



Study of Childhood Immunization in Washington State Russian-Speaking Populations

SUMMARY REPORT

Health Promotion Practice and Policy Section
Washington State Department of Health

Page Contents

- 1 Executive Summary**
 - Background**
 - Language and Culture**
- 3 Summary of Recommendations**
- 5 Key Findings**
 - Literature Review**
 - Key Informant Interviews**
 - Focus Groups**

Executive Summary

In early 2012, the Washington State Health Care Authority signed an agreement with the Department of Health to study attitudes toward childhood immunization among Russian-speaking populations in Washington State. This report summarizes the findings of the study and recommends possible educational strategies that can help increase the immunization rates for young children of Russian-speaking parents.

Background

Major health plans in Washington State provide data for the Healthcare Effectiveness Data Information Set (HEDIS). These data capture the immunization status of infants and children (birth to two years) and the main language spoken by the parents. According to HEDIS data, Russian-speaking communities in Washington have the lowest childhood immunization rates of any population. This has been a consistent pattern since 2008.

The Office of Immunization and Child Profile (the office) at the Washington State Department of Health (the department) works to promote and increase childhood immunization. Office staff identify factors that play a role in under-immunization as well as best practices for increasing rates. In 2010, the office conducted interviews with healthcare providers who serve Russian-speaking parents to get a better understanding of what is behind the lower rates in Russian-speaking populations.

Findings of this initial research showed a number of factors that might influence Russian-speaking parents' decision not to vaccinate. The office decided they needed a more in-depth study. With state and federal funding from the Washington State Health Care Authority, the office asked health education staff in the Health Promotion Practice and Policy Section (the section) to carry out:

- A review of the scientific literature on attitudes of Russian-speaking populations toward immunization.
- Interviews with “key informants” in Russian-speaking communities in Washington, including local public health and medical providers, social workers, community and religious leaders, and academicians.
- A series of focus groups with parents of young children in Washington communities that have large Russian-speaking populations. Section staff trained interpreters from Columbia Language Services as facilitators and notetakers, so that focus groups could be conducted in Russian.

This report summarizes the findings of the section. We aimed to gain more knowledge of the Russian-speaking population in the state, find barriers and ways to address them, discover motivators and concerns about immunization, and to recommend culturally-competent educational strategies to increase immunization rates among this population. Key findings include:

- Language and cultural differences are barriers to receiving health services.
- Parents are often dissatisfied with their doctor-patient relationship and feel pressured into making immunization choices for their children.
- Parents' attitudes and beliefs about childhood immunization are strongly influenced by close personal social networks and Russian-language media.

Language and Culture

Our literature review and key informant interviews confirmed that Russian-speaking immigrants often have difficulty navigating the American healthcare system. During our focus groups, we heard a number of comments about looking for a trusted Russian-speaking healthcare provider. Some said they used an interpreter during pediatric appointments, with mixed results. Focus group participants also said that language and cultural differences affect their ability to judge the accuracy of information on English-language websites. Some use Russian-language websites as a trusted source of information. In our discussions with the facilitators, notetakers, and community coordinators, they agreed that language and cultural differences affect peoples' ability to access healthcare and information and communicate effectively with providers.

Cultural differences came up many times when talking about experiences in the United States versus their country of origin. Some examples include:

- Attitudes toward doctors may be based on experiences before coming to the U.S. Parents have suspicions about who U.S. doctors represent. They question whether doctors get money from pharmaceutical companies to promote vaccines.
- How doctors respond to parents' concerns and questions deeply affects the parents' attitude about immunization. This is especially true if doctors express doubts about vaccines or do not vaccinate their own children.
- Anti-government feelings were not as strong as we anticipated. Participants did say they were grateful we used interpreters from their community to moderate the focus groups instead of using a state worker. This helped create trust.
- Several parents expressed a strongly-held belief that children should not get vaccines if they are sick (a sick child may be why they are visiting the doctor). Some parents believe an infant's immune system is weak and needs to develop before vaccines are given. Delaying immunization for these reasons may have been more common in Russian-speaking countries.

[The healthcare provider] had my complete trust because I had a language barrier and didn't understand a lot of things.
— Focus group participant

Summary of Recommendations

Improve doctor-patient relationships and develop cultural competency. The most compelling finding of the focus groups is about distrust in doctor-patient relationships. This may be outside the scope of what the office can do through educational interventions. However, the office may want to work with their Health Plan Partnership to develop cultural competency tools and trainings for healthcare providers who see a lot of Russian-speaking parents. Improving doctor-patient relationships may have the most impact on increasing childhood immunization rates in the Russian-speaking population. Specifically, parents said they want physicians to:

- Speak to them with empathy and without ambiguity. Listen to their concerns.
- Give more detailed information on the diseases and vaccines, including data on adverse reactions.
- Give them choices without pushing vaccines. Explain benefits and side effects.
- Explain what is in the vaccine, and show them the vial before giving the shot.

