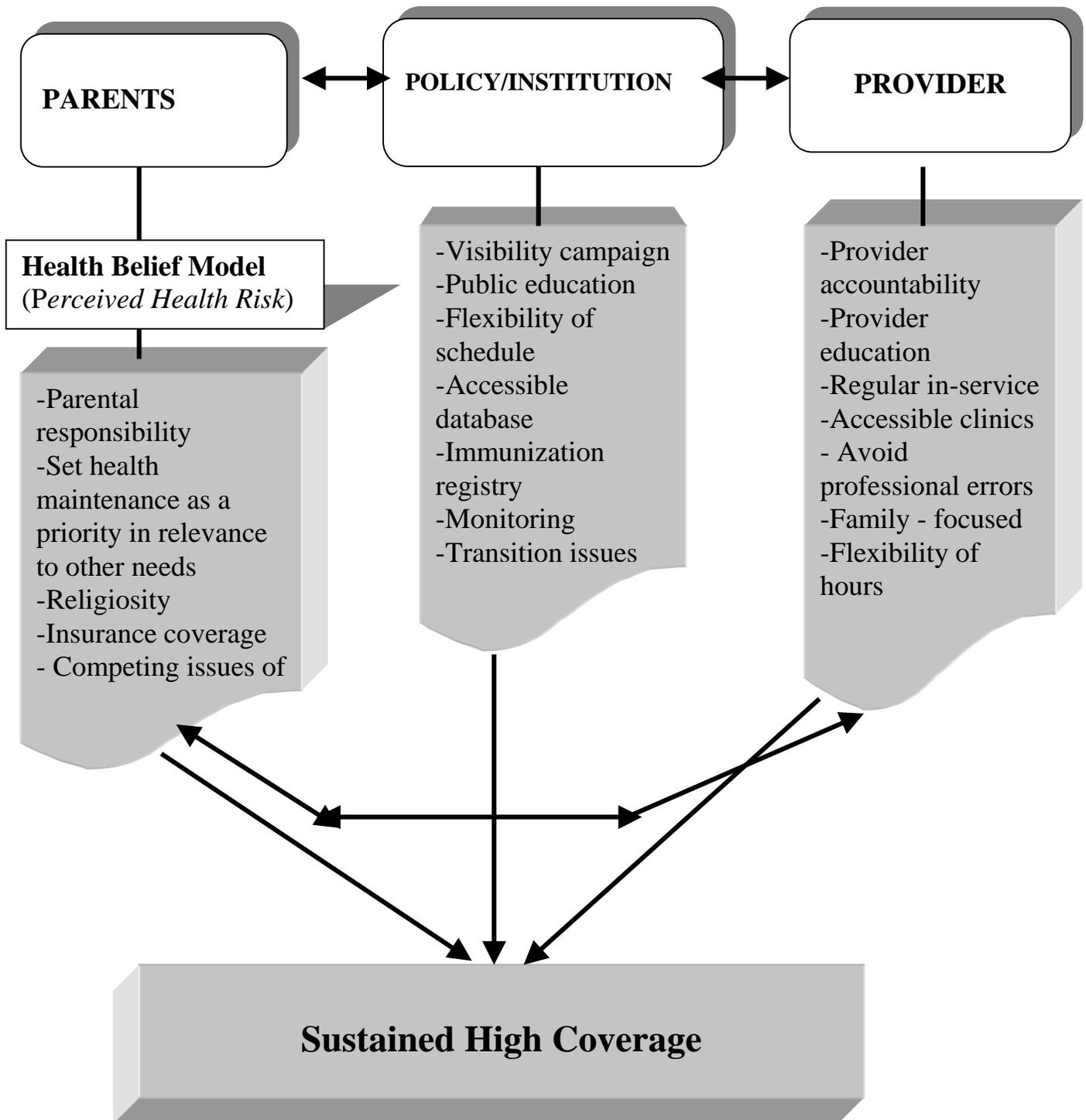
The health belief model may serve as an operative principal for mediating parent behavior regarding childhood immunization. However, this model is bound to fail in the absence of outbreaks. To account for this, immunization efforts should take into consideration factors such as:

- Insurance coverage,
- Religiosity,
- Social problems of the parent,
- Lack of education/awareness,
- Lack of access to walk-in clinics,

- Anti-social behavior (domestic abuse, drug use and trafficking)
- Transient living and homelessness
- Large family size
- Unemployment and housing problems
- Foster parenting

As for the providers, a reshaping of their attitudes towards the patient, continuing education, development of awareness for all of the intricacies of immunization, avoidance of professional errors, clinic hour's flexibility, and an articulation of need for immunization at every contact would help in increasing adequate coverage. These two major stake holders would however, not be able to reach adequate immunization levels without policy changes and a renewed sense of urgency to maintain adequate coverage, and a mass health communication campaign using all available media. Equally important is the need for an accessible and centralized immunization record keeping and tracking.

PROVIDER MODEL FOR SUSTAINED HIGH VACCINATION COVERAGE



While the providers acknowledged the low immunization status of children in poor African American communities, there was a consensus that the figures may not be accurate due to the following reasons:

- Over-immunization may exist
- Inadequate record keeping on the part of the state and the city
- Lack of record keeping by the parents
- Inability of the providers to access records from public agencies.
- Difficulty in securing records from closed clinics
- Miscommunication or no communications on vaccine schedule

Nonetheless, they put the onus of responsibility for reaching and maintaining high vaccination coverage on themselves, the parent and public policy. They therefore provided a clear indication of three domains as influencing the immunization rates among African Americans in poor communities.

They strongly suggest that, in the absence of an outbreak, specialized efforts need to be pursued in ensuring and maintaining high immunization rates.

These efforts include:

- Massive public campaigns
- The education of providers and the parents
- The provision of opportunities for communication between and among providers both public and private
- The education of all individuals (clinicians and non-clinicians) involved in providing immunization services.
- The development of centralized user friendly and confidential record tracking system
- The use of all possible media for public campaigns for immunization coverage
- The inclusion of all public agencies in immunization efforts
- The use of celebrities and role models to ensure compliance
- The establishment of a link between special efforts such as the Care Van with the local providers

Furthermore, while acknowledging the major social problems and difficult circumstances that exist in poor African-American communities, they contended that there is a need to consider all aspects of the community before a high immunization level could be achieved and maintained. They admonished the authority to consider the following:

- Large number of children in transition between biological and foster parents
- Family size
- The use of family members (grand parents, fathers, aunts and uncles) and incentives for motivation
- Accessibility to clinics
- Respect for parents
- More convenient ways to ensure compliance
- Avenues to ensure that parents keep up with the records of their children immunization
- Education on immunization during pre-natal period
- The use of quality time to provide information on immunization to parents
- Convenient clinic periods
- Insurance coverage
- Removing the aggravation caused by the HMO's in the course of referrals