CULTURAL SENSITIVITY AND HEALTH PROMOTION: ASSESSING INFLUENZA PAMPHLETS DESIGNED FOR AFRICAN AMERICANS IN CHAMPAIGN, ILLINOIS

BY

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THESIS

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ABSTRACT

The purpose of this study was to examine cultural sensitivity in the pamphlets provided for African Americans regarding influenza shots within the Champaign community and review whether the materials are culturally appropriate with promoting uptake of influenza vaccinations among the African American population. Airihenbuwa’s (Airihenbuwa, 1995) PEN-3 cultural model will be used to determine the cultural sensitivity of the pamphlets. Data will be collected through printed promotional pieces and pamphlets acquired from health practices in the Champaign-Urbana region.

Available evidence suggests that African Americans often do not receive influenza shots during flu season despite the promotion of these shots using promotion materials such as pamphlets. Using both thematic and discourse analysis, these pamphlets will be examined to determine their cultural sensitivity to the health care needs of African American in relation to the promotion of influenza shots.

By examining cultural sensitivity and health promotion using the PEN-3-cultural model as a guide, pictures and textual messages in the pamphlets will be analyzed using thematic and discourse analysis to determine whether the pamphlets are culturally appropriate for the African American community in Champaign, IL regarding influenza and the flu shot. While cultural identity in the form of the use of African Americans and their family members were evident in some of the pamphlets, none of the pamphlets referenced their neighborhood. In terms of relationship and expectations, perceptions, enabling and nurturing factors in relation to the cultural values of the African American community were depicted in some of the pamphlets while mostly positive and almost no existential or negative messages exemplified cultural empowerment in the pamphlets. The findings highlight the need for cultural sensitivity in the pamphlets used to promote uptake of influenza shots among African Americans in Champaign Il.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAPTER 1: INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>CHAPTER 2: LITERATURE REVIEW</td>
<td>11</td>
</tr>
<tr>
<td>CHAPTER 3: METHODOLOGY</td>
<td>18</td>
</tr>
<tr>
<td>CHAPTER 4: RESULTS</td>
<td>27</td>
</tr>
<tr>
<td>CHAPTER 5: DISCUSSION</td>
<td>35</td>
</tr>
<tr>
<td>CHAPTER 6: CONCLUSION</td>
<td>38</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>40</td>
</tr>
<tr>
<td>APPENDIX A: PARTICIPATING HEALTH CENTERS</td>
<td>43</td>
</tr>
<tr>
<td>APPENDIX B: PAMPHLETS</td>
<td>44</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

A great deal of attention has been focused on the issue of infectious disease in the United States. The spread of infectious disease has led health promotion agencies and organizations to develop educational and informational health materials. Influenza, specifically, has attracted more attention than ever before. Influenza (i.e., the flu) is a seasonal contagious respiratory illness that returns annually in various forms (Fiore et al., 2007). The flu is spread by droplets of oral and respiratory secretions which are considered highly contagious, and unfortunately, there are no cures for viral diseases (Fiore et al., 2007). Preventing or controlling influenza requires frequent hand washing, mask wearing, and proper cough decorum (Fiore et al., 2007).

According to the Centers of Disease Control (CDC), the influenza virus infects the throat, nose, and lungs. Symptoms can range from a mild to severe illness, which if not taken care of, can be fatal among vulnerable populations (Bridges, 2003). Being inoculated with the flu vaccine each year is recommended by the CDC (Bridges, 2003). Signs or symptoms of the flu include headaches, fatigue, sore throats, coughing, and runny noses. It can also be transmitted when a person touches an infected surface (Bridges, 2003). After exposure, the infection can last up to seven days (Centers for Disease Control, 2004). Young adults with weak immune systems can infect others for a long period of time after they themselves become infected. People at high risk for developing flu-related symptoms include pregnant women, adults 65 years of age and older, children under the age of 5, Native Americans, and Alaskan Natives (Bridges, 2003; Fiore, 2007). Influenza is a dangerous disease that can lead to serious complications and even death. Influenza accounts for an annual average of 200,000 hospitalizations and 36,000 deaths in the United States (Fiore, 2007).
The influenza vaccine has been shown to save lives. High risk individuals who are given influenza vaccines exhibit decreased mortality and morbidity (Chen, Fox, Cantrell, Stockdale, & Kagawa-Singer, 2007). However, many individuals have concerns about vaccine safety which include the beliefs that the flu vaccine causes flu and that it might interact with other prescription medications for chronic illnesses (Wray et al., 2007). One reason influenza is responsible for 36,000 deaths per year may be due to individuals choosing not taking influenza inoculations (Bridges et al., 2003).

African Americans in particular are a high-risk ethnic group when it comes to influenza because many choose to not get vaccinated for various reasons, thus increasing their chances of death (Chen et al., 2007). According to the National Health Interview Survey, only 51% of African Americans were vaccinated within the past year (Blackwell, 2015). From this number, only 45% of African Americans reported they were not concerned about contracting influenza (Blackwell, 2015). These survey results highlight African Americans’ perception of influenza and the flu shot is that they may have believed that they were not at risk. Moreover, the perception of experiencing influenza highlighted a significant, socioeconomic, and health belief factor (Chen et al., 2007).

The promotion of influenza vaccines has skyrocketed during the last twenty years. There have been strides to reduce flu-related deaths in the United States. The CDC has publicized and provided influenza-prevention recommendations. Reports have shown that due to the promotion of flu vaccination during the mid-20th century, influenza cases have decreased rapidly in the United States. (Doshi, 2013). According to Doshi (2013), 20 years ago, 32 million doses of the influenza vaccine were available in the United States. Today, there are 135 million doses of influenza vaccine administered in drug stores, supermarkets, and drive-thrus (Doshi, 2013).
gender and race of those who take flu shots is unknown, but it is known that influenza infections are more severe among certain populations such as the African American population (Doshi, 2013).

The flu virus changes each year, so many individuals, especially African Americans are strongly encouraged to vaccinate around flu season which is in September or October. Individuals ages 2 to 49 who receive flu shots can get vaccinated through injection (Fiore, 2007). There are several flu vaccine formulas that help prevent the flu. Of the 6 formulations of the flu vaccine, four of them are trivalent which includes vaccines that protect against influenza viruses A and B (Harper, 2004).

Although there are several strains and viruses, Influenza A and B are the two types of influenza viruses that cause epidemic human disease (Bridges et al., 2003; Fiore et al., 2007). With these two types of viruses based on antigenic characteristics, new influenza viruses result from frequent antigenic change which can cause an antigenic drift for seasonal epidemics and is the cause for new strains in each year’s influenza vaccine (Fiore et al., 2007). Influenza viruses are spread from person to person through coughing and sneezing (Fiore, 2007). It usually lasts from 1-4 days with an average of 2 days (Harper, 2004). With children being infectious for more than ten days and adults infected the day before symptoms begin, the most severe case of influenza can shed a virus for weeks or months (Bridges et al., 2003). This study stresses the importance of the flu shot and highlights how the flu can spread easily from other people if not taken in a timely fashion.

