Evaluation and Assessment of H1N1 Outreach for Urban American Indians/Alaska Natives

Final Report
July 2010

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Introduction

The Seattle Indian Health Board's Urban Indian Health Institute (UIHI), Center for Multicultural Health and Public Health – Seattle & King County (PHSKC) partnered to conduct an evaluation and assessment of H1N1 outreach in the American Indian and Alaska Native (AI/AN) community in the Seattle/King County area. During June/July 2010, the UIHI hosted two community focus groups and conducted three key informant interviews with AI/AN living in the Seattle/King County area. Issues of vaccine experience, knowledge of H1N1/Swine flu, and trusted/utilized communication channels were explored with participants. This report provides an analysis of key findings and emergent themes from the focus groups and interviews. Additionally, this report outlines a set of practical recommendations for improved communication to AI/AN around urgent health issues and summarizes H1N1/swine flu concerns that could be more adequately addressed by PHSKC.

Methods

We conducted a two-step process for the evaluation and assessment of HINI outreach: 1) key informant interviews with community leaders; and 2) community conversations/focus groups. Participants for the interviews and focus groups were recruited through flyers posted at the following community sites:

- Chief Seattle Club
- Seattle Indian Health Board
- Indian Heritage School
- United Indians of All Tribes Foundation
- Seattle Indian Center
- Duwamish Long House
- SeaAlaska
- Tlingit and Haida Central Council
- American Indian Women's Service League

Additionally, persons who signed up for the focus groups told friends and family members, resulting in a snowball recruitment strategy. Most participants were screened on the phone for eligibility prior to the focus group meeting. Project staff took this opportunity to describe the project, outline the purpose and expectations of the project, and field questions from interested community members.

Names were collected only for purposes of contacting participants for scheduling interviews and reminders for the interviews and focus groups. No names or identifying information were recorded on the questionnaire form. Identifying information was kept separate from the questionnaire at all times. A password protected, secured master list with participants contact information was stored in a locked filing cabinet; access was limited only to project staff. The interviews and focus groups were recorded by a digital recorder (when consent was provided). The recorders were stored in a locked file cabinet in a locked office at UIHI. The recordings were not transcribed, but reviewed by UIHI staff to confirm responses and ensure accurate information was captured. The recordings will be destroyed at the conclusion of the project. When data collection was completed, the master list was destroyed – leaving no identifying information with respondent names.

This project was reviewed by the Portland Area Indian Health Service Institutional Review Board and was found to be exempt from review.

Focus groups with AI/AN community members

An AI/AN UIHI staff member conducted and facilitated the focus groups. A total of two focus groups with 16 participants (9 in Group 1, 7 in Group 2) were held. The focus groups were held at the Seattle Indian Health Board's Urban Indian Health Institute, with easy access to public transportation to facilitate participation and promote participant comfort. At the start of the focus groups, the facilitator administered a brief survey to collect basic demographic information, knowledge of H1N1, trusted communication channels, and vaccine behavior (see attached survey **Appendix A**). During the 90-minute focus group, participants explored the following key issues:

- Community knowledge, attitudes and beliefs about HINI
- Effectiveness of outreach strategies used during the 2009 HINI influenza response
- How communication works within the AI/AN community including communication channels, trusted sources of information, and how information should be provided
- Special considerations for successful communication in an emergency including culturally competent/proficient media and ways to specifically reach out to individuals at highest risk for HINI

The facilitator obtained oral informed consent at the beginning of each focus group, and permission to record the conversation was obtained by every member at beginning of each focus group. See attached focus group guide (**Appendix B**). At the end of the focus group, individuals received informational materials from PHSKC and CDC on H1N1 vaccines and flu information (see **Appendix C)**. Participants were asked to fill out a postcard with contact information if they wanted a copy of the final report, and 10 participants requested the report. Additionally, all participants received a $50 gift card for participating in the focus groups**.**

Key informant interviews with community leaders

Key informant (KI) interviews were held with 3 leaders from the AI/AN community (see **Appendix D** for key informant interview guide). Two of the interviews were conducted by an AI/AN male staff member and the third interview was conducted by a female non-AI/AN staff. With permission, two of the interviews were recorded to verify responses. All interviewees

were female. The face-to-face, semi-structured interviews lasted 30 minutes up to 75 minutes (average length was 55 minutes), and explored the same key issues as for the focus groups.

Persons interviewed included a manager, outreach specialist and an Executive Director. Organizations represented included a community health clinic serving AI/AN, a center that provides services to homeless and low income AI/AN people and a program geared towards AI/AN families.

Data Analysis:

At each focus group, an AI/AN project coordinator with experience in focus group facilitation and qualitative analysis took extensive notes and reviewed the focus group recordings. Taken together, these recordings and notes were used to identify major themes and concepts that emerged in the focus group discussions. Main themes were organized into codes that gave structure to analyzing and compiling data. Refer to **Appendix E** for the codebook. For this report, emergent themes of the key informant interviews and the focus groups are explored in depth to produce both recommendations for increased communication as well topics within the broader H1N1 discussion (e.g., vaccine safety, messaging) that require clarity and focus.

Limitations:

The UIHI staff took efforts to recruit individuals at highest risk for H1N1 including staggering recruitment to those programs and places most utilized by pregnant women; persons with chronic health conditions; and household members and caregivers of children younger than 6 months in age. While project staff were successful in recruiting many high risk participants, it was challenging to identify pregnant women and caregivers of small children that could participate. We speculate that lack of child care was a key contributor to this challenge.

Because interested participants were instructed to call the number on the flyer for more information about the study, those with limited telephone access may have found it difficult to participate. In order to mitigate this effect, some face to face recruitment also took place.

Results

Summarized below are results of the focus group survey, emergent themes from two community focus groups and findings from three key informant interviews. The brief survey administered at the beginning of each focus group collected basic demographic information, knowledge/beliefs about H1N1, information access, vaccine experience, and trusted communication portals. Survey results were entered into an Access database, and transferred to Stata 10 for analysis. Results are summarized below.

<u>Focus Group Results:</u>

Focus Group Survey

- A total of 16 people (8 men, 8 women) participated in two focus groups
- Ages ranged from 28-64
- 12 participants identified as American Indian alone
    - 2 participants identified as American Indian and another race
    - 2 participants identified as Alaska Native
- 1 participant was born outside of the U.S., in Canada, and moved to the U.S. in 1969

Table 1. Focus group survey results

Demographics

	Number	Percent
Highest level of education		
< High school	3	(19%)
High school	3	(19%)
GED	4	(25%)
Some college	3	(19%)
College grad	2	(13%)
Graduate school	1	(6%)
English proficiency, speaking		
Very well	11	(69%)
Well	5	(31%)
English proficiency, reading		
Very well	12	(75%)
Well	4	(25%)
Living with children	1	(6%)

Knowledge, Attitudes, Beliefs about H1N1

	Number	(Percent)
Heard about H1N1	13	(81%)
Information received about H1N1		
Television	9	(56%)
Radio	4	(25%)
Newspapers	8	(50%)
Community groups/Social Service Orgs	4	(25%)
Schools	1	(6%)
Health Care Providers	4	(25%)
Family members	3	(9%)
Friends	5	(31%)
Other	1	(6%)
Swine flu spreads from person to person		
Don't know	2	(13%)

Yes	13	(81%)
No	1	(6%)
Can catch H1N1 by eating pork		
Don't know	4	(25%)
Yes	2	(13%)
No	10	(63%)
There are medicines to treat swine flu		
Don't know	3	(19%)
Yes	10	(63%)
No	3	(19%)
There is a vaccine for swine flu		
Don't know	1	(6%)
Yes	15	(94%)
No	0	(0%)

H1N1 Vaccine Experience

	Number	(Percent)
Tried to get vaccinated	9	(56%)
Able to get vaccinated	9	(56%)
Difficulty getting vaccine		
Not difficult to find	12	(75%)
Somewhat difficult to find	1	(6%)
Very difficult to find	2	(13%)
Others in household tried to get vaccine	2	(13%)
Where get vaccinated for the H1N1 flu		
Regular doctor	10	(63%)
Hospital	2	(13%)
Pharmacy	0	(0%)
School	0	(0%)
Work	2	(13%)
Public Location	1	(6%)
I wouldn't get the vaccine	1	(6%)
Other	1	(6%)
No preference	1	(6%)
Why prefer that option		
Cost	3	(19%)
Convenience	5	(31%)
Trust	3	(19%)
Less exposure to sick people	0	(0%)
Familiarity	2	(13%)

Outreach and Communication

	Number	(Percent)
Where get information about health related issues		
Television	11	(69%)
Radio	3	(19%)
Newspapers	6	(38%)
Community groups	8	(50%)
Religious institutions	1	(6%)
Schools	1	(6%)
Health care providers	9	(56%)
Family members	3	(19%)
Friends	6	(38%)
Internet	2	(13%)
Other	3	(19%)
Know where to get information on urgent health issues	14	(88%)
Where get information on urgent health issues		
Regular provider	11	(69%)
Community health center	6	(38%)
Public health clinic	3	(19%)
Other	3	(19%)

H1N1 Knowledge

For the most part, community knowledge of H1N1 was basic and comprised of both factual information gathered from physicians/health care providers, rumors of the virus's impact and origin, and mixed messaging from the administration (e.g., Vice President Biden) on the safety of confined spaces and the mechanisms by which the virus is spread. Focus group participants felt that H1N1 had the potential to be worse than the regular flu if contracted, but that the government had overhyped the seriousness of the virus. Some confusion on H1N1, and its relationship to the bird flu was expressed throughout both focus groups.

Additionally, focus group participants expressed confusion over who was most at risk for H1N1, an issue reflected in the larger group discussion over knowledge of the virus and vaccine. Participants agreed that there was no "decision making tree" for the average person, lack of clarity over basic information regarding the vaccine, and limited information dissemination at every level.

"I know you can die from it, and it originated in Asia"
"It's worse than the regular flu, and highly contagious"
"If you get H1N1, then the regular flu shot won't work"
"I heard there was an outbreak over 100 years ago, there is a history of the flu in Spokane, but not in Seattle"
"It's a bacteria that invades your immune system and kills you."
"Drugs and alcohol play a role in whether or not it will kill you."

"There are so many different messages around this flu. Physicians I know say that only the immune compromised need the shot, but then they offer it to me, and my immune system is fine. So I think it's unclear. I think even the medical field is unclear."

