This project focuses on uncovering the barriers, perspectives and opinions of parents with children 19-35 mos. who are not up-to-date with their child’s immunizations. This article summarizes the findings of the focus groups conducted in five New Mexico communities and provides information and insight to improve immunization rates. This information is not generalizable to the entire population.

During the spring and summer of 2009, I conducted focus groups in Silver City, Grants, Albuquerque, Santa Fe and Socorro. Locations were selected based on CASA data, immunization rates of Women Infant and Children (WIC) clients and the number of children 19-35 months. The Albuquerque group was conducted for Spanish speaking participants. The Socorro group was a mix of monolingual English and Spanish speakers. Participants were identified through Public Health Offices, mostly the WIC Program and other agencies such as Head Start and community organizations. Flyers in community locations publicized the focus groups. Participants were given $25.00 cash or gift card and a light meal; childcare was provided. The discussions were held in centrally located, community locations and participants were asked to bring their immunization card.

Each focus group discussion was recorded and later transcribed for analysis. A total of 40 parents participated. A nurse read the immunization cards to determine if immunizations were up to date.

Key points and insights were identified through analysis of the transcripts. The analysis looked at the intensity and frequency of comments; and specificity based on actual experience of the participants.

The Meaning of Baby Shots
All groups talked about baby shots keeping children healthy, preventing illness and protecting from diseases. One participant in the Santa Fe group mentioned autism.

Immunization Experience for Parents
Most participants conveyed it was an emotional experience when their child was vaccinated. For most parents, the need to receive multiple shots at the same visit was upsetting. Some
NMIC members enjoyed the celebration of NMIC’s Seventh Anniversary at the Albuquerque Hilton with expert speakers and a delicious lunch. **Left to Right, top to bottom:** Karen Sakala of NMPCA and Toni Berg of New Futures School with Bobby Sanchez, NMDOH; Lydia Alvarez and Lorraine Padilla, both of GSK, with Linda Gorgos of NMDOH; Anna Pentler of NMIC with Ruby Bishop, AARP; Maggie June, NMIC, Gayle Kenny, NMDOH and Meg Smyth, Immunization Consultant; Lolita Martinez of NMDOH with Francisco J. Ronquillo of UNM-HSC, Lance Chilton of Young Children’s Health Center, with Michael Landen, NMDOH, and Anna Pentler, NMIC; Michel Disco, UNM School of Pharmacy with Eileen Good of NMPCA; Harriet Robbins, NMDOH Immunization Manager with keynote speaker, Dr. Gary Overturf.
SHOT BRIEFS

National Influenza Vaccination Week (NIVW) scheduled for January 10-16

Providers should use this opportunity to immunize their patients against regular seasonal influenza and H1N1 Pandemic strain. The purpose of NIVW is to highlight the importance of vaccinating against influenza; and this year the late date for NIVW will underscore that it is appropriate to continuing vaccinating into the winter and spring months. Since H1N1 pandemic influenza may have a third wave in the new year, it is important to make sure all vulnerable populations have the opportunity to be immunized.

Voluntary recall of certain lots of H1N1 Influenza Vaccine

On December 15, Sanofi Pasteur recalled certain lots of its pre-filled syringe pediatric vaccine for children 6-36 months (.25ml). Sanofi Pasteur found through routine testing that certain batches of the vaccine were lower than required potency. The vaccine is safe, but may not induce as high an immune response as originally predicted. Lot numbers include:

- 0.25 ml pre-filled syringes, 10-packs (NDC # 49281-650-25, sometimes coded as 49281-0650-25): UT023DA, UT028DA, UT028CB.
- 0.25 ml pre-filled syringes, 25-packs (NDC # 49281-650-70, sometimes coded as 49281-0650-70): UT030CA.

For more details, go to the CDC website, http://www.cdc.gov/h1n1flu/vaccination/syringes_qa.htm?s_cid=tw_flu83

Minigrants 2009-10

By Maggie June

New Mexico Immunization Coalition

It’s the beginning of a new round of NMIC Minigrants. We’ve recently awarded many exciting immunization projects. Here’s a summary the 2009-10 projects.

American Student Pharmacists Association. This group of student pharmacists is motivated to immunize New Mexico’s children by teaming up with local organizations and schools to administer vaccines. Their minigrant funding will be used for incentives that feature a fun character that’s been designed by a child and will be on stickers, frisbees and coloring books given to children who receive their immunizations at health events.

