

# **Influenza and Pneumococcal Immunization: A Qualitative Assessment of the Beliefs of Physicians and Older Hispanic and African Americans**

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# Qualitative Research

- **Qualitative research is designed to develop insight and depth of understanding, rather than quantitative estimates.**
- **It is designed to obtain in-depth responses about what people know, think, and feel.**
- **The value of qualitative research is its ability to collect unfiltered comments from representatives of different target populations.**
- **A qualitative sample must be big enough to assure that we are likely to hear most or all of the perceptions that might be important.**



# Purpose of the Research

- To identify the influenza and pneumococcal immunization-related knowledge, beliefs, and behaviors of Hispanic and African Americans who are 65 years old and older;
- To increase understanding of physicians' influenza and pneumococcal immunization-related attitudes and behaviors;
- To extend earlier efforts to identify the influenza and pneumococcal immunization barriers and facilitators; and
- To assess the understanding, appeal, and potential impact of influenza immunization messages and materials on physicians and Hispanic and African American senior citizens.



# Focus Group Design: Senior Citizens

- **Eighteen focus groups were held in five cities:**
  - **Eight groups were held with Hispanic Americans.**
  - **Ten groups were held with African Americans.**
  - **All participants were 65 years old or older.**
  - **Groups were segmented based on: 1) gender and 2) immunization history (i.e., some groups were “doers,” while other groups consisted of “non-doers”).**



# Focus Group Overview

D = doer ND = non-doer	Hispanic Seniors				African American Seniors			
	Male		Female		Male		Female	
<b>San Antonio</b>	D	ND	D	ND				
<b>Chicago</b>	D	ND	D	ND		ND		ND
<b>Rochester</b>						ND		ND
<b>Milwaukee</b>						ND		ND
<b>Mississippi</b>					D	ND	D	ND
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>4</b>

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## **Focus Group Design, continued**

- All the Hispanic American groups were conducted in Spanish.**
- For all groups, about half of the participants fell below national median income for their race (and half were above).**
- Groups were moderated by professional facilitators who used a standardized moderator's guide.**



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# **Key Findings: Senior Citizens, Overall**



# Flu Knowledge and Beliefs

- There was much recognition that flu is caused by a “virus” that is spread through contact with other humans (i.e., inhaling germs transmitted by sneezing or coughing, shaking hands, or having close physical contact).
- Colds and influenza were associated with Fall and Winter.
- Most participants associated colds and flu with cold weather (e.g., lower temperatures cause people to become susceptible to illness, people “get chilled”, “don’t wear enough clothes”, or are “exposed to the elements”).



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## Flu Knowledge and Beliefs, continued

- **Influenza was associated with aching muscles, runny nose, headaches, upset stomach, body aches, and loss of appetite.**
- **Few people were able to distinguish between the flu and a cold. Some people said duration or severity of symptoms distinguished the two.**
- **Many thought that there was a continuum of disease: cold > flu > pneumonia.**



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# Strategies for Avoiding the Flu

- **The most common strategies listed by participants were:**
  - Washing hands
  - Taking vitamins
  - Dressing warmly in cold weather
  - Not getting wet or chilled
  - Eating healthy foods
  - Getting enough rest and not getting “run down.”
- **Only a few people listed “getting a flu shot” and none of those listed it first.**



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# Reasons “Doers” Get a Flu Shot

- They have had the flu and do not want to repeat the experience.
- Someone (e.g., a doctor, friend, or family member) convinced them to do it -- “gave me no choice.”
- They had other health problems and realized they were at high risk for complications from influenza.



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# Reasons “Non-Doers” Do Not Get a Flu Shot

- They believed they had gotten sick from a flu shot.
- They knew someone who had gotten sick (or thought they had gotten sick) from a flu shot.
- They felt healthy and did not want to chance becoming sick from the flu shot.
- They believed that whether they get the flu is, in large part, under their personal control (i.e., they could reduce or eliminate the likelihood of getting the flu, without getting a flu shot).
- They believed that flu shots were for “older people” or for people who are relatively sick or weak.