Seriousness of H1N1

There was a general consensus that the government had overhyped the possible impact of the virus, and that (upon reflection) the statistics shared in the height of flu season were not fully realized. Participants overwhelmingly agreed that there was confusion over the scope of the H1N1 virus, and more information was needed on the true impact of the virus across populations.

Additionally, participants agreed that the government has very little room to be wrong when it comes to pandemic preparations and that the damage of making the public fearful of a virus that "is not more dangerous than the average flu" has implications for trust and reliability moving forward.

"*To me, the flu is just the flu, nothing has ever been proven about the seriousness of the virus"*
"It must be serious enough, because I was given the vaccine for it while I was in jail in Albuquerque"
"I know that it's especially challenging for the children and elderly, people with weak immune systems, and people with asthma"
"It's just like the regular flu, so I think it's all an exaggeration. I've heard more people have died from the regular flu than this one. So to me, it's just hype"
"I think the health folks are jumping the gun. To me, it's not clear what the difference is between all the different flu shots, and I don't really want to be a petri dish. You know, I don't want them to experiment on me, and on my body"
"King county pushed the flu shots, but created a panic because there weren't enough available for people"
"I was afraid of being in Seattle, so I wanted to migrate back to North Dakota because I wanted to be away from people. I'm not afraid now because people are still alive, everyone is okay."

Familiarity with H1N1 Vaccine

Familiarity with the H1N1 vaccine was universal. All participants had heard of the vaccine and most were offered the vaccine through existing pipelines of care. Interestingly, nobody in the group sought the vaccine out unsuccessfully. Rather, the vaccine was offered through routine visits with clinic staff, while institutionalized (jail), or participants were given the vaccine without knowledge of the difference between the regular flu shot and the H1N1 flu shot. Participants knew that there was a vaccine shortage, but most received the vaccine anyway.

"I know about the vaccine, but I feel as though we have natural medicines for this stuff"
"Traditional medicine can enhance our immune systems so that we may be protected from these viruses. Because of the role of traditional medicine, I just don't worry about the vaccine, getting access to it, affording it, etc. I'm not for it or against it, but for me, with my knowledge

of traditional medicine, I just don't worry about it. My knowledge [of traditional medicine] *comes from my history, I was told back in the day what to take, how to live, and if I adhere to this, I don't need to worry"*
"They were really pushing for everyone to get vaccinated, but then only some groups were more at risk than others, and they didn't have enough for everyone, For me, the whole thing was really chaotic. They didn't inform the public what to do, I mean, people didn't know the basics, like who is eligible?"

Key Concerns about H1N1 Flu Vaccine

Concerns over the safety of the vaccine were rampant in both focus groups. Participants had heard of links between autism and vaccinations, and questioned the speed with which the government had produced the vaccine. Quality of the vaccine, content, and unequal distribution of the vaccine to communities of color emerged as key points of concern throughout both focus groups. Additionally, participants had varied knowledge of who was eligible for the vaccine, and there was general confusion over the "target population" for the vaccine.

"*My main concern is that the vaccine won't work"*
"Everything about the vaccine seemed to be murky – too many unanswered questions"
"I am concerned about this vaccine, look at how fast they cranked it out. Isn't there a FDA process for this? Doesn't that usually take like 30 years?"
"Being Indian made me feel more vulnerable, more in jeopardy. I was afraid that it wouldn't sit well with me [the vaccine]*, but I didn't really communicate that with my doctors"*

Most of the focus group participants reported that being American Indian or Alaska Native was a buffer against H1N1 risks for the following reasons:

"We eat healthy"
"We like to be outside"
"We are more immune, have natural immunity to this stuff"
"We don't live enclosed lives"

Vaccine Experience

The majority of participants in both focus groups had received the vaccine (see results above). However, for those who did not receive the vaccine, or did so reluctantly, family urging and community pressure would make people more willing to accept the vaccine. Additionally, a more coherent message, from a perceived reliable source, would be beneficial in ensuring that urban AI/AN get vaccinated.

"Most of the time, when I have gotten the flu shot in the past, that's when I have gotten sick."
"I'm nervous and reluctant to put something inside of me when I don't know what is in it, you never really know all of what's in the vaccine…so many chemicals, so I'm nervous to take it. Also, I have an odd history with vaccines, and doctors never really believe you when you tell them that you have reactions to them, The just look at you like you're nuts"

"There's too much unknown. They are putting something inside of me that was unknown and I thought it would make me sick. But I took it anyway."
"I would probably get it if my kids asked me to, or a few of my friends"
"As a pregnant women, I'm very cautious about my health care. I'm always asking, who can I trust in this western system, and are they looking out for me? I'm not crazy, if the swine flu is that serious, I would get the vaccine. I'm not insane. But honestly, I feel like even the health providers aren't clear on this issue."
"I just want information. I asked my midwife what the side-effects were if I were to take the vaccine, and she said that the side effects of getting the virus were more serious than any side effects of the vaccine. What kind of information tree is that? It's a legitimate question, and she responded like I was crazy to even ask."
"The sense is that you either take the vaccine or you don't, but you have to make your decision now. So, you either roll up your sleeve and take the shot, or you walk away thinking, geez, did I make the right decision?

Protective actions to avoid getting or sharing H1N1

Few participants expressed that they had altered their behavior during the height of the H1N1 flu season. In particular, participants expressed a fear of large crowds, ramped up efforts to having a healthy diet, and an increase in hand washing and basic sanitation practices. However, many participants continued to express reluctance to change behaviors, as they believed that the government was overstating the seriousness of the virus.

For those saying Yes:

"I use more hand sanitizer, wherever I go"
"I was trying to stay away from big groups of people, but it's hard because I ride the bus, and am on the streets.
"I'm practicing really good hand washing all of the time, especially under my nails, and washing like 20 seconds"
"Staying at home is automatic, I would stay at home if I were sick."
"I would stay at home, but I know my son wouldn't"

For those saying No:

"I didn't do anything differently, I know how to eat, keep things clean. All of these people panicking for no reason. Swine flu hasn't proved itself"
"I have a higher risk of getting shot (by a gun) than of getting the swine flu. Swine flu hasn't proved itself, the violence on the streets has."
"I'm socially and spiritually protected"
"If I get H1N1, I might have messed up by getting germs, not changing my clothes, etc. By not keeping up with proper hygiene (laundry, cleaning) *I have put myself at risk. "*
"I got the flu shot in 2001, then I got really sick. I think it's more important to practice good eating, plenty of fresh produce."
"I have really healthy genes, I don't have illness that will make me sick"
"We've been stung (American Indians) *and bitten by everything in this country, the real threat is a virus from outside of the country, and there's really nothing you can do about that, because you don't know where people have been."*
" I didn't do anything differently, because honestly, I'm more worried about cancer"

"I don't have to worry, I don't know anybody with H1N1"
"I know it exists, but there are more pressing health issues. The climate can hurt you – it's more important to protect yourself from it. I gave the flu a second thought, but that's about it."

Effectiveness of outreach strategies used during the 2009 Campaign

For the most part, focus group participants expressed disappointment and distrust over the campaign around H1N1. However, when this distrust was explored more sharply, it was clear that confusing information about the virus came from national sources, television, and newspapers and couldn't necessarily be tied to a local vaccine campaign. Moreover, participants at both focus groups agreed that information provided by physicians conflicted with news reports on television over the seriousness of swine flu/H1N1.

An additional point of discussion to note is the perspective of western medicine in providing answers to health concerns. Participants felt that western medicine has very real limitations when it comes to new viruses, and that holistic methods of healing are as valuable (if not more valuable) than western practices.

"Why did they change the name of it? What's the difference between that and the bird flu?. There is so much they aren't telling us"
"I grew up in the 1980's, when they talked about the AIDS virus then, they were wrong, so I wonder how much they really know. Are they wrong now?"
"I don't really know if they (doctors) are a trusted source, Western medicine is not my mainstream system of care. In that system, so much is misdiagnosed for the average person,"
" I wanted more honesty from the folks in charge. Let's be real, this is a new virus, and there is probably a lot they don't know, but they never admit that."
"Swine flu is government made. That's what I think."

Outreach and Communication Efforts

While considerable effort and resources exist around informing the general public on urgent health issues, it was clear through the course of our discussions that effective methods for information diffusion within urban AI/AN populations are rare. The result is a fragmented network of health related information across multiple sources. Participants expressed a variety of trusted sources, ranging from mainstream health providers to case managers and alternative healers.

"I trust my case manager, she gives me good information and I've had a long relationship with her. She helped me get into permanent housing, and she treats me with respect. I trust her"
"I use community voice mail, I trust it, it's through Solid Ground."
"I trust the health board, but I told them to stop bouncing me around, and that I wanted just one doc, so now they have me see one guy, I trust him, he's pretty good."
"I get my health info from the health board."
" I talk to Bastyr people – I work with two different groups, they are communicative and I like the alternatives they offer"
"I still feel pretty lost with it comes to this kind of information. I understand the principal of herd immunity, but I believe Autism is related to vaccines, so I'm divided."

"My decision making is going to be different, being pregnant. It should be different. I should have been given more information. Someone should have sat with me and said..here's why, since your pregnant, you might consider taking a vaccine."
"I'm open to information from more than one person, or more than one opinion, there's not just one way to get healed, or one way to get healthy."
"I was only getting one message, and I honestly think there needed to be different levels of information for different people. You just didn't get that in the time crunch, at the doctor's office. You have 15 minutes there."

Helpful information around urgent health issues (H1N1)

There was a sense that information shared during the height of the H1N1 alert was not always helpful, was incomplete, or was in contrast to the images and news stories reinforced at the national level. For example, people felt frustrated that they were told of the seriousness of H1N1 for certain groups at risk, but that images of long lines to receive vaccines were played daily on channels such as CNN. Participants agreed that there must be a coherent message when it comes to pandemic flu preparations, and that the state and federal governments must collaborate more successfully to outline specific measures for communities large and small.

"To me, it seems there's no decision making tree at all for the average person. Because yes, for people who are very ill, you know that you're pretty much going to be taking the shot because you're very ill, and you have a disease that you always have to manage. For the average person who may have a less life threatening illness, like asthma, or they don't have anything, we don't have the knowledge to know, point by point, level of decision. Like, okay, if this is a horrible flu, and the chances of me dying are really high..then yes, I'm going to take that vaccine. If I'm pregnant, you know, does that bump it up? What if I have diabetes, you know? I mean, we don't have the information at every level to make that decision at all."
"My friend went to the doctor when he got sick, and they wouldn't even test him to tell him if it was really the swine flu. So he didn't really know how to get care."
"I want to know would I be a candidate for the vaccine, where do I fit into that? It just wasn't clear"
"The public has a right to more fluid information, but it has to be accurate"
"I don't feel like I know enough. We need more details, not just a sentence here and here – that's all you get.

