

# Consumer Insights on Shingles Awareness and Prevention: A Survey of Black Church Members.

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## INTRODUCTION:

Shingles vaccination rates across the United States have shown gradual improvement over the years, yet significant disparities persist based on age, race, socioeconomic status, and geographic location <sup>1</sup>. Despite the availability of an effective vaccine, uptake remains suboptimal—often due to a number of reasons including, persistent misconceptions and limited awareness. In many African American communities, disparities in health education and access to culturally tailored vaccine messaging continue to hinder progress in closing immunization gaps.

Between June and August 2024, a community-based survey of the Faith Health Alliance- a network of churches supported by the National Minority Quality Forum (NMQF) to be a trusted source of reliable health information in local communities was conducted.

## OBJECTIVE:

The objective of this study was to assess shingles-related awareness, attitudes, and vaccination behaviors among older African American adults. This work aimed to identify key misconceptions, vaccination barriers, and educational needs to support increased shingles vaccine confidence and uptake within historically underserved populations.

## METHODS:

A single round survey was conducted online using Survey Monkey from June to August 2024. Participants were recruited through the Faith Health Alliance churches in urban and suburban regions. The instrument consisted of structured, multiple-choice and Likert-scale questions covering- awareness of shingles and its recurrence, attitudes toward the shingles vaccine, self-reported vaccination status and barriers to uptake.

## RESULTS:

Key findings from the survey revealed:

There were 131 respondents- 97% African American, 79% female, with an average age of 67. 98% had health insurance. 65.65% of the respondents reported receiving the shingles vaccine (fig 1) and 80% reported doing it because their provider had recommended it, Fig. 2.

66% were unaware that shingles can recur after an initial episode. 60% believed that shingles can be fully cured rather than managed and misunderstandings persisted around transmission, symptoms, and long-term effects

### Barriers to Vaccination-

70.5 % did not get the vaccines because they were worried about the side effects, had not thought about it before so did not consider themselves at risk for it and did not know enough about the vaccines or it's benefits, Fig 3.

