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ABSTRACT

In many low-income communities, children are not properly immunized and are left vulnerable to completely preventable illnesses. This report provides information gained as a result of a 1-year funding project in the Chicago area to determine why so many children were not being immunized and how to increase immunization rates. The project tested 5 strategies in 12 programs: (1) educating health care providers about improving immunization rates in their communities, and addressing current delivery and cost issues; (2) educating parents and improving access in low-income and immigrant communities; (3) improving access; (4) improving immunization services at traditional and non-traditional sites; and (5) engaging in a public education campaign to raise awareness. The project found that success depends on partnerships among parents, clinics, government agencies, community-based not-for-profit organizations and coalitions, social service agencies, and universities. Results also indicated the importance of making prevention a priority. The report presents summaries of the 12 funded programs, lists the barriers found in the site communities, reviews program outcomes, and provides recommendations for improving the immunization rates in low-income communities. The report concludes with a summary of the grantee findings and a contact list. (SD)

TESTING STRATEGIES TO RAISE IMMUNIZATION RATES

Report of The Joyce Foundation's Special Project on Immunization

October 1995

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INTRODUCTION

Public health authorities agree that a child who visits a doctor or nurse regularly before the age of two can easily be protected against a wide range of diseases by means of immunization. Polio, diphtheria, whooping cough, tetanus, meningitis, measles, mumps, and rubella – diseases that once struck terror in the hearts of parents – are now completely preventable. Immunizing children for these diseases should be a simple matter. Yet the United States fails to achieve this basic goal. As a result, especially in low-income communities, many children are left vulnerable.

In Chicago, for example, only 30 percent of all preschool children were properly immunized in 1991, according to a retrospective survey of children entering Chicago public schools in 1993. This immunization rate is well below that of many Third World countries. Chicago was not alone; low-income communities in other cities had comparably inadequate immunization rates.*

A measles epidemic in 1989 dramatized the human costs of these low rates of immunization. During a period of twelve months, the Centers for Disease Control and Prevention (CDC) recorded 55,000 cases of measles, 11,000 hospitalizations and more than 130 deaths nationally.

Why are so many children not getting immunized? How can we increase immunization rates?

In June 1993, the Joyce Foundation responded to the need to protect children more effectively in the Chicago area from disease with a one-year funding program to learn more about what could be done. The Foundation allocated $562,120 in grants. Strategies tested included:

- Educating doctors and nurses about the latest information about immunization and addressing delivery and cost issues.
- Educating parents about the need to immunize their children.
- Improving access to immunizations.
- Improving immunization services at traditional and non-traditional sites, such as health care vans, community centers, and federally funded Women, Infants, and Children (WIC) centers.
- Mounting a public education campaign to raise awareness about immunization.

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* Statistics are based on Centers for Disease Control and Prevention (CDC) guidelines for measuring complete immunization of preschool children. The CDC defines "preschool children" as children between the ages of 24 and 35 months. According to the CDC, children who are up-to-date by that age have received three diphtheria/tetanus/pertussis shots, three polio shots, and one measles/mumps/rubella shot. Goals for other vaccines, such as meningitis and hepatitis, will be developed when the vaccines are available to more children.

An essential feature of the Special Project on Immunization was the opportunity it created for participants to develop partnerships. Grantees met every six weeks throughout the year to discuss their progress and to explore ways of working together.

It is clear that the problem does not lend itself to one simple solution. The funding project tested a variety of interventions with the knowledge that traditional approaches may not work in all communities. This report presents summaries of the projects, lists the barriers they found in the communities they worked in, reviews the projects' outcomes, and provides recommendations from each grantee for improving the rates in low-income communities where consistent primary care is inaccessible. The report is intended to bring the grantees' information and recommendations to doctors and other health care providers, community health clinics, public health departments, children's advocates, parents, and anyone else interested in better serving children's health needs. A contact list is provided at the end of the report.

THE JOYCE FOUNDATION
SPECIAL PROJECT ON IMMUNIZATION

SUMMARY OF FUNDED PROJECTS

I. EDUCATING PARENTS AND IMPROVING ACCESS TO IMMUNIZATIONS IN LOW-INCOME AND IMMIGRANT COMMUNITIES

The **Young Parent Immunization Project** of the **Illinois Caucus on Adolescent Health** (ICAH) developed educational materials for teen parents. ICAH trained teenagers as peer counselors to educate teen parents about immunizing their children.

The **Sibling Immunization Project** of **Lutheran Social Services of Illinois** worked with Head Start parents to encourage immunizing younger siblings of children enrolled in Head Start programs.

The **Pediatric Immunization Program** of **The University of Chicago Hospitals** employed outreach workers to go door-to-door in the Robert Taylor Homes public housing development to educate parents and provide immunization service contacts and appointments. The University of Chicago Hospitals worked in collaboration with Jane Addams Hull House Association and the First Aid Care Team of the Chicago Fire Department.

The **Immigrant and Refugee Immunization Project** of the **Vietnamese Association of Illinois** collaborated with four other mutual aid associations serving the Cambodian, Chinese, Ethiopian and Laotian immigrants in the Uptown neighborhood of Chicago. Based on information gathered in focus groups, the project developed outreach and education strategies created for immigrants and refugees. The project was evaluated by the Chicago Institute on Urban Poverty.

The **Chicago Breastfeeding Taskforce** (now the Chicago Health Connection) trained outreach workers in community-based organizations to educate parents about immunizations.

II. EDUCATING DOCTORS AND NURSES TO IMPROVE THE IMMUNIZATION RATES IN THEIR COMMUNITIES

The **Provider Immunization Project** of the **Illinois Maternal and Child Health Coalition** educated public and private doctors and other health care professionals about policies and practices to improve immunization rates in Chicago.

The **Pediatric Preschool Immunization Network Project** of the **Cook County Department of Public Health** developed a pilot project that provides free vaccines to private doctors. The project intended to encourage more physicians to immunize children in their practices instead of referring them to public clinics.

III. IMPROVING IMMUNIZATION SERVICES THROUGH PUBLIC AND PRIVATE CLINICS, COMMUNITY ORGANIZATIONS, AND WOMEN, INFANTS AND CHILDREN (WIC) CENTERS

The **Chicago Department of Health** developed a program to make immunizations more accessible to people in the diverse community of Uptown in Chicago through non-traditional immunization sites and community outreach efforts.

The **Immunization Fast Track Program** of **Lawndale Christian Health Center** created a way to make immunizations more available to patients when they walk into the clinic without scheduling a separate appointment. The Center also worked to improve immunization records of all children it serves.

The University of Chicago Department of Pediatrics conducted focus groups of parents enrolled in the Woodlawn Maternal and Child Health Center on Chicago's south side to discover why some delay immunizing their children.

The **University of Illinois at Chicago, Mile Square Health Center** created a program to provide on-site, immediate immunizations for infants who are part of the Women, Infants and Children (WIC) nutrition program.

IV. RAISING PUBLIC AWARENESS ABOUT IMMUNIZATIONS

The **Chicago Area Immunization Campaign** educated the public, policymakers, and the media in Chicago and six surrounding counties about low immunization rates among young children. The Campaign also publicized expanded health clinic efforts at selected clinics during Child Health Week and National Infant Immunization Week.

I. EDUCATING PARENTS AND IMPROVING ACCESS TO IMMUNIZATIONS IN LOW-INCOME AND IMMIGRANT COMMUNITIES

Grantees:
Illinois Caucus on Adolescent Health
Lutheran Social Services of Illinois
The University of Chicago Hospitals
Vietnamese Association of Illinois
Chicago Breastfeeding Taskforce

ILLINOIS CAUCUS ON ADOLESCENT HEALTH
Young Parent Immunization Project

Project Description

The Young Parent Immunization Project of the Illinois Caucus on Adolescent Health (ICAH) was funded for $40,000 to study how to promote timely immunizations of children under two years of age whose parents are teenagers. ICAH is an advocacy and public education organization that works on a wide range of adolescent health, reproductive rights, and welfare issues, with an emphasis on teen pregnancy.

With the Joyce Foundation grant, ICAH held focus groups for teens and tested peer education training and materials it had developed to promote immunization. Focus groups identified: a) systemic and personal barriers to getting teens' children from birth to two years old immunized; b) factors which help get children immunized; and c) the most effective messages to convey the importance of immunizations to teens.

ICAH trained peer educators chosen from the focus groups about immunization, developmental issues of teens, and parenting and child health problems. The peer educators were expected to work in their communities with other teen parents.