Key Informant Interview Results

Clients

Clients served by the organizations where key informant interviews were done included low income/no income, uninsured, mostly female, high risk prenatal or perinatal, mostly AI/AN; homeless and low-income American Indians and Alaska Natives; children at or below poverty level, AI/AN families and AI/AN students, mostly low-income; Head Start and Early Head start children.

The program geared towards Native families served approximately 40% AI/AN, followed by 35% Latino and then East African, with the remainder a mix of African American, White, and Asian.

English was the language at home for most of the students followed by Spanish and then a variety of African languages. AI/AN students could be recruited from all over Seattle. Recently, most of the AI/AN students were from South Seattle and White Center, whereas previously they were from Northgate and North Seattle. They often came from low income housing areas located around the city. Those who are not AI/AN came from established recruiting areas of Ballard, Queen Anne, Wallingford, Georgetown, University District and Alki.

Services

Two organizations provided health related services, one did not. Health related services provided included:

- Health education
- Resources
- Emotional support
- Assistance with Medicaid and covered services, and non Medicaid services
- WIC
- Breast feeding
- Individual meetings with clients to assess needs and provide resources
- Nursing through Seattle Indian Health Board and Public Health – Seattle & King County
- Traditional Native healers
- Hearing
- Vision
- Growth and lead screening
- Dental exams
- Follow up care

Other services provided included:

- Food
- Laundry
- Clothing
- Hygiene
- Legal clinic
- Financial assistance for housing
- Case management
- Classes on rental readiness
- Financial and budgeting courses
- Arts program and gallery

- Gathering circle including different cultural activities (talking circles, healing groups, prayer groups)
- Native 12 step program
- Domestic violence group for women
- Memorials
- Telephone service
- Mail
- Pre-school education
- Developmental assessment
- Mental health support with access to domestic violence and substance abuse resources
- Home-based Early head start visits

Knowledge, Attitudes, and Beliefs about H1N1

All three had heard about H1N1 influenza/swine flu outbreak, and indicated they had heard about it through television news and community groups/Public Health – Seattle & King County (see **Table 2** and **Appendix F**). The second and third most common method through which people heard news were radio and health care providers. Only one KI indicated they heard about it through newspapers and friends. None of the participants said churches, schools or family members were sources of information.

Two thought that H1N1 was a serious/urgent health issue, had heard about groups for which H1N1 was more serious than others, that there was a vaccine for H1N1 that was different from the vaccine for seasonal flu, that there was a shortage of H1N1 vaccine, and that they had additional questions about H1N1.

One KI had learned the difference between the seasonal flu and H1N1, how to recognize it, how to treat it, and also how to prevent it. They had been informed about different steps that were specific to the homeless, when there was a vaccine available and how to prioritize who would be able to get one first, who should get one, and for whom it was not necessary. One KI said they were concerned that several children lived in extended families with greater exposure to H1N1 and potential spread to those with compromised immune systems.

> *"Heard that it is a different type of flu than the seasonal flu, and that initially it was being referred to as the swine flu but they really wanted to promote its correct name as H1N1"*

> *"Worked with Public Health advisory committee. Heard that it spread quickly and impacted children and the elderly more."*

> *"Concern also around possible staffing shortages if the scope of H1N1 was a s great as it could possibly be."*

Two KI indicated they had additional questions after hearing about H1N1/swine flu.

> *"Sometimes the information that came across the e-mail felt a little overwhelming, but one of the things that was really helpful was when they offered the informational workshops, when health care providers and social service providers could go and find out in laymen's terms what H1N1 is, what to do about it, and how to take practices back to their facilities and start using them."*

Other questions about H1N1 included the seriousness of it, contagiousness, how it affected different age groups, whether information was accurate, when to close school, when to take a child to the doctor and when to take action.

Community Knowledge, Attitudes, and Beliefs about H1N1

All three indicated that community members had heard about H1N1/swine flu. Two participants indicated that community members knew there was a vaccine for H1N1 that was different from the vaccine for seasonal flu, and that there was a shortage of H1N1 vaccine.

> *"People were talking a lot about putting the serum in a rush and untested and not sure about the safety of it."*

One said that community members felt H1N1 was a serious/urgent health issue, while another said that some felt this way more than others. One KI indicated that community members did not hear about groups for which H1N1 was more serious than others, while another said they knew that young children were a high risk group.

One said that community members had heard about it from Public Health – Seattle & King County flyers posted at the front desk and kitchen area. There was a television in the cafeteria, and people heard a lot about H1N1 on the news. The organization also had announcements and talks. There was a public health nurse who would come periodically to talk about H1N1.

> *"It was a big deal in the news – the TV in the cafeteria always displays a news program, (people) heard a lot about H1N1 on the news this way."*

All three KI indicated that community members had additional questions after hearing about H1N1/swine flu. People wanted general information about the illness, accuracy of information, and safety of immunizations. Parents wanted more information about if children with H1N1 would come to school.

> *"They were concerned if they would be able to get both the seasonal and the H1N1 vaccine when it became available. The organization tries to be really proactive in answering people's questions and explaining flyers, staff tried not to get too overly anxious about it and that helped in keeping a calm atmosphere."*
>
> *"Some were afraid their doctor would not see them in order to not spread the flu (ie they would be turned away from care if their child had the flu)."*

All three KI indicated that community members took action to avoid getting sick or passing H1N1/swine flu to others. Specific actions that community members took to avoid getting sick or passing H1N1/swine flu to others included:

- Sought help if sick and worried about people they were around
- Some community members got vaccinated for H1N1
- Some did not get vaccinated for H1N1 because they don't believe in getting the flu shot
- Community members stayed at home if possible when they were sick or encouraged family members to stay at home when sick
- Several staff got H1N1 shots, and so did some partner agency representatives
- Made sure to have ample supplies of hand sanitizers and promoted hand washing
- Extra mindful about sanitizing hand rails, telephones, table tops, and elevator buttons.
- Parents went out their way to get immunized for H1N1 or the regular flu shot.
- Teachers cleaned and sanitized more frequently.
- Families were encouraged to stay home if sick (although sometimes kids get sick so quickly that this cannot be helped)
- Parents have access to care
- A few parents every year have issues about vaccines but this year was less in relation to H1N1

Other responses included:

"Heard from parents that you get sick after you get the shot - this was heard less this year as well."

"The homeless population were struggling with what to do, how to be protected, and where to go if not feeling well, only had the hospital and there surrounded by germs."

"Metro is a problem and a large part of clients ride bus"

"Worries about surfaces and airborne flu"

Designing Outreach and Communication Efforts

All three KI indicated that individuals in their community got information about health-related issues through television, newspapers, community groups/organizations, schools, health care providers and family members (see **Table 2** and **Appendix F**).

Two KI said that community members received information through radio and friends. One additional source of information mentioned was websites, such as Web MD.

Table 2. Source of knowledge for key informants and location where community gets information on health-related issues.

Source	Key Informants	Community
Television	3	3
Radio	2	2
Newspapers	1	3
Community groups/organizations	3	3

Churches/mosques/religious institutions	0	1
Schools	0	3
Health care providers	2	3
Family members	0	3
Friends	1	2
Other	2	1

Community resources

All three KI indicated that individuals in their community were aware of public health clinics where they can get information and/or services on urgent health issues, such as H1N1. All three said public health clinics and private providers were places considered as community resources (see **Table 3** and **Appendix G**). Two mentioned community health clinics and one said CSO offices.

Table 3. Places considered community resources

Place	Number
Community health centers	2
Public health clinics	3
Private providers	2
Other	1

Barriers

Two KI said there were barriers to accessing these community resources. This included lack of insurance, and two mentioned transportation.

- No insurance
- Transportation
- Trying to get an appointment that won't conflict with work schedules/harder to get a Saturday appointment.

"Transportation is an issue because of cost, and if people are already in pain they may be discouraged to get on the bus to the clinic."

"Transportation is huge, the biggest issue. Public transit with family is extremely hard. Then trying to get an appointment that won't conflict with work schedules. Harder to get an appointment on a Saturday."

Improving communication efforts

Advice offered by KI for maximizing reach and impact of information shared included:

- Make people available to talk one on one
- Making sure that staff of the different places that people go to are also informed about health related issues
- Advertising - making good promotional posters that reflect the culture and contain images that people can relate to

- Constantly advertising and letting people know about services.
- Messaging targeted at a specific population tends to reach people more effectively (culturally, as parents of young children, language specific [esp African languages])

"Make people available to talk one on one. Some people can't read and understand the seriousness and deal with the confusion and fear. A lot of people were really afraid. Feared shortage as a ploy to make people rush in, a trick. Native trust in government."

"Promoting good health and helping people realize that there are easy steps to be taken to be proactive in keeping healthy, protecting yourself while at the same time protecting other people, and that it's also easy to access places when you do find yourself needing health care."

Cultural beliefs and practices

KI offered the following information on how cultural beliefs and practices influence their community's knowledge, attitudes, and beliefs about urgent health issues, such as H1N1:

- T
  rust and distrust in the government in Native population.

  "The community is interested in promoting health and wellness already. A lot of the culture promotes that because spiritual beliefs are incorporated into day to day health care - believe in being well and being physically, emotionally and spiritually well"

  "Big on prayer and eating foods that are rich and healthy that have always provided the subsistence over the years – natural Native foods and true foods that our people have eaten for years, roots and medicinal herbs."

  "There are so many different ceremonial elements of the culture that promote spiritual health and healing such as smudging and sweat lodge – vary from region to region amongst the tribes"

  "When people are ready to start going down a path of getting well and sober, becoming healed, those are the first practices that they turn to. Going back home and getting their hands on different herbs to make tea - reflecting on the things they grew up on that were given to them by their parents and grandparents that kept them well."

  "Very strong grapevine in the Native community, which has strengths and weaknesses. Weakness, as in gossip about who might have had H1N1. It's a tight knit community and information, like the game telephone, is going to get around."

Messaging

Messages about urgent health issues that KI felt were most important for their community included:

- Prevention. *"This population doesn't want a lot of dialogue. Straight to the point, no scare tactics & grey areas."*
- Cessation of smoking
- Encouraging healthy eating, exercise, and rest.

