

Evaluation & Assessment of H1N1 Outreach, Communication Methods

**Prepared by
Alliance of People with disAbilities**

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Summary

The Alliance of People with disAbilities measured the effectiveness of and attitudes toward health department messaging regarding health and disease outbreaks in King County. We wanted to determine whether the health department's messaging is reaching and affecting individual behavior in the disabled populations.

To do this, Alliance surveyed the population, determined rates of compliance, and inquired as to attitudes regarding outbreaks and disease in general. As a result eighty (80) people were surveyed. The inquiry phase was expanded and accomplished through holding several focus groups, in this case six (6) for a total of 45 people. Initially opinions were gathered by conducting written surveys online and conducted several focus groups to address these populations.

Initially the project was designed to implement a short survey of fewer than ten questions (the survey was later expanded to 17) followed by a minimum of three focus groups. As a result of time limitations the study had to be changed so that both the survey collection and the focus groups occurred simultaneously.

The project was designed to outreach primarily to several subsets within the disability population. Groups targeted were youth with disabilities and individuals with mental health disabilities. In addition Alliance of People with disAbilities was asked by the King County Department of Health to work with the Hearing Speech and Deafness Center to engage the Deaf population into both methods of the project.

King County Department of Health provided the organization with two survey tools which had been used to test other populations. Neither of these surveys directly aimed at individuals with disabilities so "disability culture" had to be included and questions that primarily affect individuals with disabilities.

There are several conclusions we have drawn from this endeavor from both strategy/deployment and health statistics perspectives. The majorities of individuals with disabilities and/or chronic health conditions are aware and have access to public health warnings and messages. All populations surveyed mentioned seeing/hearing messages at school, at work, at a healthcare providers' office or pharmacy. Whether individuals chose to act on the message, in this case getting the flu shot, was entirely a separate issue with a majority of the individuals choosing not to take the flu shot. Individuals may view messages however they may not apply the knowledge to themselves.

In addition, messages that are sent to the general population do not effectively address what the disabled population needs to know about health outbreaks. Many people with disabilities do not know that they are in priority groups or that flu outbreaks could affect disabilities. Some

people with disabilities, especially mental health disabilities, don't consider themselves to be disabled.

There is a divide in how individuals expect to receive important health messages. Disabled individuals who have incomes closer to median levels in King County have access to PCs, Internet, Internet-enabled smart phones and other devices. They use these devices on a daily basis and many get informational messages delivered directly to their inbox. Generally if persons are on SSI or State Programs they have a lower income, and they don't have access to the wide array of communication vehicles others use, as their computer and television use may be more transient in nature or they may not use these types of communication.

To Encourage Acting on Health Department Recommendations one group thought that a publicized specific list of symptoms would be helpful. For example, how do you tell between the regular and the H1N1 flu? Another group advocated the use of hotlines as ways to communicate. This would be much like the hospitals have; hospitals such as Harborview, University of Washington or Valley Medical Center. For some persons with disabilities further education (such as that of a DVD) or influence from others they respect may be needed.

All socio-economic strata of the disabled population need to be addressed. Each population receives important messages differently, though all populations seem to report still watching TV, whether it is delivered via traditional TV or Internet TV. People with smart phones and portable computers expect important health messages to be delivered via this channel.

Having traditional signage applying to the general population is key in locations such as buses, pharmacies, medical clinics, and work sites. Reaching people through things like Medicaid mailings was identified as something that would be effective.

Educate and encourage health care professionals to use accessible language. If the health professional is not connecting with the person in front of them the persons receiving the message are less likely to follow through and/or consider them credible.

Delivery Method and Shot Anxiety. One group thought that having large vaccination stations, much like those on college campuses would encourage vaccinations. Nasal sprays available at a convenient place, such as school or work individuals are more likely to be compliant, as the fear of shots was mentioned.

Introduction

In the spirit of, "nothing about us, without us," the Alliance of People with disAbilities took on a project to measure the effectiveness of and attitudes toward health department messaging regarding health and disease outbreaks in King County. We wanted to determine whether the

health department's messaging is reaching and affecting individual behavior in the disabled populations.