Twenty-one focus groups with young parents took place in six communities across the city that were severely affected by the measles outbreak of 1989. Communities represented a range of racial and ethnic groups, including African-American (communities of Englewood and North Lawndale), Puerto Rican (Humboldt Park and Logan Square, which also includes a sizable Polish population), Mexican (South Lawndale, on the city's lower west side), and the ethnically diverse community of Uptown, home to significant numbers of Southeast Asians and Africans. All communities are characterized by relatively high levels of teen pregnancy and of poverty.

ICAH also conducted focus groups for young fathers. Corresponding focus groups for family members and health care workers identified some of the same barriers to immunization as did the teen parents. The barriers identified are listed below.

Barriers

- Problems in the health care system such as long lines in clinics and limited clinic hours
- Lack of education about immunization
- No system of tracking immunization
- Policies requiring parental consent that prevent other caretakers, such as grandparents, from obtaining services for children
- Lack of materials available for teen parents on immunization
- Insensitive treatment from health care providers
- The low priority of health care concerns in teenagers' lives
- Logistics of being a teenager — including a lack of planning skills, immaturity, peer pressures, etc.

Project Outcome

Health care needs of young parents generally do not differ from those of adults, according to ICAH. They are also similar among communities. What distinguishes teen parents are the unique challenges they often face because of their lack of experience. "Teen parents are straddling two worlds for the first time," says Kate McLachlan, former Policy Specialist for ICAH and director of the project. "After having their children, many get back to being teenagers. They are between the world of their new children and the world of adults."

For some teen parents, health care, especially preventive care, is less a priority than friends and school or economic pressures and family problems. Often, teens know little about resources for health care in their communities.

A persisting theme among teen parents was their poor relationship with health care providers. "They treat us bad because we're young, like we don't know anything," was a complaint echoed by many teen parents in all groups.

"The most successful aspect of our project was gathering information from teen parents," reflected Kate McLachlan. Teen parents prefer informational materials that are brief and to the point, use everyday language (instead of medical terms) and include basic information about immunizations.

ICAH took information from the focus groups and created new materials on immunization to appeal to teen parents. Project staff trained peer educators, according to McLachlan, "to debunk myths by drawing on their own experience and knowledge about how to find a good doctor and communicate with a provider."

With the Joyce grant, ICAH published and disseminated recommendations regarding health and social services for teen parents, resources and curriculum, immunization tracking systems, health care providers, and how health care costs and the Medicaid system affect young parents. Brochures and peer education curriculum developed by ICAH have been requested by county health departments and community health centers around the country, and distributed to service providers, district health councils and ICAH members in the city.

Copies of the recommendations and/or curricula are available from the Illinois Caucus on Adolescent Health. (For more information, see the list of grantees on page 39.)

Grantee's Recommendations

- **Provide health and social services at one delivery site, which is particularly important for teen parents. Institute "fast-track immunization clinics" to dispense immunizations and primary care concurrently. Expand clinic hours to evenings and weekends.**

- **Give young parents full information at each clinic visit about what the shots are, potential side effects, risks and comfort measures.**

- **Train health care providers on developmental issues of teens and how to work with young parents.**

- **Work for a state law mandating that private health insurance covers immunizations.**

LUTHERAN SOCIAL SERVICES OF ILLINOIS
Sibling Immunization Project

Project Description

The Children's Day Care Program of Lutheran Social Services of Illinois (LSSI) used a peer education model to educate parents in the low-income communities of Englewood, Humboldt Park and Austin through its Sibling Immunization Project. The project, funded for $54,391, was designed to reach families with children from birth to two years whose older siblings participated in local Head Start programs. LSSI trained Head Start parents in these three communities as Peer Health Advocates to inform other parents about immunizations. LSSI's hypothesis was that if neighbors carried the messages, barriers would become less imposing to community residents. Coordinators, selected from the trained participants, supervised and coordinated the Advocates.

The Chicago Breastfeeding Taskforce, now named the Chicago Health Connection, (see page 14 for a description of its work) conducted the training sessions for Head Start parents. Initially, 33 parents were trained to be Advocates; 17 eventually graduated from the program. The Advocates worked with other parents at Head Start sites, churches, and other community organizations.

The program's goal was to inform 500 parents in three communities about the importance of complete and timely immunizations and refer them to immunization clinics. They hoped to achieve an immunization rate of 75 percent in these communities.

Barriers

The Sibling Immunization Project was designed to help address typical barriers to immunization found in many low-income communities:

- Lack of information for parents
- Inconvenience of clinics' hours and locations
- Excessive bureaucracy
- Impersonal services.

Project Outcome

The project's community outreach addressed systemic barriers to immunization and also painted a more accurate picture of the real concerns of communities. In Humboldt Park, for example, questions about working with families who have no proof of legal residence frequently dominated discussion in the training sessions for Advocates. In Englewood, discussions about violence, homelessness and hunger often overshadowed the need for immunizations. The community concerns became immediate when the original Peer Health Coordinator in Austin was forced to leave her position partly because of the lack of good child care and other resources for single mothers in the neighborhood.

Employment patterns in these neighborhoods also affected the project. Many parents training to be volunteer Peer Health Advocates left the program when the paid positions of

Coordinators went to other participants. Questions were raised about recruiting and retaining residents: often, volunteers had too little time, or too complicated lives, or too little professional experience to work as Advocates. Even though the project offered a stipend, it was not always enough to ensure continued participation. "Many people haven't grown up in homes where they've learned how to carry out employment or employment-type volunteering," said Miriam Toelle, Executive Director of the Children's Day Care Program and director of the project. The Peer Health Coordinators who, in the end, were best able to handle the responsibilities of the position were those who already had some work or volunteer experience.

Future efforts to find Peer Health Coordinators may focus more closely on work experiences and educational levels of participants.

Miriam Toelle offers another lesson for organizations that embark on similar efforts: do not underestimate the time it takes to reach out to communities. According to Toelle, another four to six months could have helped program staff to develop better contacts and build relationships.

Because most of its first year was focused on establishing the training and relationships with community members, LSSI was unprepared to evaluate the effectiveness of the Peer Health Advocate program in reaching the stated goal of a 75 percent immunization rate after one year.

Nevertheless, the work of the Sibling Immunization Project led the Chicago Department of Health to hire three part-time immunization nurses for clinics serving these communities, and early figures look promising. According to LSSI, the additional staff was hired with the goal of immunizing 1,500 at-risk children at these clinics in 1995. By May, 1995, nearly 1,200 children had already received immunizations, and the Peer Health Advocates and Coordinators played an important role in making that happen.

(Evaluation and recommendations for the Sibling Immunization Project were prepared by the Center for Research on Women and Gender, University of Illinois at Chicago.)

Grantee's Recommendations

- **Build relationships with key community agencies or individuals to determine unique characteristics and concerns of the community prior to developing a formal strategy. Be prepared for the considerable time it takes for this phase of the work.**

- **Involve parents, community members, community organizations, and other potential collaborators as much as possible in the planning stages of the project, and keep them involved and informed throughout.**

- **Make trainings as convenient as possible in terms of timing and location. Consider attendance patterns at related activities in the community to judge best time and place.**

- **Plan for assisting families to receive immunization services, including making formal provisions for transportation and child care.**

Project Description

The University of Chicago Hospitals designed the Pediatric Immunization Program (PIP) to conduct door-to-door outreach in 16 buildings of a public housing development on the city's south side. The Joyce Foundation grant was for $60,000. Outreach workers assessed children's immunization status based on records collected from parents and health care providers and also provided regular reminders and follow-up visits. The University worked with the Jane Addams Hull House Association and the First Aid Care Team of the Chicago Fire Department to employ two full-time outreach workers to educate parents about immunization and well-child care. The program reached parents of children between birth and five years, but looked especially for those with children from birth to two.

About twenty thousand residents live in the Robert Taylor Homes, a development of 28 high-rise buildings. Residents have a median income of about $7,000 a year, and 75 percent are mothers who are single parents. In 1990, Chicago Department of Health data listed this community as the second poorest in the city. According to the Department, immunization rates in Chicago Housing Authority (CHA) buildings are the lowest in the city. While the city's immunization rate for preschool children in 1991 was only 30 percent, the figure for children in CHA buildings is estimated to be considerably lower, nearing 10 percent.

Workers used data from CHA residency lists to estimate the number of children eligible for services through this program. The 16 buildings selected, if fully occupied, would include about 2,800 children from birth to five years, but the outreach workers found far fewer. "It is difficult to count the number of children in these buildings," said Dr. Karen Goldstein, an attending physician with the University of Chicago's Department of Pediatrics and co-director of the program. "We relied on CHA lists and census data, but this population is more transient than that. We often have to go by estimates and figures derived from canvassing." In fact, they found 23 percent of the apartments boarded up.