- Discouraging drug and alcohol abuse
- Encouraging a good lifestyle of good eating and healthy activities

"Simple practices that you can do every day whether you're homeless or have a home that become a part of your everyday habits."

"Incorporating two cultures – they're not separate – Taking Native ways of promoting health and what may be looked at as allopathic ways of promoting health and preventing disease and incorporating the two – they don't have to be separate."

"Preventative care and not just having a provider but taking care of yourself when not sick. A lot of families are in crisis mode so taking care of yourself falls down the list."

Role of community leaders

When asked what role they and other community leaders play in communicating about urgent health issues, such as H1N1, KI said:

- Newsletters and community gatherings
- Parent education

"Limiting amount of information given. To the point, clear, and delivered by a trusted person."

"Being knowledgeable about health issues ourselves: can't promote something that we don't know about – have to stay educated ourselves and know the truth about any particular issue, disease, or epidemic."

"Need to be calm so that we can encourage the rest of our community to be smart about these issues and to not encourage the hysteria or the hype"

"Modeling good practices when it comes to prevention and making sure that we are doing and practicing all of the things that are encouraged as far as keeping the facility clean, promoting sanitation and good hygiene."

"Can do parent education, since family gatherings are held once a month."

"There is high parent involvement. It is important to find those issues that affect families and that parents are concerned about beforehand."

"Make it relevant to families and not repeating the same topic over and over again (like handwashing)."

Other comments offered by KI included:

"We tried to give clear, easy to understand answers. Population has so many issues (chemical dependency, homelessness) even then may not get it. The high risk population needs people to be compassionate so they can understand and trust to get them the help they need. People that are high risk are living with different priorities. (homeless, daily safety, hungry). Other, middle class, people may not understand this. They have other things first and foremost in their minds. Be broadminded and seek to understand this."

Conclusion/Recommendations

This study collected data through key informant interviews and two AI/AN focus groups in order to evaluate and assess H1N1 outreach to the American Indian and Alaska Native community in the Seattle/King County area. Overall findings suggest community leaders and members had heard of H1N1 and knew there was a vaccine for H1N1 that was different than for seasonal flu. Television, and especially the news programs, was the most common way people collected information about H1N1 and health-related issues. Several limitations in communicating urgent health information to the AI/AN population emerged as noteworthy, and are outlined below as messaging and barrier recommendations.

1. Education Recommendations

There needs to better education around all vaccines, including H1N1. The results highlight a lack of information so overwhelming that, in some ways, it threatens to impede the outreach efforts around urgent health issues at the local level. Public health campaigns need to be coordinated so that consistent messages are given through television, providers, community groups and newspapers in order to reach specific populations, such as urban AI/AN.

2. Messaging Recommendations

Participants consistently reported confusion over the severity and cause of the H1N1 virus. Limited information at every level, from the most disease vulnerable to the healthy, was a key finding of this project. Participants felt that lack of transparency in the vaccine development played a key role in solidifying fears around vaccine safety. In order to combat the fears around vaccines, safety concerns and to promote government transparency, the following strategies are recommended:

- PHSKC should develop health materials that are specific to each community (AI/AN, African Americans, Latino, etc.). This process must begin by first collaborating with agencies that specialize in providing health and social services to these populations and providing these agencies with printed materials and webinar trainings.
- An "Information Tree" must be developed for providers and social service agencies to consult in order to inform clients on the urgency of a health topic (e.g., H1N1), direct those at risk to available resources (e.g., vaccines), and develop a hotline for the public to call when seeking answers to health concerns (such as modeled after the 311 hotline in New York City).
- Health providers at every level, from MD's to outreach specialists, must have a unified message around urgent health topics. For example, if only the most vulnerable members of the population should receive a vaccine, this information should be reinforced and promoted consistently to the public. In order to achieve this goal, PHSKC could collaborate with health service organizations to disseminate accurate and timely information and hold weekly or monthly webinars for community service organization staff to assess information dissemination.

3. Addressing Barriers

For many at risk populations living in the Seattle/King County area, there are multiple social and financial barriers in place that limit the extent to which people are able to access health services or information. Recommendations to address barriers to best meet the needs of the community include:

- Increasing health care access by providing bus passes or van transportation
- Encouraging people politely and discreetly to seek health care services
- Providing travelling health services and exams at off site locations or at school

Acknowledgements

We thank the community members who participated in the focus groups for their valuable time, contributions and insight. We'd also like to thank Chief Seattle Club, United Indians of All Tribes Foundation and Seattle Indian Health Board clinic staff for contributing their time and expertise. This project was funded by Center for Multi-cultural Health and Public Health – Seattle & King County.

Appendix A. Focus Group Survey

Demographics

1. What is your age? _____ years
2. What is your gender?
   - ❒ Female ❒ Male
3. What is your race? (CHECK ALL THAT APPLY)
   - ❒ African/Black/African American
   - ❒ American Indian/Native American
   - ❒ White/Caucasian
   - ❒ Other (please specify) _____
4. Were you born in the United States?
   - ❒ Yes (SKIP to #7) ❒ No
5. Where were you born (country)?
   - ❒ Ethiopia
   - ❒ Eritrea
   - ❒ Somalia
   - ❒ Russia
   - ❒ Ukraine
   - ❒ Other (please specify) _____
6. What year did you come to the United States? _____
7. What is your zip code? _____
8. What is the highest grade or year of school you completed? _____ grade
9. How well do you speak English?
   - ❒ I do not speak English.
   - ❒ I speak English, but not very well.
   - ❒ I speak English well.
   - ❒ I speak English very well.

10. How well do you read English?

- ❒ I do not read English.
- ❒ I read English, but not very well.
- ❒ I read English well.
- ❒ I read English very well.

11. What language do you speak most of the time when you are at home?

- ❒ English
- ❒ Amharic
- ❒ Oromo
- ❒ Tigrigna
- ❒ Russian
- ❒ Ukrainian
- ❒ Other (please specify) _____

12. How well do you read the language that you speak most of the time when you are at home?

- ❒ I do not read that language.
- ❒ I read that language, but not very well
- ❒ I read that language well.
- ❒ I read that language very well

13. Are you living with children under the age of 18?

❒ Yes ❒ No

Knowledge, Attitudes and Beliefs about H1N1

14. Did you hear about the H1N1 influenza, or swine flu, outbreak?

❒ Yes ❒ No (SKIP to #16)

15. Where did you hear about H1N1/swine flu? (CHECK ALL THAT APPLY)

- ❒ Television (please specify) _____
- ❒ Radio (please specify) _____
- ❒ Newspapers (please specify) _____
- ❒ Community groups/social service organizations (please specify) _____

_____

❒ Churches/mosques/religious institutions

❒ Schools

❒ Health care providers

❒ Family members

❒ Friends

❒ Other (please specify) _____

_____

16. Do you think that swine flu (H1N1) virus spreads from person to person?

❒ Yes ❒ No ❒ Don't know

17. Do you think you can catch swine flu (H1N1) by eating pork?

❒ Yes ❒ No ❒ Don't know

18. Do you think there are medicines to treat swine flu (H1N1)?

❒ Yes ❒ No ❒ Don't know

19. Do you think there is a vaccine for swine flu (H1N1)?

❒ Yes ❒ No ❒ Don't know

H1N1 Vaccine Experience

20. Did you try to get H1N1/swine flu vaccine?

❒ Yes ❒ No (SKIP to #23)

21. Were you able to get it?

❒ Yes ❒ No (SKIP to #23)

22. Where did you get the H1N1/swine flu vaccine?

❒ My regular doctor or healthcare provider

❒ Hospital (please specify) _____

❒ Pharmacy (please specify) _____

❒ School

❒ Work location (please specify type of work that you do) _____

❒ Other (please specify) _____

23. How would you describe your experience trying to figure out where to get vaccine?

- ❒ Not difficult to find
- ❒ Somewhat difficult to find
- ❒ Very difficult to find

24. Did anyone else in your household try to get an H1N1/swine flu vaccine?

❒ Yes ❒ No (SKIP to #26)

25. Were they able to get it?

❒ Yes ❒ No

26. Where would you prefer to get vaccinated for H1N1/swine flu? (CHECK ALL THAT APPLY)

- ❒ My regular doctor or healthcare provider
- ❒ Hospital (please specify) _____
- ❒ Pharmacy (please specify) _____
- ❒ School
- ❒ Work
- ❒ Public location
- ❒ I wouldn't get the vaccine
- ❒ Other (please specify) _____
- ❒ No preference (SKIP TO #28)

27. Why would you prefer that option? (CHECK ALL THAT APPLY)

- ❒ Cost
- ❒ Convenience
- ❒ Trust/I trust the people here to know about vaccines and what they are doing.
- ❒ Less exposure to sick people
- ❒ Familiarity/ I know the location, or I have gotten vaccines and/or medicine there before.

Outreach and Communications Efforts

28. Where do you get information about health-related issues?

- ❒ Television (please specify): _____
- ❒ Radio (please specify): _____
- ❒ Newspapers (please specify): _____
- ❒ Community groups/organizations (please specify): _____

_____

- ❒ Churches/mosques/religious institutions

- ❒ Schools
- ❒ Health care providers
- ❒ Family members
- ❒ Friends
- ❒ Internet (please specify): _____
- ❒ Other (please specify): _____

_____

29. Do you know about community health centers, public health clinics and other health care institutions where you can get information and/or services on urgent health issues such as H1N1?

❒ Yes ❒ No (SKIP TO QUESTION #30)

30. Where would you go for information and/or services on urgent health issues such as H1N1/swine flu?

- ❒ My regular doctor or healthcare provider
- ❒ Community health centers (please specify): _____
- ❒ Public health clinics (please specify): _____
- ❒ Other (please specify): _____

_____

Appendix B. Focus Group Guide

Focus Group Cover Sheet

Name of facilitator: _____

Name of notetaker/observer: _____

Date of focus group: _____

Location of focus group: _____

Partnering community group: _____

Focus group conducted in? _____

Checklist

- ❑ Surveys completed and collected?
- ❑ Educational materials distributed?
- ❑ Sign-in sheet completed and collected?
- ❑ Stipends distributed?