The Centers for Disease Control in Figure 1 shows there is widespread occurrence of the virus across the country during the flu season. The CDC not only tests adults, children, and outpatient illness, but is conducting research on influenza-associated hospitalizations. This
weekly influenza surveillance report is a helpful tool to view which states are getting more sick and how quickly influenza can spread if the flu shot is not taken.

**Figure 1.1 (CDC, 2015)**

![FluView](http://www.cdc.gov/flu/weekly/WeeklyFluActivityMap.htm)

*This map indicates geographic spread and does not measure the severity of influenza activity.*

http://www.cdc.gov/flu/weekly/WeeklyFluActivityMap.htm

1.1 Champaign County

Specifically looking in Champaign County, Illinois, the Champaign Urbana Public Health District has kept the community informed on influenza immunizations offered during the flu season. Unfortunately, there were no separate data showing immunization for flu shots only. This may be due to influenza-related death resulting from pneumonia as well (Harper, 2004). As indicated in Figure 1.2 and Figure 1.2 continued, these figures shows not only the mortality rate of influenza, but pneumonia as well. Most respiratory charts and information are all linked
together, not separately. This figure shows data regarding the number of deaths per 100,000
population. Even though the figures does not show accurately how many individuals are affected
with influenza in Champaign-Urbana, IL and Champaign county, it does provide interesting data
on the scope of the deaths caused by pneumonia and influenza:

Figure 1.2
Figure 1.2 Continued.

*provided by the Champaign-Urbana Health District.
Figure 1.3 notes where individuals are receiving their flu shots. Indicated in this chart, many individuals are going to the doctor’s office to receive their shot. In this figure however, it shows no racial/ethnic differences while showing that not only were most of the flu shots taken at medical locations, in which the majority of them received their shot at their doctor’s office, it was also taken at a workplace at other venues for adults (Purcell & Cutchen, 2013).

Although places such as McKinley Health Center, a health center located in Champaign, offers flu shots, other more mainstream outlets have begun to provide immunizations within the Champaign community. In fact, more places such as Walgreens and pharmacy stores located
inside hospitals and clinics have partnered to administer flu shots. Depending on the medical establishment, whether it is at a pharmacy, clinic, or school health center, it is important to know what services are provided and who they are provided to. For example, at Carle Clinic or Presence Health, they highly recommend individuals to take their flu shots with their primary doctor since that is the only option they have available. At Francis Nelson Health Center, the shot is only offered to children since that particular area caters to children’s health needs. In addition, Walgreens and CVS offer the flu shot either for free or for a reduced price depending on your insurance. A pharmacist is present and is able to administer the vaccination as well. Lastly, the Champaign Urbana Health District offers the shot to all races and age ranges, and they have two options for taking the vaccine, via the shot or the intranasal spray.

The PEN-3- cultural model (Airihenbuwa, 1995) which situates culture at the center of determinants of health behavior in health promotion and disease prevention intervention is used as a theoretical framework for this study. It provides culturally sensitive messages that may prove to be a more effective strategy for addressing minority health issues, particularly among minority populations (1995). Organizing the pamphlets using the PEN-3 cultural model provides the opportunity to examine cultural sensitivity as related to how influenza vaccinations are promoted in Champaign given the need for flu vaccination coverage as seen in Figure 4. For example, available estimates provided by the CDC suggest that less than half of children and adults were vaccinated this early this past flu season.
Figure 1.4 highlights flu vaccination coverage in terms of when individuals get the flu shot and the percentage of people that have gotten vaccinated within the past year. Although all age ranges received the flu shot, only 58.9% of children and 42.2% of adults received the flu shot at the end of the season.

**1.1 Objective**

The objective of this research is to examine cultural sensitivity in the promotion of influenza shots within the Champaign community particularly as related to the African American
community. Although available evidence highlights several key health issues that influence the African American community, very little literature has discussed factors such as the role pamphlets may play with receiving the flu shots. According to the US Census, out of 67,514 individuals living in Champaign, there are 10,542 (15.62%) who are African American. This research explored the pamphlets given from health centers and its cultural sensitivity to the African American community while utilizing the PEN-3-cultural Model to determine its influence with fostering promotion of flu shots among this population.

1.2 Research Question

Based on the foregoing research, the following research questions were addressed:

Research Question: How are the influenza pamphlets for the African American community in Champaign Illinois culturally sensitive to their health care needs?

1.3 Significance

The importance and significance of this study is to expand the knowledge of cultural sensitivity in influenza pamphlets for African Americans in Champaign, Illinois. It will provide a base analysis in regards to the factors that influences and/or may act as barriers in relation to willingness to receive the flu shot among African Americans in Champaign. It examines whether the pamphlets are either effective or ineffective with targeting this racial and ethnic group. A gap in the literature does exist when examining the promotion of influenza and influenza shots materials for this population. The PEN-3 cultural model will be used as a framework to guide this research to examine cultural sensitivity in the influenza pamphlets promoted to the African American community. This model’s Cultural Identity, Relationships and Expectations, and Cultural Empowerment domains will be used to examine whether the influenza pamphlets specifically target the African American population.
CHAPTER 2
LITERATURE REVIEW

2.1 Cultural Sensitivity & Health Disparities

The “Spanish” influenza pandemic of 1918-1919 caused 50 million deaths worldwide which remains a warning to public health (Taubenberger & Morens, 2006). In fact, one third of the world’s population were infected during the 1918-1919 influenza pandemic. Taugenburger & Morens (2006) state that all influenza pandemic cases are caused from H1N1 viruses and key genes that code for surface proteins making it the “mother” of all pandemics (Taubenburger & Morens, 2006). Before and after 1918, most influenza pandemics have developed in Asia and spread from there to the rest of the world in three waves in Europe, Asia, and North America (Taubenburger & Morens 2006). During the 1918-1919 time period, influenza was not reported as a disease even though mortality rates rose due to respiratory diseases occurring in December 1915 (Taubenburger & Morens, 2006). Death rates for influenza and pneumonia for those 15-34 years of age were 20 times higher than in any other year.

With health disparities on the rise, influenza has made a huge impact on all ages, especially the elderly population. Influenza is considered a preventable disease. According to Fiscella, Dressler, Meldrum, and Holt (2007), 90% of influenza deaths occur among the elderly. To be considered elderly, one would be over the age of 65. With influenza vaccinations, it has been proven within this ethnic population group that African Americans and Hispanics report lower rates of influenza vaccination than non-Hispanic whites. In fact, in 2004, only 46% of elderly African Americans reported receiving the vaccine compared to 67% of non-Hispanic whites (Fiscella et al., 2007). These authors prove that the number of annual deaths would have been reduced had African Americans received their flu vaccination. Poverty may have played a
role in these percentages since many over the age of 65 are on Medicare and in most cases will not have to pay for their shots. Several may be on Medicaid or have no insurance coverage altogether making it difficult for individuals to get their flu shots.

Cultural sensitivity in relation to getting influenza shots exist for the African American community. Their beliefs and values on this issue plays a significant role in determining whether or not people receive the message, trust the messages in the pamphlets, and act on the message. Kline (2007) states that education interventions are most effective to specific audiences and the message must be culturally sensitive to the values, beliefs, and practices of intended audiences (Kline, 2007). When dealing with cultural sensitivity, Airhihenbuwa (1995) explains that cultural sensitivity in health promotion and behavior change programs are within the cultural frameworks rather than the scientific culture which most health and development programs are planned, implemented, and evaluated (Airhihenbuwa, 1995). This means that cultural sensitivity should be used in designing messages for specific populations in which health programs are or may be needed.