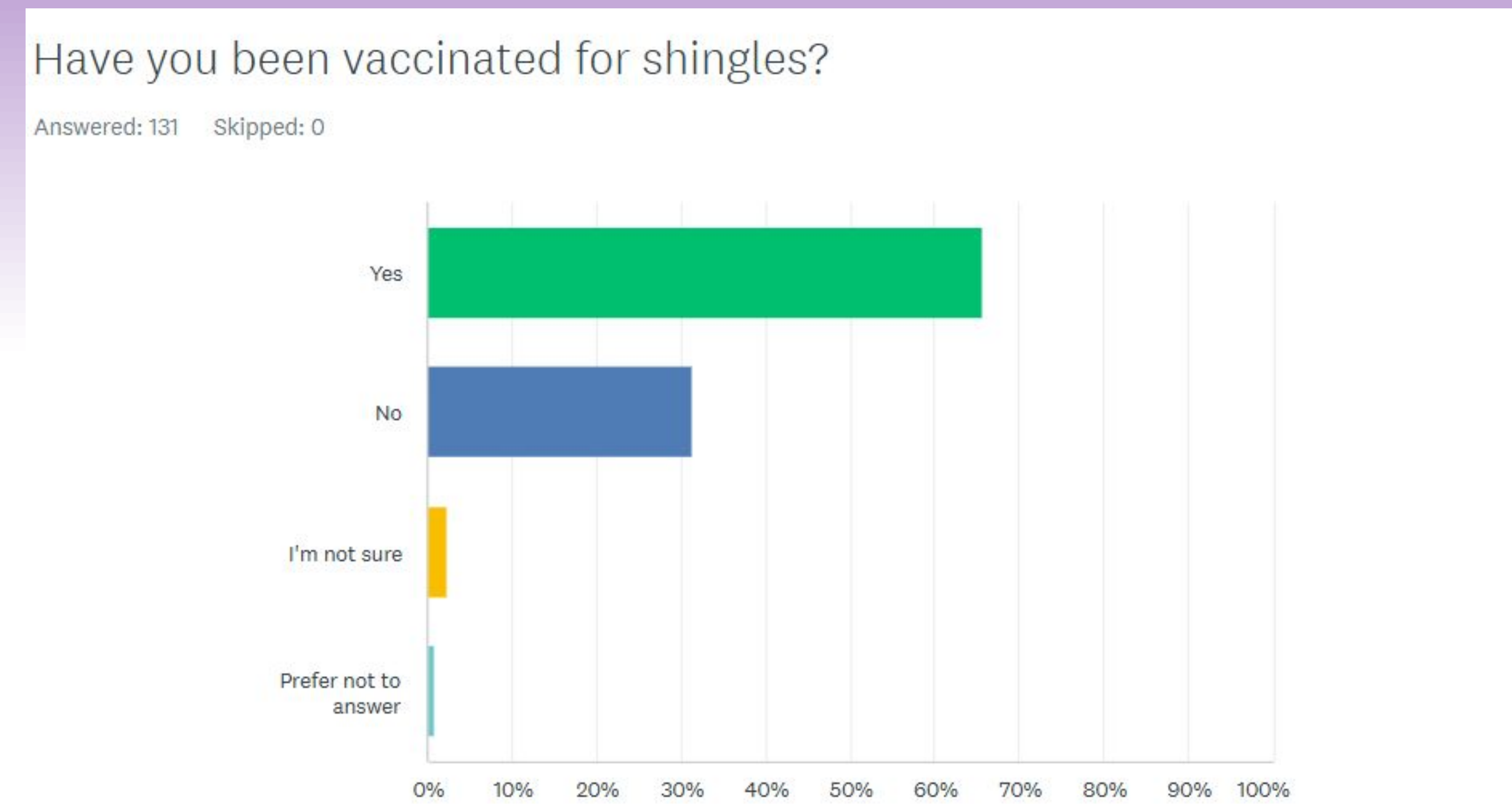


Fig. 1

If you have been vaccinated for shingles, please check all the reasons why you decided to get vaccinated below. Skip if not vaccinated.

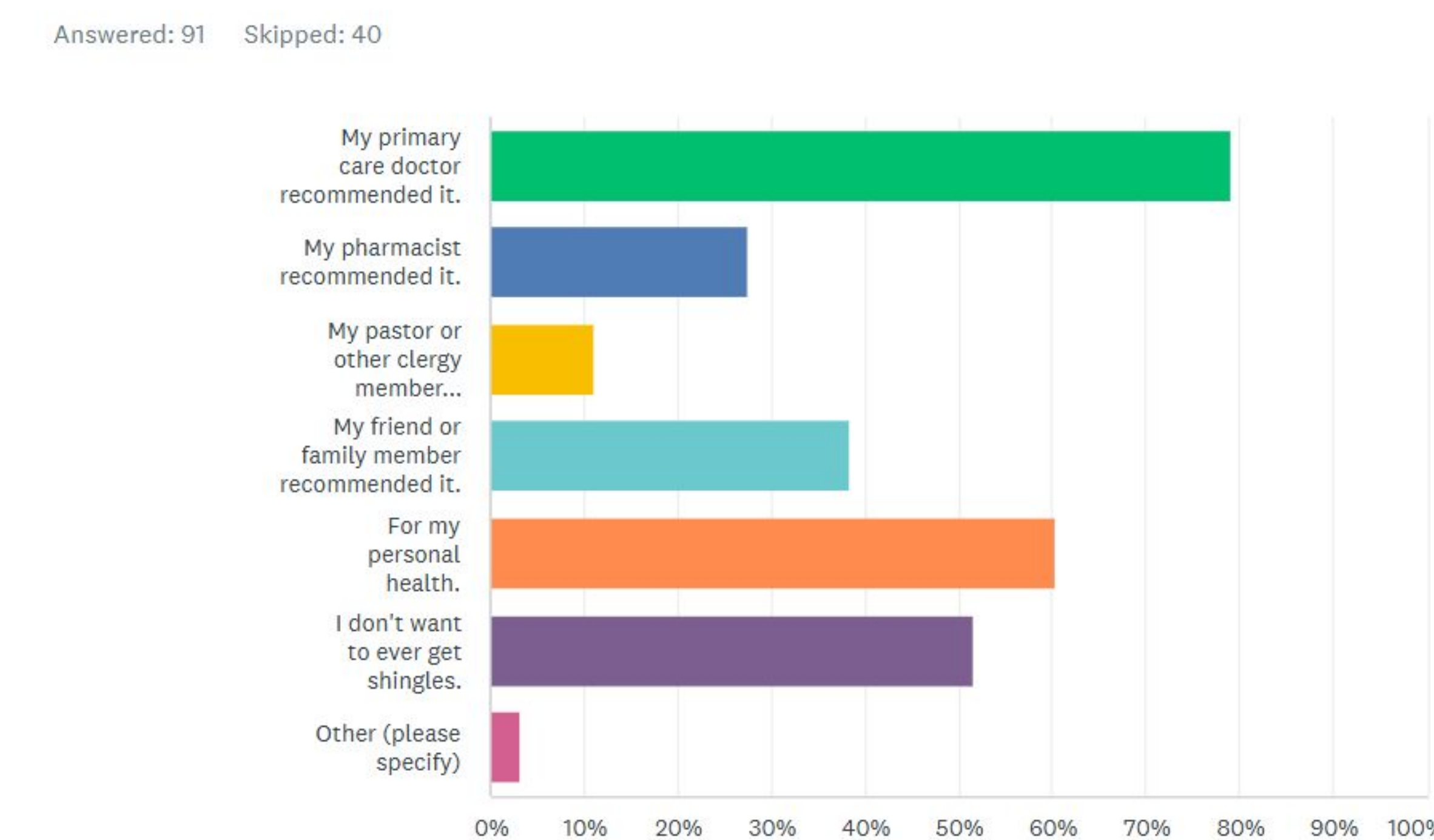


Fig. 2

## DISCUSSION:

This survey reveals persistent barriers to shingles vaccine among older African American adults, despite a general awareness of the disease severity. Fear of side effects, complacency and ignorance of the benefits of the vaccines continue to shape vaccine decisions.