To improve doctor-patient relationships in Russian-speaking communities, the office should encourage the use of effective communication methods. For example, Vax Northwest, a public-private partnership, is developing and testing tools to support healthcare providers in having productive conversations with parents who are hesitant about immunization. The office may want to explore how these tools can be adapted to address specific concerns raised by Russian-speaking parents.

Use personal social networks to encourage childhood immunization. Focus group participants talked about the importance of personal social networks in decisions about healthcare and immunizations. They said these connections are the primary channel of trusted information. Mothers and sisters were most often mentioned. The office should take the opportunity to spread positive experiences with vaccines through these networks. Parents, other family members, influential community members should be encouraged to voice their support for vaccinating children.

One model already in place by Vax Northwest uses personal social networks to share information about vaccines. The office should consider translating into Russian the tools developed by Vax Northwest and doing outreach at the local level through faith communities, community organizations, and Russian-language media.

Offer community presentations on immunization. An idea that came up in all the focus groups without any prompting (sometimes after the formal discussion) was inviting parents to a community presentation on immunization. The presentation would feature one or more medical experts who could directly answer parents' questions and concerns about vaccines in an open and frank discussion. This kind of community-based discussion is a familiar forum in Russian-speaking communities, and builds on the central role of personal connections. It would be important to engage a dynamic speaker who could set the right tone. Ideally, the discussion would be in Russian, but the medical experts could work with an interpreter if needed.

Provide Russian-language resources online. The Internet is another important source of information for Russian-speaking parents. They browse both English and Russian websites. The office should consider adding Russian language capacity to its e-mail newsletters and web-based publications on immunization (through the Child Profile Health Promotion System). The office could offer tips in Russian on how to judge the accuracy of online health and immunization information, and share links to the best comprehensive web resources available in Russian and English. This information could be given out by medical clinics, WIC (Women, Infants, and Children) offices, faith communities, and partner organizations.

Translate “Plain Talk About Childhood Immunization” into Russian.

Materials translated into Russian should address the major questions and concerns raised during the focus groups. These include:

- Data on relative risk of the vaccine versus the seriousness of the illness.
- Facts about the diseases that vaccines prevent.
- Information on vaccine ingredients.
- Vaccine safety, side effects, and overall effectiveness.
- Why vaccines are recommended for very young infants.
- How vaccines affect the immune system.
- The reason for combination vaccines and multiple doses.

The office already has a material that addresses many of these issues—“Plain Talk About Childhood Immunization.” We recommend translating this comprehensive booklet into Russian and offering it in print and online.

Determine why some vaccines are favored over others. Something we noticed in the HEDIS data that seemed to be confirmed in the focus groups is that Russian-speaking parents favor certain vaccines over others. For example, several parents said they do not see the need for a flu vaccine and particularly do not like combination vaccines. We could not find the specific reasons (it went beyond our scope). Quantitative data may shed more light on this. The office may need to tailor messages on safety and effectiveness to the specific perceptions of each vaccine.

Analyze data to see if school-age children are fully immunized.

It is not clear if some Russian-speaking parents who refuse early immunization later get their children caught-up by the time they enter school. If so, this may change educational messages for parents with kids between 24 months and 6 years. The office should see if it is possible to analyze data on immunization rates for older children of Russian-speaking parents.

Ask doctors to ease the pressure and leave it to parents to make a choice. In that case, maybe more people would agree to immunizations.

— Focus group participant

Key Findings

Literature Review

We began this project by reviewing scientific literature. We included studies from countries that were part of the former Soviet Union. Experiences in “homeland” countries shape attitudes and beliefs of immigrants. The literature review helped us provide an objective assessment of factors that play a part in non-vaccination. It also helped us develop questions for the interviews and focus groups.

- Misperceptions were most commonly cited as a barrier to vaccination for U.S. immigrants in California, Oregon, New York, and Washington, and parents living in Russia, Ukraine, Kazakhstan, Uzbekistan, or Kyrgyzstan. Negative beliefs about vaccination mainly centered on safety, efficacy, side effects, cost, and use of alternative preventive measures.
- Influential people and media play a large role in forming attitudes about vaccination. The literature cited unsupportive media, websites, and doctors as negatively affecting vaccination in Russian-speaking countries. Misinformation and negative reinforcement were more prevalent in Russian-speaking countries than in the U.S. according to the literature.
- We found government policies an important contributing factor to non-vaccination in some Russian-speaking countries. Examples include not guaranteeing the quality of vaccines, giving vaccines at reduced strength, lengthening the interval between boosters, and allowing alternative immunization schedules. The vaccination system was viewed as less than reliable.
- The lack of availability of vaccines contributed to non-vaccination in some Russian-speaking countries.
- In the former Soviet Union, political turmoil, corruption, and economic collapse fueled mistrust of healthcare in general.
- Recent immigrants often have difficulty navigating the U.S. healthcare system, largely due to cultural and language differences.
- Recommendations in the literature varied, ranging from educating doctors about Russian-speaking patients, giving Russian-speaking parents more information, creating a Russian-language web resource, holding lectures and presentations, and creating print materials.