My study’s aim is to examine cultural sensitivity in influenza education materials, in particular flu shot pamphlets created for African Americans viewers. The pamphlets are identified in textual form and will help the pamphlets determine if the pictures and texts lead to higher vaccination rates. The PEN-3 cultural model will be used (Airhihenbuwa & Webster, 2004) to discuss whether print versions recognize African American cultural values and beliefs. This model was used to assess how influenza pamphlets are communicated to the African American population in Champaign-Urbana. I will determine whether or not messages could be conveyed and revised to portray a more accurate dialogue of the concerns of influenza for the African American community.
2.2 Health Disparities

A study was completed by Wray to determine why older African Americans are less likely than older white Americans to receive the flu vaccination and where individuals are specifically getting their flu shots administered. With 47% of older African Americans being vaccinated against the flu, Wray et al. (2007) discuss structural factors such as locations providing vaccinations and social factors amongst individuals as some of the causes (Wray et al., 2007). Other reasons for people not receiving the vaccination include the belief of not being susceptible to the disease, fear of side effects, fear of illness from the vaccine, and believing the vaccine is unsafe (Wray et al., 2007). If more physicians recommended the flu vaccine specifically to African Americans (since studies are showing that they are less likely to visit a physician’s office), they would more than likely get vaccinated.

A qualitative formative study was also completed with African American adults aged 50, who had less than a college degree, had children, and earn less than $30,000 (Wray et al., 2007). This group was either administered the flu vaccine or questioned as to why they never received it. Many individuals stated that they heard children needed the flu shot, but not adults over 50 years of age. Many also believed that they were not susceptible to the disease. Many believed that although they found the vaccine effective, they distrusted the medical system, and others believed it was ineffective knowing they can still contract the flu after being vaccinated. I believe these concerns should be examined and evaluated within the Champaign, IL community to further understand this population and their health decisions.

Chen’s et al.’s 2007 study was completed with 34 percent of African Americans making $25,000 or less. This group were found significantly less likely to be vaccinated than African Americans with household incomes of more than $75,000 (Chen et al., 2007). This study also showed how African Americans that were insured appeared were less likely to be vaccinated for
those who were not insured. When African Americans were asked why they did not receive the influenza vaccine, 32 percent stated that the influenza vaccination causes influenza or serious side effects and 10 percent refused the influenza vaccination due to preference or not wanting to get the shot without any other reasoning (Chen et al., 2007). A percentage of African Americans’ main reason for nonvaccination was cited that they were either too lazy, did not have time, it was an inconvenience, they were too busy, or they just forgot (Chen et al., 2007).

In all, according to Chen et al.’s 2007 article, African Americans were significantly less likely to be vaccinated for influenza. Many stated they felt they did not need the vaccination due to feeling they were not at risk of getting influenza. Chen also found that household income was a determining factor of not receiving the flu vaccine and that low income African Americans are at risk of nonvaccination which may lead to a higher risk of getting the flu for this population. It has been concluded that vaccination should be increased in the African American community.

Fiore’s et.al 2007’s article described the barriers preventing individuals from receiving flu shots. Their study showed that many individuals do not get the flu shot due to healthcare providers not informing their patients. Primary care physicians are more than likely as opposed to specialists to recommend vaccination (Fiore, 2007). In addition, studies showing that African Americans place mistrust in governmental agencies and health care providers due to the U.S. health care system, there is a lack of trust which hinders preventive care.

Wray et al. (2007) explained what should be recommended in the future in order to encourage patients to take the shots. Informing patients that they are susceptible to illness even if they haven’t had the flu before could be beneficial (Wray et al., 2007). In addition, materials should be printed and given to patients upon visits. Patients should also be referred to accurate websites such as the CDC or the National Institute of Allergy and Infectious Disease (Wray et
and become more aware of the type of websites and information that is given regarding influenza.

In all, health care providers should push more efforts to discuss the vaccine while addressing the efficacy, safety, side effects, and drug interactions when getting the flu vaccine. More information needs to be given as to what happens after taking the shot. For example, patients should be informed that to be fully protected from the influenza vaccine, it will take up to two weeks (Wray et al., 2007). It has also been noted that more flu vaccine information needs to be given such as the pros and cons of the vaccine, efficacy, decrease in severity of flu, vaccine safety, history, and background of the vaccine (Wray et al., 2007). Wray et al. (2007) concluded that patients continued to avoid the flu shot for fear of getting the flu and fear of medication reactions. Knowing that this is an issue, there needs to possibly be a prominent figure for advertising influenza and more media use to promote vaccination (Wray, 2007).

In Ho’s study, pamphlets were used as the primary analysis. Ho (2007) explained why pamphlets were the best approach to use as data. Ho (2007) discussed that when reading additional pamphlets and brochures, she will do a constant comparison creating new codes when necessary (Ho, 2007). After successfully coding all texts in the pamphlets, the codes will be grouped in with her research question to understand the actions accomplished in these texts. She used inductive discourse analysis in seeing what the texts are doing in the pamphlets. My study examines texts and coding used in order to see how pamphlets are being promoted in the African American community. As Ho (2007) explained her argument regarding using pamphlets in her study, this research looked at pamphlets and coded all texts in the pamphlets, but added the PEN 3-Cultural Model as well.
Interventions are being used more when dealing with preventable diseases. Although the PEN-3 Cultural Model looks at culture and community, Erwin et al. (2010) suggests changing interventions and not the culture. As Erwin et al (2010) looked into another minority population, specifically Latina, the Pen-3 Cultural Model was used to examine Latina immigrants’ perceptions, experiences and knowledge about breast and cervical cancer screening demonstrating the use of the PEN-3 Model to analyze data in order to develop effective outreach programs (Erwin et al., 2010).

Therefore, after briefly explaining the significance of this research, this study will provide a base analysis in regards to influences and barriers that affect a person’s willingness to get the flu shot. Influences will include the time and location of where the information on influenza is given. The data obtained will be from health care pamphlets to assess how flu shots have been promoted specifically within the community. Based on the numbers and percentages given through the CDC website and the Champaign public database, I will be able to determine if the African American population has been responsive to information given and if they actually receive shots as a result.

From there, by comparing the pamphlets given, I will use the Pen-3-Model to examine if these pamphlets in relation to the PEN-3 Model will either be deemed as an effective or ineffective tool for the community to have as a health promotion method which focuses on Cultural Empowerment, Cultural Identity, and Relationships & Expectations. More importantly, this paper will discuss the messages and how they are used in health promotion settings from the pamphlets given. Comparing the pamphlets acquired from health centers, the content in the pamphlets analyzed how African Americans may have responded to the messages presented.
Based on my assessment, the messages will be identified and revised. Overall, this information can more than likely be beneficial to people of color especially in Champaign, Illinois.
CHAPTER 3

METHODOLOGY

The study protocol was exempted by the University’s Institutional Review Board (IRB) on January 20, 2015. Data was collected between December 2014 and February 2015 from 10 pamphlets acquired from health centers. The intent of pamphlets is to provide education and resources for individuals, specifically in Champaign, IL who are interested in receiving their influenza shot and are aware of cost-efficient health services located in their community. Because the pamphlets were public texts, they were provided to the public. These printed health materials serve as an essential discourse for examining what the flu is and how the flu vaccinations are being marketed based on the information given on the pamphlets.