To do this, Alliance surveyed the population, determined rates of compliance, and inquired as to attitudes regarding outbreaks and disease in general. As a result eighty (80) people were surveyed. The inquiry phase was expanded and accomplished through holding several focus groups, in this case five (5) for a total of 45 people.

It is important to know whether people with disabilities received messaging about the Flu or H1N1 Vaccine. People with disabilities account for the largest minority group in almost any population, and are greatly affected by communicable diseases such as the flu. In King County, approximately a quarter of a million people or 250,000 self-identify as having a disability. Frequently people with disabilities are underrepresented in surveys of the population. In addition, several subsets of the disability population are more difficult to communicate with, as they do not use traditional forms of communication, or may be disenfranchised from the general population.

What we found out about this population will assist Public Health Seattle King County with efforts to communicate with the disabled population as a whole, and in their parts. It is hoped that this information will be informative in how to be more effective with presenting messages and communicating.

Initially opinions were gathered by conducting a written survey online and conduct several focus groups to address these populations. After the contract was awarded, it was decided that we should expand the efforts, and make a second survey version in American Sign Language to better reach and measure opinions and attitudes of the deaf and hard of hearing population. This part of the project was accomplished by making a separate survey version, then embedding video clips into each question in the survey. Each question was filmed, then edited, and finally uploaded in the Survey Monkey tool, and then distributed.

Methods

The N1H1 Influenza Vaccination Project was awarded with a three month timeline. Two design methods were used to gather information: The use of a survey and the use of focus groups. Initially the project was designed to implement a short survey of fewer than ten questions followed by a minimum of three focus groups. As a result of time limitations the study had to be changed so that both the survey collection and the focus groups occurred simultaneously.

The project was designed to outreach primarily to several subsets within the disability population. Two groups targeted were youth with disabilities and individuals with mental health disabilities. Alliance of People with disAbilities was asked by the King County Department of Health to work with the Hearing Speech and Deafness Center to engage the Deaf population into both methods of the project.

Survey Method

King County Department of Health provided the organization with two survey tools which had been used to test the general population and immigrants/refugees. Neither of these surveys was directly aimed at individuals with disabilities so “disability culture” had to be included and questions that primarily affect individuals with disabilities. An initial survey was developed with twelve questions. This survey was distributed to our partners King County Department of Health, HSDC, Sound Mental Health and Alliance of People with disAbilities staff, board, and consumers. Questions were changed, included and excluded such that the final survey had seventeen (17) questions.

The survey was then treated in two different ways: The primary survey was tested with eight (8) individuals, four initially followed with four after changes. The initial test was given to a youth with a Learning Disability, and individuals with physical, sensory and various mental health disabilities. On first pretest there were three (3) questions which were confusing and needed to be rewritten. After making suggested changes the survey was retested with four test subjects. The survey came back without any issues, the survey was then put on the internet using survey monkey. The survey was also made available for individuals to take on paper if there was a preference and then transposed into web based collection.

Addition, it was decided that we should expand our efforts, and make a survey in ASL to better reach the deaf population. This part of the survey was accomplished by embedding video clips into each question in the survey. It was extremely time consuming requiring more than fifty-four (54) hours compared to the sixteen (16) hours of programming for the general survey.

Both surveys were available on-line and approximately 10% were completed on paper then inputted into the online tool. Survey Monkey, an online survey tool was used to gather and analyze the results of the surveys. There were 17 questions with having multiple parts. A copy of the survey is attached to this report (Appendix 7).

In order to take the survey individuals had to identify themselves in a broad category related to type of disability. There were three categories which were counted outright: Deaf or Deaf-Blind, person with a disability, and chronic health condition.

The general disability survey was available to participants one month and the survey with ASL captions was available for 15 days.

