

Focus Groups

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METHODOLOGY

In total, twenty-six focus groups were conducted in four different US cities including Newark, New Jersey; Atlanta, Georgia; Milwaukee, Wisconsin; and Houston, Texas from October 2 to October 6, 2000. These groups were broken down into three ethnic groups – African-Americans, Hispanics (Spanish-Speaking), and Caucasians -- and were further categorized by sex and age. Each focus was moderated by a person of the same ethnicity and lasted two hours. The following table is a composite of the groups.

NUMBER OF GROUPS CONDUCTED	ETHNICITY	SEX	AGE	CITY
2	African-Americans	Male	65+	Newark & Atlanta
2	African-Americans	Male	50-65	Atlanta & Houston
2	African-Americans	Female	65+	Atlanta & Houston
2	African-Americans	Female	50-65	Newark & Atlanta
2	Hispanics	Male	65+	Newark & Houston
2	Hispanics	Male	50-65	Newark & Houston
2	Hispanics	Female	65+	Newark & Houston
2	Hispanics	Female	50-65	Newark & Houston
2	Caucasian	Male	65+	Milwaukee & Houston
2	Caucasian	Male	50-65	Milwaukee & Newark
2	Caucasian	Female	65+	Milwaukee & Houston
2	Caucasian	Female	50-65	Milwaukee & Newark
1	Caucasian	Mixed	30-54	Milwaukee
1	Mixed	Mixed	30-54	Atlanta

OVERVIEW

- The majority of all respondents seemed to have a clear understanding of lifestyle choices that would help them maintain good health. The most common methods of staying healthy among all groups included a nutritional diet and ample consumption of water. Staying active and maintaining a positive attitude were also key health factors among all groups.
- Heart disease was a top health concern among all groups. Caucasians and Hispanics were also highly worried about Cancer, while African-Americans expressed great concern about high blood pressure. The flu and the cold are the most mentioned diseases that appear in the fall and winter months among all groups.
- Caucasians were considerably more knowledgeable of the flu than African-Americans and Hispanics. Only few of the African-Americans and Hispanics characterized the flu as a virus. Similarly, Caucasians seemed to be the most aware of the distinctions between the symptoms of a cold and the flu. Many African-Americans described the flu as an untreated cold, while several Hispanics (mainly in Houston) could not offer clear differences.
- The most common flu-like symptoms among all groups included fever, body aches, weakness, and fatigue. All respondents agreed that the flu was a contagious disease that was commonly contracted from indirect or direct contact with someone who is carrying the virus. Most respondents from all groups agreed that those with weaker immune systems (mainly the elderly and those with current ailments) are at greatest risk of contracting the flu. All respondents felt that the most active period of the flu season was in the fall and winter months, although they disagreed on how long the flu season lasts. There was an overall agreement among all groups that the length of the flu depends on the strain contracted, how one treats it, and each individual immune system.
- In order to prevent the flu, all respondents most commonly take Vitamin C, dress appropriately for the weather, and avoid those who are contagious. In order to treat the flu, all respondents typically shared the same sentiment in that they can initially treat the flu by giving their body the resources it needs to heal itself through home remedies. The use of home remedies was a much more prevalent method among African-Americans and Hispanics, then Caucasians. Caucasians generally believed in simply treating the symptoms. All groups named rest and ample consumption of liquids as key treatment methods.