Focus Group Questions

Introduction

Thank you very much for taking the time to participate in this discussion my name is [Jim La Roche] and I am a [Project Associate] with the Urban Indian Health Institute. A little bit about me I am a member of the [Lower Brule Sioux] tribe and I was born in [Unalakleet Alaska]. With me is [notetaker will introduce themselves]. Now, before we begin, I would like to share the purpose of this discussion.

The Center for MultiCultural Health and the UIHI are conducting interviews with community leaders and focus groups with Native people here in Seattle to better understand how H1N1/swine flu information was received in American Indian and Alaska Native communities here in Seattle. We are talking with you and other community members about H1N1/swine flu; effectiveness of outreach strategies used during the 2009 H1N1 influenza response; and how communication works in our community including where do you get your infomation, trusted sources of information and how future information about urgent health issues should be provided.

After this focus group we are going to take what we learn from you and other community members, as well as community leaders, and bring it together in a report to Public Health—Seattle & King County, the agency that is funding this project. Your participation in this focus group will be kept anonymous and any personal or private information will not be included in the report. This discussion will take about one hour and 15 minutes. The discussion is voluntary, and you can choose to not answer questions or leave the discussion at any time. With that in mind, do you agree to participate in the discussion?

To make sure that our notes are accurate, may we audiotape this discussion?

IF "YES," TURN ON THE TAPE RECORDER AND CONTINUE WITH THE INTRODUCTION.

IF "NO," PROCEED WITH THE DISCUSSION AND TAKE WRITTEN NOTES.

First off, do you have any questions about the project?

IF "YES," ANSWER THE QUESTIONS.

IF "NO," PROCEED WITH THE DISCUSSION.

Knowledge, Attitudes and Beliefs about H1N1

1. What do you know (or what did you hear) about H1N1/swine flu?

   [PROBES: DID YOU THINK THAT H1N1 WAS A SERIOUS/URGENT HEALTH ISSUE? DID YOU HEAR ABOUT GROUPS FOR WHICH H1N1 WAS MORE SERIOUS THAN OTHERS? DID YOU KNOW THERE WAS A VACCINE FOR H1N1 THAT WAS

DIFFERENT FROM THE VACCINE FOR SEASONAL FLU? DID YOU HEAR THAT THERE WAS A SHORTAGE OF H1N1 VACCINE?]

2. Did you have any concerns about H1N1/swine flu? If so, what were they?

3. Did you take any actions to avoid getting sick or passing H1N1/swine flu to others? If so, what were they?

[PROBES: DID YOU WASH HANDS/USE HAND SANITIZER MORE FREQUENTLY? DID YOU STAY HOME IF YOU WERE SICK AND/OR ENCOURAGE FAMILY MEMBERS TO STAY HOME IF THEY WERE SICK?]

H1N1 Vaccine Experience

Note: Ask the notetaker/observer to review the surveys, so that you can ask questions #3 and/or #4, as appropriate.

4. For those of you who tried to get the H1N1/swine flu vaccine, why did you try to get vaccinated? Tell me about your experience.

[PROBE: WHAT BARRIERS, IF ANY, DID YOU FACE IN GETTING VACCINATED?]

5. For those of you who did not try to get the H1N1/swine flu vaccine, what were your reasons?

[PROBES: DID YOU THINK THAT H1N1 WAS NOT A SERIOUS/URGENT HEALTH ISSUE? DID YOU HEAR THAT THERE WERE LONG LINES FOR THE H1N1 VACCINE? DID YOU THINK THAT THE VACCINE FOR H1N1 WAS INCLUDED IN THE VACCINE FOR SEASONAL FLU? WERE YOU CONCERNED ABOUT VACCINE SAFETY? WERE YOU CONCERNED ABOUT COST OR OTHER ISSUES?]

6. What, if anything, would make you more willing to get vaccinated for H1N1/swine flu?

Outreach and Communications Efforts

7. If you wanted more information about urgent health issues such as H1N1/swine flu, who would you turn to or where would you turn first? Why?

   [PROBES: HEALTH CARE PROFESSIONALS? STAFF IN HEALTH AND HUMAN SERVICE ORGANIZATIONS? COMMUNITY LEADERS? RELIGIOUS LEADERS? FAMILY AND FRIENDS?]

8. When there is an urgent health issue such as H1N1/swine flu, what information would be most helpful to you?

   [PROBES: WHAT ARE THE RISKS OF H1N1/SWINE FLU? HOW DO I PREVENT GETTING H1N1/SWINE FLU AND SPREADING IT TO OTHERS? WHERE DO I GO TO GET MORE INFORMATION AND/OR TREATMENT? WHAT IS THE COST OF PREVENTIVE SERVICES/TREATMENT?]

Do you have any additional comments or questions related to H1N1/swine flu?
[IF "YES," RECORD AND ANSWER THE QUESTIONS. IF "NO," THANK THE PARTICIPANTS AND CLOSE

Appendix C. H1N1 Resources

King County

Get Ready for Flu

A Planning Guide from Public Health — Seattle & King County

The Specter of "Swine Flu": *What's real and what's hype?*

By David Fleming, MD, Director and Health Officer, Public Health – Seattle & King County

In the spring of 2009, the "swine flu" was all over the news. But with all the media attention, it's hard to separate the hype from the real information. Is H1N1 flu, or "swine flu," really that serious?

Many people in the United States and around the world have been infected with swine flu. At the time of this writing in June 2009, almost all cases of influenza in the nation have been similar to the regular seasonal flu that we see every year.

But scientists and health experts are still concerned. We are still learning more about the origins of the virus and how it behaves.

Typically, flu viruses become less common here as our weather warms. Past experience with other flu viruses suggests that the H1N1 flu virus may move to the Southern Hemisphere during our summer months and return to our area in the fall.

There is a possibility that the virus will mutate further and develop into a more deadly virus. While we must plan for such a situation, at this point it is just speculation.

We do know that this is a new influenza virus, so few people will have any natural immunity to it from previous flu outbreaks.

The world has seen very severe types of the flu virus before — a virus that has the ability to spread from person to person quickly, and cause many deaths. In the last century, there were large, serious outbreaks in 1918, 1957, and 1968.

The world is very different now than it was in the early 1900s, or even four decades ago. We have medicines to treat the flu illness. And we have a public health system that has planned for the possibility of a severe outbreak. That public health system monitors illness in our community to watch out for any changes in normal disease patterns.

Despite these improvements, health experts and local leaders are still taking precautions. We have coordinated with area hospitals, clinics, and pharmacies, and developed plans for distributing medical resources in the community. We have worked with school districts to close schools when we thought it was a necessary precaution. We also have distributed educational materials to help people learn how to protect themselves and their families.

The flu virus is unpredictable in many ways. There are some things that are certain though: Public Health and County officials will be continually monitoring the situation and keeping the public informed. Individuals and families can also prepare at home so that they are ready to take care of themselves and their loved ones if the worst should happen.

Please read through this guide to learn what you can do to prepare — and what Public Health is doing to prepare — for a flu outbreak.

Appendix C. H1N1 Resources

learn more

What Is a Pandemic?

It's hard to tell what a pandemic is. The term sounds scary, but actually describes a very specific situation. Pandemic flu is an outbreak of flu that spans several regions of the world. It is caused by a new flu virus that is unlike any other previous virus, so people will not have any immunity to it. A pandemic flu can pass readily from person to person, creating widespread illness.

Just because a disease qualifies for pandemic status, however, doesn't mean that the illness will cause widespread deaths. In the past, there have been both mild and severe pandemics. The 1918 flu pandemic was a severe pandemic. About 675,000 people in the United States died from the disease, and 50 million people total died around the world. The pandemic that started in 1968, however, was milder. About 34,000 people died in the United States and 700,000 people died globally. That's still a large number of people, and no flu is ever trivial. But the severity of the disease, and the impact to the functioning of society in 1968, were very different from the 1918 flu.

At the time of this writing in June 2009, the H1N1 flu ("swine flu") pandemic has not been severe. But if it continues to spread, and as it continues to circulate through human populations, the H1N1 virus could undergo changes. There's also the possibility that a different flu virus, such as the H5N1 avian virus (commonly known as "bird flu"), will develop the ability to infect large numbers of the human population. And should the H5N1 avian virus turn into a pandemic, we'd likely be facing something much more serious than what we've seen from the current outbreak. That's why it's good to know what to expect should we ever face a more alarming scenario.

In a pandemic, everyday life will not be the same. At the outset of the H1N1 flu ("swine flu") outbreak, some schools around the country closed as a precautionary action to slow the spread of influenza. In a more severe pandemic, school closures could become widespread and longer-lasting, and public gatherings could be canceled. With so many people ill, caring for the ill, or staying home with their children, the U.S. workforce could face large reductions — and that would affect our ability to get goods and services. Everyone needs to be prepared to deal with these possibilities at home and in the workplace. **Read the "Plan Now" section of this issue to learn what you can do.**

Workers in downtown Seattle during the 1918 influenza pandemic.
University of Washington Libraries, Special Collections, SOC306.

Flu FAQ

Q Can you get H1N1 flu ("swine flu") from eating pork or being around pigs?

A No, eating pork or being near pigs cannot give you H1N1 flu.

Q How does the flu spread?

A Flu viruses are mostly spread from a sick person to others by coughing or sneezing. Sometimes people get infected by touching something with flu viruses on it and then touching their mouth or nose.

plan now

Pandemic Flu Planning Checklist for Individuals and Families

AT HOME

☐ **Store water, food, and other essentials.** Prepare to get by for at least a week on what you have at home *(see box below)*.

☐ **Store medical and health supplies.** Ask your healthcare provider for a prescription for an extra supply of your regular drugs. Keep health supplies and nonprescription drugs on hand *(see sidebox on next page)*.

☐ **Make household emergency plans.**

- Decide who will take care of children if schools are closed.
- Prepare for possible changes in healthcare. For example, medical advice and healthcare may be more difficult to obtain during a severe pandemic. There may not be enough medical supplies, healthcare providers, and hospital beds for all persons who are ill.
- Difficult decisions about who receives medical care and how much treatment can be administered will be necessary. Talk about these possibilities with your family and loved ones.
- In a severe pandemic, you may be advised to stay away from others and from public places as much as possible. Plan to limit the number of trips you take to run errands.
- Think about how you would care for people in your family who have disabilities if support services are not available.