If the health center did not have a physical copy, their website would have one readily available. After printing most of them from their website, information was retrieved for free from each health centers’ websites. Many health centers used pamphlets that the CDC had on their website. The pamphlets printed in color ranged in size from 8.5 x 11 and others that had similar sizes.

3.1 Qualitative Research

Dixon-Woods (2001) studied discursive constructions of health in biomedical PIL studies. In this study, it was concluded that two distinct discourses drew several assumptions regarding the power of the patient, their communication, health, and proper health care. In addition, advertising is essential when having brochures in certain areas and locations. As many researchers have studied health advertisements, Coupland & Williams (2002) used pharmaceutical information pamphlets to examine the medicalized discourse of menopause and found that two alternative discourses were constructed. These studies not only served as models
geared towards advertising, but as methodological models with printed information shown as contructions of health (Ho, 2007). In this study’s case, discourse analysis can also be conducted for the pamphlets.

Discourse analysis can be used for a plethora of methods for analyzing the texts in these pamphlets since discourse analysis focuses not just on questions of form and content, but on what texts do (Potter & Wetherell, 1994). Wetherell & Potter stated that this analysis examines “how this version of a text is designed to successfully compete with an alternative”. This will consist of reading through data, identifying meaningful categories, and grouping data within those categories. In addition, using Wodak’s discourse analysis by framing the textual analysis, it will turn to nonverbal message components (Krzyzanowski & Wodak, 2008). These components included visuals, page layout, frames, boxed inserts, font style, and size (2008). The linguistic resources in qualitative discourse analysis include textual coherence and cohesion, argumentative devices, and nonverbal message components (pg.44)

A thematic analysis qualitative methods approach is well suited for this paper since it is used to understand the data that has been provided by giving an accurate understanding of the data set. A thematic analysis is a process for encoding qualitative information which requires an explicit “code” (Boyatzis, 1998). It is also a search for themes that emerge as being important to the description of the phenomenon and involves the identification of themes through “careful re-reading of the data”. Boyatzis (1998) explained how codes may be a list of themes, indicators, and qualifications that are causally related. Themes were stated as a pattern found in the information that at the minimum describes and organizes possible observations. It is a form of pattern recognition within the data, where emerging themes become the categories for analysis. As far as the coding process, it involves recognizing important moments and encoding them
prior to process of interpretation (Boyatzis, 1998). A “good code” is one that captures the qualitative richness of the phenomenon (Boyatzis, 1998). Encoding the information organizes the data to identify and develop themes from them. Boyatzis (1998) defines a theme as “a pattern in information that describes and organizes the possible observations of the phenomenon”.

The inductive approach has a template approach in the form of codes to be applied as a means of organizing text for subsequent interpretation. The researcher defines the template before commencing an in-depth analysis of the data (Fereday & Muir-Cochrane, 2006). Following data collection from 10 pamphlets, there will be a process of data coding and identification of themes which would be done in a systematic, step by step process.

When developing a code inductively, there are four stages:

The first stage, one of the most critical stages, is sampling and design issues. The material should be coded and must represent a subsample of two or more specific samples used in the research. To develop a code, a subsample of three to five people from each of the two samples should be done. It is often discussed that when using inductive or data-driven approaches to thematic analysis, identifying the dependent variable can be difficult at times. After developing the code, applying the code (where themes are discovered) will help determine valid differences.

With this method, any individual should be able to translate observations and apply an analysis determining the validity of the themes or codes and results (Boyatzis, 1998). By using thematic analysis, we would learn how to develop thematic codes and how to observe and perceive people, groups, organizations, cultures, or events (Boyatzis, 1998). Since the pamphlets are used to promote influence shots for all populations, the PEN-3 cultural model will be used as guide to specifically examine cultural sensitivity to the health care needs of the African American community.
3.2 Research Procedure

The research procedure involves secondary data with pamphlets and information on the pamphlets will be analyzed rather than including individuals in this particular study. No interviews, recordings, screenings, activities, or signed consent forms were given in this study. All information from pamphlets is from January-April 2015 in Champaign-Urbana, Illinois.

3.3 THEORETICAL FRAMEWORK: THE PEN-3 MODEL

The PEN-3-Cultural Model (Airhihenbuwa, 1989) was developed by Collins Airhihenbuwa and it is used to address the role of culture in health education or promotion. Specifically, the acronym PEN has three primary domains which are Cultural Identity, Relationships & Expectations, and Cultural Empowerment (Iwelunmor, Newsome, Airhihenbuwa, 2014). Each domain includes three factors that form the acronym PEN: Person, Extended Family, Neighborhood (Cultural Identity domain); Perceptions, Enablers, and Nurturers (relationship and expectation domain); Positive, Existential and Negative (Cultural Empowerment domain). The letter P deals with Positive, Perceptions, and of the Person (Iwelunmor et al., 2014). These letters promote positive perceptions and target the individual, person’s knowledge, values, and beliefs on health. The letter E stands for Existential, Enablers, and Extended Family. Existential focuses on unique values that pose no threat to the individual’s health care needs. Enablers are the resources and societal or structural factors that may enhance or hinder health decisions and actions (Iwelunmor et al., 2014).

Finally, N stands for Negative, Nurturers, and the Neighborhood. With respect to the negative aspects, these are the factors that have adverse influence on health, while nurturers’ looks at the degree to which beliefs about health and actions are influenced by others in the in the family or community (Airhihenbuwa et al., 2004). Neighborhood refers to the environmental context that influence the individual’s health (Airhihenbuwa et al., 2004)
The PEN 3 cultural model has been used to plan and evaluate health interventions (Iwelunmor et al., 2014). It was used for example to “examine the cultural meanings such as languages and values of health behavior that have gained a central location in framing people’s relationships with health in social and cultural contexts” (Purcell & Cutchen, 2013). This model has been used to address several health problems such as cancer, diabetes, smoking, and food choices (Iwelunmor et al., 2014). This model has been altered over the years and considers aspects of culture when it comes to addressing health issues and problems which are considered the bottom-up approach (Purcell & Cutchen, 2013). This approach identifies the limitations observed focusing on individual problems rather than locating the problem (Purcell & Cutchen, 2013).

