

Influenza-Immunization Study

HISPANIC 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 Spanish-speaking Hispanics. These groups took place in Newark, New Jersey 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	Newark & Atlanta	Male	50-65
2	Newark & Atlanta	Female	65+
2	Newark & Atlanta	Female	50-65

FINDINGS

Health Maintenance

In order to stay healthy, Hispanic respondents were essentially aware of lifestyle choices that will enable them to maintain a healthy existence. A proper diet is key to the Hispanics, consisting of vegetables, fruit, and foods low in salt and fat. Along with a proper diet, most Hispanics claimed that they take vitamins (mainly vitamin C or a multi vitamin) and drink plenty of juices and water.

Hispanics also felt that it is important to maintain an active lifestyle. Most contended that they exercise regularly. Walking is the most commonly mentioned form of exercise. These respondents also stay active through their involvement with their family, senior citizens center, or work. In addition to staying healthy physically, Hispanics also felt that it is essential to stay healthy mentally. A positive attitude is crucial to their health – “a smile from ear to ear.” Hispanics also acknowledged the importance of rest, particularly in maintaining a strong mental attitude and immune system.

“I think it is very important when one’s body is relaxed because that helps to prevent diseases and their system functions better.”

(New Jersey/Female/50-65)

Generally, Hispanic respondents said they go to a primary health care provider at least once a year for a check-up. Hispanics in Newark, however, were more likely than those in Houston to make a yearly doctor’s visit -- Houston males are the least likely to go. These respondents typically felt that one should go to the doctor for treatment, not prevention.

Hispanic respondents generally agreed that they go to a specialist when needed and about a third claimed they are currently seeing a specialist, most commonly for diabetes or heart problems.

Health Concerns

When asked about what health issues concerned them the most, Hispanics ranked cancer, cardiovascular problems, diabetes, and the loss of sensory organs (vision and memory) as top concerns.

When asked what diseases typically appear in the winter and fall months, Hispanics most commonly mention the flu and the cold – “gripe” --, respiratory-related problems such as bronchitis or asthma, and allergies and sinus infections.

Basic Knowledge of the Flu

Overall, Hispanic respondents had little knowledge of the flu, although New Jersey respondents had more insight than those did in Houston. New Jersey Hispanics typically described the flu as a serious virus or epidemic that infects a lot of people.

“It is a virus that attacks people. And you can’t do a thing if you get it. In other words, it bears on you in such a way that you can’t operate.”
(New Jersey/Female/50-65)

Half of the Houston groups – particularly those 65 or older – characterized the flu as an untreated or advanced cold. None of the respondents in both cities identified the flu as a virus; rather they described it by what it physically does to them.

Cold V. Flu

Overall, Hispanics, especially those in Houston, did not seem to have a distinct understanding of the differences between the cold and the flu. New Jersey Hispanics were more likely than Houston Hispanics to offer differences – more than a third of the Houston Hispanics could not differentiate between the two illnesses at all. Among those Hispanic respondents that saw distinctions, they most commonly differentiated between the flu and the cold by the intensity and length of the illness. With the flu, the symptoms are stronger to the point that one is unable to operate effectively if at all, whereas with a cold one is able to still function.

“With a cold you can carry on a normal life, but with the flu you have to stay in bed.”
(Houston/Male/65+)

Along with stronger symptoms, many respondents thought that the flu also lasts longer than the cold.

“The flu lasts a week to a week and a half and a cold last two to three days.”
(New Jersey/Male/50-65)

Flu Basics

The most common signs or symptoms of the flu among the Hispanic respondents were body aches and fever. Sinus related problems such as a runny nose, fatigue, loss of appetite, and respiratory problems were the next most often mentioned symptoms, while fewer listed headaches and diarrhea.

Nearly all Hispanic respondents agreed that the flu is contagious and the most common way for one to contract the flu is through contact, including talking and

shaking hands with someone who has the flu. Easy sources to catch the flu from are co-workers and family members. Respondents also believed that one could catch the flu by being in the cold while wet, abrupt weather changes, and dressing inappropriately.

Generally, Hispanics felt that one is most likely to get the flu during the fall and winter months. Fewer thought that one could catch the flu during the summer months.

A shared sentiment among most Hispanics was that those with weak immune systems are at the greatest risk of contracting the flu virus. This mainly included the elderly (on average those 65 and older) and those with existing diseases, such as asthma or diabetes, or those who are currently battling an infection.

***“When your immune system is low, the ailment is able to affect your health more. Older people are affected the most because they are weaker.”
(New Jersey/Male/65+)***

When asked how long the influenza virus lasts, Hispanics felt the length was contingent on the strain of flu contracted, one’s individual immune system, and how one treats the flu. On average, though, Hispanics reported that influenza lasts four to seven days.