Examples of Nonperishable Food	Examples of Other Emergency Supplies
• Canned meats • Canned beans, fruits, vegetables, soups • Protein or fruit bars • Dry cereal or granola • Dried fruit • Peanut butter • Nuts and trail mix • Crackers • Comfort food, including cookies, candy, instant coffee, tea bags • Canned juices • Bottled water • Baby formula and baby food	• Pet food, cat litter • Disposable diapers • Feminine supplies • Flashlight • Portable radio • Batteries • Manual can opener • Plastic garbage bags • Tissues and toilet paper • Entertainment — games, crafts, books, movies, etc. • Supplies for persons with special needs — the elderly or disabled • Some extra cash

AT WORK

☐ **Prepare to stay at home.** Staying at home from work when you are sick is the most important thing you can do to protect others.

☐ **Know policies.** Ask your employer or union about sick leave and policies about absences, time off, and telecommuting.

☐ **Encourage planning.** Every business, organization and agency should have a plan for making sure essential work can get done if large numbers of employees are absent over many months. You may be asked to perform duties that are not typically part of your job.

☐ **Explore other ways to get your work done.** Find ways to reduce personal contact, such as increased use of emails or phone conferences. Plan to work from home whenever possible.

(Continued on next page)

Appendix C. H1N1 Resources

stay well

Pandemic Flu Planning Checklist for Individuals and Families

(Continued from previous page)

IN YOUR COMMUNITY

☐ **Know your neighbors.** Talk with family, friends, and neighbors to make sure everyone is prepared. Be ready to help neighbors who are elderly or have special needs, if services they depend on are not available.

☐ **Know school policies.** Know policies about illness and being absent. Be prepared for school closures.

☐ **Volunteer with community groups.** Assist with planning for emergency response to disasters and pandemic influenza.

Examples of medical and health supplies

- Prescribed medicines and supplies, such as glucose meters and blood-pressure monitoring equipment
- Alcohol-based hand cleaner
- Medicines for fever and pain, such as acetaminophen and ibuprofen
- Diarrhea remedy, such as Pepto-Bismol® or Kaopectate®
- Throat lozenges
- Cough syrup containing dextromethorphan
- Thermometer(s)
- Vitamins
- Fluids with electrolytes, like Gatorade® and Pedialyte®
- Soap and water

www.kingcounty.gov/health/pandemicflu

Stop Germs, Stay Healthy!

stop infection

Preventing the Spread of Flu

Most patients with pandemic flu will be able to remain at home during the course of their illness and can be cared for by others in the household. This information is intended to help you care for ill persons in the home, both during a typical flu season and during a flu pandemic.

PREVENT THE SPREAD OF ILLNESS IN THE HOME

WHAT CAREGIVERS CAN DO

- Physically separate influenza patients from other people as much as possible.
- Designate one person in the household as the main caregiver for the ill person.
- Watch for influenza symptoms in other household members.

WHAT EVERYONE IN THE HOUSEHOLD CAN DO

- Wash hands with soap and water or alcohol-based hand cleanser after each contact with an influenza patient or with objects in the area where the patient is located.
- Don't touch your eyes, your nose, or your mouth without first washing your hands for 20 seconds. Wash hands before and after using the bathroom.
- Place tissues used by the ill patient in a bag and throw away with other household waste.
- Clean counters and other areas in the home regularly using everyday cleaning products.

PREVENT THE SPREAD OF ILLNESS IN THE COMMUNITY

- Stay at home if you are sick.
- If the ill person must leave home, he or she should wear a surgical mask, if available, and take the following steps:
  - Cover the mouth and nose when coughing and sneezing, using tissues or the crook of the elbow instead of the hands.
  - Use tissues to contain mucous and watery discharge from the mouth and nose.
  - Dispose of tissues in the nearest waste bin after use or carry a small plastic bag for used tissues.
  - Wash hands with soap and water or alcohol-based hand cleanser after covering a cough or sneeze, wiping your nose, and handling contaminated objects.
- Only people who are essential for patient care or support should enter a home where someone is ill with pandemic flu unless they have already had the illness.

Know the symptoms of influenza, which may include:

- Sudden onset of illness
- Fever higher than 100.4° F (38° C)
- Chills
- Cough
- Headache
- Sore throat
- Stuffy nose
- Muscle aches
- Feeling of weakness and/or exhaustion
- Diarrhea, vomiting, abdominal pain

Appendix C. H1N1 Resources

how to care for someone with influenza

Rest, Hydrate, Watch

- **Rest is very important.** Keep the ill person as comfortable as possible.
- **Keep the person hydrated.**
  - — Offer small amounts of fluid frequently, even if the ill person does not feel thirsty.
  - — Watch for signs of dehydration. Someone who is dehydrated may have weakness or unresponsiveness, or decreased output of urine.
  - — See the "Fluids and Nutrition section" below for information about what to do if the patient is vomiting.
- **Watch for complications.** Call a doctor right away if the ill person:
  - — Has difficulty breathing or fast breathing.
  - — Has a bluish color to the skin or lips.
  - — Begins coughing up blood.
  - — Complains of pain or pressure in the chest.
  - — Shows signs of dehydration and cannot take enough fluids.
  - — Appears confused or does not respond appropriately.
  - — Has convulsions.
  - — Gets worse after appearing to improve.
  - — Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day, or other signs of illness.

MEDICATIONS

- **Use ibuprofen or acetaminophen or other measures for fever,** sore throat, and general discomfort.
- **Do not use aspirin in children or teenagers with influenza,** because it can cause Reye's syndrome, a life-threatening illness.

FLUIDS AND NUTRITION

- **If the ill person is not eating solid foods, include fluids that contain sugars and salts,** such as broth, sports drinks (diluted half and half with water), and sodas, but not diet drinks.
- **If the patient is vomiting, do not give any fluid or food for at least 1 hour.** Then offer a clear fluid in very small amounts. Let the stomach rest for an hour after each time the person vomits before giving more fluid.
- **Babies who are breast-fed and vomiting can continue to nurse,** but offer smaller amounts.

Public Health
Seattle & King County

6 www.kingcounty.gov/health/h1n1

Appendix C. H1N1 Resources

know what to expect

We're Preparing. Are You?

Keeping the community strong and healthy is a top priority in King County. Some of our numerous pandemic preparedness efforts include:

- Developing systems for maintaining critical King County services during a pandemic..
- Convening a coalition of health care organizations to coordinate and optimize health care resources during emergencies.
- Engaging the business community in developing plans to protect employees and continue business operations with a reduced workforce.
- Providing planning assistance to school districts, daycares, community-based organizations, and governments in all 39 King County cities.
- Working with the medical community to detect and track any suspected cases of pandemic flu.
- Purchasing a stockpile of antiviral medication for the most severely ill and developing distribution plans for any available vaccine.
- Educating the public about pandemic flu through the mass media, distribution of informational materials, and public presentations.
- Conducting simulated pandemic flu exercises and drills to test King County's readiness.

Much work remains to get ready for an emergency of this magnitude. Everyone who lives and works in King County can help out just by taking the preparedness steps described in this issue.

Doc Talk HEALTH CARE IN A PANDEMIC

Prepare for Change

On a typical day, emergency rooms in King County are busy with a steady stream of illnesses and injuries. Now imagine what our ERs would look like during a severe influenza pandemic when hundreds of additional patients are added each day — and with a third of the hospital staff out with the flu. It's the kind of scenario that may face all hospitals, clinics, and doctors' offices during a severe flu pandemic.

The strain on the healthcare system during a severe flu pandemic will be unlike any other disaster, so we all need to be prepared for possible changes. Even though healthcare facilities in King County are working to increase their ability to care for a surge in pandemic flu patients, it may be difficult to get medical care or talk to your healthcare provider. There may not be enough medical supplies, healthcare providers, and hospital beds for all persons who are ill. As a result, healthcare providers will need to make tough decisions about who receives medical care and how much treatment can be administered.

Vacant hospital beds may be scarce, but most people who get a pandemic flu virus can be cared for at home and will recover *(see page 6)*. During a pandemic, updated information and advice about home medical care will be available on the Public Health website and through a telephone hotline.

A severe pandemic will place tremendous stress on everyone, including healthcare providers. But in most cases, people with the flu can receive the care they need at home, and basic precautions and attention *(such as those detailed on page 6)* will really help.

Jeff Duchin, MD
Chief, Communicable Disease Control, Epidemiology & Immunization Section, Public Health – Seattle & King County

Appendix C. H1N1 Resources

10 Things You Should Know About Pandemic Flu

1. **Pandemic flu can be much more serious than seasonal flu.** Some pandemics are similar to the regular flu season, but others can be more severe, widespread, and deadlier.
2. **A pandemic flu will be global.** Travel routes will make it easy for the virus to spread quickly across borders. Communities across the U.S. and around the world will be affected at the same time.
3. **The single best thing you can do to avoid getting any flu virus is to wash your hands.** Wash frequently with soap and water for 20 seconds, or use alcohol-based hand sanitizer.
4. **A vaccination will not be available at the outset of a pandemic.** Once a pandemic flu virus is identified, it could take several months to develop and produce large quantities of vaccine.
5. **Flu spreads person-to-person through coughs and sneezes of infected people.** When people cough or sneeze, they spread germs through the air or onto surfaces that other people may touch.
6. **A severe pandemic may cause widespread social and economic disruption.** Government services, public utilities, stores, the post office, and other businesses may be limited. Transportation services may be disrupted and schools may be closed *(see page 2)*.

Flu germs spread when people cough and sneeze.

7. **It may be difficult to work during a severe pandemic.** Find out if you can work from home and ask your employer if they have a plan in place. Plan for a possible reduction in income if you are unable to work or if your workplace closes.
8. **A pandemic could overwhelm the health care system.** High numbers of ill people during a severe pandemic will put enormous pressure on our health care system. Prepare to follow care provider and public health officials about how to obtain medical advice and receive care *(see page 7)*.
9. **We will need to pull together as communities during a pandemic.** We will need to check on our neighbors and help those around us, especially if we experience major social and economic disruptions. This may be as simple as calling your neighbor from a "phone tree" list, or dropping off supplies on the doorstep of a homebound friend.
10. **There are simple steps you can take to prepare for a flu pandemic.** Learn how to protect your health, stock your home with supplies, and make household plans *(see page 3)*.