Airhihenbuwa (2010) advocates for promoting culture-centered ways of knowing health promotion among racial and ethnic minorities. He also explains that to centralize culture in health interventions, the three dynamically related and interdependent domains of health beliefs and behavior should be taken into account using the domains of the PEN-3 cultural model; Cultural Identity, Relationships and Expectations, and Cultural Empowerment (Kline, 2007). The elements of these groups are similar to the health behavior change theory models, but the difference is shown in the “personal actions that are examined as functions of broader social cultural contexts” (Airhihenbuwa & Webster, 2004).
In Figure 3.1, the PEN-3 cultural model explains the intersection of both health and culture. The biggest tension is the inability to connect with the population. With this model, a study is conducted on the community on a given issue (Purcell & Cutchen, 2013). The model begins with a qualitative study generating community responses to an issue and getting responses that are positive and negative; secondly, getting the results that include findings from surveys and crossing the domains of relationships and expectations with cultural empowerment; thirdly, returning to the community sharing the comments they received asking the community to group them (into 9 cells) into the same groups as the researchers; and fourth, the research team shares with the community how they grouped their information (Purcell & Cutchen, 2013). When dealing with the community and researchers, this is how interventions are decided and needed. The PEN-3 cultural model in this study to examine cultural sensitivity in the promotion of influenza and flu vaccines via promotional materials such as pamphlets.
3.4 Cultural Identity, Relationships and Expectations, Cultural Empowerment

As seen in Figure 1, the cultural identity area acknowledges that interventions take place at the levels of a person, extended family, or neighborhood even though theories and models of health behavior change are based on individual psychology as opposed to family or community locus of decisions (Kline, 2007). Although health education is important to everyone, it is very essential to the African American community and their culture since their decisions on health are heavily influenced. Secondly, the relationships and expectations area shows that interventions should address audience members whether it is a family or community members’ beliefs and practices that constitute enablers (forces that may enhance or be barriers to change) and perceptions (comprises the knowledge and attitudes that facilitates family and community motivation to change) while influencing health actions (Kline, 2007). Lastly, cultural empowerment is the most critical area as this area should be the initial goal of sensitive health interventions (Kline, 2007).

Kline (2007) stated that actions related to perceptual and situational variables from relationships and expectations should be evaluated as positive, existential, or negative. Airhihenbuwa (1995) stated in his article that interventions often focus on negative behaviors with little attention of cultural motivations and how it is blamed for failure to adopt recommendations with relevant positive behaviors being rarely rewarded (Kline, 2007). Airhihenbuwa (1995) discussed how people understand health behavior and how it is central to culture. With culture, community assets and liabilities are appreciated. When addressing health issues in a community, he stressed that you should always find or start with something positive. If nothing positive in the community is identified, then it is in your best interest not to stay. It is feared that you may only see the problems within the community and may even be a part of the
problem. Airhihenbuwa will mainly look at health and culture and how culture is the important
when having effective community health intervention programs (Airhihenbuwa, 2010). This
model addresses the message of cultural identity and relationships of the PEN-3 cultural model
showing how cultural empowerment dominates both areas and how it can be used. African
Americans in the Champaign, IL community should take advantage of seeking its issues
regarding influenza and the flu shot and how they can be able to address the issue.

In Kline’s (2007) study, she used cultural sensitivity to assess breast cancer education
pamphlets for African American women. Her study focused primarily on a racial and ethnic
minority audience in regards to health threats. More than 100 studies were conducted to assess
the breast cancer screening barriers, but there was no information about cultural influences that
impact African American breast cancer health decisions. She stated that even though the studies
conducted identified racial and cultural differences related to behavior and beliefs, health
promotion texts were not indicated and did not exist and did not adapt to this particular audience.
In fact, the cancer education texts that were done for breast cancer showed that most of them
were not culturally sensitive (Kline, 2007).

3.5 PAMPHLETS

Pamphlets were chosen and created by reputable agencies and organizations around
Champaign, IL, that are known to issue materials to local health care providers. Eight
organizations/stakeholders (Appendix A) were chosen around the Champaign area. Although I
received resource lists, papers, and took pictures of signs they had regarding taking flu shots, this
analysis is limited to pamphlets (Appendix B). Messages were aligned with a fear appeal which
is a form of argument that is often used in health promotion (Kline, 2007). Effective arguments
include messages that identify threats that are severe followed by a response and addressing
issues such as barriers. In this case, although many pamphlets referred to individuals of all ages, the major premise in these pamphlets was that getting the flu vaccination should happen for all ages and race.
CHAPTER 4
RESULTS

4.1 Cultural Identity
As for cultural identity, determining whether or not culture or race was more important when it came to Person, the Extended family, and the Neighborhood. By defining the target population, which is African Americans, it is often difficult to determine the African American community or whom the pamphlet is targeting. Although there are African Americans in several photos, several other races were depicted in the photos as well. For example, in one photo, it showed the family portion where people are hugging each other and smiling, showing compassion and happiness. It is hard to determine whether or not these pictures are taken in their neighborhood or what type of neighborhood they are in, how some cited the location where individuals can receive influenza shots and they targeted all individuals and not African Americans specifically.

4.2 Relationships & Expectations
The pamphlets were reviewed using the Relationships and Expectations domains of the PEN-3 model which are perceptions (beliefs, attitudes, and knowledge regarding influenza), enablers (cultural, societal, and structural effects that facilitate or hinder change in influenza self-management), and nurturers (supportive and discouraging influence a person receives from others. Nurturers would be considered family, friends, and members of the community who are influenced both positively or negatively from health beliefs, attitudes, and actions.

After reviewing 10 pamphlets from various healthcare settings, organizations, and websites, I observed that the pamphlets focused on community involvement and factors that impact choices for individuals in regards to other responses needed. Although it showed several faces, there was only one pamphlet (Pamphlet #2a) geared towards the African American
community in contrast to any other race. Thus, every pamphlet had encouraging words and information and statements regarding where to receive more information, and some of these did not have any statistics or information strictly for African American individuals who live in Champaign Urbana.

After looking at these pamphlets, I determined that all had different agendas. Many of the pamphlets were more information-based with more writing on the pamphlets (Pamphlet #6, Pamphlet #5, standard Influenza vaccine pamphlet) while some geared towards other services that their clinic provided. In most cases, some of the clinics provided the same sheet that I would have gotten online on the CDC website. According to Boyatzis (2008), a good code would be considered words or captions that are captured and appear from one or more original themes and it is then used throughout. A good code will have labels, characteristics of the theme, and examples to eliminate possible confusion when looking for themes.

Looking closely at the messages and texts, some seemed direct providing information on what African Americans we needed to know about flu vaccination, but there was no specific information on the flu (Pamphlet #7). In addition, there were no statistics shown on the pamphlets. Looking at one pamphlet geared towards African Americans (Pamphlet #2a), there was a summary with relevant information urging people to participate in the behavior (receiving the flu shot). The visual presentation of the pamphlet varied: Some texts stated *Providing Services for All*, while other pamphlets included images designed to appeal to a younger crowd (Pamphlet #8, Pamphlet #12). Other pamphlets such as *seasonal Influenza vaccination campaign resources*, included the term African Americans to appeal to the African American audience (Pamphlet #2a). There were pictures on the pamphlet of other faces (dark skin, age, hairstyle) for a diverse crowd (Pamphlet #3, Pamphlet #10, Pamphlet #11). This pamphlet specifically stated
on the top FREE RESOURCES that was featured on the African American page (Pamphlet #2a), but not on any other flyers.

