



WYETH IMMUNIZATION AWARDS

2009 Application Form: "Most Improved" Award Category

Award Category: Most Improved

Recognizes programs that have greatly improved their childhood immunization rates by overcoming barriers and other challenges, as measured within a 12-month period.

Application

Application forms are available on-line at www.aafpfoundation.org/wyethimmunization. This application is a locked Word doc form. You can use your mouse to scroll down and navigate the application form. Or you can press the "Tab" key which moves the cursor from one question to the next question throughout the application. Your answer can be typed directly in to the shaded box, or you can cut and paste your answer from another document in to the shaded box. **The length of the entire application should not exceed 8-pages.**

Questions? Please contact: Sondra Goodman, Programs/Grants Manager, AAFP Foundation, 800-274-2237, ext. 4457 or e-mail sgoodman@aafp.org

How you learned about this award opportunity (put an "x" by all categories that apply):

- Ad in AFP Magazine Ad in Family Medicine Magazine Postcard
 AFMRD List Serve State AFP Chapter
 Other (please describe):

If your program was previously recognized with an AAFP/F Wyeth Immunization Award please indicate the year and award category:

Program Information

A. Program Name:

Program Director's Name:

Address:

Phone:

E-mail:

B. Contact name & title for this project (*if different than Program Director*):

Address:

Phone:

E-mail:

C. Number of Residents:

Patient Base:

No. of Children (age 0-3 years):

Description of Barriers

1) Describe *in detail* challenges/barriers you have overcome to increase your immunization rates:

- 2) Identify the 12-month assessment period:

- 3) Identify the number of children (19-35 months) that you included in the compliance data:

- 4) The percentage of patients without commercial insurance, for which you are reporting:

Summary of Vaccination Coverage

5) Complete the table below. *Rates for each vaccine in the table must be reported; incomplete applications will not be considered. Please do not use a “%” sign following the number.*

- U.S. Overall Compliance % statistics are for information only and not intended to be part of your calculations.
- “Baseline Compliance Rate %” (beginning compliance rate for the 12-month assessment period, see question 2).
- “Improved Compliance Rate %” (ending compliance rate for the 12-month assessment period, see question 2).
- “Change in Compliance Rate %” is self-calculating.

SUMMARY OF VACCINATION COVERAGE				
VACCINE	U.S. Overall 2004, NIS Compliance %	Baseline Compliance Rate %	Improved Compliance Rate %	Change in Compliance Rate % (Improved- Baseline)
DTP/DTaP/DT (4 doses)	84.8 (+/-0.8)			0.00
IPV (3 doses)	91.6 (+/-0.7)			0.00
MMR (1 dose)	93.0 (+/-0.6)			0.00
Hib (≥ 3 doses)	93.5 (+/- 0.6)			0.00
Hep B (≥ 3 doses)	92.4 (+/-0.6)			0.00
PCV 7	73.2 (+/1.0)			0.00
Varicella (≥ 1 dose)	87.5 (+/-0.7)			0.00
VACCINE SERIES				
4 DTP+3 IPV+1 MMR	83.5 (+/-0.9)			0.00
4 DTP+3 IPV+1 MMR+3 Hib	82.5 (+/-0.9)			0.00
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B	80.9 (+/-0.9)			0.00
4 DTP+3 IPV+1 MMR+3 Hib+3 Hep B+1 Var	76.0 (+/-1.0)			0.00

6) Describe in detail the method utilized to obtain the compliance data:

Completed applications must be received by midnight March 31, 2009

Applications should be sent as an e-mail attachment to sgoodman@aafp.org, or by mail to AAFP Foundation, ATTN: Sondra Goodman, 11400 Tomahawk Creek Parkway, Leawood, KS 66211.