For more information:

- Public Health – Seattle & King County
  www.kingcounty.gov/health/pandemicflu
- Washington State Department of Health
  www.doh.wa.gov/panflu
- Department of Health and Human Services/Centers for Disease Control and Prevention
  www.pandemicflu.gov

Public Health
Seattle & King County

HP09.1943 176576

8 www.kingcounty.gov/health/h1n1

Appendix C. H1N1 Resources

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

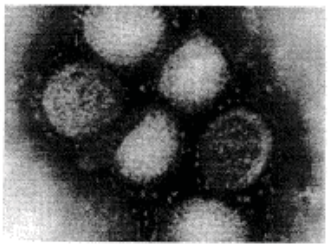
QUESTIONS & ANSWERS

2009 H1N1 Flu (Swine Flu) and You

August 5, 2009 5:00 PM ET

2009 H1N1 Flu

What is 2009 H1N1 (swine flu)?
2009 H1N1 (referred to as "swine flu" early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (http://www.who.int/csr/disease/swineflu/en/index.html) (WHO) signaled that a pandemic of 2009 H1N1 flu was underway.



Why is 2009 H1N1 virus sometimes called "swine flu"?
This virus was originally referred to as "swine flu" because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs (swine) in North America. But further study has shown that this new virus is very different from what normally circulates in North American pigs. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia and bird (avian) genes and human genes. Scientists call this a "quadruple reassortant" virus.

2009 H1N1 Flu in Humans

Are there human infections with 2009 H1N1 virus in the U.S.?
Yes. Human infections with the new H1N1 virus are ongoing in the United States. Most people who have become ill with this new virus have recovered without requiring medical treatment. CDC routinely works with states to collect, compile and analyze information about influenza, and has done the same for the new H1N1 virus since the beginning of the outbreak. This information is presented in a weekly report, called FluView (/flu/weekly/).

Is 2009 H1N1 virus contagious?
CDC has determined that 2009 H1N1 virus is contagious and is spreading from human to human.

How does 2009 H1N1 virus spread?
Spread of 2009 H1N1 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or

object – with flu viruses on it and then touching their mouth or nose.

What are the signs and symptoms of this virus in people?

The symptoms of 2009 H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and death has occurred as a result of illness associated with this virus.

How severe is illness associated with 2009 H1N1 flu virus?

Illness with the new H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.

In seasonal flu, certain people are at "high risk" of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with this 2009 H1N1 virus have had one or more medical conditions previously recognized as placing people at "high risk" of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of 2009 H1N1-related complications thus far. CDC laboratory studies have shown that no children and very few adults younger than 60 years old have existing antibody to 2009 H1N1 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against 2009 H1N1 flu by any existing antibody.

How does 2009 H1N1 flu compare to seasonal flu in terms of its severity and infection rates?

With seasonal flu, we know that seasons vary in terms of timing, duration and severity. Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

When the 2009 H1N1 outbreak was first detected in mid-April 2009, CDC began working with states to collect, compile and analyze information regarding the 2009 H1N1 flu outbreak, including the numbers of confirmed and probable cases and the ages of these people. The information analyzed by CDC supports the conclusion that 2009 H1N1 flu has caused greater disease burden in people younger than 25 years of age than older people. At this time, there are few cases and few deaths reported in people older than 64 years old, which is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high risk medical conditions from seasonal influenza appear to be associated with increased risk of complications from this 2009 H1N1. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy.

How long can an infected person spread this virus to others?

Appendix C. H1N1 Resources

People infected with seasonal and 2009 H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This can be longer in some people, especially children and people with weakened immune systems and in people infected with the new H1N1 virus.

Prevention & Treatment

What can I do to protect myself from getting sick?
There is no vaccine available right now to protect against 2009 H1N1 virus. However, a 2009 H1N1 vaccine is currently in production and may be ready for the public in the fall. As always, a vaccine will be available to protect against seasonal influenza (http://www.cdc.gov/flu/protect/keyfacts.htm)
There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza.

Take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners* (#antibacterial) are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone (/h1n1flu/guidance/exclusion.htm) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

Other important actions that you can take are:

- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.
- Be prepared in case you get sick and need to stay home for a week or so; a supply of over-the-counter medicines, alcohol-based hand rubs,* (#antibacterial) tissues and other related items might could be useful and help avoid the need to make trips out in public while you are sick and contagious

What is the best way to keep from spreading the virus through coughing or sneezing?
If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone (/h1n1flu/guidance/exclusion.htm) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)
Keep away from others as much as possible. Cover your mouth and nose with a tissue when coughing or sneezing. Put your used tissue in the waste basket. Then, clean your hands, and do so every time you cough or sneeze.

If I have a family member at home who is sick with 2009 H1N1 flu, should I go to work?
Employees who are well but who have an ill family member at home with 2009 H1N1 flu can go

Appendix C. H1N1 Resources

to work as usual. These employees should monitor their health every day, and take everyday precautions including washing their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective.* If they become ill, they should notify their supervisor and stay home. Employees who have an underlying medical condition or who are pregnant should call their health care provider for advice, because they might need to receive influenza antiviral drugs to prevent illness. For more information please see General Business and Workplace Guidance for the Prevention of Novel Influenza A (H1N1) Flu in Workers (/h1n1flu/guidance/workplace.htm) .

What is the best technique for washing my hands to avoid getting the flu?
Washing your hands often will help protect you from germs. Wash with soap and water or clean with alcohol-based hand cleaner* (#antibacterial) . CDC recommends that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

What should I do if I get sick?
If you live in areas where people have been identified with 2009 H1N1 flu and become ill with influenza-like symptoms, including fever, body aches, runny or stuffy nose, sore throat, nausea, or vomiting or diarrhea, you should stay home and avoid contact with other people. CDC recommends that you stay home for at least 24 hours after your fever is gone (/h1n1flu/guidance/exclusion.htm) 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.Staying at home means that you should not leave your home except to seek medical care. This means avoiding normal activities, including work, school, travel, shopping, social events, and public gatherings.

If you have severe illness or you are at high risk for flu complications, contact your health care provider or seek medical care. Your health care provider will determine whether flu testing or treatment is needed.

If you become ill and experience any of the following warning signs, seek emergency medical care.

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- 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

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Appendix C. H1N1 Resources

Are there medicines to treat 2009 H1N1 infection?
Yes. CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with 2009 H1N1 flu virus. Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. During the current pandemic, the priority use for influenza antiviral drugs (/h1n1flu/recommendations.htm) is to treat severe influenza illness (for example hospitalized patients) and people who are sick who have a condition that places them at high risk for serious flu-related complications.

What is CDC's recommendation regarding "swine flu parties"?
"Swine flu parties" are gatherings during which people have close contact with a person who has 2009 H1N1 flu in order to become infected with the virus. The intent of these parties is for a person to become infected with what for many people has been a mild disease, in the hope of having natural immunity 2009 H1N1 flu virus that might circulate later and cause more severe disease.

CDC does not recommend "swine flu parties" as a way to protect against 2009 H1N1 flu in the future. While the disease seen in the current 2009 H1N1 flu outbreak has been mild for many people, it has been severe and even fatal for others. There is no way to predict with certainty what the outcome will be for an individual or, equally important, for others to whom the intentionally infected person may spread the virus.

CDC recommends that people with 2009 H1N1 flu avoid contact with others as much as possible. If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone (/h1n1flu/guidance/exclusion.htm) 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.

Contamination & Cleaning

How long can influenza virus remain viable on objects (such as books and doorknobs)?
Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for 2 to 8 hours after being deposited on the surface.

What kills influenza virus?
Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols are effective against human influenza viruses if used in proper concentration for a sufficient length of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed into hands until they are dry.

***What if soap and water are not available and alcohol-based products are not allowed in my facility?** Updated on Sept 14
If soap and water are not available and alcohol-based products are not allowed, other hand sanitizers that do not contain alcohol may be useful.

What surfaces are most likely to be sources of contamination?

Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air. Germs can be spread when a person touches respiratory droplets from another person on a surface like a desk, for example, and then touches their own eyes, mouth or nose before washing their hands.

How should waste disposal be handled to prevent the spread of influenza virus?
To prevent the spread of influenza virus, it is recommended that tissues and other disposable items used by an infected person be thrown in the trash. Additionally, persons should wash their hands with soap and water after touching used tissues and similar waste.

What household cleaning should be done to prevent the spread of influenza virus?
To prevent the spread of influenza virus it is important to keep surfaces (especially bedside tables, surfaces in the bathroom, kitchen counters and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.

How should linens, eating utensils and dishes of persons infected with influenza virus be handled?
Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first. Linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. Individuals should avoid "hugging" laundry prior to washing it to prevent contaminating themselves. Individuals should wash their hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry.

Eating utensils should be washed either in a dishwasher or by hand with water and soap.

Exposures Not Thought to Spread 2009 H1N1 Flu

Can I get infected with 2009 H1N1 virus from eating or preparing pork?
No. 2009 H1N1 viruses are not spread by food. You cannot get infected with novel HIN1 virus from eating pork or pork products. Eating properly handled and cooked pork products is safe.

Is there a risk from drinking water?
Tap water that has been treated by conventional disinfection processes does not likely pose a risk for transmission of influenza viruses. Current drinking water treatment regulations provide a high degree of protection from viruses. No research has been completed on the susceptibility of 2009 H1N1 flu virus to conventional drinking water treatment processes. However, recent studies have demonstrated that free chlorine levels typically used in drinking water treatment are adequate to inactivate highly pathogenic H5N1 avian influenza. It is likely that other influenza viruses such as 2009 H1N1 would also be similarly inactivated by chlorination. To date, there have been no documented human cases of influenza caused by exposure to influenza-contaminated drinking water.

Can 2009 H1N1 flu virus be spread through water in swimming pools, spas, water parks, interactive fountains, and other treated recreational water venues?
Influenza viruses infect the human upper respiratory tract. There has never been a documented case of influenza virus infection associated with water exposure. Recreational water that has been

treated at CDC recommended disinfectant levels does not likely pose a risk for transmission of influenza viruses. No research has been completed on the susceptibility of 2009 H1N1 influenza virus to chlorine and other disinfectants used in swimming pools, spas, water parks, interactive fountains, and other treated recreational venues. However, recent studies have demonstrated that free chlorine levels recommended by CDC (1–3 parts per million [ppm or mg/L] for pools and 2–5 ppm for spas) are adequate to disinfect avian influenza A (H5N1) virus. It is likely that other influenza viruses such as 2009 H1N1 virus would also be similarly disinfected by chlorine.

Can 2009 H1N1 influenza virus be spread at recreational water venues outside of the water?

Yes, recreational water venues are no different than any other group setting. The spread of this 2009 H1N1 flu is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

Note: Much of the information in this document is based on studies and past experience with seasonal (human) influenza. CDC believes the information applies to 2009 H1N1 (swine) viruses as well, but studies on this virus are ongoing to learn more about its characteristics. This document will be updated as new information becomes available.