Catron County Health Council (CCHC) This council has been a minigrant recipient for four years and promotes immunizations around the county. This year CCHC is planning a saturation campaign around immunizations. NMIC will sponsor a CCHC quarterly newsletter focusing on immunizations. CCHC will give H1N1 flu handouts and books for children who receive immunizations at Catron County’s Family Wellness Fair.

Clinical Prevention Initiative Immunizations Workgroup (CPI-I) The goal of this project is to determine the barriers to providing immunizations faced by practitioners of Internal Medicine, Pediatrics, Ob/Gyn and Family Medicine. Each respondent of their on-line survey will be eligible to win a medically-related item in a drawing. Funding will also cover travel to four conferences to present the findings.

Espanola Hospital Pediatric Clinic This project will allow every child who gets immunized at their Health Fair to receive a rucksack or stuffed bear. The pediatric practice provides free vaccinations for children at the fair and will provide vaccine information and answer questions.

Dona Ana County Immunization Coalition (DACIC) Raising awareness and educating parents about immunizations is the focus of this project. DACIC is building a relationship with Las Cruces daycare centers and plans to design, assemble, and distribute immunization information packets to parents of children who attend the daycare centers. Packets will include a Done By One immunization pamphlet; a bilingual immunization schedule magnet and picture frame entitled “When does my baby need shots?” and an immunization postcard to thank parents. Hand sanitizers will be distributed to the centers as a thank you for participating.

Quay County MCCH Council. A media campaign is again being planned. Newspaper and radio advertising will be used to increase on-time childhood immunizations countywide. This group’s efforts have been successful in developing a higher community awareness of the issue of on-time immunizations. Infant incentives will also be provided for the Quay County Immunization Project.

Union County Collaborative Health Council. Informational and educational materials will be distributed to Union County residents at local immunization clinics, health fairs and child screen events. Stickers and a stamp identifying immunization providers will be given.

YDI is developing an Immunization Calendar with a banner highlighting the importance of immunizations, and other immunization information that will be distributed to families participating in YDI medicaid enrollment, Headstart, public schools, senior centers and local health provider offices.
described the need “to help hold down” their children was difficult. Several said that they had the child’s grandmother or the child’s father take the child for immunization so the mother wouldn’t have to experience it. Three groups mentioned an experience where the nurse “was not gentle” or “did not explain what the vaccines were for” making an already difficult experience even harder. Some participants mentioned being scared by the “loud popping sound” from the syringe. A Spanish speaking focus group participant described the surprise about giving the shots in the child’s legs. In Mexico, the shots are given in the buttocks. She expressed fear of “hitting the bone” with the needle.

**Location Children Receive Immunization**

Overall, most participants stayed with the same provider for their child’s immunizations and did not go to different locations. Comfort with the setting, trust of the providers and the fact the provider had the child’s immunization record were consistently the reasons for not changing locations. The record was important because the doctor knew what shots the child needed. Participants who did go to a different location said the most common reasons were lack of health insurance, confusion with Medicaid, or length of time to get an appointment with their regular provider.

Two groups talked about the concern of getting “double shots” if they were to change locations. One participant cited that during her WIC appointment they mentioned that her child needed baby shots and offered them in the Public Health Office. The participant declined to get them there and wanted to return to her doctor because that’s where the shot record was and she had a concern about her child getting the same shot twice.

**Barriers to Immunization**

Three different questions were asked relating to why children were not immunized — about the barriers or problems experienced when trying to get their child immunized. Lack of transportation was one barrier to getting their child immunized. Several participants described

> “Put more information about the autism stuff so that people are more clear on that”

*Santa Fe Focus Group*

at once, then doing research and learning about “the magnesium in the vaccine and link to autism”. After receiving six shots and doing the research, she decided to no longer have her child vaccinated. A Santa Fe parent expressed concern about autism and described more immunizations (than in the past) being given and the timing was more aggressive (multiple shots at once). She was appreciative of her provider being accommodating as far as scheduling and when she expressed concern about MMR and the autism connection, she decided to wait until her son was older to get the MMR vaccine. Even though “I don’t get her shots anymore ‘cause I’ve done the research. I’m really concerned about the whole autism issue.”

