

Influenza-Immunization Study

AFRICAN AMERICAN TOPLINE

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METHODOLOGY

As a part of an overall study on influenza and the influenza vaccine, eight focus groups were conducted with African-Americans. These groups took place in Newark, New Jersey; Atlanta, Georgia; and Houston, Texas, on October 2 through October 6, 2000. The following table is a composite of each group.

NUMBER OF GROUPS CONDUCTED	CITY	SEX	AGE
2	Newark & Atlanta	Male	65+
2	Atlanta & Houston	Male	50-65
2	Atlanta & Houston	Female	65+
2	Newark & Atlanta	Female	50-65

FINDINGS

Health Maintenance

In order to stay healthy, African-Americans most commonly indicated that they try to maintain a good diet and exercise regularly. A good diet typically consists of foods low in fat and salt, vegetables, and fruit. Their main form of exercise is walking. Cleanliness was also essential to the health of African-Americans in order to limit household and bodily germs and bacteria. Religious and spiritual connections, which often lead to positive attitudes, were also key to staying healthy. Other common ways included getting plenty of rest and drinking ample amounts of water.

Overall, African-American respondents maintained that they go to a physician at least once a year for a check-up, but will go more often contingent on their health status. Generally, these respondents contended that they go to specialists when needed, most commonly to see blood pressure specialists, cardiologists, urologists, gynecologists, and optometrists.

Health Concerns

When asked about what health issues concern them the most, African-Americans listed a variety of health issues. Heart disease and high blood pressure were among the top concerns.

When asked what diseases typically appear in winter and fall months, African-Americans most frequently mentioned the flu, cold, pneumonia, allergies or sinus-related problems, and respiratory related problems such as asthma or bronchitis.

Basic Knowledge of the Flu

Overall, African-Americans did not seem to have an in-depth understanding of what the flu was. African-Americans most often described the flu as a virus that attacks the immune system. Many also characterized it by what the ailment physically does to them, while some regarded the flu as an untreated cold.

"It is basically when your lungs and chest are full of mucus so you can't breath and you are miserable."

(Houston/Male/50-65)

Cold V. Flu

Overall, many African-Americans described the flu as something that derives from an untreated cold, although most were able to distinguish between the symptoms of a cold and the flu. For the most part, African-Americans differentiated between a cold and the flu by the symptoms that they experience. The flu is thought to accompany high fever, chills, body aches, weakness, and loss of appetite, whereas a cold causes simple sinus problems such as a runny nose.

“The symptoms are different. To me, I ache more with the flu and I feel really yucky and tired and I get chills and a fever. I also lose weight due to my lack of appetite.”

(Atlanta/Female/50-65)

“With a cold I just think of a person with a little runny nose and maybe a little stuffed up head and if it gets any worse, it feels like you have the flu.”

(New Jersey/Female/50-65)

Another common way that respondents measured the difference between the two ailments is by the severity of the infection. That is, with a cold one can still function and go on with their normal activities, but with the flu one can't.

“With a cold you can walk around and you can still function and go to work, but when you get the flu you can't.”

(Atlanta/Male/50-65)

Flu Basics

According to African-Americans, the most common signs or symptoms of the flu included body aches, loss of appetite, fever, and feeling weak or dizzy. Chills and feeling fatigued or drained are the next most often signs volunteered.

There was a shared sentiment that whether or not one contracts the flu depends on each individual immune system. The most common way to get the flu is through exposure to the virus via contact with people who are currently carrying the virus, household germs or airborne germs. How you dress was also a determination factor, while fewer volunteered that one can get the flu from an untreated cold.

African-American respondents generally felt that one can contract the flu virus all year round, but they are most likely to contract it in the fall and winter months. Some maintained that the flu is more severe in the summer months.

“If you get it in the summer, that is double trouble.”

(Atlanta/Male/50-65)

For the most part, African-Americans acknowledged that the flu does not discriminate between age or gender. That is, anyone can get the flu. However, the majority of the respondents from both cities agreed that those with weaker immune systems are at the greatest risk of contracting the flu because they are less resistant to fighting off the virus. This mainly includes those with current ailments (such as respiratory problems) and the elderly.

“If already seriously ill it means that their resistance is already down and then they get the flu and they don’t have too much to fight with.”
(Houston/Female/65+)

“The older you get there are certain things that are wrong with you and you have your body fighting to take care of these things and the flu comes along and it has to fight that flu. The older you get the more trouble you are going to be in.”

(Atlanta/Male/50-65)

When asked how long the influenza virus lasts, African-Americans typically felt the length was contingent on how one treats the virus and on each individual immune system.