For general information about influenza in pigs (not 2009 H1N1 flu) see Background Information on Influenza in Pigs (/flu/swineflu) .

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Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - cdcinfo@cdc.gov

Appendix D. Key Informant Interview Guide

Name of interviewer: _____

Date of interview: _____

Location of interview: _____

Introduction

Thank you so much for taking the time to talk with me. Before we begin, I'd like to share the purpose of the interview.

The Center for MultiCultural Health and the Urban Indian Health Institute are conducting interviews with community leaders and also doing focus groups with American Indian and Alaska Native people to better understand how H1N1 information was received in American Indian and Alaska Native communities. We are meeting with you and other community leaders to talk about community knowledge, attitudes and beliefs about H1N1; effectiveness of outreach strategies used during the 2009 H1N1 influenza response; and how communication works within the community including communication channels, trusted sources of information and how future information about urgent health issues should be provided.

We will summarize what we learn from you and other community leaders, as well as from community members, in a report to Public Health—Seattle & King County, the agency that is funding this project.

This interview will take about one hour. The interview is voluntary, and you can choose to not answer interview questions or stop the interview at any time. With that in mind, do you agree to proceed with this interview? ❒ Yes ❒ No

IF "YES," CONTINUE WITH THE INTRODUCTION.

IF "NO," DOCUMENT REASON(S) AND THANK THE INTERVIEWEE FOR HER/HIS TIME: ____

To ensure that my notes are accurate, may I audiotape this interview? You may ask me to stop the tape at any time during the interview. ❒ Yes ❒ No

IF "YES," TURN ON THE TAPE RECORDER AND CONTINUE WITH THE INTRODUCTION.

IF "NO," PROCEED WITH THE INTERVIEW AND TAKE WRITTEN NOTES.

Do you have any questions about the project?

IF "YES," ANSWER THE QUESTIONS.

IF "NO," PROCEED WITH THE INTERVIEW.

Information about interviewee

Position: _____

Gender: Female Male

Description of Group/Organization

2. Please describe your group/organization.
   a. When was your group/organization established (year)? _____
   b. Please describe your clients/members (e.g., gender, age, languages spoken, place of residence etc.)?

   c. Do you provide health-related services?

      ❒ Yes ❒ No

      If "yes," please specify the types of services provided.

   d. What other types of services do you provide?

Community Knowledge, Attitudes and Beliefs about H1N1

3. Did you hear about the H1N1 influenza, or swine flu, outbreak?

   ❒ Yes ❒ No (SKIP TO QUESTION #7)

4. Where did you hear about H1N1/swine flu?

   ❒ Television (please specify): _____

   ❒ Radio (please specify): _____

   ❒ Newspapers (please specify): _____

   ❒ Community groups/organizations (please specify): _____

   _____

   ❒ Churches/mosques/religious institutions

   ❒ Schools

   ❒ Health care providers

   ❒ Family members

   ❒ Friends

   ❒ Other (please specify): _____

   _____

5. What did you hear about H1N1/swine flu?

   [PROBES: DID YOU THINK THAT H1N1 WAS A SERIOUS/URGENT HEALTH ISSUE? DID YOU HEAR ABOUT GROUPS FOR WHICH H1N1 WAS MORE SERIOUS THAN OTHERS? DID YOU KNOW THERE WAS A VACCINE FOR H1N1 THAT WAS DIFFERENT FROM THE VACCINE FOR SEASONAL FLU? DID YOU HEAR THAT THERE WAS A SHORTAGE OF H1N1 VACCINE?]

6. After hearing about H1N1/swine flu, did you have additional questions?

   ❒ Yes ❒ No (SKIP TO QUESTION #7)

7. What additional questions did you have?

8. Did community members hear about H1N1/swine flu?

   ❒ Yes ❒ No (SKIP TO QUESTION #13)

9. Please share any information you have about what community members heard about H1N1/swine flu.

   [PROBES: DID COMMUNITY MEMBERS THINK THAT H1N1 WAS A SERIOUS/URGENT HEALTH ISSUE? DID COMMUNITY MEMBERS HEAR ABOUT GROUPS FOR WHICH H1N1 WAS MORE SERIOUS THAN OTHERS? DID COMMUNITY MEMBERS KNOW THERE WAS A VACCINE FOR H1N1 THAT WAS DIFFERENT FROM THE VACCINE FOR SEASONAL FLU? DID COMMUNITY MEMBERS HEAR THAT THERE WAS A SHORTAGE OF H1N1 VACCINE?]

10. After hearing about H1N1/swine flu, did community members have additional questions?

    ❒ Yes ❒ No (SKIP TO QUESTION #11)

11. What additional questions did community members have?

12. Did community members take action to avoid getting sick or passing H1N1/swine flu to others?

    ❒ Yes ❒ No (SKIP TO QUESTION #13)

13. Please share any information you have about actions that community members took to avoid getting sick or passing H1N1/swine flu to others.

    [PROBES: DID COMMUNITY MEMBERS GET VACCINATED FOR H1N1? DID COMMUNITY MEMBERS WASH HANDS/USE HAND SANITIZER MORE FREQUENTLY? DID COMMUNITY MEMBERS STAY HOME IF THEY WERE SICK AND/OR ENCOURAGE FAMILY MEMBERS TO STAY HOME IF THEY WERE SICK? WERE THERE BARRIERS TO COMMUNITY MEMBERS TAKING ACTION TO AVOID GETTING SICK OR PASSING H1N1/SWINE FLU TO OTHERS?]

Designing Outreach and Communications Efforts

14. Where do individuals in your community get information about health-related issues?

- ❒ Television (please specify): _____
- ❒ Radio (please specify): _____
- ❒ Newspapers (please specify): _____
- ❒ Community groups/organizations (please specify): _____

_____

- ❒ Churches/mosques/religious institutions
- ❒ Schools
- ❒ Health care providers
- ❒ Family members
- ❒ Friends
- ❒ Other (please specify): _____

_____

15. Are individuals in your community aware of community health centers, public health clinics and other health care institutions where they can information and/or services on urgent health issues such as H1N1?

❒ Yes ❒ No (SKIP TO QUESTION #19)

16. What places are considered community resources?

- ❒ Community health centers (please specify): _____
- ❒ Public health clinics (please specify): _____
- ❒ Private providers: _____
- ❒ Other (please specify): _____

_____

17. Are there barriers to accessing these community resources?

❒ Yes ❒ No (SKIP TO QUESTION #19)

18. What are those barriers?

19. How can these barriers be addressed to best meet the needs of your community?

20. When you consider places where individuals in your community get information about health-related issues (REFER BACK TO QUESTION #11), what advice do you have for maximizing the reach and impact of information shared in those ways?

21. How do cultural beliefs and practices influence your community's knowledge, attitudes and beliefs about urgent health issues such as H1N1?

22. What types of messages about urgent health issues are most important for your community?

    [PROBE: HOW CAN WE INCORPORATE/BUILD ON COMMUNITY STRENGTHS AND ASSETS IN THESE MESSAGES?]

23. What role can you and other community leaders play in communicating about urgent health issues such as H1N1?

24. Do you have any additional comments or questions?

IF "YES," RECORD AND ANSWER THE QUESTIONS.

IF "NO," THANK THE INTERVIEWEE AND CLOSE THE INTERVIEW.

Appendix E. Focus Group Codebook

	Use this code		Definition
(1)		**Knowledge**	
	1.1	Origin/History	Where did H1N1 come from?
	1.2	Causal Factors	Ability of virus to spread How its contracted
	1.3	Seriousness	Reasons why H1N1 is serious Reasons why H1N1 is not serious
	1.4	Concerns	What were your concerns about the flu?
(2)		**Vaccine**	
	2.1	Use	Experience with the vaccine
	2.2	Willingness to get vaccine	Reasons to get the vaccine Reasons not to get the vaccine People/things that would encourage you to get the vaccine
	2.3	Knowledge	What do you know about the vaccine?
	2.4	Safety	All noted issues of safety around the vaccine
	2.5	Access	Where/when/how did you receive the vaccine?
(3)		**Prevention of H1N1**	
	3.1	Changes in behavior	Hand washing, Sanitation
	3.2	Changes in location	Relocating to reservation, avoiding public places
	3.3	Traditional prevention efforts	Traditional medicine, diet, healthful ways taught by elders
(4)		**Communication**	
	4.1	Trusted places	Clinics, agencies, institutions
	4.2	Most common sources of health information	Television, newspapers, social networks
(5)		**Informational Needs**	
	5.1	Places to go for more information	Clinics, agencies, institutions
	5.2	Care related information	How to get care When to seek care Where to seek care
	5.3	Diversity of views	Risks of virus Risks of vaccine

Appendix F. Information Sources

Specific sources where key informants heard about H1N1/swine flu:
(number if multiple responses)

Television
- News Channel 13
- News (2)
- PSA's
- National and local level news

Radio
- N
  PR (2)
- Everywhere

Newspapers
- S
  eattle Times

Community groups/organizations
- S
  eattle Indian Health Board
- I
  nfant mortality prevention network
- Public Health – Seattle & King County (3)
- Public Health Seattle/King County

Other
- P
  ublic Health Seattle & King County e-mails
- Websites

Specific sources where community members get information on health-related issues:

Television
- There are TVs in the facility
- News

Radio
- NPR

- Sports Radio
- Christian Radio
- Probably

Newspapers

- Seattle Times
- Possibly local papers

Community groups/organizations

- H
  ygiene center downtown
- E
  mergency centers
- Posted flyers
- Seattle Indian Health Board (2)
- Pike Market Clinic
- Pioneer Square Clinic
- Providers United Indians of All Tribes Head Start

Churches/mosques/religious institutions

- M
  aybe at social events
- Doesn't know

Health care providers

- E
  specially if in high risk population

Friends

- Communication between family members and friends is how a lot of information gets shared in the Native community

Other

- Websites such as Web MD

Appendix G. Specific places considered community resources

Community health centers

- Seattle Indian Health Board
- 45th St Clinic
- Odessa Brown
- North Seattle Public Health
- Sea Mar

Public health clinics

- Widely used by population (like Seattle Indian Health Board) – people call all the time, people often have a personal connection with providers and call to get information
- Not as much, not the best place for information

Private providers

- Harborview Emergency Triage

Other

- CSO Offices