# Thus a Primary Barrier. . .

- **“Non-doers” did not get a flu shot because they felt “If you get the shot, you get the flu.”**
- **This was true regardless of race, gender, or geographic location.**



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# Frequently Cited Sources of Information

- Health institutions and health professionals were the most cited sources of information— *though men were less likely than women to want to accept their physician's advice.*
- Physicians, newspapers, senior centers, government health centers, co-workers, pharmacies and supermarkets, religious organizations, friends, and insurance reminders were frequently cited information sources.
- Culturally specific TV and radio were most frequently cited as the media of choice.
- Some participants placed more emphasis on the experiences of friends who claimed to have contracted the flu from the shot than on medical advice from physicians.



# Distrust

- **Some African American participants articulated a distrust of government, physicians, and drug companies.**
  - This was strongest among “non-doers.”
  - Fewer people mentioned this, and with less negativity, than in 2000.
- **Hispanic participants did not allude to this.**



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# Trusted Spokespeople

- **Physicians or other health professionals;**
- **Wives appeared to play a large part in convincing husbands to get the flu shot;**
- **Family members; and**
- **Peers (e.g. people like them).**



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# Spokespeople with Less Influence

- **Celebrities and politicians were characterized as less effective than physicians or medical spokespeople in persuading an individual to get a flu shot.**



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# Key Conclusions

- **Knowledge about the flu and the flu shot does not appear to correlate with, nor predict whether people will get the flu shot.**
- **“Doers” are likely driven by personal experience getting the flu, trust in physicians, openness to persuasion from a family member, having another health condition that puts them at risk, and a strong understanding of the “age effect” (older people are at more risk of complications).**
- **Many “non-doers” do not get the shot because they believe the shot causes the flu, AND they believe they can control their health (strong internal locus of control).**



# What Differentiates “Doers” from “Non-doers”?

- **Their experience of having had the flu in the past.**
  - Doers definitely had experienced the flu.
  - Doers were less likely to believe the flu shot can cause the flu.
- **Understanding (admitting) that health risks increase with age, regardless of other factors.**
- **Perception that they can control whether or not they get the flu by using methods other than the flu shot.**
  - Doers had more of an external locus of control.



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# Recommendations

- **The concept of “protecting others” by getting the flu shot resonated well with all groups (visuals showing family members).**
- **There is a group of adamant decliners who will not get a flu shot no matter what, so it is best to target resources on those who may change.**
- **In addition to providing information and facts, materials should use emotional appeals.**
- **Use few words, limited body copy, and BIG print.**
- **Place CDC’s name/logo prominently because it is recognized and respected.**



# Recommendations, continued

- **Some people may not know that current influenza vaccines are more purified and less likely to cause local or systemic reactions than those used before the mid-1960s. Persons vaccinated prior to the mid-1960s may have experienced a systemic reaction to the less purified flu shot.**
- **Messages addressing misconceptions could promote the current vaccine as safer than those used before the mid-1960s. It could be helpful to promote the current vaccine as “new and improved” or say that “technology is more advanced now.”**



# Knowledge about Pneumococcal Disease/Vaccination

- People perceived pneumonia to be very dangerous. Everyone was aware that it can cause death.
- Most people did not know the vaccine exists. “Why didn’t my doctor tell me about it?” was a typical comment.
- Almost no one thought that this vaccine will cause pneumonia.



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# Materials and Messages -Hispanics-

- The “Fight the Flu” slogan was interpreted correctly; however “non-doers” did not believe that the flu shot prevents the flu. Therefore, they perceived the message to be totally false, which lead them to distrust the ad.
- The statement “20,000 deaths” seemed to be more eye catching and motivating than “114,000 hospitalized.”
  - “We’re all trying to escape death.”

(Note: The estimated number of influenza-associated deaths per year is now 36,000, JAMA 2003;289:179--86.)



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# Materials and Messages for Hispanics, continued

- The statement “Get a flu shot to protect your family” was a salient message for most participants.
- Visuals containing photos of family members (i.e. grandfather with a baby) or multigenerational families resonated on an emotional level.
  - “I want to see my grandchildren grow up.”
- “Non-doers” were difficult to persuade, even with appeals that they could protect their family by getting a flu shot.



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## **Materials and Messages for Hispanics, continued**

- **The Spanish word for “flu” differs based on country of origin and possibly length of time in the US:**
  - In Chicago, participants used “La Gripe;”
  - In San Antonio, participants used “La flu” or “La influenza.”



