

# The Language and Immunization for Kids Study (LINKS): Identifying Public Health Strategies to Engage Families Who Prefer a Language Other Than English in Childhood Vaccine Uptake

## Statement of Problem

As child health researchers and physicians, we know childhood [immunization programs](#) and [coalitions](#) are among our nation's most important and effective child health interventions. These programs ensure children receive protection from potentially life-threatening conditions such as measles, polio and hepatitis B. They [help children](#) in every U.S. county, parish, borough, state, and territory, even if children are uninsured or families lack the ability to pay.

Ensuring childhood immunization programs remain strong and can continue to reach all children equitably is a child health priority. This includes attention to language access—most often referring to interpreting (spoken, sign language) and translation (written). Nationally, about [15% of children](#) have at least one parent who speaks English less than “very well,” a standard we consider important for health communication. Focusing on Asian and Latine children, [about 40%](#) have at least one parent who speaks English less than “very well.”

Research from [Washington state](#) and [Minnesota](#) on parental birth country and childhood immunization suggests there may be uneven childhood vaccine coverage for children in some language communities. Similarly, [National Immunization Survey](#) data on early childhood vaccination suggests children ages 19-35 months and born outside the U.S. may have lower rates of selected vaccination coverage than other U.S. children.

This may be a sign of gaps in vaccine outreach, education and delivery in languages spoken by families in those communities.

## Description

Our team's [quality improvement](#) work (in collaboration with the [Minnesota Center of Excellence in Newcomer Health](#)) during the COVID-19 pandemic suggests **language access remains a significant barrier to childhood vaccination education and access.**

Similarly, [environmental scans](#) focusing on published materials, peer-reviewed literature, or interviews with vaccine outreach grantees have noted that “ensuring native language accessibility, translations, and local dialect were accurately and culturally inclusive was a challenge. Recipients often did not have the resources or capacity to manage this need.”

But we know solutions exist. Co-investigator [Dr. Elizabeth Dawson-Hahn](#), a [University of Washington](#) pediatrician and public health researcher, and her team identified numerous public health [case studies](#) describing strategies for promoting vaccine access among communities who speak languages other than English.

Many of these strategies focus on creating vaccination education or delivery opportunities in community settings and on developing trust between immunization program staff and community members. This included partnership with school districts, hosting [community fairs](#), and allocating staff time and effort to attend [community events](#) focused on children and youth. Other important [strategies](#) focused on the coordination of language access resources, e.g., ensuring staffing agencies working with departments of health had sufficient experience recruiting and hiring bilingual staff. Our team has also worked directly with multilingual, bicultural colleagues to demonstrate strategies for community-informed design of vaccine education materials in [multiple languages](#).

With this project, we aim to systematically describe and share successful strategies that childhood immunization programs and coalitions have used to reach families who speak languages other than English.

To collect this information, we are conducting a national survey of childhood immunization programs and immunization coalitions. Watch the video below to hear more about our survey process.

## Next Steps

By hearing directly from programs and coalitions, we hope to learn from their on-the-ground experience in our efforts to ensure children whose families speak languages other than English are included in vaccine outreach, education and delivery.

We also hope to document shared challenges that may benefit from policy changes or prioritization from funders focused on promoting child health.

We plan to share results in fall 2025.

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## Suggested Citation

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