Prevention & Treatment of Influenza

For the most part, respondents, particularly those in Atlanta, felt that one can take the same measures to avoid the cold, flu, and pneumonia. Many of them view the three ailments as a continuum – an untreated cold leads to the flu, an untreated flu leads to pneumonia – so by avoiding the cold you avoid the flu and so on.

The most common ways to prevent the flu included dressing appropriately for the weather (particularly to stay dry and warm), taking Vitamin C (through supplements, juices or citrus fruits), drinking plenty of liquids, and by getting the flu shot. Other methods mentioned were maintaining a good diet, avoiding those who are contagious, and practicing a spiritual connection through prayer.

“Prayer builds your faith and gives you the strength to overcome.”
(Atlanta/Male/50-65)

Still, some felt there is nothing you can do to avoid the flu.

“You can’t no matter what you try to do and how you try to dress or how much vitamins you take, or if you take the flu shots or don’t take one. The flu is something you are going to automatically get no matter how hard you try.”

(Houston/Male/50-65)

For the most part, African-American respondents reported that they initially rely on home remedies to treat the flu. Among these respondents, they feel home remedies are the best and most practiced form of treatment and some even say their doctor recommends them.

“The last time I had the flu, I went to the doctor and he told me there is nothing he can do for the flu and promoted home remedies like rest and drinking plenty of liquids.”

(Atlanta/Female/50-65)

The most common home remedies used include getting plenty of rest, drinking plenty of juices (for Vitamin C) and liquids, and sweating the flu out – most commonly through hot beverages or alcohol.

“Some people take a little liquor – blackberry brandy – and stay in bed and sweat it out.”

(New Jersey/Female/50-65)

Other home remedies mentioned were homemade soups, Vitamin C supplements, and herbal teas. Also, over-the-counter medications – mainly Tylenol, Aspirin, and Theraflu – are often used to treat the symptoms of the flu (i.e. Tylenol is used to combat a fever). Respondents, mainly those between the ages of 50 and 65, were more likely to believe in relying on antibiotics for treatment.

Basic Knowledge of Influenza

Overall, African-American respondents did not express an in-depth understanding of influenza. Very few described it as a virus and even fewer made the connection between influenza and the flu. Most commonly, respondents among both age groups heard about the seriousness of influenza and how it could cause death.

“There are so many different types and some are more serious than the others and you can die from some.”

(Atlanta/Female/65+)

Many also say that they have heard of a shot one can take for influenza, although some believed that the shot made people sick. Similar to the flu, some respondents still hold that influenza is a form of bacteria or a cold.

“I have always thought of influenza as a severe cold. I don’t have the scientific evidence to support that but the flu bug is the flu but influenza can be any kind of cold that you pick up here or there.”

(Atlanta/Male/50-65)

Perception of Seriousness

The majority of African-Americans felt that influenza is a potentially serious disease. Whether or not it becomes serious depends on one's immune system and how one treats the flu-like symptoms. Most agree that their friends and relatives would regard influenza as a serious disease as well.

"I think what happens when we do get the symptoms, we just wait thinking we can treat it ourselves, and when we do decide we can't treat it, it is too late. That is when it becomes a problem."

(Atlanta/Female/65+)

In general, African-Americans felt that influenza can cause serious diseases – most commonly pneumonia. One male in Houston described walking pneumonia as the "boggie-woogie flu." Other diseases that respondents felt could be caused by influenza included meningitis and kidney failure. Ultimately, the majority of the respondents agreed that influenza can cause death.

"From my experience, I know one of my children's friends died from the flu. She had it for three days and once she went to the doctor it was too late. So the flu can cause death."

(Atlanta/Female/50-65)

Influenza This Year -- The Delay

When asked what they had heard about influenza this year, many African-Americans were aware of the vaccine shortage and delay. Among them, they shared conflicting reasons for the shortage. One respondent thought it was because the United States had to ship a portion of their vaccine to Africa. Another thought it was because doctors were having a problem developing a vaccine for this year's flu strain. Respondents from all cities most often obtained their information about the shortage/delay from the media.

Very few respondents expressed concern about the delay mainly because they don't see a need to get it a flu shot. A Houston woman in the at-risk age group proclaimed, "they can have mine!" However, some said they are concerned about those who do need the shot -- although that does not include them.

Influenza Shot

In general, African-American respondents were aware of the influenza vaccine. When asked what they had heard about the vaccine, respondents most often mentioned some type of negative reaction caused by the flu shot – mainly that the shot made you sick.

The New Jersey females were the only group who initially recalled any benefits of the shot. Respondents 65 and older offered more in-depth details about the shot. Most of them had heard that the flu vaccine actual consists of the flu virus.

“I heard that they inject you with the flu in order for you not to get it. So I feel like why put it in me and then try to get it back out?”