- Similar to the flu, Caucasians were considerably more knowledgeable about influenza. Few of the African-Americans and Hispanics described influenza as a virus. Most respondents agreed that influenza was a potentially serious disease that could lead to serious complications such as pneumonia and possibly death.
- Although nearly all of the respondents were aware of the influenza shot, the Caucasians were more likely to have knowledge about the specifics of the shot.
- The majority of all respondents had heard that the flu shot makes you sick. Also, most respondents from all ethnic groups agreed that the best time to get the flu shot was at the onset of winter. The media or a doctor was listed as the most common source of information regarding the flu shot among all groups.
- Many respondents indicated that they were aware of the flu shortage delay: Caucasians seemed to be the most aware. Most, however, were not concerned about it.
- An overall sentiment among all ethnic groups was that they did not need the flu shot, although many thought the flu shot would be necessary for others – most commonly those with weak immune systems. There was also speculation among all groups regarding the safety of the shot. Caucasians were typically uncomfortable with having a weak or dead virus injected into their system, whereas African-Americans and Hispanics generally felt the shot would make them sick.
- An underlying sentiment among all groups was that the “benefits of the flu vaccine do not outweigh its costs.” The most common benefit among all groups was that the shot could lessen the severity and duration of the flu. Common disadvantages among all groups included the perceived notion that the flu shot provokes the flu, and the perception that they are not likely candidates for the shot because they feel relatively healthy and immune to the flu virus. Other reasons for not getting the shot included pain of the injection, distrust in the government and medical institutions, and lack of information and education.
- The most prevalent motivational factor among all groups would be a recommendation from a trusted physician. The perceived side effects of the shot was the most common reason among all ethnic groups to not get the shot.

- All three ethnic groups had different responses to the patient brochure. Caucasians typically expressed mixed responses about the brochure, while African-Americans had a fairly positive reaction and Hispanics were very favorable of the brochure.
- Caucasian and African-American respondents age 65 and older were the most likely to be aware of the pneumonia shot, and several of them had gotten the shot. Those aware of the shot had favorable impressions of it. Many of the Hispanics expressed interest in learning about the shot, although younger African-Americans did not.
- The CDC is a very credible source among all ethnic groups.

DETAILED FINDINGS OF RESULTS

Health Maintenance

In an effort to stay healthy, respondents from all ethnic groups were clearly aware of lifestyle choices that would help them maintain good health.

A nutritional diet is a key element to the health of all respondents. The majority of respondents maintained that they make a conscious effort to be aware of the ingredients in the food that they eat, particularly to eat foods low in salt and fat. Several in all groups also reported that they try to drink plenty of water.

Along with a good diet, the majority of respondents, particularly Caucasians and Hispanics, indicated that it is important to “stay active.” Typical ways that respondents “stay active” is through involvement with family, friends, work, community, senior citizen groups, and church. Also, most respondents of all groups maintained that they try to exercise regularly, mainly walking.

In addition to staying active physically, most respondents felt it was important to stay active mentally. A positive attitude was important to all groups to lead a healthy lifestyle, while religious and spiritual connections specifically were key to most African-Americans.

Particular to the Caucasian group was the idea of “doing everything in moderation.” That is, they believed that all of the lifestyle choices they listed should be done in moderation. Most of these respondents also reported that they regularly checked their blood pressure and cholesterol.

Vitamins were important mainly to Caucasians and Hispanics, while rest was key to African-Americans.

Although not volunteered as often when first asked about their health maintenance, the majority of respondents from all ethnic groups contended that they go to a doctor at least once a year for a check-up. Houston Hispanic males were the least likely to go.

All respondents generally agreed that they go to a specialist when needed, most commonly for cardiovascular problems. In addition, both Caucasians and African-Americans commonly reported seeing Urologists and Gynecologists while Hispanics often indicated going to a diabetes specialist.

Health Concerns

When asked about what health issues concerned them the most, all of the respondents ranked heart disease as one of their top concerns. Caucasians and Hispanics commonly said they were concerned about Cancer (mainly prostate and breast) as well as Alzheimers. High blood pressure was a significant concern among African-Americans.

When it comes to diseases that typically appear in the fall and winter months, respondents of all ethnic groups typically listed the same ailments. Flu and cold (gripe) are the most often mentioned diseases, while many list pneumonia and other respiratory problems (such as bronchitis and asthma), allergies, and sinus problems.

Basic Knowledge of the Flu

When it comes to being able to understand the flu, Caucasians are considerably more knowledgeable than other ethnic groups. In fact, several suggested that they received too information much about the flu.

African-Americans did not seem to have an in-depth understanding of the flu. Only some were able to describe it as a virus that attacks the immune system. Many often characterized the flu by its physical symptoms, but didn't seem to grasp the scientific details of the flu.

