

# Barriers to School-Age Immunization and Potential Intervention Opportunities for the Latino Population of Carver County, MN

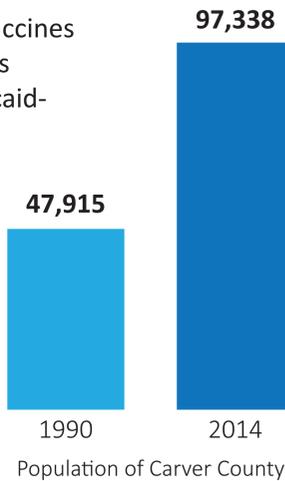


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## IMPROVING IMMUNIZATION RATES AMONG SCHOOL-AGE LATINO CHILDREN

- The Carver County Public Health Department participates in the Minnesota Vaccines for Children Program (MnVCP), which ensures immunizations for all children who are Medicaid-eligible, uninsured, or under-insured
- Immunizations are provided during biweekly immunization clinics at the County Government Center
- Population of the county is estimated to grow by an additional 76.9% by 2040
- Community representatives identified improving immunization rates in school aged children as one area of concern for the Carver County public health officials.



## 2015 RECOMMENDED IMMUNIZATIONS FOR PRETEENS AND TEENS (7-18 YEARS)



Source: Centers for Disease Control and Prevention (CDC)

## RECOMMENDATIONS FOR CARVER COUNTY

- Provide support and encouragement for immunizations to mothers with multiple children; one factor associated with low immunization rates
- Create family-centered health care settings that accommodate family members, child care, and other support needs
- Assess the best hours to provide immunization clinics in the community, to reduce the barrier of lost work hours
- Explore additional locations for immunization clinics that are accessible to the community with limited transportation, culturally appropriate, and non-threatening
- Utilize multiple outlets for education and outreach efforts, including community leaders
- Reduce misconceptions by providing vaccine schedules and asking what they know/would like to know about the vaccine(s) their child is receiving

## AN EXTENSIVE LITERATURE SEARCH TO IDENTIFY BARRIERS AND SOLUTIONS

- Using a combination of key terms, including, but not limited to: *Latino children; Latino communities; Hispanic; immunization; school-age children; barriers; and best practices*
- Search included articles published between 1990-2015
- Suggested articles, similar to ones that group members found useful, were also used
- Summaries of the search were organized into a shared chart that was used to elucidate common themes, identified barriers, and best practices

## FINDINGS: BARRIERS TO HEALTH CARE UTILIZATION AND IMMUNIZATION ADHERENCE

### 1. General access to health care

- Waiting too long to get appointment; appointment length
- Missing work for an appointment (loss of income)
- Inconvenient clinic or office hours
- Lack of transportation

\*Cost and lack of insurance were also identified as common barriers, but are not included here due to the availability of immunizations for this group.

### 2. Potential lack of family and social supports: Increasing acculturation

One study, "...challenge[d] the notion that children of recent immigrants bear a higher risk of under-immunization", noting that the rate of under-immunization increased by 1.31 for each level of acculturation (Anderson et al, 1997)

- Potential loss of family and social supports
- Increased demands from work or education
- Adopted concerns about safety

### 3. Safety concerns

Parental concerns about safety have been covered widely in the media and have been correlated in some studies with under-immunization and the late receipt of immunizations.

- One survey found Hispanic ethnicity/nonwhite race, low income, and less education were significantly associated with a high-level of concern about safety of immunizations

### 4. Source and amount of information and education

- Many parents are not aware of the full requirements for complex immunization regimens; Many parents consider their children to have up to date vaccinations, yet this was not often the case (Adorador et al, 2011)
- Physician recommendation was one of the most influential factors in Latino parents' decision (Gerend et al, 2013)
- Multiple credible sources of information need to promote the vaccine before the Latino community at large will accept it



Source: Clipart.com

## CREDITS

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Full report: <http://www.cura.umn.edu/RCP>