Outreach workers asked parents who enrolled in the program if they had a primary health care provider for their children; if not, parents were given a list of nearby clinics. The workers discussed the importance of primary care and immunizations and also reviewed children's immunization histories and needs.

Barriers

Barriers to immunization at the Robert Taylor Homes include:

- Parents' lack of information about immunizations
- Personal priorities related to safety, economic issues and transportation
- Health care providers failing to immunize at appropriate times or to forward records to parents or new providers
- Custody and consent problems for caregivers who do not have legal guardianship of children
- Bureaucratic problems hampering parents in finding a provider who will make immunizations available on a consistent basis.

Project Outcome

Early indications suggest that the program got its message across to many residents: 70 percent of families who were canvassed and eligible enrolled in the program. In the first year of operation, outreach workers encountered 931 families in 928 apartment units. Among those families, 246 were found to have eligible children; 173 agreed to participate. Through the first year, 377 children were enrolled. The program had completed assessments of immunization status for 373 children.

"It's a common assumption that people are not convinced about the importance of vaccinations," said Dr. Cai Glushak, who co-directs the program and is also Emergency Medical Services Project Medical Director at the University of Chicago Hospitals. "But we didn't find that. Instead, we found that parents are confused about the complexity of the schedule or don't know that kids are lacking specific immunizations." In 158 cases, parents believed that their children were fully immunized. In 59 of those cases (37 percent), children were not fully immunized.

The problem is not just lack of information, however. "We had to figure out where our message fit," said Dr. Glushak. "We needed to both learn how to deliver the message in terms of telling parents why it is significant, and hope that they take it seriously enough to make it a priority."

Outreach workers discovered that follow-up procedures take more time than they had anticipated for reasons to do with pressures in the community as well as difficulty in finding residents at home during daytime hours. For one month, for example, the outreach team had to stop contacting residents because of a gang war (workers are now wearing bullet-proof vests). It is unsafe to visit families during the evening. Also, the hallways of Robert Taylor Homes are outdoors, and the program had to suspend operations for a week during a severe cold spell.

The project conducted informal assessment of the CareVan, a mobile health care van that operates at many sites around the city, operated by the Chicago Department of Health. The CareVan provides convenient access to immunizations for residents and is a referral source for the PIP workers. Many residents noted that while a CareVan offering vaccinations is a good idea, the service could have been better coordinated and staff better trained. Several parents in this program said that the CareVan setting was too informal. "I think parents feel more comfortable going to a clinic," said Dr. Goldstein, "and less than eager to use the CareVan as a stopgap measure. The CareVan can help kids catch up on immunizations, but we also want to emphasize primary care services that the CareVan isn't designed to provide."

Dr. Glushak underscored the importance of linking immunization to well-child care. "If you focus intensely enough on immunization, kids will get their shots," said Dr. Glushak. "But we must recognize that it has to be linked to the overall care of children. We can't approach [it] in isolation." Because parents requested information about many health issues, the program will provide more comprehensive information as outreach efforts continue this year.

Dr. Glushak also recognizes the importance of crucial partnerships. "If someone can't have their child immunized because of a consent issue, for example, we can't take care of the problem. These residents need to be connected to child welfare agencies and other appropriate sources that can help address some of these barriers."

While outreach efforts in this community further clarified barriers to immunization, they also confirmed the importance of follow-up and tracking of data. Dr. Goldstein notes that it is too early to report on changes in the immunization status among participants because more time is needed to gather information through follow-up visits. At the same time, the high rate of enrollment in the program clearly suggests that parents at Robert Taylor Homes are receptive to this type of outreach. The program is also working to redesign its computer system to track immunizations. "Children enter the program at different times and different ages. They have many reasons for delaying immunizations," added Dr. Goldstein. "We have learned what a massive task it is to follow these data."

The Pediatric Immunization Program was expanded with other funding after its one-year grant from the Joyce Foundation. Currently, two more workers are providing services to families at the Robert Taylor Homes. The four outreach workers have completed initial visits to all 16 buildings selected by the program.

Grantee's Recommendations

- **Consolidate management of immunization services to ensure consistent delivery of immunizations.**
- **Modify rules governing informed consent to accommodate providers and caretakers giving preventive health care to children.**
- **Conduct more research on assessing the priority of immunizations in communities by asking residents about their experiences.**
- **Create partnerships among health, social service, child welfare, and other agencies to provide comprehensive services leading to increased immunization rates and better overall preventive care.**

VIETNAMESE ASSOCIATION OF ILLINOIS
Immigrant and Refugee Immunization Project

Project Description

Uptown, one of the most diverse communities in Chicago, was the site of the Immigrant and Refugee Immunization Project. The Vietnamese Association of Illinois collaborated with four other Mutual Aid Associations (MAAs) to provide outreach and education strategies on immunization for immigrants and refugees. The project was funded for $60,000.

MAAs act as transition centers for refugees and immigrants to the United States, offering links to social and cultural services. Through this project, MAAs served Cambodians, Chinese, Ethiopians, Laotians, and Vietnamese.

More than 10,000 immigrants and refugees live in Uptown, according to Travelers & Immigrants Aid of Chicago. The community is 39 percent white, 24 percent black, 23 percent Hispanic and 14 percent Asian (1990 U.S. Census of Population in Housing).

The project worked in five communities with the help of bilingual staff at the MAAs; it developed a wide range of multilingual literature, conducted bilingual focus groups, and created intensive outreach activities, including personal instruction to families, workshops, and announcements in ethnic newspapers.

Six focus groups were held; one for staff of MAAs, and five for refugee parents and children recruited by MAA staff. Almost all parent participants were women. "Sometimes the focus groups slipped off their format a little," said Katy Chevigny, Project Coordinator for the Immigrant and Refugee Immunization Project of the Vietnamese Association of Illinois (VAI). "But that was also a plus: immunization opened a window to health issues in America for people, often for the first time." Information gathered from focus groups was used to develop appropriate outreach messages and materials. Multilingual information about immunization for these populations was lacking, according to VAI, and staff of all five MAAs developed their own brochures to meet community needs. As an adjunct to the project, the Chicago Department of Health provided on-site immunizations at two MAA offices.

Barriers

An evaluation of this project was prepared by The Chicago Institute on Urban Poverty (CIUP) of Travelers & Immigrants Aid. CIUP, who also conducted the focus groups, identified key barriers to immunization affecting these communities, many related to cultural and systemic issues. The following barriers were revealed through focus group discussions, an up-to-date review of literature on the subject, face-to-face interviews with

local health and human service professionals, and a community profile of the Uptown neighborhood:

- Lack of language-appropriate services and health education materials
- Parental confusion over immunization records
- Health care providers' lack of understanding about other countries' record-keeping
- Cost of immunizations, or fear of their cost
- Cost of transportation to clinics
- Lack of basic information about immunizations
- Long waits and overcrowding at local public health clinics
- Cultural beliefs and practices that may deter immigrants from seeking immunizations, such as belief in traditional remedies, the belief that a disease should take its course, etc.

Project Outcome

In these communities, the major cultural barrier to immunization — and primary health care — is language. As a result, education and outreach efforts focused on the kind of culturally sensitive materials that can connect directly with communities.

Cultural expectations also affected the way refugees saw the world of health care. In more than a few cases, the more informal immunization teams (such as those who came to the MAA sites) alienated refugees whose definition of health care often includes a formal setting. One important finding was that the casual attire of some medical personnel seemed completely inappropriate to refugees who associate nurses with white uniforms and prefer doctors' offices with a medical setting to less formal MAA offices. MAA offices were also sometimes unprepared for becoming an immunization clinic — the crying of children, for example, who had just received shots not surprisingly disrupted normal office procedure.

Project staff found that data collection and reading records of shots can be extremely difficult because the Chicago Department of Health's tracking system does not always separate patients by age and nationality. In many cases, MAA clients either listed dates in a different way than is customary in the United States, or altered their birthdates to secure safe entry out of their country. In addition, medical personnel trained in the United States are often ignorant about how to read medical records from other nations.

These barriers lead to confusion, according to staff. The project itself experienced dwindling interest in on-site immunizations, and although vaccinations and referrals were provided, no system was in place that would have enabled the MAAs to track increased rates of immunization.

Culturally sensitive materials were developed to answer specific questions, such as:

- Why is childhood immunization important?
- What is the immunization protocol or schedule?
- What are the options for a family wishing to seek immunizations, i.e., places, times, costs?
- Will language assistance services be available?