In addition, by using the thematic analysis, looking over these pamphlets I was able to categorize what was shown boldly on each pamphlet labeling areas with more than one code and seeing the resources used. For example, I coded the excerpt as “flu vaccine”, “vaccination”, “resources”, “African American children”, African American adults”, “gender”, “Patient Education”, and “Healthy People”. Many pamphlets used unique ways of highlighting the term influenza, the content in which it is being explained, and ways to stay connected with everyone (no specific context).

In addition, in one pamphlet, Pamphlet #12 showed several children with one arm raised, exposed and bandaged, signifying that they were recently vaccinated. On their arms, there are adhesive bandages over the arm with their eyes turned directly to the audience. There were words stating “Community Immunity, Do your part”. The pamphlet had pictures of all races, but none were geared towards African Americans. Out of the six kids shown on the picture, only two of the six children were African American. In this photo, 2 categories, nurturers and perceptions, were evident. It geared towards the words stated to lure more people from the community to get their influenza shot. It showed us that these kids from the Champaign community were aware of the shot, they received it, and now they are encouraging others to get theirs as well since they have done their part.

Pamphlets from the CDC website are appropriate for certain groups, possibly the older generation due to being influenced by the website and reputation of being known for years. A few pamphlets provided on the CDC website showed two categories on one pamphlet, perceptions and nurturers, and how to effectively prevent getting the flu. With nurturers, there is
a guardian holding her child while the nurse is giving him a flu shot. There is also another picture showing an older woman caring for what appears to be either daughter or granddaughter.

As there are other pamphlets shown such as someone washing their hands with soap and a young woman using tissue to cover her sneeze (Pamphlet #6 and Pamphlet #10), this category could be linked to perception. These photos are ways of having helpful information and the necessary steps that need to be taken in order to be protected from the flu. Although this was helpful information such as informing individuals regarding flu symptoms and warning signs, but there is nothing on the pamphlet promoting heavy efforts toward African Americans and wanting them to get the flu shot. There is another pamphlet of strictly African Americans in this picture (Pamphlet #4 and Pamphlet #9). In fact, another pamphlet (Pamphlet #2) from the CDC has no pictures and has a perceptions category that states CDC Says “Take 3” Actions to Fight the Flu. The pamphlets have information regarding the types of symptoms that are included as well as the website to find more information on influenza.

Another pamphlet provided by the CDC’s website shows 2 separate flyers that have the same content. These flyers have the same wording, and other links to download from. At the top of the pamphlet in the left hand corner however, it states that one flyer (pamphlet #1a) is made for the General Public while the same exact flyer is made for African Americans (Pamphlet #1b). Although there are more pictures provided for African Americans and free resources available to them on the pamphlet, the resources are the same for the general public. This clearly shows that there needs to be more information addressed to the African American population and how African Americans would benefit greatly from getting vaccinations. Although some pamphlets indicated treatment options as an option of staying proactive against the flu (Pamphlet #6 and Pamphlet #8), pamphlets included what we needed to know and fact sheets, increase promotion
of flu vaccinations among underserved populations, and getting the flu shot by not helping to spread flu to any patients or family members.

4.3 Representations for Cultural Empowerment

It is clear that these pamphlets were not intended for an African American audience, because there seemed to be no attempts in adapting the messages to fit the cultural values or needs of the African American community. Some messages were positive ensuring individuals to get the flu shot. There were no physical copies of influenza informational pamphlets around at each location which maybe regarded as negative in reference to promoting influenza shots to the African American community.

Majority of the pamphlets seemed culturally insensitive to the needs of African Americans. There were no statistics on influenza as applied to this group or lists of places that provide free services or reduced-price services for flu vaccination, examination of factors that could hinder people from getting a flu shot (such as religious beliefs). The pamphlets also disregarded mortality rates, and paid little or no attention nor did they provide information with regards to cultural contexts of African Americans. In order for messages to be more inviting, messages can be restructured so positive behaviors are placed. For example, more materials or documents could have statistics indicating that African Americans are using their free resources and how these individuals responded to the flu shot after receiving it. There should be follow-up procedures to see where and when the flu shot was most effective in each county, specifically Champaign.

4.4 TABLE. Groups By PEN-3 MODEL
RELATIONSHIPS & EXPECTATIONS

<table>
<thead>
<tr>
<th>Nurturers:</th>
</tr>
</thead>
</table>
With Pamphlet #9, a father and son are in a picture together looking at each other in the mirror. Although it is unclear what they are observing, this reflects that the father sees his son therefore it is his responsibility to take care of him, including getting the vaccine. It also represents him being a role model to his son where he plans on net getting anyone sick around him.

Pamphlet #4 showed a nurse stating she “won’t spread flu to my patients or my family” indicating that she will do whatever she can to protect not only her workplace, but her home.

**Enablers:**

Pamphlet #7 had both picture and texts informing individuals of what to do if they believe they have the flu. It also informs the reader about warning signs and flu symptoms. The picture showed a healthcare professional administering the flu shot. This picture suggest that he clearly cares about his health, his surroundings, his well-being, and his ability to lead by example while somebody else is watching. Some enablers were the use of nurses in the pamphlets as well as Pamphlet 2a which made reference to the FREE RESOURCES while featuring an African American

Perceptions:

All pamphlets can be perceived that everyone is trying to take initiative to take their influenza shots.
### CULTURAL IDENTITY

**Persons:**

Women & Children. Women were seen about 10 times in pamphlets while children were seen more than ten times. In addition, men were in this photo.

**Extended family:**

Pamphlets showing older adults setting examples for their families of getting the flu shot.

**Neighborhood:**

One pamphlet stating (Pamphlet #12), “*Community Immunity, Do your part*”. Another pamphlet states the location where you can take your shot (Pamphlet #5).

### CULTURAL EMPOWERMENT

**Positive:** Pamphlet #11: This pamphlet clearly shows wording stating “Don’t Go Viral” This statement and the picture was powerful since it shows not only African Americans, but people of all races. Also Pamphlet #12: This pamphlet provided by the Champaign Urbana Public District shows children of all races but from the same age group appearing to have taken their flu shot. They are encouraging others to do the same.

**Existential:** By looking for pamphlets that have no “harmful health consequences”, every pamphlet shown encourages and informs individuals regarding the flu and receiving the flu shot.
Negative: It is only speaking to one audience, which is children and young adults. Although there are a couple of photos that show African American faces, no pamphlet has all African American faces present. In addition, the words used on the pamphlets are very wordy on some of the pictures.
CHAPTER 5
DISCUSSION

The findings in this study highlight cultural sensitivity in the promotion of influenza pamphlets for African Americans in Champaign Illinois. Influenza is present not only in Champaign, IL, but nationally. Lack of awareness to the cultural values of African Americans in the Champaign community may act as a barrier in the promotion of uptake of influenza shots via pamphlets. Harper et al., (2004) states that vaccination is associated with reductions in influenza-related respiratory illness and physician visits among all age groups, hospitalized death among persons at high risk (Harper, Fukuda, Uyeki, T. Cox, Bridges, 2004). There was only one pamphlet that was specifically geared towards African Americans on the national level. Additionally, there were no pamphlets specifically targeted for African Americans in the Champaign Urbana area. More conversations with health officials and other African Americans from the Champaign community are needed to determine cultural values when it comes to prevention method and educational programs in Champaign targeting African Americans.