Focus Group Method

The project required three focus groups with three different populations. These were youth with disabilities, individuals who were Deaf or Deaf-Blind and individuals with disabilities living on the eastside of King County. The first focus group was held in Seattle and was classified as a practice run. There were six individuals at this focus group all had physical, mental health or multiple disabilities. Over the next two weeks five additional focus groups were held. Two on the eastside, two with youth in Seattle and one at the HSDC were conducted. The Eastside group had nine (9) individuals with

disabilities who used the Hopelink Food Bank. The other group of six (6) were members of “Circle of Friends” who are women with disabilities between the ages of 25 – 35). The fourteen (14) teens with disabilities were from Treehouse and because of the high numbers were put into two groups. The final group of nine (9) were with the HSDC. The total number of focus group participants was 45 individuals.

Either notes or court reporting was taken for each of the six groups. These notes are included in the appendix of this report.

Our focus group goal was to determine what messages were being received by the disability community, whether they were being accepted, through what communication methods, and how those messages were being acted or not acted upon.

During our focus groups, we centered discussion in the following areas, focusing especially on how persons perceive health messages

- Knowledge, attitudes, and beliefs about H1N1
- Disability community related questions
- Outreach and communication efforts
- H1N1 vaccine delivery of and experience.

Results

Survey

The general survey was available from May 21 to July 3. There were eighty (80) respondents. Of those who responded eight (8) were disqualified because they did not live in King County, this resulted in n=72 taking the general survey. The respondents in the general survey had fewer than 5% of participants who did not answer all questions in the survey.

There were three categories which were counted outright: Deaf or Deaf-Blind (19.5%), person with a disability (61.2%), and chronic disability (26.8%). There were 7% who did not mark any of these answers but later identified themselves as having a Learning Disability or Mental Health Disability.

The distribution of disability types of the 74 qualifying participants included 17 chronic conditions: epilepsy, diabetes, heart conditions; 16 mobility disabilities, cerebral palsy, muscular dystrophy, multiple sclerosis, etc.; 15 Deaf, Deaf-Blind or Hard of Hearing; 11 mental health related disabilities, PTSD, depression, bipolar, aspersers; 5 Learning Disabilities; and, 5 blind/visually impaired-with 13 individuals selecting multiple choices (2-3 selections). Note: The majority of individuals who were Deaf, Deaf-Blind and Hard of Hearing opted to take the standard survey without ASL interpreting.

Other demographics included 65.4% female, 34.6% male and 1.2% Transgender. The majority of participants were between the ages of 36 and 59 (57.5%), 6.3% were less than 25 years of age,

20% were between 25-35 years, and 16.3% were older than 60. Almost half (48.4%) had employer paid insurance. Other insurance carriers included 25% Medicare, 10.9% Medicaid, 6.3% Medicaid buy-in, 6.3% self-insured and 1.3% other. There were 15.6% who were uninsured. The insurance numbers show that the survey is slightly skewed towards individuals who are employed, especially individuals who are Deaf and Deaf-Blind. According to three written-in statements working provides more knowledge about outbreaks because of interaction with co-workers.

The Deaf survey was very time consuming to develop and because of the difficulty it was available for 15 days for online comment. It was available from June 18 to July 3. Three online promotional pushes were made. The process involved negotiating a contract for the HSDC to review the survey and put in wording which could be communicated in American Sign Language for the Deaf population whose first language is ASL

This survey yielded eight (8) participants. Four (4) were disqualified because they did not live in King County and two (2) participants were disqualified because they only answered the gender and age questions. These four individuals were males between the age of 36 and 59. Those who qualified, n=2. When their results were compared to the results of the general survey there were no distinguishing differences. These two survey results were added to the larger survey for measures.

Part II Influenza Related Questions

Surveys (all numbers listed below are percentages of the total number of survey participants)

When asked specifically about the H1N1 influenza (flu) only one (1) person reported that they had not heard anything about it. Another two (2) individuals said they were not sure. Overwhelmingly, 71 individuals had heard a great deal about the H1N1 flu. One individual wrote, "Frankly you'd have to be buried under a rock not to see/hear/read about outbreaks when they happen since the news reporters are in love with the hype."

Approximately half of the individuals who participated in the survey did take one or both of the vaccines available. One person reported that they were unable to get the vaccines and four individuals reported that transportation was a barrier to getting the vaccines. People were less likely to get the H1N1 vaccine if they had not gotten the seasonal vaccine (two people only got the H1N1 vaccine, 34.4% had received both vaccines, 16.2% seasonal only and 46.2% had not taken any flu vaccines.