Experience of providing immunizations at MAA sites reinforced the importance to immigrants of "medical homes," doctors' offices or clinics where they feel at ease. Project staff also stressed that immunization must be addressed in the broader context of primary health care.

The Immigrant and Refugee Immunization Project helped bring more health-related resources to the Uptown community. The five MAAs that participated in this project are currently addressing health needs through the Women's Health Education Project, a three-year effort funded by the United Way of Chicago and the Johnson & Johnson Community Health Care Program that educates immigrants about many health care issues and helps provide access to consistent care.

The MAAs continue to maintain a permanent immunization site at the Ethiopian Association, and multilingual information will continue to be available to future clients.

Katy Chevigny, who was also former Program Director of VAI, reflected on the Immunization Project and the importance of community-based education. "It's much more expensive, but individual attention is the answer. Saving money is the reason why people want to think there's a simpler way. We see it again and again in these communities. People come back with more questions; you can't just have a brochure – you need a human being."

Grantee's Recommendations

- **Prepare health education materials that are culturally appropriate in the language of the patient. Invest in coordinated outreach and education programs, and ask for suggestions to improve services from refugee and immigrant clients.**

- **Improve the collection of immunization data that track children by race, ethnicity, linguistic group and community area.**

- **Concentrate on building immunization programs for immigrants and refugees that are housed within primary care settings.**

- **The Illinois Department of Public Health, the Chicago Department of Health, and private funders should collaborate to fund a comprehensive health needs assessment of the Uptown community of Chicago and of immigrant and refugee communities in general.**

- **The Chicago Department of Health should streamline and track the passage of children and families from the federally funded Refugee Health Screening Program to the general primary health care clinic and develop appropriate data collection capacity.**

- **Chicago Department of Health immunization outreach nurses should receive information and training about the histories and cultures of immigrants in order to minimize cultural confusion.**

CHICAGO BREASTFEEDING TASKFORCE

Project Description

The Chicago Breastfeeding Taskforce was funded for $2,400 to strengthen the outreach skills of staff with agencies that participated in the Joyce Project. Now known as the Chicago Health Connection, it offers training programs for those serving the health care and nutritional needs of women and children.

Training sessions were entitled "Outreach A.S.A.P." – **A**ssist, **S**upport and **A**dvocate for the **P**articipant. For administrators, A.S.A.P. reinforced the need for quick, quantifiable "positive outcomes," i.e. preschool children who are immunized. The three workshops and the contact in the months afterward defined the purpose and emphasized the importance of community-based outreach efforts through sessions on listening skills and empathy, on documentation, and on follow-up. Role playing helped outreach workers "experience" the questions and attitudes of parents they would try to reach. The workshops also reinforced the practical information about immunizations.

Barriers

Barriers to outreach training include:

- Problems related to efforts of outreach workers to document information in communities suffering the effects of poverty
- Inability of workers to empathize with members of the community being served
- Lack of commitment of agencies to outreach efforts.

Project Outcomes

"I asked outreach workers, 'What gives you your biggest return?'" said Jeretha McKinley, director of the Outreach Program of the Breastfeeding Taskforce. "In many cases, following up is what makes the difference. Outreach workers who speak with parents a second and third time, for example, are often more likely to get a positive response. They also need to be part of the process of developing, planning and implementing programs."

The experience of these workshops led the Taskforce to re-emphasize the importance of getting to know communities better **before** making outreach efforts. Outreach workers learned both communication and planning skills in reaching their client, judging from evaluations from the workshops. The agencies involved instituted additional follow-up activities and reworked supervision techniques to encourage better outreach.

Grantee's Recommendations

- Make community outreach a priority in community social and health services organizations.

- Include potential outreach workers and members of communities in initial planning of outreach efforts. Agencies must know the communities they are serving by working with community residents.

- Conduct performance appraisals of outreach workers on a regular basis and include feedback from supervisors and staff.

II. EDUCATING DOCTORS AND NURSES TO IMPROVE THE IMMUNIZATION RATES IN THEIR COMMUNITIES

Grantees:
Illinois Maternal and Child Health Coalition
Cook County Department of Public Health

One critical — and often overlooked — key to increasing immunization rates is improving health care provider understanding of the issue. When doctors and nurses are unclear or lack up-to-date information about immunization schedules, keeping patient records, and reasons not to vaccinate, immunization rates are lower. The following two projects showed how appropriate materials and information can help providers increase immunization rates.

ILLINOIS MATERNAL AND CHILD HEALTH COALITION
Provider Immunization Education Project

Project Description

Providers from nine at-risk Chicago communities participated in the Provider Immunization Education Project conducted by the Illinois Maternal and Child Health Coalition (IMCHC), a statewide coalition that promotes the improved health status of women, infants and children in Illinois. The Joyce Foundation funded the Coalition for $52,668 to administer the project.

IMCHC conducted surveys of providers and found increased knowledge among participants in the project. (Surveys developed to determine provider knowledge were endorsed by the Illinois Chapter, American Academy of Pediatrics and the Illinois Academy of Family Physicians.) Data were analyzed by the Maternal and Child Health/Community Consortium, based at the University of Illinois at Chicago, School of Public Health.

The Provider Immunization Education Project reached doctors and nurses through training seminars and a citywide conference. Also, education packets were mailed to 500 providers in communities identified by the Chicago Department of Health's Immunization Action Plan. (Communities selected were those most affected by the measles epidemic in 1989). Providers received education packets that included The Standards for Pediatric Immunizations Practices and Guide to Contraindications to Childhood Vaccines.

IMCHC and Rush Presbyterian St. Luke's Medical Center in Chicago co-sponsored the seminar, "Underimmunized Children: A Crisis — A Childhood Immunization Update," held on April 12, 1994. The seminar featured a discussion by Roger Bernier, M.D., a well-known epidemiologist with the Centers for Disease Control and Prevention (CDC). Dr. Bernier presented a slide show on the importance of immunization and shared information that indicated doctors do not immunize children at the levels they should. He also

emphasized the importance of physicians having their practices reviewed. The seminar was attended by 74 physicians, nurses and health care advocates who were given pre- and post-tests on immunizations.

Barriers

The project addressed the lack of information that may prevent health care providers from administering immunizations:

- Unfounded reasons to withhold immunizations (or contraindications)
- Lack of information about changes and updates in immunization schedules
- Inability to track patients
- Missed opportunities for immunizing in a patient encounter
- Insensitivity to patients' cultural and developmental needs.

The lack of provider education was documented in a 1990 study conducted by the CDC. According to the study, written guidelines for vaccination policies were absent in almost one-third of public clinics, hospital clinics and community health centers. Annual in-service training was conducted in only 20 percent of clinics.

Project Outcome

When doctors and nurses do not review a child's immunization status, they routinely miss opportunities to immunize. During the measles outbreak of 1989, a study of a Chicago emergency room revealed that 76 percent of 278 eligible children had been seen by physicians during the previous year but had not been brought up-to-date with vaccinations. (Goldstein, Kviz, and Daum, *Journal of the American Medical Association*, Nov. 1993.)

IMCHC's surveys indicated that:

- 49 percent of all respondents in pre-tests reported that they would not give immunizations at acute care visits. 28 percent reported such a policy after seminars.
- 40 percent of pre-test respondents had literature available in multiple languages to explain policies for adults who accompany children on visits to health care providers (consent literature). 81 percent reported availability of multilingual consent literature **after** attending trainings.
- Rate of use of tickler file or specific tracking mechanism among participants was 6 percent in pre-tests and 12 percent after the trainings.

IMCHC found that typical problems were health practitioners' lack of knowledge about reasons to withhold immunizations and the inadequate tracking of a patient's immunization status. Both can lead to missed opportunities to immunize children. For example, "Guidelines say that a child's fever has to be 102 or higher not to give a shot," said Robyn Gabel, Executive Director of IMCHC and director of the project. "But some providers don't want to give shots if a fever is 100." Frequently, minor illnesses (such as a sore throat **without** a fever) are incorrectly identified as reasons not to immunize.

IMCHC's work to educate providers continues. As a result of this project, the City of Chicago, through the federal Centers for Disease Control and Prevention, has contracted with IMCHC to conduct eight provider trainings, building information from the federal Vaccines for Children program into the sessions.

"This experience confirmed the importance of provider education," said Robyn Gabel. "Doctors and nurses will adhere to scientific findings – but they have to be updated about what they need to know."