Due to lack of education, many African Americans may not know how effective the influenza vaccine is. The efficacy of the vaccine primarily comes down to age and the person’s immune system. With age being a factor, adults under 65 can get the influenza vaccine which has prevented influenza illness for approximately 70-90% of healthy adults (Harper et al., 2004). For adults over 65 years of age, influenza vaccination can help prevent secondary complications and reduce the risk for influenza-related hospitalization and death among adults and be 80% effective in preventing death (Harper et al., 2004).
This study used the PEN-3 cultural model as a guide alongside thematic and discourse analysis. Only one pamphlet was geared towards African Americans and it focused on increasing awareness with receiving more information on influenza.

There is a lack of promotional efforts regarding the vaccine and information given on influenza. With more efforts pushing the population of children and adolescents, in 2004, the influenza vaccine will be apart of the routine childhood immunization schedule. In all, the shot is called Fluvirun and has been approved by the Food and Drug Administration (FDA). This shot is marketed for all age ranges pushing more efforts for young children and pregnant women since they would more than likely die from influenza (Harper et al., 2004). Although it is not strictly targeted for the African American community, this is a way where more African Americans can be aware of what type of shot is administered and spreading more awareness to children altogether.

Cost has been associated with the influenza vaccination and influenza illness. By getting the vaccine, cost will prevent other chronic medical conditions that may occur in the future. According to the National Health Interview Survey (NHIS), during the first and second quarters of each calendar year, there has been an increase in vaccination levels among all age levels (Harper et al., 2004). This could be due to increased delivery and administration of vaccine, new information regarding influenza vaccine effectiveness, and initiation of Medicare reimbursement for influenza vaccination (Harper et al., 2004). Even though these are great outcomes, a survey for the African American community would be more effective to see what needs to be done in order to maintain or exceed these numbers for the future.
Furthermore, having more statistics around showing how valuable getting the influenza shot is, it will ease people’s perception of getting the flu shot. If this is set, more individuals may use its services.

**Limitations**

This study has limitations worth nothing. The data was coded and themes identified in the data by one person rather than multiple people. While the coding process showed consistency, it did not accurately have more individuals checking my thoughts or concerns. In addition, the coding of data could have involved more people with themes being developed. Although some of the health centers had physical copies of pamphlets present, other places suggested going online to acquire the pamphlets from there. Not having any brochures or pamphlets present, this may have been due to the timeframe pamphlets are usually given. Many individuals decide to get their flu shots between September and December. I received more information on it from the ending of December to January. This could be noted as a barrier or limitation. Also, the study did not conduct focus groups which limits the extent as far as findings that are useful to African Americans.
CHAPTER 6

CONCLUSION

Based on the findings and after looking at ten pamphlets that included pamphlets open to the public located on health organizations’ websites, as far as promotional efforts, the information on influenza and influenza vaccination is relayed to the general public, not one ethnic group. After looking at the numbers and the services provided that were geared for African Americans only, it seems that there is a lack of brochures and pamphlets given at local hospitals and clinics in the Champaign Urbana area. Although certain health centers offer the flu shot at a reduced price, this information is not given until further questions are asked with either your primary doctor or following up with your insurance company to see if your insurance will let you get the shot at a reduced price or for free. With more signs showing that flu shots are available, these signs demonstrate the concern of the issue and the demand to maintain services provided for decreasing fatal occurrences when dealing with influenza. As more people are challenged with this issue, it is important that all Champaign Urbana health officials and companies are working together in order to decrease cases of influenza.

Despite the approach that was taken, there are recommendations that could be used for future research. There needs to be more pamphlets placed towards increasing awareness publically around the community. Many individuals may not know the severity of contracting influenza. By looking more closely at the cultural sensitivity and how African Americans express their concern of the influenza vaccine and hearing their causes of influenza, we can better educate and provide more information to this particular community. After looking at these pamphlets, it would be more beneficial to consider more texts in the pamphlets to promote more screenings. If there are ways in obtaining lower vaccine costs so that the African American
community members can pay for the vaccination, or know that these services provided are free, it will be deemed helpful. In the end, interventions for preventing influenza will need to be marketed much stronger and well before the flu season begins. This study aims to focus more on promoting more efforts for African Americans in the Champaign community by improving their promotional efforts geared towards influenza and getting the flu vaccine.

Intervention messages are very important and should be taken into consideration when addressing barriers such as how African Americans are unable to get flu shots due to being afraid of needles, follow up on their flu results after receiving flu shots, or seeing how often they receive the flu shot yearly. One area that needs to be addressed also is assuring that health care professionals are being more culturally sensitive to their patients and assuring that the African American population has voiced their opinion when they have experienced a horrible encounter before, during, or after taking the flu shot. This shows that negative appeals have a very limited effect. In all, health messages can be redeveloped for the African American audience where it can be more culturally sensitive on the issue of influenza and getting the flu shot.

In the future, more studies need to address the concerns African Americans’ have when discussing the influenza vaccine especially with their doctors. Since most African Americans see their doctors, there should be more dialogue done regarding the effectiveness and necessity of getting the flu vaccination, and insurance coverage for the costs. In order for more African Americans to be educated on this topic, health care professionals should automatically recommend the flu shot making it convenient for patients to get vaccinated.
REFERENCES


APPENDIX A:

PARTICIPATING HEALTH CENTERS

Centers for Disease Control (CDC)
Carle Hospital
Presence Health
Christie Clinic
McKinley Health Center
The Champaign Public Health District
Walgreens Pharmacy
Francis Nelson Health Center
APPENDIX B

PAMPHLETS

Standard Pamphlet (given in each acquired Health facility)

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**Influenza Vaccine**

*What You Need to Know*

**VACCINE INFORMATION STATEMENT**

(Flu Vaccine, Live, Intranasal)

2014-2015

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1. Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get the flu, but the risk of getting the flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions — such as heart, lung or kidney disease, nervous system disorder, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause hospitalization and even death in children.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccines are the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2. Live, attenuated flu vaccine — LAIV, Nasal Spray

You are getting a live, attenuated influenza vaccine (called LAIV), which is sprayed into the nose.

"Attenuated" means weakened. The viruses in the vaccine have been weakened so they won’t give you the flu.

There are other "inactivated" and "recombinant" flu vaccines that do not contain live virus. These "flu shots" are given by injection with a needle.

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3. Some people should not get this vaccine

Tell the person who gives you the vaccine:

- If you have any severe, life-threatening allergies, including (for example) an allergy to gelatin or antibiotics. If you ever had a life-threatening allergic reaction after a dose of LAIV vaccine, or have a severe allergy to any part of this vaccine, you should not get vaccinated.

- If you ever had Guillain-Barré syndrome (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- If you have long-term health problems, such as heart, breathing, kidney, liver, or nervous system problems, your doctor can help you decide if you should get LAIV.
Seasonal Influenza Vaccination Campaign Resources

For African Americans

FREE RESOURCES are available to the general public, partners, and organizations:

- Learn more about the National Influenza Vaccination Disparities Partnership (NVDP) by visiting the CDC's flu partner web page at http://www.cdc.gov/flu/partners
- For more information, please contact: fluinbox@cdc.gov

MATTE ARTICLES AND FACT SHEETS

Promote the benefits of flu vaccination on your website and in newsletters with these ready-to-use articles and fact sheets.