Common knowledge gaps in this mostly vaccinated groups that can be potentially addressed include- the recurrence of shingles, false belief that shingles is fully curable, and general misinformation about transmission, symptoms and long-term effects.

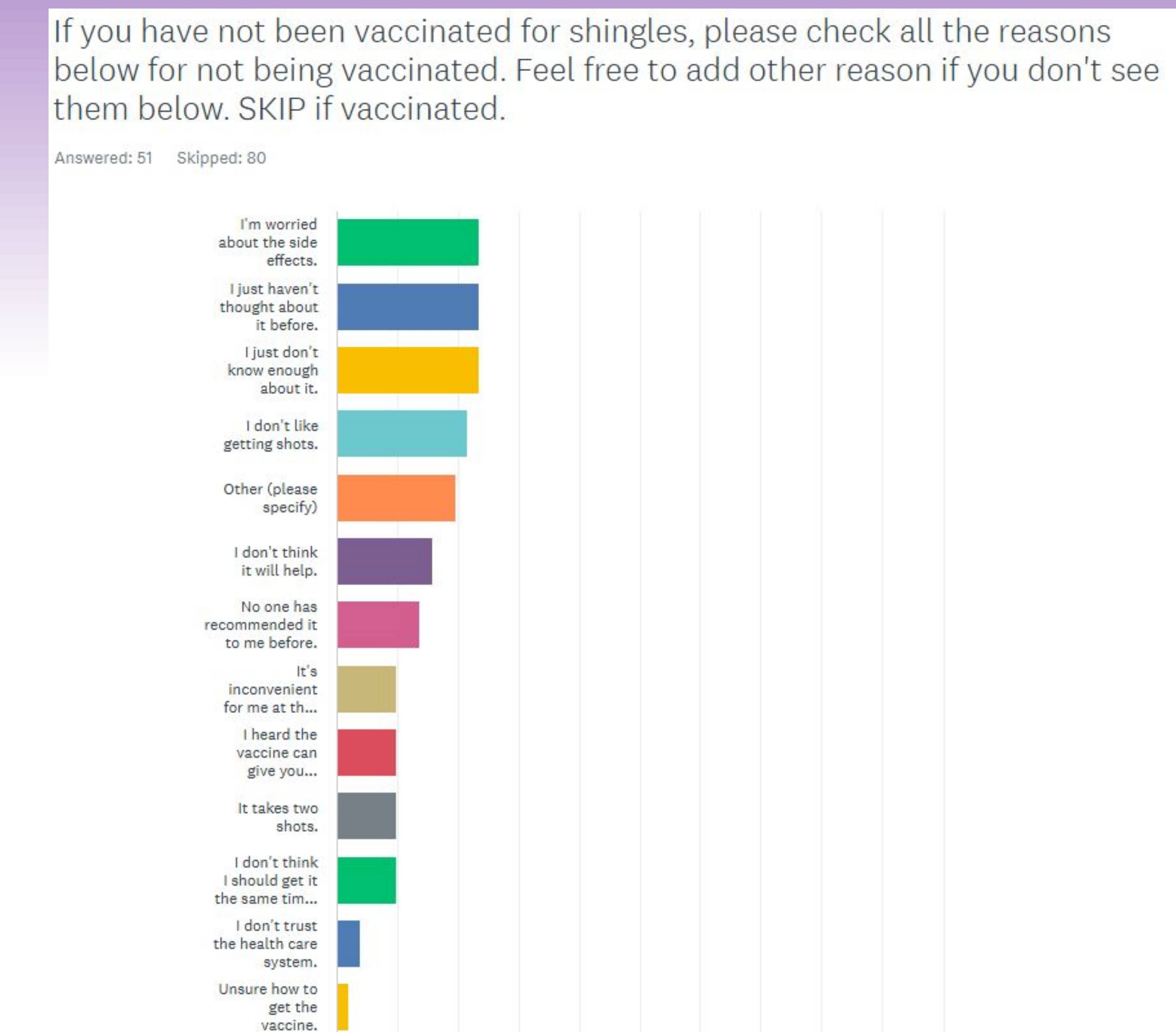


Fig. 3

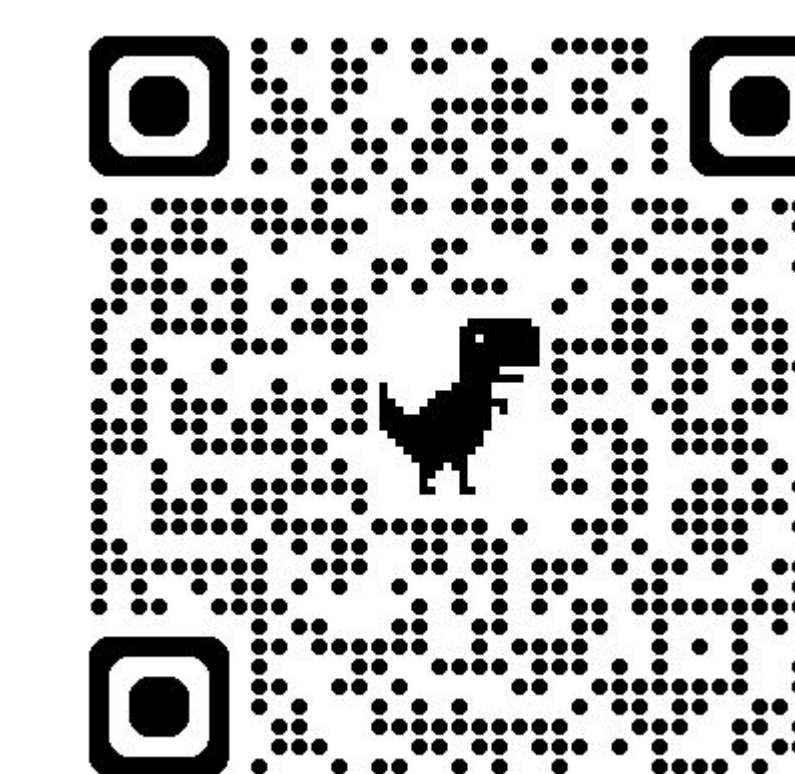
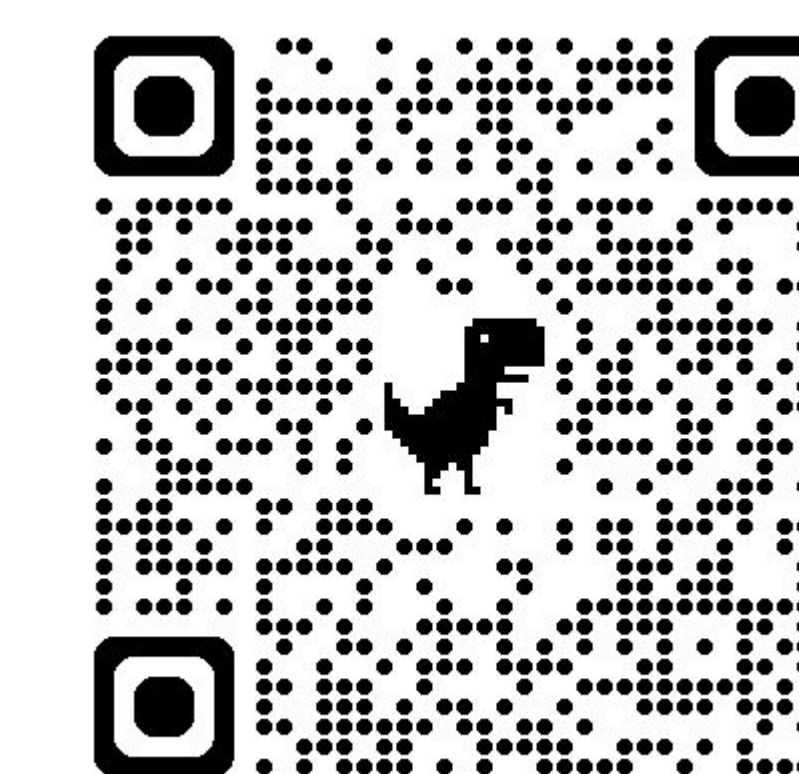
## CONCLUSIONS:

Healthcare providers play a critical role in bridging this divide by offering clear, consistent vaccine recommendations, engaging patients in personalized conversations about their health goals, and creating a clinical environment where patients feel heard, respected, and supported in making preventive health decisions. Culturally tailored education campaigns that clarify the risk of recurrence, dispel the myth of a full cure, and correct misinformation about transmission and long-term effects should also be included in the conversations with healthcare providers and other trusted community voices.

1 Centers for Disease Control and Prevention. (2020). *Shingles vaccination among adults aged ≥60 years: United States, 2018* (Data Brief No. 370). National Center for Health Statistics.

<https://www.cdc.gov/nchs/data/databriefs/db370-h.pdf>

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