Grantee's Recommendations

- **Develop a pool of physician and nurse trainers to provide ongoing immunization education to their colleagues.**
- **Create a tracking system to increase immunization rates in doctors' and clinic practices.**
- **Encourage physicians and other providers to have their practices assessed as to how well or poorly they are immunizing their patients.**
- **Integrate information from the federal Vaccines for Children program into provider training seminars and available educational materials.**
- **Develop more comprehensive resources for immunization information for providers.**
- **Develop the content of the IMCHC training seminar as a teaching module.**
- **Establish a hotline for health care providers to provide information in a timely fashion.**

Project Description

Doctors in private practice often encounter a vaccine delivery system so costly and time-consuming that it prevents them from providing much-needed services to low-income patients. The Cook County Department of Public Health (CCDPH) addressed this problem through the Pediatric Preschool Immunization Network (PIN) Project, a pilot project to provide information and free vaccines to private doctors more efficiently and cheaply.

According to CCDPH, only 40-50 percent of children under the age of two in suburban Cook County had received age-appropriate immunizations in 1992. Funded for $40,671, the project encouraged doctors to immunize low-income preschool children in suburban Cook County and to strengthen the link between immunization and well-child care.

Through the project, the Illinois Department of Public Health provided and distributed free vaccines through CCDPH district offices. Doctors who signed up were given two-month supplies of free vaccines. Participating doctors also received a range of other incentives, including educational materials (for themselves and their patients), financial reimbursement provided in a timely way, and reminder cards to encourage parents to follow up on consecutive vaccinations for their children.

The PIN Project set up control and intervention groups of patients to measure progress on reducing barriers to immunization. Seventy-three doctors were surveyed on their knowledge, attitudes and practice regarding immunizations, and twenty doctors from fourteen practices signed up for the project.

Barriers

The primary barriers addressed by the PIN Project were:

- The lack of free vaccines for private providers
- A convenient system for providers to obtain vaccines
- Physicians' lack of information about immunization practices.

Only 15 percent of physicians surveyed indicated that their office had completed a chart audit in the past three years, according to an evaluation conducted by the Maternal Child and Community Health Consortium of the School of Public Health, University of Illinois at Chicago. Only three percent of physicians surveyed were able to do computerized tracking of patient immunization records. Seventy percent of physicians named the number of appointments their patients missed for well-child care as another barrier.

"Before this project, these physicians often had to order vaccines and pay a big initial outlay," said Patricia Connery, Project Coordinator for the Pediatric Immunization Network Project. "Then, they had to bill [the Illinois Department of Public Aid]. In many cases, they never knew when the vaccine was going to be shipped. The advantage of this project was that there was no start-up cost and the acquisition of vaccines wasn't linked to a billing procedure."

Patients who benefited from free vaccines (and other incentives of the program) were considerably more likely to receive immunizations than those who did not. According to the survey, 70 percent of children treated in the intervention group received up-to-date immunizations; 45.5 percent of children in the baseline group received up-to-date immunizations. Furthermore, the results showed a clear difference between the intervention and baseline groups in several other areas:

- **Children in the intervention group were more likely to receive the first immunization at the right time than those in the baseline group.** One example: the first MMR (measles, mumps, rubella) shots should be given to a child between 12 and 15 months of age. Children in the intervention group received their first MMR at an average of 14.2 months of age. Children in the baseline group received their first MMR at an average of 19.8 months of age.

- **Children in the intervention group received immunizations at more appropriate intervals than those in the baseline group.**

- **The average number of well-child visits where immunizations were given was greater for the intervention sample (2.7 visits to 2.2 visits).**

Surveys tested physicians' knowledge of immunizations before and after the project. The data showed a modest increase in physician knowledge of reasons not to immunize.

This program illustrates how the federal Vaccines for Children program might work on a local level. While the national program has been criticized as wasteful and misdirected, the PIN Project was praised by participating physicians. They viewed it as an effective way to improve immunization services to low-income children and plan to continue with the program.

According to the evaluation by the University of Illinois at Chicago, "The education and vaccine availability components are associated with increased immunization rates among the target population." In its final report, the County added: "By far the most effective incentive was the availability of free vaccine to the practice. All of the practices felt positively about this incentive. It enables them to improve in providing immunizations to children in their practices rather than referring them out to the local or County Health Department."

The project found that the one-year time limit of the grant was insufficient to test the intervention fully. The process of recruiting physicians, auditing medical records and obtaining vaccines took several months longer than expected. Intervention group data were originally planned to be based on one year of physician records, but actually covered an average of six months of records.

The PIN project will continue, with physicians receiving vaccines through the Vaccines for Children program. At this point, the Cook County Department of Health has not yet established how staff will administer the program. However, the County hopes to hire an outreach coordinator to continue providing support to project physicians. "Doctors need to be encouraged to take advantage of every opportunity to provide immunizations," said Patricia Connery. "We found that doctors and their staffs respond well to educational resources, auditing, and the kind of outreach this project provided."

Grantee's Recommendations

- **Create simpler methods of supplying publicly purchased vaccine to private doctors to encourage their participation in a program like Vaccines for Children.**

- **Educate doctors and other health care providers about how to avoid missed opportunities to vaccinate; about the very few reasons not to vaccinate; and how to increase the tracking of immunizations within practices.**

- **Help providers to establish reminder/recall systems for immunizations and to conduct routine periodic immunization assessments.**

III. IMPROVING IMMUNIZATION SERVICES THROUGH PRIVATE AND PUBLIC CLINICS, COMMUNITY ORGANIZATIONS AND WOMEN, INFANTS AND CHILDREN (WIC) CENTERS

Grantees:
Chicago Department of Health
Lawndale Christian Health Center
The University of Chicago, Department of Pediatrics
University of Illinois at Chicago, Mile Square Health Center

Though immunization services may be available in low-income neighborhoods, parents may not know how to obtain them, and providers may not deliver them in a timely and efficient way. The following grantees of the Special Project on Immunization explored how they could be more effective in reaching parents.

CHICAGO DEPARTMENT OF HEALTH

Project Description

In response to the measles outbreaks of 1989, the federal Centers for Disease Control and Prevention (CDC) increased funding to cities to provide immunization services with one condition: city health departments had to work more closely with communities. As a result, Chicago developed an Immunization Action Plan to address the issue. The Joyce Foundation provided $55,300 to the Chicago Department of Health (CDOH) to make immunizations more accessible to people in the diverse community of Uptown.

CDOH provided immunizations at non-traditional sites and offered outreach services including referrals to local clinics. In addition, the project linked immunization to youth employment opportunities through the Chicago affiliate of Public Allies, which places young people between the ages of 18 and 30 as apprentices in non-profit organizations. Public Allies provided two outreach workers for this project.

The City opened five non-traditional immunization sites, each with a nurse and health aide. Sites were selected because of their accessibility to the community: a local public school, two child-parent centers, a WIC program, and the Uptown Community Learning Center, a community organization which served as the project's home.

Barriers

This project addressed two key barriers to immunization:

- The lack of access to services
- Parents' lack of knowledge.

Project Outcome

The immunization sites fell well short of their goals. The original goal of the project was to serve 400 children per month at these sites, or a total of 4,800 children in 12 months. Only 679 children were immunized at the non-traditional sites during the course of the project.

The project's coordinators concluded that many residents preferred to get the service they needed at the Uptown Neighborhood Health Center. About 7,000 children were immunized at the Center during the year, a 14 percent jump from the year before. According to project staff, outreach the project did in the community contributed to this increase.

In response to the poor showing at non-traditional sites, the City placed greater emphasis on outreach efforts in the second half of the project. Public Allies workers, who had initially distributed flyers and contacted residents over the phone and through meetings, now approached families in their homes, going door-to-door through neighborhoods.

Door-to-door outreach proved to be a more effective way to increase immunizations among children below school age — and to communicate the importance of well-child care. In the first half of the project, 15 percent of those served were preschool children (62 out of 391). After door-to-door outreach efforts, 44 percent of those served were preschool children (140 out of 288), and 84 percent of the families who came to the non-traditional sites reported that the project's outreach component had brought them in.

CDOH's experience called into question whether accessibility was an issue in Uptown. "The problem was not access to immunizations," said Ed Mihalek, Senior Public Health Advisor for CDC assigned to the CDOH. "Even when you come in and say 'we're here,' it takes a while to establish relationships. That's what we tried to do through outreach efforts."

Problems that affected this project are instructive for other bureaucracies. According to project administrators, not enough time was spent training or supervising Public Allies employees. In addition, changes among key management staff disrupted the continuity and commitment to the project. Creating a process for working with community activists also took longer than anticipated.