Prevention & Treatment of Influenza

Among those who were asked if they have had the flu, more than half claimed that they had. In order to prepare for the influenza season, Hispanics indicated that they rely heavily on Vitamin C through supplements, lemons, and juices. Hispanics also felt that it was important to dress appropriately for the weather, stressing the importance of staying warm and keeping dry. Other preventative measures included staying out of bad weather; avoiding those who have the flu; and eating garlic or drinking herbal tea with lemon or honey. About half of the groups named the flu vaccine as an avoidance measure. Houston respondents were more likely to mention the flu shot over New Jersey respondents.

When it comes to treating the flu, Hispanics typically felt that they could initially treat it with home remedies. Most commonly, they use ample consumption of liquids, Vitamin C, and rest to treat the flu. Over-the-counter medications, such as Tylenol, Theraflu, and aspirin are also commonly used to treat flu symptoms. Several said that their doctors often support and recommend home remedies as a treatment along with over-the-counter medicines.

***“I had it this year at the beginning of the year and I had to skip work and the doctor said he could not prescribe any medication and recommended that I stay in bed and take Tylenol.”
(New Jersey/Female/50-65)***

Although most indicated that they prefer to rely on home remedies – particularly Houston males who felt the flu should “just take its course” -- many still said that they would go to the doctor if their symptoms had not subsided after a few days. Some said they would treat the flu with antibiotics.

“I use home remedies for the first 3-4 days and if it has not gotten any better than I go to the doctor.”

(Houston/Male/65+)

Basic Knowledge of Influenza

Overall, Hispanic respondents did not have an in-depth awareness of what influenza was. In fact, few respondents described influenza as a virus. New Jersey Hispanics were generally more knowledgeable than Houston Hispanics. Several Houston Hispanics had not heard of the word influenza and did not make the correlation between the flu and influenza.

Most commonly, Hispanics heard that influenza was an illness that if not taken care of properly could lead to serious complications such as pneumonia or death. Houston Hispanics, in particular, described influenza as a bad cold or a serious strain of the flu.

Perception of Seriousness

For the most part, Hispanics regarded influenza as a potentially serious disease because it can lead into other serious ailments – most commonly pneumonia -- and sometimes death.

“The flu can bring about other complications such as pneumonia, which can result in death.”

(New Jersey/Male/50-65)

New Jersey Hispanics, however, were more likely to acknowledge the seriousness of influenza than Houston Hispanics. About half of the Houston Hispanics could not draw the correlation between influenza and death.

Influenza This Year -- “The Delay”

When asked what they have heard about influenza this year, some Hispanics – especially those in New Jersey -- expressed an awareness of a vaccine shortage, which has resulted in a delay. Most commonly, respondents received information about the delay from the media. The majority of the respondents indicated that they were not concerned about the delay.

Also, some respondents had heard that the flu strain is going to be stronger this year.

“I read a lot and they say that the strains have become more resistant to certain types of antibiotics and medications and they are becoming more dangerous. They say the flu will be stronger this year.”
(Houston/Male/65+)

Influenza Shot

The majority of the Hispanic respondents had heard of the influenza shot. Less than a third of them, however, reported ever having one. When asked what they had heard, respondents most often mentioned some type of negative reaction caused by the flu shot. Few recalled positive reactions. Most frequently, Hispanics received their information regarding the flu shot from their doctor or the media. Family and medical institutions also acted as common channels. Typically, Hispanics felt it was best to get the flu shot during the onset of winter. Some felt one cannot get the shot past October because it will not be effective.

Perceived Need

Although some felt the influenza shot would be necessary for those with weak immune systems, such as the elderly or someone with an existing ailment, the majority of Hispanics did not feel that the influenza shot was necessary for them.

“I think as you age your body can’t fight off illnesses like you did. Also for young people, the illnesses come in because they are tired and run down.”
(Houston/Female/50-65)

In general, Hispanics would rather use home remedies as preventative remedies over the influenza shot.

“Before there was nothing like the flu shot. I would rather take vitamins, eat good meals and that will help.”
(New Jersey/Female/65+)

Beyond using home remedies, the most common reason that Houston Hispanics offered for not needing the shot is that they are healthy and do not have the propensity to contract the flu and thus do not perceive a need for getting the shot.

“I never get the flu so why would I spend the money to get the shot to prevent it?”
(Houston/Female/50-65)

Additional reasons that Hispanics do not feel the shot is necessary are because it is not recommended by their doctor and because of conflicting cultural customs. That is, some Hispanics, mainly those in Houston, who are new to America, question why the flu shot is not a “need” in their country of origin, but is a “need” in the United States.

Cost V. Benefits

A common sentiment among all Hispanics was that the benefits of the flu vaccination do not outweigh its costs.

When asked what the benefits of the flu shot were, few were mentioned. Most often, Hispanics felt the shot would make the flu virus less potent and severe. With this in mind, the shot would be beneficial for those with weak immune systems, particularly the elderly.