(Houston/Female/65+)

Most respondents received their information regarding the influenza vaccines from the media or doctors. Next most often they obtained information from work, while fewer listed the Internet, the CDC, and medical publications as sources.

“Most corporations now are actually promoting the shot because they don’t want you to be out of work or the whole office out.”

(Atlanta/Female/50-65)

When asked where they first received information regarding the shot, respondents most commonly listed doctors or the media. Other initial sources included work and the Army.

Typically, African-Americans felt it was best to get the flu shot during the onset of winter. Most agreed that one can get the shot past October, although several thought it would be ineffective.

Perceived Need

More than half of the African-Americans age 65 and older reported that they have had the influenza shot, while less than half of those between the ages of 50 and 65 said they have had the vaccine. When asked if they thought the influenza shot was really necessary, several respondents from both age groups felt that it depended on each person’s individual immune system.

“You have to know about your own system to see if you should get the flu shot.”

(Houston/Male/50-65)

Although most did not see the shot as necessary for them, they said it would be necessary for others, particularly the elderly because their immune system is weaker and they are less resistant to the virus. African-Americans between the ages of 50 and 65, although more likely to regard the shot as necessary for the elderly, did not consider themselves in the “elderly” category.

Most respondents would regard the shot as necessary if their doctor recommended it to them. The most common reason African-Americans offered for not needing the shot is because they thought it would make them sick, while others did not see a need for the shot because they have stayed healthy and avoided the flu their whole lives without the shot – no shot, no flu.

“I haven’t taken the flu shot and I haven’t had the flu and that is my proof right there.”

(Houston/Female/65+)

Perceived Safety

Overall, African-Americans did not think that the influenza shot is 100% safe. The main reason that they felt it is unsafe is because they believe, either through their own or others’ experiences, that the flu vaccine makes you sick. Still, many felt the safety of the shot is contingent on each individual person.

“I had the same thing happen to me (got sick by the shot) but only mine turned into walking pneumonia. It is not safe for me, but I can’t speak for anyone else because I know a lot of people who take it and are never bothered by it.”

(Houston/Female/65+)

Regardless of the shot’s perceived reactions, some of the respondents argued that the flu shot has to be safe in order for it to be legally available on the market.

“If the flu shot is on the market, it has to be healthy, otherwise they wouldn’t be giving it to people. But you have to discern what is going to benefit you.”

(Houston/Male/50-65)

Costs/Benefits

The majority of African-Americans from all cities do not feel like the benefits of the shot outweigh its costs. Thus they expressed high resistance to getting the shot.

According to the African-American respondents, the most common benefit of the flu shot was that it lessens the severity of the flu virus. That is, if one gets the flu it won’t be as bad as it would if never had gotten the flu shot.

“The shot in of itself is supposed to, if you get the flu, give yourself the flu at a lesser degree so it is not a life-threatening type of thing.”

(Atlanta/Male/50-65)

Although most agreed that the flu shot does not guarantee that you won’t get the virus, some felt it can lessen the risk. Fewer thought another benefit of the shot was that it might give you peace of mind.

“Maybe psychologically taking the flu shot just gives you a positive attitude to fight the flu because they think the vaccine works.”

(Houston/Male/50-65)

On the other hand, the most common reason for not getting the shot was their perceived adverse reaction from the shot, particularly the idea that the shot will make you sick with the flu virus. The majority of the respondents had either experienced themselves or heard stories of someone else who had experienced an adverse reaction to the shot. This reaction was similar or worse than the actual flu virus. Thus, African-Americans maintained that they do not want to take a risk on getting sick - so they don't take the shot. African-Americans want guarantees. They want to be guaranteed that the shot is safe, has limited side effects, and will stop you from catching the flu.

"I just don't want to get a shot especially if it is not going to guarantee me that I won't get the flu."

(Atlanta/Female/50-65)

Some respondents maintained that they do not feel like they are likely candidates for the shot because they are healthy and don't get the flu – why fix what is not broken? They see no need to prevent an ailment they don't get. Along with this notion, there was also the perception that no shot equals no flu.

"I had the flu shot awhile ago and it made me get the flu and now that I don't get the shots I haven't had the flu."

(Atlanta/Male/50-65)

Another common reason, mainly among African-American males, was distrust of the government and the medical system. This lack of trust derives from past situations where black men were used as pawns for medical experiments such as the Tuskegee incident. Thus, they are very skeptical of medicine and reluctant to rely on it, especially to treat and prevent something like the flu where one can treat it with "home remedies" independent of their doctor.

"I think black men as a whole have a distrust for good reasons. Especially when you think of what happened to the men in Mississippi with syphilis. I know that we live in modern times and I know we should probably trust but me personally, I can't forget it."