Grantee's Recommendations

- **Provide clearly defined roles, close and clear supervision, and extensive training to outreach workers.**
- **Encourage parents to use comprehensive, well-child services which include immunization.**
- **Build relationships in diverse communities with leaders from different organizations. Be prepared for the amount of time it takes to create strong partnerships.**

LAWNDALE CHRISTIAN HEALTH CENTER
Immunization Fast Track Program

Project Description

The Immunization Fast Track Program at the Lawndale Christian Health Center (LCHC) was designed to increase immunization rates by making immunizations and well-child care available to walk-in patients at the same time. The program was in place weekday mornings during the grant period. The Center conducted the program with a $35,646 grant from the Joyce Foundation.

Located on the city's near-west side, the Center is a not-for-profit, community-based clinic started by the Lawndale Community Church. The clinic serves two low-income communities: North Lawndale, which is almost entirely African-American, and South Lawndale, which is predominantly Hispanic.

The Fast Track program designated one nurse and one doctor to serve families. The Fast Track Nurse documented a child's medical history and provided education about immunizations. The Fast Track Physician conducted a physical exam, paying close attention to the patient's "well-child" development.

Immunization was linked with well-child visits to promote prevention and education as important parts of health care. This important link, however, could create a barrier to having children immunized if parents who walk in without appointments are asked to return. The Fast Track attempted to overcome that barrier by allowing children to get both the immunization and the well-child visit immediately, even if they have no appointment.

Barriers

- Long waits for walk-in patients requiring shots
  (As non-emergency patients, walk-ins were routinely given lower priority than those who came in acutely ill. The patients needing immunizations faced waits of up to three hours or were told to return for an appointment, often in two weeks or more. Many left before their children received needed immunizations, or did not return for their scheduled appointments.)
- Parents' lack of information about immunization
- Low priority of immunization in parents' lives.

Project Outcome

While the Fast Track program helped reduce waiting time to about twenty or thirty minutes and enabled an average of nine children a day to get both shots and well-child exams, at first glance the Fast Track Immunization Program yielded only a modest increase in up-to-date immunizations. In a sample of 201 children when the program began, 82 had up-to-date immunizations. One year after the program began, 86 had up-to-date immunizations.

The figures are deceiving, however, because they do not account for the large number of patient files that were closed in that year. An unexpected benefit of the program was more up-to-date records at the clinic. Through a thorough chart review process, the clinic was able to close many patient files by identifying patients no longer receiving care at LCHC. Of the 201 files that were studied, 70 were closed. As a result, the clinic established that 65.6 percent of those sampled received immunizations (86 out of 131, instead of 201), a percentage, though, that still fell short of the clinic's goal of 80 percent. Nevertheless, the process of updating charts now enables the clinic to assess more accurately which patients have received services. It also illustrates the ways in which clinic records can be misleading unless consistently reviewed.

One of the challenges of the program was to discover the best way to remind patients about the need for immunizations. The Fast Track Nurse sent out cards, letters with promises of gifts for children, and phone calls, but only 11 people out of 1,000 contacts claimed their incentive gift, and none of the other methods overcame the barriers parents faced.

LCHC is testing several ways in which patients could be reached in the future: through clerical follow-up, community outreach, its own Parenting Incentive Program, and through public programs like Healthy Moms/Healthy Kids and Healthy Start (state-run health programs for families on public aid).

The Fast Track program raises questions for future research. When parents see that service can be immediate without an appointment, will they be more or less likely to make an appointment the next time they visit? And to what degree do parents keep their appointments at the clinic?

The Fast Track program continues at LCHC. "Our goal is to have people immunized and provide a well-child visit at the same time," said Jerry Stromberg, the Director of Programming at LCHC. "It's a system we've incorporated into our regular pattern of care." The clinic currently employs a Fast Track Nurse and Provider two days a week. In addition, the case managers use the Fast Track extensively for those families in which one or more children need shots. Rather than having parents make a separate appointment, case managers refer parents to the immediately available Fast Track where siblings of patients can also get their shots.

Grantee's Recommendations

- **Use programs at clinics based on a "fast-track" model to link immunizations and well-child visits.**
- **Utilize a range of contacting procedures at clinics to reach patients for immunizations and well-child visits, including clerical follow-up, community outreach, and linkages to public health programs.**
- **Keep clinic records up-to-date and close former client files to have a better sense of immunization rates.**

Project Description

Parents enrolled in the Woodlawn Maternal and Child Health Center (WMCHC) on Chicago's south side participated in focus groups to determine reasons for delays in the receipt of immunizations among those who use the Center. Four focus groups discussed the use of preventive care, sources of health care and barriers to immunization. The Joyce Foundation granted the University of Chicago's Department of Pediatrics $15,877 for this project.

WMCHC is affiliated with the University of Chicago; pediatric care at the Center is provided by residents and attending physicians with the University's Department of Pediatrics. The Center provides comprehensive health care services to children, teenagers and women from mostly poor communities on the south side of Chicago. Nearly all people served by the clinic are African-American. Over 80 percent live at or below the poverty level and are public aid recipients.

Twenty-two parents participated in the four groups, all of them African-American women. Parents were reached through a review of 204 medical charts of children under two years of age. Participants generally had more education and a higher income than typical enrollees in the clinic, based on responses to a self-administered questionnaire requesting information about age, education, household income, other adults in the household and children. (64 percent of all participants had annual incomes between $5,000 and $10,000; 64 percent also had at least some college education.) Though participants did not make up a representative sample of parents, focus groups raised a wide range of health care issues affecting low-income residents on the south side. "We had the idea that we could better design programs for the clinic by finding out how extensive parent knowledge is on immunization and other primary health care issues," said Dr. Karen Goldstein, director of the project and an attending physician with the University of Chicago Department of Pediatrics. (Dr. Goldstein was also Project Co-Director for the University of Chicago Hospitals' Pediatric Immunization Program, page 8.)

Barriers

Typical barriers among parents connected to the Center result from systemic problems, personal considerations, and lack of knowledge. Focus group participants emphasized:

- Long waits at the Center and difficulty in getting a timely appointment
- Lack of a single medical home
  (a single site for families to go for all health care services)
- Personal barriers related to work hours and transportation
- Lack of parents' motivation
- Misconceptions about immunization
- Lack of information about immunization schedules
- Mixed messages from doctors about the need.

Project Outcome

Despite the incentive of a $40 stipend for participants, the process of conducting focus groups for this project entailed some of the same problems that lead to delays in immunization. According to Dr. Goldstein, sporadic use of health care facilities, including WMCHC, was among the factors that made it difficult to bring parents together. Also, many families relocate frequently, have no phones, and can be very hard to reach. The relatively low participation rate precluded the larger study originally planned.

Parents who participated in the focus groups reflected concerns about the health care system typical of many low-income communities. An often-repeated theme of the focus groups was the importance of a "medical home."

Parents praised WMCHC for its quality of care, competence of physicians and the personal attention their children received there, but the Center faces the same problem of many clinics in low-income communities: it is so small and crowded that parents frequently must wait two or three months to get an appointment. Also, many parents contend that because the Center takes few walk-in patients, they must use multiple clinics in the area. The irony is that the closest thing they have to a medical home cannot accommodate their needs.

Participants in the focus groups viewed other parents as "too busy, preoccupied with bills and their own problems." Other participants criticized some parents as "uncaring or lazy." The cost and inconvenience of public transportation deterring parents from getting their children immunized were cited as well.

Parents expressed a range of misconceptions about immunizations, but among the most striking problems reported was lack of information about immunization schedules. Many did not know that at least fifteen shots are necessary for full protection before the age of two and should be given at specified intervals. "Have parents been told that immunizations are on a specific schedule?" asks Dr. Goldstein. "If people don't know, they may not be motivated to follow up. The health care system hasn't taught them what's involved, when it has to be done, and why it's important." Dr. Goldstein also noted a recurring problem: changing immunization schedules that frequently give parents new — and often conflicting — information about when and how to have a child immunized.

Dr. Goldstein believes that parents may be confused about mixed messages received from the medical community. Many parents noted a lack of concern among health professionals. "I believe that if they thought being behind on a child's immunizations was so important they would actually tell you, 'Well, you have to get these shots on time or else,'" said one parent. "But they don't specify that."

Woodlawn parents noted that immunizations are often not a priority for parents or providers. "You have to realize how few of today's parents had direct experience with these diseases," Dr. Goldstein reflected. "We must communicate the message that the reason they don't see these diseases is that vaccinations are successful."

Findings and recommendations from this project are part of continuing efforts to implement improved policies and services at the Center. Recently, the Center instituted a new appointment system. It is also exploring ways to provide educational programs for staff and physicians. Findings will be presented to physicians, the Center's acting medical director, the Woodlawn Advisory Board, and will be the basis for further research.