A shared sentiment among the majority of Hispanics, particularly New Jersey Hispanics, was the idea that the flu shot doesn't stop someone from getting the flu, rather it contributes to the likelihood of getting it and to the intensity of the viral infection. This acted as a major cost to most. Hispanics would thus be more likely to take a "gamble" on getting the virus and not take the shot. Hispanics obtained this information from their own personal experiences with the shot or experiences from others.

"The best reasons to not get the shot are complications because a person gets worse after they have the shot!"

(New Jersey/Female/65+)

Another common reason, particularly among Houston Hispanics, is the perception that they are not likely candidates for the shot because they are healthy and don't get the flu. They do not have a "perceived need" to prevent the flu. Fear also acts as a cost among many respondents. That is, they are afraid of the reaction they will have from the shot. For some, their fear is derived from hearing negative experiences, but for others, who lack information about the shot, they are afraid of the "unknown".

"How do you know how your body will react? Maybe your body is weak and you get the shot and it activates the flu. So they would make you immune system weaker than stronger."

(Houston/Male/65+)

Some respondents reported that they are simply afraid of the shot itself and the needle. In fact, Houston Hispanics were asked if they would take the vaccine if it were in a pill format and several said they would.

"I don't like shots and I would rather have a week of pain than get a shot."

(New Jersey/Female/50-65)

Other disadvantages particular to the Houston groups are the lack of information regarding the shot, cultural differences (such as their country of origin not giving flu shots), and a distrust toward the American Medical System and Pharmaceutical Companies.

“Most get the shot because they have been educated on that. I think there is a lack of education where people are not being informed of the shot and why to get it. “

(Houston/Male/65+)

“If you remember not long ago there was a problem, a vaccine for pregnancy, and they said it was not very good after it was on the market. Why did you issue it into the market? Who is in charge for supervising that? I think it is a business to make money off of us.”

(Houston/Male/65+)

Monetary costs were not mentioned as a reason to not get the flu shot. Nearly all of the New Jersey Hispanics reported having health insurance, whereas less than half of the Houston Hispanics have health insurance. Among those with health insurance, HMO and Medicaid/Medicare were the most common types mentioned. The majority of Hispanics were aware of places they can go for free or low-cost flu shots.

Motivational Factors

When asked what would motivate them to get the shot, Hispanics most commonly listed a doctor’s recommendation and more complete information about the shot and why they should get it. Houston Hispanics, in particular, expressed great interest in receiving more information.

“They tell you to get the shot but they don’t tell you why?”

(Houston/Male/50-65)

A doctor is mentioned as the most credible source to recommend information regarding the flu shot among all Hispanic groups.

The Brochure

In general, Hispanics had a positive response to the brochure. Most felt it was informative and educational. They also felt the brochure was easy to understand and that the Spanish translation was done well. The majority indicated that the brochure contained all the information they needed. They did not suggest any additional information to be added.

“It is very good because they are educating the public and showing them what is necessary. According to this, one should get it and gives the reasons for it.”

(New Jersey/Female/50-65)

“It is factual and I don’t feel as though they are trying to scare you into getting the shot.”

(New Jersey/Male/50-65)

“This has opened a window to me because I learned things that I normally don’t pay attention to.”

(New Jersey/Male/50-65)

Hispanics most often mentioned the risk groups and the timing of the flu shot and the flu season as information that stood out in the brochures. Many also felt the brochure explained why they should get the shot. The benefits of the flu – prevention and lessening the potency of the flu virus – were also well explained.

“It tells me that even though I don’t get the flu, I can prevent myself from getting it.”

(Houston/Male/65+)

The brochure was more influential to the Houston Hispanics than the New Jersey Hispanics. At least three-quarters of all Houston respondents claimed they would at least ask their doctor for additional information, while only those between the ages of 50 and 65 in New Jersey expressed interest. The majority of the New Jersey Hispanics 65 and older were not influenced by the brochure to get the shot.

Pneumonia Shot

Very few Hispanics were aware of the pneumonia shot. Among the few that were, they most commonly received their information about the shot from a doctor or the media. After listening to a short overview for the pneumonia shot, the majority of the Houston Hispanics said that they would likely seek additional information about it from their doctor. New Jersey respondents, 65 and older, were still reluctant and expressed little interest in obtaining additional information. Mainly because they don’t think they are likely candidates to get pneumonia or they don’t have enough information to make a decision. The majority of the younger Hispanics claimed they would ask their doctor for more information.

Credibility of the CDC and the Surgeon General

Among the New Jersey respondents who were asked about the CDC, they viewed the organization as a very credible source. Houston Hispanics were asked if they were aware of the Surgeon General. Most were not aware of the position. They also had little knowledge of the CDC, but regarded a governmental health agency as a very credible source.