

Let's Talk About the Flu

A Flu Prevention Community Workshop

Additional Documents

Updated: May 2024

Table of Contents

All materials are available on the Arkansas Immunization Action Coalition website:

<https://www.immunizear.org/vaccine-workshop-toolkits>

- I. **Sample Workshop Flyer**

- II. **Sample Press Release**

- III. **Sign-in Sheet**

- IV. **How to Arrange for Someone to Give Flu Shots**

- V. **Photo Release Form**

- VI. **Workshop Leader's Summary Survey (online)**

Let's Talk About The Flu

What: A workshop on how to prevent the flu this year

Who: Everyone who wants to avoid the flu

When: _____

Where: _____



[add local org.
logo here]

NEWS RELEASE

For Immediate Release:

[month, day, year]

Community Invited to Flu Prevention Workshop on *[DATE]*

(City, Ark.)— The [name of hosting organization] will hold a flu prevention workshop on [day of the week, month, date, at time]. The workshop will be held at [location details.] All groups and individuals who are interested in learning more about preventing the spread of flu within our community are welcomed to attend.

The workshop will feature information on how to keep families healthy during flu season and common questions and concerns about the flu and flu vaccines. *[INCLUDE INFORMATION ABOUT refreshments, if available, and any other facility-specific information as needed.]*

Each year the flu sickens thousands of Arkansans. For hundreds more, the flu causes hospitalizations and in tragic situations, death. However, there are steps individuals and communities can take to prevent or lessen the impact of flu.

For more information, please contact *[Name, phone number or email]*.

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Let's Talk About the Flu

Sign-In Sheet

Date:

Location:

Workshop Leader:

| | Participant Name (first and last) | Ethnicity (African American, White, Hispanic, Asian, Pacific Islander, Native American, etc.) | Age |
|-----|---|--|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Participant information will only be used for data collection and research purposes.

| | Participant Name (first and last) | Ethnicity (African American, White, Hispanic, Asian, Pacific Islander, Native American, etc.) | Age |
|-----|---|--|------------|
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
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| 23. | | | |
| 24. | | | |
| 25. | | | |

| | Participant Name (first and last) | Ethnicity (African American, White, Hispanic, Asian, Pacific Islander, Native American, etc.) | Age |
|-----|---|--|------------|
| 26. | | | |
| 27. | | | |
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| 38. | | | |
| 39. | | | |
| 40. | | | |

How to arrange for flu vaccines to be given at a Let's Talk About the Flu workshop

It would be ideal if flu vaccines could be given at the end of your workshop to any participants that would like one. There are several ways for workshop leaders to make these arrangements.

Here are some options:

1. Call a local pharmacy and invite them to come to your workshop to give flu vaccines.
 - a. In Arkansas, pharmacists can give flu shots to anyone 3 years of age and older.
 - b. Most pharmacies accept Medicare, as well as most other insurance plans.
 - c. Most pharmacists are specially trained in vaccinations and will be able to answer specific questions about the flu vaccine and which vaccines they offer.
2. Ask a medical clinic in your community if they would be willing to come to your workshop to give flu vaccines.
 - a. Most clinics accept Medicare, as well as most other insurance plans.
 - b. People in your community group may know someone or work at a local clinic and can help you arrange for flu vaccines.

If you are not able to arrange for flu vaccines to be given at your workshop:

- Encourage participants to get a flu vaccine at their local pharmacy or physician's office.
- Before the workshop, check to see if your local health unit has a mass flu vaccine clinic scheduled. If they do, let participants know.
- Participants may also be able to receive a flu vaccine at their local health unit.



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Arkansas Immunization Action Coalition

PHOTO RELEASE FORM NAME / PHOTO / PRINT / WEB

The Arkansas Immunization Action Coalition has my permission to use photographs of myself, my name, and flu prevention story in printed materials (including, but not limited to: newsletters, books, brochures, promotional and/or informational materials) and electronic media (including, but not limited to: video, audio and websites).

Signature: _____

Name (printed): _____

Phone number (optional): _____

Date and location of Flu Prevention Workshop: _____

Photo caption: _____



Leader's Summary Survey (online)

After your workshop, please complete the Workshop Leader's Summary Survey (online). This is to help us keep track of data related to the workshops.

Leader's Summary: <https://www.surveymonkey.com/r/flu-leader-summary>