Grantee's Recommendations

- **Install a computer system that allows clerks to access records and make appointments at the same time to improve the appointment system.**
- **Make delivery of immunizations the concern of the entire staff, including receptionists, clerks, nurses, resident doctors and attending physicians.**
- **Make educational materials available to parents; provide most current recommended immunization schedules; list information about the success of immunizations; explain the effects of specific immunizations and the importance of getting them on time.**
- **Train parents as advocates for their children.**
- **Display charts prominently of the most recently recommended immunization schedule and the few reasons for withholding shots.**

UNIVERSITY OF ILLINOIS AT CHICAGO
Mile Square Health Center

Project Description

In the winter of 1994-1995, the federal Centers for Disease Control and Prevention (CDC) formally endorsed linking immunization and the federal Women, Infants and Children (WIC) program. WIC is a widely-used program providing nutrition counseling and food vouchers to low-income parents and children. The University of Illinois at Chicago's Mile Square Health Center on Chicago's near west side created the Fast Immunization Track (FIT) program to offer on-site immunizations for infants as part of a WIC program with a $49,399 grant from the Joyce Foundation.

The majority of patients coming to Mile Square Health Center are from west side communities. Seventy percent of the Center's patients are African-American, and 23 percent are Latino.

The goals of the FIT program included integrating a WIC office at Mile Square into the primary care and immunization services of the clinic. The Center planned to evaluate the change in immunization rates for children ages birth to two before and after the development of the FIT program.

Barriers

The WIC program at Mile Square faced its own set of barriers in addition to those listed in other sections of this report: negotiations between the Chicago Department of Health and Illinois Department of Health over the program lasted for more than two years. In addition, the name "Mile Square" was often associated with the Center's record of bankruptcy in the 1980s (the current Mile Square administration is financially strong). Staff of Mile Square and the City of Chicago's WIC program planned for the site to open by the fall of 1993, but the obstacles prevented the WIC clinic at Mile Square from opening until August of 1994.

Project Outcome

Despite the delay, Mile Square's strategy for immunization began at a temporary site through its Fast Immunization Track (FIT) program. Eight immunization events were held, and 940 children were immunized as a result of the Joyce grant during 1994.

Now, families find a full complement of primary care services, including immunization, at the Center. The WIC facility includes a waiting area, a registration area, a place to receive WIC vouchers, a counseling area, an examination room, and work stations for staff. Participants must receive both primary care **and** WIC services at the site. Patients are no longer shifted among staff because now the clinic encourages a closer relationship with health care providers and other staff at the site.

Dr. Cynthia Barnes-Boyd, executive director of Mile Square and director of the project, can see obvious differences between the WIC clinic and often-used techniques for immunization. "If you reach a child at a one-day event, or in a clinic that's not supportive or familiar, you may be able to provide a service to them. But that doesn't mean they'll get their next shot. At our WIC center, we believe they have a better chance to get the comprehensive care they need."

The comprehensive nature of the FIT program may also prove to be a challenge for Mile Square – and any other facility that wants to replicate the program. Dr. Barnes-Boyd suggests that families and providers need to be aware that this program often takes more time than more traditional programs. "In many cases, we're talking about more than just a 15-minute visit," said Dr. Barnes-Boyd. "It's not just a question of numbers, but quality encounters with patients, the kind of encounters that aren't as possible in a fragmented system."

The FIT program faces another common problem: lack of resources. "We need to expand the program," said Dr. Barnes-Boyd, "or we will have the same problems people had before – long waits and people frustrated because they can't get in."

It is difficult to assess the success of the FIT program based on the current figures, and the delays in opening the WIC clinic made it impossible to include results in time for this report's publication. Final evaluations will quantify changes in immunization rates among a group of preschool children before and after they received services from the program. Data are being analyzed by researchers at the University of Illinois Health Center.

Grantee's Recommendations
(Preliminary)

- **Integrate health prevention and health protection services with basic need services to create a more cost effective, mutually beneficial approach to improving immunization rates.**

- **Integrate WIC and immunization services in primary care settings to increase the likelihood that the total health care needs of the child and the family will be addressed.**

- **Acknowledge the problems caused to families by the economics of health care which create tremendous competition between agencies serving women and children. Develop solutions to focus on the needs of the family.**

(Note: Final evaluation and recommendations will be available late in 1995.)

IV. RAISING PUBLIC AWARENESS ABOUT IMMUNIZATIONS

CHICAGO AREA IMMUNIZATION CAMPAIGN

Project Description

The Chicago Area Immunization Campaign (CAIC) implemented a demonstration public education project on preschool immunization. The Junior League of Evanston, Inc. was the fiscal agent for this project, which was funded for $76,200. The Campaign, a broad-based coalition of more than 80 public and private sector organizations, has worked since 1991 to publicize the importance of immunizations for very young children.

The Campaign sought the grant to educate parents about immunization, build support among policymakers and community leaders, and identify and remove barriers to immunization and well-child care services. CAIC used a wide variety of media tools to emphasize the importance of immunization, including press conferences, editorial board meetings, billboards, public service announcements, brochures and public transit ads.

Barriers

In addition to barriers to immunizations related to parent and provider education and lack of coordinated services, the Campaign faced its own set of difficulties as it tried to forge broad-based and local media campaigns on immunization:

- Extensive networking and public education efforts did not guarantee that public attention focused on the issue. It is not clear that such attention will increase immunization rates, especially over the long term.
- The range of messages about immunization coming from public, private and not-for-profit sources about immunization makes it difficult to convey one unified message.
- Confusion over immunization schedules is commonplace. (The Advisory Council on Immunization Practices and the American Academy of Pediatrics have since created a single, unified immunization schedule for the first time.)

Description of Activities

The Campaign coordinated public education and media activities for two major special immunization events: Child Health Week (held from October 18-23, 1993) and National Infant Immunization Week (April 23-30, 1994).

Child Health Week encompassed the whole state in coordination with the state's *Help Me Grow Campaign for Children*, chaired by Illinois First Lady Brenda Edgar. Three kick-off media events were held for Child Health Week in low-income Chicago area communities: the Englewood community on Chicago's south side; Phoenix, Illinois, in southern Cook

County; and Waukegan, in Lake County. The experience of the three events helped shape the course of the campaign.

The first press conference was held at the Chicago Department of Health's Englewood Clinic on October 18, 1993. The public officials who attended the event included Chicago Mayor Richard M. Daley, Cook County Board President Richard Phelan, Chicago Department of Public Health Commissioner Sheila Lyne, and Brenda Edgar. All were informed by the Campaign beforehand about the barriers to raising low immunization rates in Illinois. State and local officials were invited to attend two other press conferences at the immunization sites.

The Campaign changed to local, neighborhood-based strategies for National Infant Immunization Week. Six special events used door-to-door outreach in at-risk neighborhoods — three in Chicago and three in suburban locations. In the Roseland community of Chicago, for example, 3,000 flyers were distributed. In Bridgeview, a press release aimed at local papers and a strong community outreach effort promoted an event at a local clinic. Actors dressed as cartoon characters or other figures appealing to children appeared at several clinics.

Project Outcome

The Campaign encountered several problems at the press conferences. In Englewood, the public officials failed to make a strong statement about what the Campaign described as "the appallingly low levels of immunization in Chicago and around the state." Also, the media asked questions only about the Chicago public school strike taking place at the time and completely ignored immunization.

In Phoenix that same day, key public officials failed to appear at the press conference held at a primary health care site, and the event failed to materialize. Nevertheless, 99 children were immunized at a first-time immunization clinic held in conjunction with the press conference, and the county is considering making this clinic a permanent immunization site.

The final kick-off event was held at a medical building in Waukegan, Illinois. Strong local newspaper coverage followed the press conference, which was attended by local public officials and Illinois First Lady Brenda Edgar. During that day, 165 children were immunized, a jump of 50 percent over the average total of 110.

Child Health Week proved that partnerships with high-ranking public officials do not always ensure attention from the media. In addition, the media are often less than eager to cover stories about preventive health care issues. One Campaign spokesperson said, "An outbreak of a deadly disease is 'sexy' [to the media]; the fact that children need to get their shots is not." More than one out of three television and radio stations contacted covered these events, however, and the Campaign received news or editorial coverage in all daily papers.

Still, the question persisted: Was there a better way to reach families with a message about immunization and the importance of primary health care? The events of Child Health Week led the Campaign to shift its focus from large-scale media campaigns to community outreach.

"We decided to emphasize more neighborhood and provider-related messages," said Jerry Stermer, Co-Convener of the Campaign and President of Voices for Illinois Children, which advocates on child and family welfare issues. "The most important communication is between parents and people who can help link them to immunization and primary health care services."