Hispanics expressed little knowledge of the flu, although New Jersey Hispanics seemed to have more insight than Houston Hispanics. New Jersey Hispanics typically described the flu as a serious virus or epidemic that infects a lot of people, while half of the Houston groups, particularly those 60 or older, thought the flu was an untreated cold. None of the Houston Hispanics described the flu as a virus.

Cold V. Flu

Overall, Caucasians were the only respondents that seemed to have a distinct understanding to the differences between a cold and the flu. These respondents clearly distinguished between the symptoms of each ailment and often maintained that, "if you have had the flu, you know the difference."

Many African-Americans thought that the flu was a product of an untreated cold. Still, most were able to distinguish from each ailment's symptoms in that the flu-like symptoms are much more severe then those of a cold.

Hispanics were among the least likely to offer a clear understanding of the differences. Although New Jersey Hispanics had some understanding, more than a third of the Houston Hispanics could not offer any differences at all. Among those Hispanics that saw distinctions, they most commonly differentiated between the flu and the cold by the intensity and the length of the illness. The symptoms are stronger with the flu to the point that one is not able to function. The flu is also thought to last longer than a cold.

“With a cold you can carry on a normal life, but with the flu you have to stay in bed.”

(Hispanic/Houston/Male/65+)

Signs & Symptoms

For the most part, respondents from all ethnic groups could define flu-like symptoms. Many Hispanics, however, were the only respondents who listed sinus-related problems (such as a runny nose) as flu-like symptoms. The most common symptoms of the flu among all respondents included fever, body aches, weakness, and fatigue. Chills and loss of appetite were often mentioned symptoms among Caucasians and African-Americans, while Caucasians were the only respondents to name sweats as an element of the flu.

Ways to Contract

All respondents had a general agreement that the flu was a contagious disease, typically contracted by direct or indirect contact with someone who is carrying the virus. Common direct means of contact included personal contact (such as kissing or handshakes), while typical indirect means included catching airborne germs from a cough or sneeze. Dressing inappropriately for the weather and abrupt weather changes were also listed among all groups as ways of getting the flu. Most respondents from all groups felt that children, family, and co-workers were likely sources of the flu virus.

Caucasians and African-Americans generally made the point that someone with a weaker immune system would be more susceptible to contracting the flu virus.

High-Risk Groups

Respondents from all ethnic groups generally agreed that those with weaker immune systems, who are more susceptible, are at the greatest amount of risk of contracting the flu. This mainly includes the elderly and those with current ailments (such as asthma). Although, most – particularly Caucasians and African-Americans -- maintained that anyone can get the flu.

“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.”

(African-American/Atlanta/Male/50-65)

Even though most respondents, particularly Caucasians and African-Americans age 65 and older, listed the elderly as likely candidates, they did not think they were one of them. They were aware of the importance of the vaccine for “the elderly”, but saw no application to them personally.

Flu Season

Caucasians and African-Americans generally agreed that the flu season was year round, while few Hispanics felt that the flu season extended into the summer months. All respondents, however, maintained that the most active period of the flu season is in the fall and winter months.

Length of Flu Virus

When asked how long the virus lasts, there was an overall sentiment among all ethnic groups that the length was contingent on the strain of flu contracted, how one treats the virus, and on each individual immune system.

Caucasians generally felt that there was nothing one can do to recover rapidly from the flu. Many said it would take weeks to resolve. Hispanics suggested that influenza, on average, lasts between four and seven days.

Prevention and Treatment Methods

In order to prepare for the flu season, respondents in all ethnic groups cited similar preventative measures that would help in reducing one’s chances of getting the flu. All respondents felt Vitamin C was important, as was dressing appropriately for the weather (particularly to stay warm and dry), and avoiding those who are contagious.

Personal hygiene (such as washing your hands) was important among Caucasians along with “taking care of yourself”. Caucasians had considerable discussion on how people are more likely to contract the flu when they are “run down” and their resistance is low. Thus, “taking care of yourself” was key to reducing one’s chances of getting the flu.