Key Informant Interviews

In public health we define “key informants” as people who have special or expert knowledge about a community or population. In analyzing the responses from our key informant interviews, we looked for common themes and patterns. This helped us with the logistics of the focus groups, such as where and how to recruit participants and where to hold the focus groups. We paid special attention to advice from interviewees about cultural appropriateness. We were advised again and again to acknowledge the expertise of participants, and to clearly state that we wanted to learn from them. We also got advice on how to put participants at ease, ranging from the tone of the questions to room setup. Focus group participants reinforced the insights from key informants.

- Some common themes we heard in interviews were mistrust of healthcare providers, concerns about the safety of vaccines, and fears made worse by stories read on the Internet.
- Russian-speaking communities are very diverse—by region, language, income, and religion. Differences reflect the reasons for coming to Washington State (for example, to escape religious or political persecution, for specialized jobs, to be with family and familiar communities). Experiences also vary depending on when people emigrated, whether during the Soviet era or more recently.
- It is best to use the term “Russian-speaking” not “Russian.” Russian is a common language, but independent states, like Ukraine, have their own culture and language and do not consider themselves Russian.
- Ten of 12 people we interviewed reported that language acts as a barrier to health services. The impact of the barrier ranges from “somewhat” to “significant.”
- Russian-speaking communities are tight-knit and fairly closed to outsiders. In many places, people lead daily lives speaking little or no English and having little interaction with mainstream American culture.
- Churches are central to many communities. We found no direct ban against immunization based on religious beliefs. However, personal social networks in faith communities are a key channel for sharing stories, influencing beliefs, and communicating messages about immunization.
- Russian-language media—radio, newspaper, Internet—are important ways to reach Russian-speaking communities.

This is a very diverse community in terms of religion, ethnicity, education, economic resources, and reasons for immigrating. There is not one “Russian-speaking community.”

— Key informant interview

Focus Groups

We conducted four focus groups—one in Vancouver, one in Renton, and two in Spokane. We had 36 participants total—nine in Vancouver, six in Renton, and 21 in Spokane. Together, they were parents of 112 children and two women were pregnant. Three participants were men, 33 women.

- Participants said that personal social networks are the main channel of information on immunization. Messages delivered by relatives, especially mothers and sisters, are more influential than other sources.
- Parents look for specific information on vaccine safety and relative risk. They want data, details about the diseases we vaccinate against, and information on how vaccines are made. They recognize there is a glut of information, so they want to be convinced of its accuracy and certainty.

Any medicine has potential risk and danger. My own life is one thing, but my child's life is a completely different thing.

— Focus group participant

- Participants expressed a strong dissatisfaction with healthcare providers. While they generally trust the advice of doctors, parents feel they are pressured, not given enough information, not listened to, or sometimes treated disrespectfully. They also look to providers for consistency in the advice they give and the provider's own behavior. If doctors seem unsure or have doubts about vaccines, this profoundly affects the parent's attitude. Most parents said they want to have their children immunized when doctors work with them on their child's vaccine schedule, and avoid giving shots when a child is sick.
- Parents make decisions vaccine by vaccine, based on how they understand the risk of disease and vaccine safety.
- In all four groups, parents told us they wanted a community presentation where a medical expert could answer their questions about immunization in person. In fact, many hoped the focus group would be a place to get their questions answered.

In one set of questions, we asked participants about their understanding of childhood immunization from three angles: What do you hear, what do you think or believe, and what feelings do you have about immunizing? Their responses gave us many insights, including:

- Russian-speaking parents say they hear a lot of negative information and rumors about reactions to vaccines, allergies, and serious side effects.
- They say they feel uninformed, uncertain, and have a lot of fear about possibly harming their child.
- Participants generally agreed with the concept of immunizing against childhood disease, and they think immunization should be a choice. They said they think the schedule of shots starts too early for infants, and they don't like combination vaccines or multiple vaccinations in a single visit.

In conclusion, many of the concerns about childhood immunization raised by Russian-speaking parents are the same as those in the general population. They want reliable information about the safety and effectiveness of vaccines. They want to ask questions and have their concerns listened to. The key seems to be in delivering information in their language and in ways that respect their beliefs, practices, and the strength of their personal social networks.

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To get a copy of the full report, including resources, methodologies, interview questions, recruitment materials, and focus group discussion guide and responses, please contact Michele Roberts, Washington State Department of Health at michele.roberts@doh.wa.gov or 360-236-3720.