Over half of respondents reported taking the flu vaccine to protect themselves from catching the flu or prevent them passing it to others. Other reasons given were: they were considered part of a high risk group (42.3%), due to medical conditions (26.9%), and peer pressure (3.8%).

The primary reasons reported for not taking the vaccine(s) were 44.8% not at risk, 37.9% concerns about safety of flu vaccines, 20.7% don't believe in shots, 13.8% lack of money, 3.4% lack of transportation and 3.4% religious reasons.

All but one person had knowledge about methods of precaution. Two individuals knew about risk but took no precautions. 82.8% washed hands more, 79.7% covered coughs or used hand sanitizers, 56.3% stayed home when sick, 51.6% got flu vaccine, 26.6% avoided contact with others, 20.3% asked family members to get vaccine and 14.1% avoided public areas.

When asked how they received the vaccine 44.3% did not get the vaccine, 29.5% received them from a primary health care provider, 9% pharmacy, 8.2% employer, 4.9% specialist, 3.3% free clinic. These numbers indicate that this population received information about the flu virus or vaccine, but still chose not to participate in the health measure.

According to the survey people with disabilities were likely to trust their primary care provider and receive information through the internet and email. When asked "Where do you go for/get information or services on urgent care issues?" Responses were: 59.4% primary care provider, 50% internet, 29.7% television, 26.6% radio, 10.9% urgent care, 7.8% emergency rooms, 6.2% community health center or I don't know where to go. No one reported receiving information from a Public Health Clinic; though during the focus groups the public health clinic or emails from the public health clinic were mentioned often.

From indicated numbers, individuals who work have more access to information from fellow employees or their employer. Information reported from the focus groups bear this out as well.

People with the disabilities listed above do not consider themselves in an "at risk" population, although some of their conditions could place them into this category. The majority, 43.5% indicate that they do not have any of the conditions. However 33.9% indicate chronic health conditions. Other responses include 16.1% working in health care or related fields, and 15.5% being care givers. Other responses include 6.5% with compromised immune systems and 1.6% (1 person) was under age 24.

Part III: Major Sources for Receiving Information on Urgent Health Issues

Does the way one receive information effect how a person make decisions? The survey and the focus groups indicate that mass media channels are the most popular way to reach this especially those who are employed or have access to internet and cable television (see related comments in focus group section). Survey respondents were asked to indicate their information resource, and rate it on a scale of 1 to 5, with 1-never, 2-rarely, 3-sometimes, 4-usually, 5-always). 84.4% (54 people) chose Internet, Blogs, Newspaper with a rating of 4. They cited Seattle Times or talking radio as their major source here. After this, 79.7% (51 people) rated

television on a score of rating of 4, which indicates usually. Then 71.9% (46 people) selected radio as a source, with an average rate of 2. Other sources included 64.1% (41 people) using Listservs with a 2 rating. Listservs included: Sheriff's Blog, Cell Phone Alerts (Regional Public Information Network), Deaf Northwest News, CDC/Medline and Facebook (various sites).

The next most popular rating was getting information from Community Organizations at 69.9% (39 people). Naturally, the Alliance of People with disAbilities and Washington 911 (administered from the HSDC) both received high numbers of responses. Other non-profits included Hopelink, NAMI, Deaf-Blind Service Center, Volunteers of America, Hero House (Bellevue), Seattle Commission for People with Disabilities, Northwest Universal Design Coalition, UW Channel 9, and King County Health Department. Medicaid Mailings 57.8% (37 people) and Personal Care Assistant with 51.6% (33 people) rounded out the top responses.

Other 18.8% (12 people) responses included: information (advertising) on sides of buses, Google® news, Yahoo!® news, radio talking books, NLS National Library Services for the Blind and Dyslexic, signage in buildings, social networking, email at work, Department of Health website, PSA, NPR, radio, and public signs.