Two groups mentioned concern or lack of understanding about the side effects associated with immunization. Participants mentioned the pain and/or fever the child experienced after being vaccinated. Silver City and Socorro participants mentioned that Tylenol was mentioned by their providers. The Silver City participant expressed concern over giving Tylenol to those “little livers.” The Socorro participant described not knowing what Tylenol was and didn’t get samples or enough information from her doctor. Some participants expressed that family members thought that if the child was sick (because of fever or irritation), they must be “allergic” to the vaccine and should not be vaccinated.

The Spanish-speaking participants mentioned language barriers. A Socorro participant described not having a provider who spoke
Focus Groups, continued from page 5

Spanish and not having help with translation.

Albuquerque participants overall had providers who spoke Spanish but had more difficulty when the person answering the phone did not speak Spanish or clinic personnel at the hospital did not want to speak Spanish.

Socorro participants mentioned problems with the doctor not being at the office (due to an emergency) and the need to reschedule. This was challenging for mothers who had difficulty with transportation. Socorro participants mentioned the inability to get their child immunized because of the lack of vaccine and one incident where the refrigerator was broken so the vaccine couldn’t be given.

Information About Baby Shots

All five groups mentioned receiving information about baby shots in their provider’s office. However, participants said the nurse didn’t always explain what the shots were for before giving them. Most described providers talking with them and giving written information and some described reading information on the bulletin boards in the exam rooms. Some Albuquerque participants described receiving plenty of written immunization information in Spanish. Silver City participants mentioned Shots for Tots and in Grants, Done By One. Only one participant in Santa Fe described talking with her physician about her concern about autism and a few participants described wanting information about autism from the provider.

When asked whom participants trusted the most for health information, all five groups mentioned their doctor. Family was mentioned by all groups with exception of the Albuquerque focus group. Family was defined broadly to include moms, dads, grandparents, aunts and in-laws.

“...I don’t have a car and have missed appointments, and once you get there after waiting 15-20 minutes, they say they don’t have any vaccine or the Dr. is not in and that happens a lot”

Socorro Focus Group

Additionally, Silver City, Santa Fe and Grants cited doing personal research when asked whom they trusted most for health information. When prompted about what was meant by personal research, participant’s described talking with family members, friends and doing research on the Internet. Two participants mentioned Web MD as their source of information.

Suggestions for All Children to be Immunized

Participants were asked what they would suggest to have more children immunized. All groups mentioned offering immunization at locations such as schools or Wal-Mart (specified for swineflu). The immunization van was mentioned in Santa Fe along with advertisement that could alert people to a special “immunization day” at no charge. Silver City participants suggested sending a nurse to people’s homes to overcome the transportation barrier. Three of the five groups suggested more advertisement including information given out in hospitals after babies are born, placement on community bulletin boards at community centers and at Wal-Mart.

Recommendations

The focus group discussions provided insights about what is important to parents about childhood immunization. The following recommendations are based on the discussions:

1. Continue education for providers and nurses about the potential concerns of patients.
2. Remind providers and nurses about the importance of educating parents about potential immunization side effects and what to do.
3. Provide information from reliable sources about autism.
4. Continued emphasis about the importance of the child’s shot record.
5. Discuss with provider offices that children with minor illness (low fever, cough, runny nose) can safely be immunized.
6. Seek opportunities to have discussions about immunization with parents.

Conclusion

Immunization is important to children’s health. Yet in spite of the importance, parents have barriers, concerns, and sometimes misinformation which prevent them from having their children immunized.
# 2010 calendar of upcoming events

## January
- 1/10-16  National Influenza Vaccination Week
- 1/21  NMIC Steering Committee meeting, 2:00-4:00pm

## February
- 2/18  NMIC Steering Committee meeting, 2:00-4:00pm

## March
- 3/18  NMIC Steering Committee meeting, 2:00-4:00pm

## April
- 4/17  Dia de Los Niños immunization event
  - National Hispanic Cultural Center, Albuquerque
- 4/24-5/1  National Infant Immunization Week
- 4/26-5/1  Got Shots? Protect Tots!
  - Statewide immunization campaign
- 4/30  NMIC Provider Awards Dinner, 6:00pm, tentative date

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**Contact us...**

**NM Immunization Coalition News** is published quarterly. Please contact Maggie June at 505-272-3032 or via email at mjune@salud.unm.edu if you have an item to submit for the newsletter.

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**THE UNIVERSITY OF NEW MEXICO**

**HEALTH SCIENCES CENTER**

New Mexico Immunization Coalition
Office for Community Health
MSC09 5065
1000 Stanford Drive NE
Albuquerque, New Mexico 87131