Herbal teas, such as Echinacea, were commonly mentioned among Caucasians and Hispanics. Particular preventative measures among African-Americans were

maintaining a strong spiritual connection through prayer as well as drinking plenty of liquids and eating healthy.

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

The flu shot was commonly mentioned among all groups as a form of prevention. Many of the Caucasians were skeptical of the shot’s ability to prevent the flu, although just as many presumed it would prevent the flu.

When it comes to treating the flu, all respondents typically felt that they can initially treat the flu by giving their body the resources it needs to heal itself through home remedies. The use of home remedies was a much more prevalent method among African-Americans and Hispanics than Caucasians. Caucasians generally believed in simply treating the symptoms. Still, all groups agreed that rest and drinking plenty of fluids are key treatment methods.

Homemade soup was prevalent among Caucasians and African-Americans for treatment. While all respondents commonly mentioned using Vitamin C to treat the flu, Hispanics were the most likely to do so. Particular to many Caucasian and Hispanic males was the notion that if you get the flu you should just “suck it up”.

Most respondents from all ethnic groups indicated that they would treat the flu with over-the-counter medicines (such as Tylenol, aspirin, and Theraflu).

Many respondents from all ethnic groups said that they would use antibiotics to treat the flu, although the Caucasians were the only group that seemed to understand that antibiotics are typically used for secondary treatment for complications that arise from the flu.

Basic Knowledge of Influenza

Among the three ethnic groups, the Caucasians were the most knowledgeable about influenza. Most Caucasians clearly understood that influenza was a virus or viral infection, while others referred to it as “a bug”.

African-Americans 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, African-Americans, among both age groups, had heard about the seriousness of influenza and how it could cause death. 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.”

(African-American/Atlanta/Male/50-65)

Hispanics were the least knowledgeable about influenza, although New Jersey Hispanics were generally more knowledgeable than Houston Hispanics. Few of the Hispanics overall described the flu as a virus. Several Houston Hispanics had not heard of the word influenza let alone made the connection between the flu and influenza; they often described influenza as a bad cold or a serious strain of the flu. When asked what they have heard, Hispanics most commonly recalled the seriousness of the virus.

Perception of Seriousness

For the most part, respondents in all ethnic groups agreed that influenza is a potentially serious disease. Hispanics, particularly those in Houston, were the least likely to understand the flu’s serious nature.

Among those who regard the flu as potentially critical, they felt that the seriousness of the flu depends on one’s individual health, the strain of flu contracted, and how one treats the flu-like symptoms.

The majority of all respondents agreed that the flu can lead to serious complications – most commonly respiratory ailments like pneumonia. Ultimately, the majority of Caucasians and African-Americans stated that influenza could be fatal, while New Jersey Hispanics mainly acknowledged that influenza could be life-threatening. About half of the Houston Hispanics could not draw the correlation between influenza and death. Most of the Caucasian groups related the likelihood of death to the 1918 Pandemic, while a few of the others mentioned isolated Pandemic incidents in other countries.

Influenza Shot

Nearly all of the respondents knew of the influenza shot. The Caucasian group was the most likely to know and understand any specifics about the shot. The majority of them knew that the shot consisted of a weak or dead flu virus. Many African-Americans, 65 and older, maintained that the vaccine did consist of the flu virus. Hispanics didn’t mention any specifics about the shot.

Typically, respondents from all ethnic groups had heard that the shot causes some type of negative reaction. Mainly, that the vaccine can make you sick.

All respondents had typically received their information regarding the flu shot from the media or a doctor.

Flu Shot Season

All respondents typically agreed that the best time to get the shot is during the onset of winter. Several African-American and Hispanic respondents thought that the shot would be ineffective past October.

The Delay

In most Caucasian groups, respondents expressed awareness of the vaccine shortage and delay, while many African-Americans said they were familiar with it and some Hispanics, mainly those in New Jersey, claimed to have knowledge of the delay. Typically, the media acted as their main source for information.