Section III: Focus Group Research Goals

What was learned: Knowledge Attitudes and Beliefs about H1N1:

Generally the knowledge of the H1N1 flu was high in the groups conducted which were held over a period of four weeks. Forty-five people attended the focus groups which were held in three different locations in Seattle and on the Eastside in Redmond.

Generally people heard about it through the mass media, though some reported hearing about it in a public place like a pharmacy.

Individuals also knew some technical details about the biological makeup of the virus, such as that it can mutate and that there is "no cure". People heard that the virus was killing people and spread quickly. One person stated that they felt like they didn't know enough, especially as it relates to "poor people." In each of the focus groups there was at least one individual who didn't realize the difference in the viruses until they attended the focus group.

Beliefs and Concerns:

There were many beliefs and concerns raised about the flu: such as the Government had something to do about it or that it could be spread by other means than the regularly accepted means of transport.

There were medical concerns to do with disability, being scared of needles, wondering whether there is a pill available, or if it would affect someone of advancing age. Some people thought

that it could be mandatory to get the flu shot in some populations. But in general most individuals who opposed to this idea which took out the choice aspect.

Actions Taken:

Generally all people both those who got the flu shot and those who did not get the shot were more conscious of their environment and hygiene during the H1N1 outbreak, which reflected the survey results. For example: washing their hands, using hand sanitizer, and wearing a mask when they went to the hospital.

Family plays a large role in whether or not people got the flu shot, especially for men who generally said their wives, girlfriends, partners or roommates told them to get the flu shot. There was a general concern for others: especially children with those mentioning hands being washed and using masks. Employers play a huge role, both Microsoft and Volt were mentioned as cautioning their employees and family on getting the flu shot, use of cleanliness practices, and use of hand sanitizer.

People were generally supportive of the medical community stating: my doctor has information available or posters were up at the doctor's office. Generally the thought is that disabled people would like to get the information so that we can make an informed choice.

If individuals didn't get the flu shot, their reasons varied. Medical reasons included being "scared to death of needles," "I never get the flu," "I don't believe in shots," or "I don't want to." Some preferred treating flu like maladies using folk methods: such as "moose milk" or chicken soup.

Disability Community Related Questions

We found that the answer is mixed. If the respondents answered YES: respiratory issues were mentioned as a problem; some were afraid that they would not get the shot in time; communication barriers were named such as the name of the flu as "swine or pig" or the fact that ASL or Spanish was used as a first language, so understanding of English is lower and with the deaf population some rely on others to tell them that they are not breathing or looking the same as they can't hear the differences in voice.

Was it more difficult for people with disabilities to receive targeted messages because they receive information in a non-traditional way or differently than the population at large? This was a talking point for the deaf community, as they cannot receive audio-only messages. They indicated that having ASL captioning for information is important combined with English captioning. The deaf community expressed that they really like getting text message or v-log special reports. Some confusion over terms can occur especially with people who speak ASL

and languages other than English as primary languages. Two Deaf-Blind participants would like Braille.

Some cited socio-economic reasons such as a lot of people don't have TV and internet "because they are poor," or "only receiving messages through the community voice mail." Several people self-identified as not having medical insurance, and said they didn't know about free clinics through Public Health.

A few people were aware of listservs like the CDC info. People utilize non-profit agencies including Alliance, HSDC, Hopelink, and others for information.

Priority Groups:

Most people with a disability didn't consider themselves in a priority group, which matched the findings in the survey. The people in the focus groups were most concerned about people with respiratory issues, diabetics, the blind, and the deaf. It was interesting to the facilitator to find that most people in the focus groups were most concerned about people with disabilities that were not THEIR primary disability. For example in a focus group which was heavily advertised at a food bank, the disability most mentioned were blind and deaf, though none of the participants self-identified as blind or deaf.

Several people mentioned that being sick with the flu causes more depression, and may set off more serious Mental Health problems, called "Episodes." The isolation of being ill is also problematic. That being said, some in the same group with similar traits stated that they don't see themselves as disabled, and have a resistance to it.

