

**Title:** Access to, management and use of immunization information in three rural Nebraska towns

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**Purpose:** A qualitative pilot study of consumers and service providers residing in three rural Nebraska towns was conducted during 2011-12, to assess how they access, manage, and use health information. Limited, open ended questions were asked about immunizations, demonstrating one common exemplar type of health information.

**Design:** A purposeful sample of three rural towns (population range ~1000-5000) was identified through the recommendations of the Nebraska Office of Rural Health. Each town served as a county seat and had a critical access hospital system within its boundaries. Interview participants were identified using existing lists of town residents (e.g., telephone lists), as well as snowballing methods seeking referrals from individuals already interviewed. A semi-structured, face-to-face interview protocol using open-ended questioning was utilized. All interviews were recorded and transcribed for analysis.

**Findings:** Few respondents reported maintaining adult immunization records. Some reported maintaining such records for their children. Interviewees rarely reported that they were asked about their immunization status. Adult vaccinations spontaneously identified by either residents or providers were influenza, "pneumonia", tetanus, and occasionally shingles. Adult use of a pertussis-containing vaccine was never mentioned, though personal exposure to the infection was mentioned in one interview, and another respondent mentioned having had an infant seriously ill from whooping cough. Children's vaccines were typically identified as "school vaccines", with little reference to specific vaccines known to be indicated. Some respondents suggested that they relied on their health and general healthy behaviors rather than on vaccines to protect themselves. Some resident and provider respondents indicated that parents wishing to forgo vaccination for their children simply needed to sign a waiver to avoid school or daycare mandates.

**Implications:** Consumer and service provider knowledge about vaccines is suboptimal. These observations suggest a need for immunization education and opportunities provided for improved public health information access.