For the most part, these efforts helped yield more local media coverage (especially print media), and rates of children immunized increased at most of these clinics that week. For example, in Roseland, there was a slight increase in immunizations during National Infant Immunization Week. At the Mile Square Clinic, 60 children got shots during the one-day special event; the weekly average for April is about 25. In Waukegan, 91 children were immunized on the day of the event, an increase of 21 percent from the norm. And in Bridgeview, 152 children were vaccinated, a jump of 50 percent from the average.

According to the Illinois Department of Public Health, its immunization hotline received more calls during Child Health Week and National Infant Immunization Week than in previous weeks. For example, the hotline received 118 calls about immunization during the week of October 11-16, 1993, and it received 536 calls during Child Health Week, held on October 18-23, 1993.

The Campaign learned more about **how** parents respond to its message through a survey conducted by the University of Illinois at Chicago School of Public Health. Fourteen public and private health care facilities participated in the survey, and 408 parents were included in the sample. Of children included in this survey, 88.9 percent were African-American and 6.8 percent were Latino. According to the survey, most visits during Child Health Week were not linked to well-child visits.

Findings revealed that:

- 28.6 percent of the children who participated in the survey did not have a routine source of health care.
- Among children who did have a source of care, 24.6 percent indicated that their regular source of care was a facility other than where they were seeking treatment during Child Health Week.
- Children without a regular source of care were more likely to have received an immunization during Child Health Week than children with a regular source of care (89.5 percent vs. 76.8 percent).
- Two-thirds of all children reportedly had never received a TB test (an unexpected finding).
- **At five months of age**, 75 percent of children *without* a routine source of care were not vaccinated; 47.5 percent of children *with* a routine source of care were not vaccinated. **At seven months**, 89 percent *without* a regular provider were not fully vaccinated; 64.5 percent *with* a regular provider were not fully vaccinated.

The University of Illinois School of Public Health is currently conducting a follow-up to its original study; 273 out of 408 parents who participated in the first study have agreed to discuss their child's health needs again. The follow-up survey will be available later in 1995 and will test whether there was any lasting impact from the Campaign's earlier work.

The Campaign's work for statewide and community-based public education continues with its work for key policy changes. First, the Campaign is calling for a statewide child health insurance reform plan to require insurance policies to include comprehensive care for children. Second, the Campaign is advocating for a data system to track immunized children in Illinois. Illinois' health department hopes that Project Cornerstone, a tracking system it is working on to measure immunization and WIC (the federal Women, Infants and Children program) data from publicly funded programs, will be effective in tracking immunizations statewide.

Grantee's Recommendations

- **Link local neighborhood publicity with national messages.**
- **Engage local media in the efforts to publicize immunization.**
- **Combine publicity with local community outreach.**
- **Enhance 1-800 telephone services with more specific information about clinics, longer hours of operation, and by sending information to all callers.**
- **Encourage states to mandate that insurance cover immunizations.**
- **Develop comprehensive, easily accessible tracking systems.**

CONCLUSION

The Joyce Foundation Special Project on Immunization examined barriers to immunization in low-income communities and explored ways to overcome them. The Foundation's goal was to contribute to the growing body of knowledge to foster systemic changes that make immunization of all children a reality.

Though Chicago's immunization rate has almost doubled, from 30 percent in 1991 to 57 percent in 1994, according to the Chicago Department of Health, these increases should not obscure the whole picture. Immunization coverage rates are still unacceptably low for children living below the poverty level, especially for those living in public housing.

Findings of this project confirm the complexity of this issue. Low immunization rates cannot be comfortably explained solely by reasons related to cost, lack of access to medical care, or any other single factor. Immunizing children in low-income communities depends on strong partnerships among parents, clinics, government agencies, community-based not-for-profits and coalitions, social service agencies, universities and many others.

This project also confirmed the important link between immunizations and primary health care and making prevention more of a priority. Only when children and families have access to a consistent and sensitive source of care will children be protected from preventable diseases.

SUMMARY OF BARRIERS

- **Competing priorities that take precedence over immunization**: health care costs, employment, and, in some cases, surviving violence in homes and neighborhoods.
- **Parents' lack of information about immunizations**.
- **Health care providers' lack of knowledge about immunizations**: in particular, misinformation about the very few reasons not to immunize and poor record-keeping procedures to chart a child's immunization status.
- **Long lines and impractical hours at clinics**.
- **Inadequate record-keeping of immunization status**.
- **Children in a family assigned to different health care providers**.
- **Consent policies that hamper authorized adults (such as grandparents) from getting shots for children in their care**.

Education of Parents

Community outreach strategies tested ways to gather and communicate information about immunization including focus groups, peer training and door-to-door outreach. Is there a "best" method for reaching parents in low-income communities? Probably not, because many communities have such specific needs. However, these projects do suggest many ways to understand how to reach low-income parents:

- **Conduct focus groups to help gather information about *how* to communicate to parents in individual communities based on *their* perceptions.**

- **Develop peer education to communicate information, understanding that peers may not adapt well to volunteer roles in low-income communities where they have other responsibilities.**

- **Conduct door-to-door outreach to access hard-to-reach populations and include extensive follow-up.**

Education of Doctors

Though offering provider education may seem obvious to some, doctors still miss opportunities to immunize children. The need for provider education is gaining national attention. At the 29th Annual Immunization Conference held by the Centers for Disease Control and Prevention in the Spring of 1995, education for health care providers was a prominent topic.

At the same time, the debate over vaccine delivery systems continues. One Joyce grantee found that free vaccines and information can make a difference to doctors working in underserved communities. Meanwhile, for the most part, participants in the project showed that cost is not the major barrier to immunization. The grantees' major recommendations are:

- **Provide doctors and other health care providers with up-to-date, easy to use information about immunizations.**

- **Find incentives for doctors to assess their practices routinely to measure their effectiveness in immunizing all their patients.**

- **Provide simple and timely ways with a minimum of paperwork to deliver free vaccines to doctors and clinics for use with uninsured or low-income patients.**

Improving Services

Fragmentation of services makes it increasingly difficult to establish a "medical home" for patients — a single place patients can go to meet most of their health care needs. The effects of fragmentation of services on immunization efforts are repeated over and over. Patients do not know when they are supposed to be immunized or the effects of specific shots. And record-keeping becomes an even greater problem without one centralized system for maintaining a child's records.

Several projects suggest ways to address these problems:

- **Adapt existing community-based programs to improve immunization services, such as Women, Infants and Children (WIC).**

- **Emphasize traditional primary care sites over nontraditional service for long-term solutions.**

- **Encourage suggestions from patients to help assess specific problems and identify areas to be improved.**

ONGOING PROJECTS

Though new technology and increased resources may be an answer within the decade, today, our public officials, health care providers and community leaders must make immunizing children at risk a priority. The challenge of immunizing our nation's children will not be solved through one approach, one program, or within the next year, judging from the experience of grantees of the Joyce Special Project.

Most grantees continue their efforts to find solutions to the problem. They include:

Educating Parents

Illinois Caucus on Adolescent Health will distribute the recommendations and curricula from its Young Parent Immunization Project through its membership locally and nationally and continue integrating immunization in its work with teen parents.

Lutheran Social Services of Illinois' Sibling Immunization Project led the Chicago Department of Health to hire three part-time nurses for three communities served by the project.

The University of Chicago Hospitals' Pediatric Immunization Program continues through expanded immunization outreach efforts in Robert Taylor Homes.

Vietnamese Association of Illinois built partnerships through the Immunization Project which led to the Women's Health Education Project, a three-year effort in Uptown funded by the United Way of Chicago and the Johnson & Johnson Community Health Care Program.

Educating Doctors

Illinois Maternal and Child Health Coalition's Provider Immunization Education Project has led to an additional eight training sessions funded by the City of Chicago through the Centers for Disease Control and Prevention.

Cook County Department of Public Health will link its program to the national Vaccines for Children effort.

Improving Services

Woodlawn Maternal and Child Health Center: Findings from focus groups with parents have influenced changes in policies and services at the Center.

Lawndale Christian Health Center's Immunization Fast Track Program has been integrated into the Center's primary care services.

University of Illinois at Chicago, Mile Square Health Center has integrated immunization and WIC services.

Public Awareness

The **Chicago Area Immunization Campaign** uses the lessons it learned to focus on local media and other forms of outreach to educate the public about immunization and works continuously on policy questions, such as mandated insurance coverage for children's preventive health.

THE JOYCE FOUNDATION
SPECIAL PROJECT ON IMMUNIZATION

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