A couple of people who were over the age of 60, mentioned that the first time they went to go get immunized that they were turned away. One person stated the reason that the workers stated that he was too old and thought that he had been exposed to the virus before.

Outreach and Communications Efforts

People generally know about the health department, one taking training on H1N1. Some said in many ways there was too much information. One man mentioned the message of "Cover Your Mouth When You Sneeze, Help Stop the Spread of Disease" was a constant message where he lived and worked. Many mentioned Harborview hospital, doctor, and 211 system as information sources. Several people mention NPR, KUOW, or KPLU, all references to public radio.

Best Ways for Information about Important Health Information:

This solicited a lot of responses, with bus ads and large public signage being mentioned at every focus group. Other ways mentioned were: by the mail, grocery store ads, different languages (including ASL), and use pictures if you can't read.

The method of communicating was mentioned often. Several people mentioned the use of the cartoon public health advertisement, as seen below. The fact the cartoon's features were exaggerated, "her cup of tea and big thermometer in her mouth" caused attention. See picture below.



One group discussed that having a campaign with the sarcastic tone of the Jon Stewart's Daily Show might cause attention, though another group thought this might be distracting and not carry the message as well.

We asked about when there is an urgent health issue such as H1N1/swine flu, what information would be most helpful to you? For example if there were a new outbreak of something, say the Black Flu, what would you want to know? It was suggested that the information be simple, like 1-2-3: one person suggested that doing it like the Anthrax scare would be the best. Also announcing public vaccination clinics like those found at Universities where everyone is vaccinated at the same time in a line. Much like what you would find when donating blood.

Comments from the focus groups are attached in Appendix 2.

Conclusions and Recommendations

Conclusions

There are several conclusions we have drawn from this endeavor from both strategy/deployment and health statistics perspectives.

1. The majority of individuals with disabilities or chronic health conditions are aware and have access to public health warnings and messages: In this study participants with disabilities or chronic health conditions had higher rates of knowledge about H1N1 than other studies looking at the knowledge of people without disabilities/chronic health conditions. All participants in the survey and in focus groups, mentioned seeing/hearing messages at school, at work, at a healthcare providers' office or pharmacy.

Whether individuals chose to act on the message, in this case getting the flu shot, was entirely a separate issue. With a majority of the individuals choosing not to take the flu shot.

2. When developing a survey for the Deaf funding needs to be available so the ASL development with the survey is provided: ASL translation and interpretation uses a lot of the budget. At each stage consultation is needed, and meetings are required interpreters must attend those meeting as well. Over 1,000 (1,335.00 to be exact) was spent on reasonable accommodation. In addition a contract was needed with the HSDC, and budget for staff wages for that portion of the project is included. The total cost was more than \$3,750 or 30 percent of the budget. We also spent a considerable amount securing proper equipment and software to handle video captioning.

3. Individuals may see messages; however they may not be able to apply the knowledge to themselves: In the youth focus group, participants said they had received messages about the influenza virus. However, most of the individuals had not gotten either flu shot.

And, out of 12 youth, **none knew that they were in a priority group.** Sometimes the language that doctors use is inaccessible. "Sometimes when I don't understand what they're saying to me," I say, "Could you make that a little clearer what you're saying? Not the doctor talk," you know. "One participant said, "A lot of people get frustrated and don't want to hear it and just walk out." Generally people want to feel like they are making their own choices.

4. The message concerning individuals with chronic health conditions and disabilities is not prevalent in messages sent to the population at large: The messages that are sent to the general population do not effectively address what the disabled population needs to know about health outbreaks. Many people with disabilities do not know that they are in priority groups or that flu outbreaks could affect disabilities. Some people with disabilities, especially mental health disabilities, don't consider themselves to be disabled, even though they take medications such as steroids which do put them at greater risk.

5. Was it more difficult for people with disabilities to receive targeted messages because they receive information in a non-traditional way or differently than the population at large? This was a talking point for the deaf community, as they cannot receive audio-only messages. They indicated that having ASL captioning for information is important combined with English captioning. The deaf community expressed that they really like getting text message or v-log special reports. Some confusion over terms can occur especially with people who speak ASL and languages other than English as primary languages. Two Deaf-Blind participants would like Braille.