COMMUNITY RESOURCE KIT

The NVDP Kit has all the information you need to become better informed about influenza and the influenza vaccine. It will help you rally trusted leaders and community groups from various sectors in support of the most effective, annual influenza vaccination campaigns.


E-NEWSLETTER

The National Influenza Vaccination Disparities Partnership (NVDP) is comprised of multi-sector partners who work to promote flu vaccination among underserved populations. The monthly newsletter highlights partner activity.

POSTERS, FLYERS, AND BROCHURES

Make it easy for audiences such as parents, caregivers, providers, and those with high risk conditions to understand the facts about flu vaccination with these resources.

Free Download: http://www.cdc.gov/flu/partners/disparities.htm
http://www.cdc.gov/flu/fluresources/print.htm

VIDEOS, PSAs AND PODCASTS

PSAs are 30 or 60 seconds, downloadable and in broadcast quality. Most products can be downloaded in small and large file, and in various formats.

WEB TOOLS

Post a flu web button, eCard, widget, or banner on your website, and make it easy for your viewers to click directly to CDC’s latest flu information.

Free Download: http://www.cdc.gov/flu/fluresources/web_tools.htm

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Flu is a **serious contagious** disease that can lead to **hospitalization** and even **death**.

**Flu-like symptoms include:**
- fever
- cough
- sore throat
- runny or stuffy nose
- body aches
- headache
- chills
- fatigue

Some people also may have vomiting and diarrhea. People may be infected with the flu, and have respiratory symptoms without a fever.

**CDC Says “Take 3” Actions To Fight The Flu**

For more information, visit [www.cdc.gov/flu](http://www.cdc.gov/flu) or call 800-CDC-INFO.
Who needs flu vaccine?

Even healthy people can get the flu, and it can be serious.
Everyone 6 months and older should get a flu vaccine. This means you.
This season, protect yourself—and those around you—by getting a flu vaccine.

For more information, visit: www.flu.gov
I won’t spread flu to my patients or my family.

Even healthy people can get the flu, and it can be serious.

Everyone 6 months and older should get a flu vaccine. This means you.

This season, protect yourself—and those around you—by getting a flu vaccine.

For more information, visit: http://www.flu.gov
NO MORE EXCUSES
THERE ARE MANY PLACES TO GET YOUR FLU VACCINE.

- Doctor's Office
- Schools
- Pharmacies
- Retail Stores
- Grocery Store
- Pediatrician's Office
- Health Department
- Workplace
- Medical Center
- Drug Store
- Clinics
- Community Center

For more information, visit
http://www.cdc.gov/flu

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Endocrine disorders (such as diabetes mellitus)
Kidney disorders
Liver disorders
Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)
People younger than 19 years of age who are receiving long-term aspirin therapy
People who are morbidly obese (Body Mass Index, or BMI, of 40 or greater)

If you (or your child) are in one of the groups above and develop flu-like symptoms, consult a health care provider to get advice about seeking medical care. Also, it’s possible for otherwise healthy people to develop severe illness, so any one concerned about their illness should consult their doctor. There are “emergency warning signs” that should signal anyone to seek medical care urgently.

Are there medicines to treat infection with flu?
Yes. Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu in your body. While a flu vaccine is the first and most important step in preventing flu, antiviral drugs are a second line of defense to treat the flu if you get sick. Antiviral drugs are not sold over-the-counter; you must have a prescription to get them. Antiviral drugs are not a substitute for vaccination.

How long should I stay home if I’m sick?
CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. Your fever should be gone without the use of a fever-reducing medicine. Stay away from others as much as possible to keep from making others sick. Continue to cover coughs and sneezes and wash hands even after you return to work. It is important to know that even if you don’t have a fever, you may have flu and be contagious if you get flu symptoms.

Emergency Warning Signs In Children:
- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In Adults:
- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

Flu Symptoms can include:
- Fever *
- Cough
- Sore throat
- Sunny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue
- Sometimes diarrhea and vomiting

* It’s important to note that not everyone with flu will have a fever.

For more information, visit http://www.cdc.gov/flu or call 800-CDC-INFO.

May 2013
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Disease
Flu Vaccination: Who Should Do It, Who Should Not

Everyone 6 months and older is recommended for annual flu vaccination with rare exception. Talk to your doctor or other health care professional if you have any questions regarding which flu vaccine options are best for you and your family.

Vaccination to prevent flu is particularly important for people who are at high risk for serious complications from flu. For a complete list of people who are at higher risk for flu complications, see People at High Risk of Developing Flu-Related Complications.

The Flu Shot

People who can get the flu shot:
Different flu shots are approved for people of different ages.* There are flu shots that are approved for use in people as young as 6 months of age and up. Flu shots are approved for use in pregnant women and people with chronic health conditions.

People who can’t get the flu shot:
- Children younger than 6 months are too young to get a flu shot.
- People with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. This might include gelatin, antibiotics, or other ingredients. See Special Considerations Regarding Egg Allergy for more information about egg allergies and flu vaccine.

* Some flu shots have different age indications. For example people younger than 65 years of age should not get the high-dose flu shot, and people who are younger than 18 years or older than 64 years should not get the intradermal flu shot.

For more information, visit www.cdc.gov/flu or call 800.CDC.INFO.

The Nasal Spray Flu Vaccine

People who can get the nasal spray vaccine:
The nasal spray vaccine is approved for use in people 2 years through 49 years of age.

People who can’t get the nasal spray vaccine:
- Children younger than 2 years
- Adults 50 years and older
- People with a history of severe allergic reaction to any component of the vaccine or to a previous dose of any influenza vaccine
- People who are allergic to eggs
- Children or adolescents (2 years through 17 years of age) on long-term aspirin treatment.
- Pregnant women
- People with weakened immune systems (immunosuppression)
- Children 2 years through 4 years who have asthma or who have had a history of wheezing in the past 12 months.
- People who have taken influenza antiviral drugs within the previous 48 hours.
- People who care for severely immune-compromised persons who require a protective environment (or otherwise avoid contact with those persons for 7 days after getting the nasal spray vaccine).
"By protecting myself I am protecting her."

If you’re 65 years or older, getting a flu shot is the best way to protect yourself and those around you from flu.

The flu benefit is a covered service for Medicare and for children enrolled in Medicaid and CHIP.

http://www.flu.gov
1-800-CDC-INFO
I CAN’T MISS WORK BECAUSE OF THE FLU.

For more information, visit http://www.cdc.gov/flu

Every year, I get my flu vaccine to protect myself, my coworkers, and my family from getting sick from the flu.

Even healthy people can get the flu, and it can be serious. This season, protect yourself and those around you by getting a flu vaccine.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Reason enough to get VACCINATED!

Even healthy people can get the flu, and it can be serious. Everyone 6 months and older should get a flu vaccine. This means you. This season, protect yourself—and those around you—by getting a flu vaccine.

http://www.flu.gov • 1-800-CDC-INFO
COMMUNITY IMMUNITY
Do your part.

Public Health
Champaign-Urbana Public Health District
WWW.C-UHPHD.ORG
352-7961