There was much speculation for the reasons behind the delay mainly among the Caucasian group. Several Caucasians felt that this year's delay was a ploy by pharmaceutical companies to get more money for their product. One respondent replied, "someone is going to get fat off of this." Some respondents in all groups hypothesized that scientists might be having a hard time making the vaccine to handle this year's strain.

"I think they're scared of putting something out that isn't covering what we have today. I think they don't have it perfected for the latest problem we are having with the latest flu."

(Caucasian, New Jersey, Male, 50-65)

When asked if they were concerned about the delay, the majority of African-Americans and Hispanics contended that they were not.

Perceived Need

An overall sentiment among all ethnic groups was that they did not need the flu vaccination. However, many in all groups still regarded the shot as necessary for other people, mainly those with weaker immune systems who do not have the propensity to combat a bad case of the flu. This generally included those with current ailments (such as AIDS and diabetes) and the elderly. Even after listing the elderly as a key group, most respondents, even those 65 and older, did not consider themselves as members of that category.

Respondents in the high-risk Caucasian group emphasized the importance of their well being and would be willing to take the shot as a necessary means to keep themselves healthy.

African-Americans said they would consider the shot to be more necessary if their doctor recommended it.

A common reason for not needing the shot among all groups was that they perceive themselves as relatively healthy and did not see themselves getting sick, especially with the flu. “If it ain’t broken, don’t fix it.” Thus, they didn’t think that they needed a shot for something they don’t get sick from.

In general, Hispanics would rather rely on 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.”

(Hispanic/New Jersey/Female/65+)

Also, Houston Hispanics were unique in that the shot conflicted with their cultural customs. That is, the flu vaccines, along with many preventative medical measures are not practiced customs in their country of origin (mainly Mexico).

Thus they do not see a need to get it in America. They questioned why the flu shot is a “need” in the United States, but not a “need” in Mexico.

Perceived Safety

There was speculation among all ethnic groups of the safety of the shot. Some members of the Caucasian groups felt that the vaccination could be dangerous mainly because they questioned the idea of injecting weak or dead virus into the body in order to increase the body’s immune system. Several Caucasian and African-American respondents were uncomfortable with introducing any type of virus into their bodies.

All respondents shared the same contention that the flu shot could make you sick. For that reason, African-Americans and Hispanics did not regard the shot as 100% safe. Also, a majority of the Hispanics were fearful of the “unknown” reaction they would have to the shot.

“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 your immune system weaker than stronger.”

(Hispanic/Houston/Male/65+)

Cost V. Benefits

An underlining sentiment among all groups was that “the benefits of the flu vaccine do not outweigh its costs”. Respondents said they are generally not willing to take the risk of experiencing the several costs for the few perceived benefits of the shot.

The most common benefit of the flu shot among all groups was that it could lessen the severity and duration of the flu illness. That is, if one gets the flu it wouldn't be as bad as if they had never gotten the shot.

Some respondents from the African-American and Hispanic groups felt that the shot would lessen one's risk of contracting the flu virus.

All respondents agreed on some major disadvantages of the flu shot. One of the most common reasons for not getting the flu shot is the perceived notion that the flu shot will make you sick -- often with flu-like symptoms. The majority of the respondents had either personally experienced or had heard stories of adverse reactions to the shot, which were similar or worse than the actual flu virus.

Another common reason for not getting the flu shot is the perception that they are not likely candidates for the shot because they are healthy and don't get the flu. If they do contract the flu, they think they are healthy enough to battle it off before it becomes too serious. Along with this notion is the perception that "no shot equals no flu."

***"I am basically healthy and I don't get the flu so why rock the boat."
(Caucasian, Milwaukee, Female, 65+)***

Fear of the shot itself is another common disadvantage among all groups. Some respondents from all groups share the same sentiment that they do not want to deal with the pain of the injection. In fact, when asked if they would take the shot if it were administered as a pill, several from all groups who are concerned about complications from the shot said they would be interested. Hispanics are also fearful of the unknown. That is, they are fearful of what the vaccine will do to them.