(Atlanta/Male/50-65)

One respondent expressed distrust because of an experience he had in the service.

"When you go into the service and they tell you that you have to do these things and you can't question them because you are in the service. And that makes you more and more questionable when you get out in the civilian life because you know what the government is capable of and it scares you. They gave me a bag of 75 shots just to go overseas. They didn't tell me what these shots were for just that I had to take them. That is why most men in the service are scared of anything the government or state has to give you."

(Houston/Male/50-65)

All and all, African-Americans distrust is only heightened by the perception that the flu shot gives you the flu and that there are no guarantees of the shots' safety.

With this in mind, lack of information and education is another reason why African-Americans will not get the shot. That is, respondents maintained that they have limited knowledge on what influenza is and what the shot is. Professionals are recommending they get influenza shots but not offering in-depth information on why to get it.

“I don’t know if there is a disadvantage, I just feel that there has not been enough information given to the public about the side effects or whether or not it is beneficial and what the disadvantages are. I really think that the community is not as versed about it as we were about the polio vaccine. We used to get those small pox vaccinations. The information was more complete.”

(New Jersey/Female/50-65)

Fewer offered the fear of the shot itself as a reason. When further asked if they would take the vaccine if it was in a pill format, some said they would be more receptive.

The majority of the African-American respondents claimed that they have health insurance – most commonly HMO or Medicaid/Medicare. Among those who do not have health insurance, they were aware of places in the community where they can get the flu shot for free.

Motivational Factors

When asked what would motivate them to get the shot, African-Americans most often listed their doctor’s recommendation. Some said that their doctor recommends the shot now, but gives them the option to get it. Respondents also said that they would be motivated by more information about the disease itself, the shot, and at-risk groups. Fear would also motivate some respondents, especially the fear of dying from influenza. Fewer said that they would be motivated if they were in a situation where they were around the flu more often.

“If everyone in the office was sick I would get it to protect myself.”

(Atlanta/Female/50-65)

On the other hand, the major factor that would discourage African-Americans from getting the shot are the side effects or adverse reactions.

A doctor would be the most credible source to recommend information regarding the flu shot.

The Brochure

Overall, African-American respondents reacted positively to the brochure. They described it as informative and very easy to understand. They felt the information, for the most part, was specific, straight to the point, and visually appealing (the colors were eye catching). Areas of information that specifically stood out were the risk groups, the flu shot season, and the death rate. The test was also a good because it helped respondents distinguish between the flu and the cold and whether or not they should take the shots.

Although the CDC notation did not stand out to most, those who did notice the CDC sponsorship expressed positive reactions since they feel the CDC is a very credible source.

“The brochure has a lot of backing behind it if you bring in that kind of authority.”

(Atlanta/Male/50-65)

Respondents expressed specific interest in learning more about the death rates, specifically demographics such as information on whether the people that died had taken the flu shot or not and local and regional statistics. Some also mentioned that the CDC notation needs to stand out more.

Still, the majority of the respondents maintained that the brochure did not influence them to get the shot. It didn't change their minds. Among the few that were persuaded, the brochure made them realize that they should get the shot because of their health status.

Pneumonia Shot

The majority of the respondents 65 or older were aware of the pneumonia shot and some had gotten it, whereas few of the respondents between the ages of 50 and 65 expressed awareness. Among those who had heard of the shot, they most commonly received their information from a doctor or medical institution. Respondents expressed some confusion of how often you get the shot – some said every five years and others said every ten. One group thought the pneumonia shot was the same thing as the flu shot.

After listening to a short overview of the pneumonia shot, most respondents said that they wanted more information before they could say whether or not they wanted the shot. Still, more than half of the respondents age 65 or older said that they would be influenced to get the shot, while few of those between the ages of 50 and 65 regarded the pneumonia shot as necessary for them. Common reasons stated for not wanting the shot are that they are in good health and not susceptible to respiratory problems or they simply do not like shots.

Credibility of the Surgeon General and the CDC

Among the three groups who were asked about the Surgeon General, one group in Atlanta was very aware of Dr. Satcher and perceived him as a very credible source. When asked what made him credible one respondent said, “he is credible because he talks more about communal diseases and the rest of them lingered on cigarettes and sex education” (Atlanta/Female/50-65). Dr. Satcher’s persona also held high ratings among this group – “He can operate on me anytime.”

The two groups in Houston had little knowledge of the Surgeon General, but assumed he must be credible to hold such a position.

***“Whoever it is, is mighty quiet because we don’t hear a peep from him.”
(Houston/Male/50-65)***

The CDC was also viewed as a credible source among African-Americans.