Some participants in the Redmond group cited socio-economic reasons such as "a lot of people don't have (cable) TV and internet because they are poor," or "only receiving messages through the community voice mail." Several people self-identified as not having medical insurance, and said they didn't know about free clinics many which were through public health. Some said they

were turned away at regular health care outlets because they have no insurance or people were disappointed the government didn't mail out any information, either through SSI or SSDI mailing.

6. *There is a divide in how individuals expect to receive important health messages:* Disabled individuals who have incomes closer to median levels in King County have access to PCs, Internet, Internet-enabled smart phones and other devices. They use these devices on a daily basis and many get informational messages delivered directly to their inbox. They expect that a really important message would be displayed on these devices. The disabled youth used Google exclusively for purposes of information search, and could not name any other search engines.

Generally if persons are on SSI or State Programs they have a lower income, and they don't have access to the wide array of communication vehicles others use, as their computer and television use may be more transient in nature or they may not use these types of communication.

7. *Having the flu shot available at a convenient work, school, or community resource location encourages vaccinations:* Generally people reported liking that their employers had provided access to the shot. There were others that said they didn't get the shot because it would have required taking time off of work.

8. *Fear:* Fear of shots was mentioned in both survey and focus group.

Recommendations

1. *Work reasonable accommodation into a separate budget:* ASL interpretation and video captioning requires considerable staff time and outside resources. Additional funding or separate budgeting source for this would be advised.

2. *Two surveys require more than three months:* Three months is adequate to do one version of a survey, to do multiple versions of the survey, we recommend that additional production and collection time be added. The video production tasks probably would have been accomplished more efficiently with a sub-contractor specializing in this type of work.

3. *To Encourage Acting on Health Department Recommendations:* One group thought that a publicized specific list of symptoms would be helpful. For example how do you tell between the regular and the H1N1 flu? Another group advocated the use of hotlines as ways to communicate. This would be much like the hospitals have; hospitals such as Harborview, University of Washington or Valley Medical Center.

4. *For some persons with disabilities further education (such as that of a DVD) or influence from others they respect may be needed:* A mother of a youth commented that, "I'm always keeping an eye on him wherever, wherever to do the right thing.... Even he not really take (sic) care of himself. I always remind him wash hands and diseases." The mother was concerned that she should "train or communicate with her son" regarding how he can look out for himself regarding health outbreaks. She suggested that a DVD might be educational tool, "because it could be watched over and over." Other youth in the group said that they would be more likely to listen to messages from a trusted teacher or person in their community

5. *Embedding messages to the disabled community within the main campaign will educate more individuals on whether they are in a priority group or not:* For example, most people remember seeing the cartoons that public health put out about washing your hands and staying home when ill. Having a panel on who is in priority groups might be beneficial.
6. *In our experience, ASL translation was nice to have, however a majority of the deaf or hard of hearing participants actually took the general survey anyway, without captioning:* In the focus groups they did recommend that captioning be available as many don't see English as their first language. Many see it as a translation issue rather than an issue of disability.
7. *All socio-economic strata of the disabled population need to be addressed:* Each population receives important messages differently, though all populations seem to report still watching TV, whether it is delivered via traditional TV or Internet TV. People with smart phones and portable computers expect important health messages to be delivered via this channel.
8. *Having traditional signage applying to the general population is key in locations such as buses, pharmacies, medical clinics, and work sites:* Reaching people through things like Medicaid mailings was identified as something that would be effective.
9. *Educate and encourage health care professionals to use simple and accessible language:* If the health professional is not connecting with the person in front of them they are less likely to follow through and/or consider them credible.
10. *Use of a "Blind Survey":* Because participants knew the study was being sponsored by public health, facilitators thought they answered that they got information from public health, even if they didn't. A "blind" test might provide more different results.
11. *Delivery Method and Shot Anxiety:* One group thought that having large vaccination stations, much like those on college campuses would encourage vaccinations. Nasal sprays available at a convenient place, such as school or work individuals are more likely to be compliant, as the fear of shots was mentioned.