***"I don't like shots and I would rather have a week of pain then get a shot."
(Hispanic/New Jersey/Female/50-65)***

There is also a genuine sentiment of distrust among Caucasians and African-American males of the government, medical system, and pharmaceutical companies. Two Caucasian male groups and one African-American male group discussed a distrust they have for the government due to their experiences in the armed forces. Basically, when they joined the service they were ordered to take a number of shots, but never really told why. This has made them more questionable of the government's intent.

Particular to the Caucasian group was distrust toward the Pharmaceutical Companies. They felt that these companies are out to make a profit, not to genuinely help people. Some even felt that it is not in the best interest of

Pharmaceutical Companies to find cures for diseases because it is not financially beneficial to them.

“If the can put a man on the moon, I don’t know why they can’t find a cure for these diseases.”

(Caucasian, New Jersey, Male, 50-65)

Specific to African-Americans is a lack of trust of the government and medical system that derives from past situations where black men were basically used as pawns for medical experiments such as the Tuskegee incident.

“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.”

(African-American/Atlanta/Male/50-65)

Another reason that is hindering African-Americans and particularly Hispanics from getting the shot is lack of information and education. These respondents acknowledged that they have limited information on influenza and the shot and are skeptical of taking a shot for something for which they are not well-informed on. Most contended that professionals are recommending that they get the influenza vaccine, but they are not explaining why.

“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. “

(Hispanic/Houston/Male/65+)

Another disadvantage particular to the high-risk mixed ethnic group was inconvenience. Many thought it was a nuisance to take time out of their day to physically go and get the shot, not to mention a minor monetary cost to some.

Motivational Factors

A recommendation from a trusted doctor is the most prevalent motivational factor among all groups. In fact, when asked who would be the person most likely to recommend the flu shot, the majority of respondents in all groups list a doctor.

Several respondents from the Caucasians and African-American groups indicated that they would be motivated by proof that the shot works - a guarantee. Some Caucasian respondents also felt that they would be more likely to get the shot if it were less of an inconvenience to them.

A consistent sentiment among the Caucasian group was the concept of being vaccinated in order to protect their family members and loved ones. This thought

was not commonly volunteered among the African-American and Hispanic groups.

“My husband’s doctor did tell him to get the shot so that he will not come down with the flu and give me something.”

(Caucasian, Milwaukee, Female, 65+)

Life-style changes would motivate some African-Americans to get the vaccine. That is, if their job changed and they were around people more often they would get vaccinated to protect themselves. Also, if their health changes and they felt as though they were more susceptible to the virus, they would become motivated.

Many African-American and Hispanic respondents felt that more information would motivate them. It would help them in their decision to get the shot if they were better understood why they should take the shot. On a similar note, many Caucasian respondents wanted to see more information on the warnings and side effects of the flu shot.

Discouraging Factors

Most commonly, all groups are discouraged by the perceived side effects and adverse reactions of the flu shot. As mentioned previously, there is a shared notion that the flu shot makes you sick. Respondents do not want to take the risk and get the shot.

The pain of the injection is also discouraging to some respondents of all groups.

For many Caucasians, having the vaccine available late in the flu season would reduce their likelihood of getting the shot. Several Caucasians are discouraged by the inconvenience of having to give up their time and go to the doctor’s office.

Access to Vaccine – Insurance

Monetary cost is typically not a barrier for getting the flu shot. The majority of Caucasians, African-Americans and New Jersey Hispanics claimed that they had health insurance – most commonly HMO or Medicaid/Medicare. Most maintained that they could either get their flu shot for free from their doctor or for at low cost. In all groups, however, people indicated that they knew of a place (such as work, clinics, or from their town) where they could get the flu vaccine for free or at a relatively low cost.

Patient Brochure

All three ethnic groups had different responses to the patient brochure. Caucasians had mixed responses about the brochure, while African-Americans reacted fairly positive, and Hispanics genuinely liked the brochure.