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# **Educational Tools**

**(i.e. places to put a message)**

- **Magnetic picture frames were the preferred items.**
  - “We could see it everyday on the fridge.”
- **Jar openers were also of interest.**
- **Little interest was expressed in letter openers, squeeze balls, or magnifying glasses.**



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# Materials and Messages -African Americans-

- **“20,000 deaths” was credible, specific, and implies urgency.**
- **Ethnicity of person in the photos needs to be very clear.**
- **Images need to be sharp, not faded or blurry.**
- **Participants often commented on and were motivated by facial expressions, eyes, a smile, and a healthy look.**

(Note: The estimated number of influenza-associated deaths per year is now 36,000, JAMA 2003;289:179--86.)

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# **Materials and Messages for African Americans, continued**

- **Picturing an older African American got participants' attention and made them realize they were the target audience for the message.**
- **Men were particularly drawn to the image of the grandfather with his grandchild.**
- **Participants liked the portrayal of the grandfather as the protector of the family.**
- **Participants were motivated by the idea of getting a flu shot to protect a loved one.**



# Materials and Messages for African Americans, continued

- The images that resonated most strongly were of people with whom the target audience could personally identify and of healthcare professionals.
- The African American participants seemed to think the female provider was a nurse--they said she did not have all the right “tools.”
  - This may be a reflection of the stereotype that a physician is male.
  - This finding may be important when selecting photographs of physicians. Include props in the photo that a doctor typically would have.



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# Physician In-depth Interviews (IDIs)

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# IDI Design

- **Seventeen interviews were conducted in five cities.**
- **Physicians were identified as practicing family medicine, internal medicine, cardiology, or pulmonary medicine:**
  - **Among internal medicine and family medicine specialists, at least 1/3 of their current patient base was age 65 or over and either African American or Hispanic.**
  - **Each physician regularly treated African American and/or Hispanic seniors.**



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## **IDI Design, continued**

- **Interviews lasted approximately one hour.**
- **Interviews were conducted by trained interviewers who used a standardized interview guide.**
- **Interviews were one-on-one.**



# **Key Findings: Physician In-depth Interviews**

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# Knowledge and Beliefs

- **Physicians indicated that both influenza and pneumococcal immunizations are important.**
- **Specialists tended to know less about the vaccinations and morbidity and mortality associated with influenza.**
- **Time with patients is limited and none of the physicians wanted to engage in a long conversation to persuade a single patient to get the flu shot.**



# Knowledge and Beliefs, continued

- **Most said they believed that race, ethnicity, or gender do not distinguish those who get flu shots from those who do not.**
- **Physicians suggested that the most consistent predictor of who would get the flu shot was regular access/exposure to the health care system:**
  - **Patients with good access to a personal physician; and**
  - **Patients who get an annual physical.**



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# Knowledge and Beliefs, continued

- They said most patients who request the shot have had the flu in the past.



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# Cost of the Flu Shot

- **Most physicians, particularly employees of health systems or specialists, had no idea what their offices charge for a flu shot. They said the reimbursement rates were not a significant part of their decision-making process.**
- **Those in smaller practices (three or fewer) were more likely to know about the cost of a flu shot and their profit or loss margin.**
- **Some recommended that promotional efforts should target other clinic staff, such as nurses and clinic managers.**



# Cost of the Flu Shot, continued

- **Some said providing financial incentives to physicians is a good idea, while others said it is unethical to provide incentives.**
- **When cost margin was known, the flu shot was seen as a patient service or a matter of ethics and good clinical care and not as a revenue generator.**



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# Standing Orders and Reminder/Recall Systems

- Many primary care physicians reported using standing orders.
- Some doctors said they often use informal methods for reminding themselves to offer vaccinations or for tracking vaccinations.



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# Recommendations

- **Physicians wanted to receive materials that are to the point, have a scientific message, and are short.**
- **Their preferred channels of communication include:**
  - **Written communication from hospitals where they have privileges;**
  - **Medical journals; and**
  - **Information sent to practice administrators or managers.**



# Recommendations, continued

- **Mail may not get their attention if it comes from other organizations, because doctors get SO MUCH mail.**
- **Health departments and local professional organizations need to work on becoming better known resources for local physicians (e.g. most physicians did not mention them as resources).**
- **Use CDC's logo.**
  - **CDC is well respected and the logo draws a physicians' attention to materials.**
  - **Place the logo in a prominent place and make it large.**



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# Recommendations, continued

- **Consider directing provider-based immunization promotion efforts towards clinic and practice managers instead of, or in addition to, the physicians.**



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