Caucasians expressed mixed responses about the brochure. Basically, to those who disliked it described it as a hard sell, a scare tactic, or high-pressure salesmanship. They argued that the message of the brochure was inconsistent. That is, on one hand the brochure is telling them how important it is to get the vaccine, but then on the other hand it is telling them they can't do it now. For those who liked the brochure, they described it as eye-catching and informative. Many of them felt it had a forceful tone, which was appropriate in order to convey the importance and urgency of the information.

There was much discussion over the risk factors listed in the brochure. Most felt that the risk factors were too general and wanted more specifics. For example, Caucasians 65 and older often said that age alone was arbitrary and not enough to constitute it as a risk factor. Caucasians were typically alarmed by the wording "high risk."

Caucasians generally felt that the brochure could be improved by making the "check with your doctor" notation and 800 number more visible. These respondents also suggested that the brochure should include information about the disadvantages and side effects of taking the vaccine, particularly statistics (local and regional) and specifics about the mortality rates. Several felt the most compelling piece of information the brochure could offer is some type of guarantee that the shot will not give them the flu ailment.

Caucasians, for the most part, were not influenced by the brochure to get the flu vaccine.

African-Americans, on the other hand, reacted fairly positive 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 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."

(African-American/Atlanta/Male/50-65)

African-Americans typically expressed specific interest in learning more about the death rates, including specific demographic information. Some also mentioned that the CDC notation needs to stand out more.

Still, the majority of 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.

Hispanics had the most positive response to the brochure. Most felt it was informative and a good source for education. 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 to the brochure. Areas of interest that stood out to the Hispanics were the risk groups, timing of when to get the flu shot and the flu season. Many also felt the brochure told them that they should get the shot and explained why.

“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.”

(Hispanic/New Jersey/Female/50-65)

The brochure was more influential to the Houston Hispanics than the New Jersey Hispanics – at least three-quarters of the 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 to get the shot by the brochure.

Pneumonia Shot

Several Caucasians and African-Americans age 65 and older reported that they were aware of the pneumonia shot, and many claimed they had received one. Caucasian and African-American respondents between the ages of 50 and 64 were less likely to know about the shot, and few of the Hispanics in all age groups indicated they were aware of the shot. Among those who had heard about the shot, they most commonly received information from a doctor.

There was discussion in both the Caucasian and African-American groups about how often you are supposed to get the pneumonia shot. Most thought that you had to get a shot every five or ten years.

Those Caucasians who were aware of the pneumonia shot had positive impressions of the shot. Many of these respondents understood the severity of

the pneumonia virus and were willing to take these steps to reduce their likelihood of getting pneumonia. There were also no discussions about adverse reactions to the pneumonia shot, which were prevalent with the flu shot.

After hearing a brief overview of the pneumonia shot, the majority of Houston Hispanics and New Jersey Hispanics between the ages of 50 and 65 said that they would likely seek additional information about it from their doctor.

On the other hand, few of the older New Jersey Hispanics along with younger African-American respondents were likely to express interest in the shot. Most commonly because they thought they are healthy and do not consider themselves likely candidates to get pneumonia.

It is also important to note the response the mixed ethnic group in Atlanta had regarding the brochure. For the most part they liked it, but they recommended that the message in the brochure is kept simple. That is, when the shot is available, where to get it free or at a low cost, and who is “high-risk.”

Credibility of the CDC and Surgeon General

Overall, the CDC is viewed as a credible source of information among all three groups. “They’re the bug men.” In fact, after viewing the brochure many respondents suggested that the CDC notation should stand out more.

Respondents in the Caucasian group were not aware of the relationship between the CDC and the distribution of the yearly flu vaccine. Also, the majority of the Houston Hispanics did not know who the CDC was per say, but still regarded a governmental health agency as credible.

Among the three African-American groups who were asked about the Surgeon General, the female group in Atlanta regarded him as a very credible source. Although the two Houston groups had little knowledge of the Surgeon General, they assume he must be credible to hold such a high position. Houston Hispanics had very little knowledge of the Surgeon General.