

Caring For Our Past: Interventions for improving Influenza and Pneumococcal Immunization Rate Among Seniors in our Community

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Background

About our population:

- New Brunswick is a city with an estimated population of 56,160; 5.2% are above age 65
- Over 55% speak another language besides English at home
- Median household income is 40,280.00; 31.4% of the population living below the poverty line (vs 9.9% in the state of NJ)

Project Goals:

Community:

- Work in conjunction with community-based groups to increase immunization awareness.
- Vaccinate those in the community > 65yo who are uninsured or under-insured against influenza and pneumococcal disease.

Primary Clinical Site:

- Increase the current pneumococcal and influenza vaccination rate at our resident patient center - Family Medicine at Monument Square (FMMS) - by 25%



Community Outreach

- During a Practice Management rotation, all PGY I residents developed written educational materials and an educational videos regarding prevention of influenza and pneumonia.
- As part of a Community Medicine rotation, all PGY- II residents created and presented a Geriatric Preventive care series highlighting pneumococcal and influenza prevention.
- In addition, many PGY -III residents helped create and presented influenza and pneumonia prevention power-point presentations to community members.
- Each resident presentation was followed by the administration of pneumococcal vaccine to participants over the age of 65 who were uninsured.

Community Outreach Summary:

Residents developed:

13 Educational Brochures (English and Spanish)

2 Educational Videos

Residents provided:

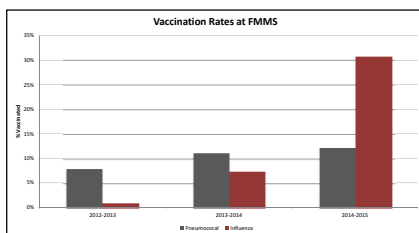
11 Community Oral Presentations

6 Community Outreach sessions

Vaccinations at FMMS

- Residents developed educational materials regarding the prevention of influenza and pneumonia and their commonly associated complications.
- Patients ≥ 65 seen at our office had their influenza and pneumococcal immunization status reviewed at each patient visit - if appropriate, vaccinations were offered.
- Educational materials regarding the influenza and pneumococcal vaccinations were mailed to eligible patients ≥ 65.
- An incentive program was created where vaccinated patients were entered into a prize drawing.

Results:



- Influenza and pneumococcal billing data was collected from our EMR and trended from 2012 to 2015.
- Total number of patients ≥ 65yo served by our residency who were eligible for both vaccinations from 9/1/14 - 3/31/15 was 1058

What Worked Best

- Having immunization status reviewed by support staff at each patient visit.
- Partnering with RWJ University Hospital Community Relation Committee and Community Health Education Office to identify community organizations, senior apartment facilities, senior centers, community soup kitchens and other opportunities for presentations and outreach.
- Having faculty champions who have a strong connection to the community and were able to reach out to the underserved population of different ethnic backgrounds and overcome language barriers.
- Incorporating the project and community involvement into PGY-II Community Medicine and PGY-I & III Practice management Rotations with protected weekly meeting sessions with Drs. Lin and Acevedo



Personal Stories

- "This grant allowed us (residents) to develop a stronger community presence and to experience the joy of taking medical care out of the office." (Dr. Lisman-PGY II)
- "We (residents) were able to bond as a unit toward a common and identified goal." (Dr. Krystofiak-PGY I)
- "This grant provided our residents with new and unique educational experiences." (Dr. Karen Lin-Faculty)

"One particular gentlemen in his 70's, who attended an event at a local soup kitchen which serves the homeless population of New Brunswick that day related to us how grateful he was to be able "protect his breathing" since this would be the first time he would have been able to receive the pneumonia vaccine since he could not afford to do so prior to this encounter." (Dr. Rhina Acevedo-Faculty)

Plans for the Future

- Our residency program plans to continue the established partnership with the RWJUH Community Relation Committee and Community Health Education Office to provide opportunities for continued community presentations on importance of immunizations and other preventive care/chronic disease subjects to the New Brunswick senior population.
- These community presentations will be incorporated into various rotations for residents. This will become a standard requirement for the PGY II Community Medicine rotation.
- Checking the immunization status of all patients during each visit has become a standard practice at our office and as such, will continue to ensure that each patient visit becomes an opportunity for encouraging and providing influenza and pneumococcal immunizations to our senior patients

Acknowledgements

We would like to thank the AAFP foundation and the Anthem Foundation for their financial support, which made these activities possible.

We thank Dr. Acevedo and Dr. Lin for their continued support and assistance in making this project a success.





2014-15 Senior Immunization Grant Awards FINAL REPORT FORM for RESULTS & FINDINGS

Instructions

- The information requested, including Appendix 1-3, should be included in your Final Report.
- Your Final Report is due by May 1, 2015.
- Please include any attachments, graphs, pictures (jpg, if possible) or other items that capture the essence of the outcomes realized by your project.

RUTGERS RWJMS FAMILY MEDICINE RESIDENCY PROGRAM

Contact Information

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2. Project Contact information if different from above:
3. *N/A* Name(s) of Resident(s) presenting Immunization Awards Poster at the 2015 National Conference:
Dr. Yasmeen Srour

Title of Project

Reciprocity: Caring for our Past. Interventions for improving Influenza and Pneumococcal immunization rates among Seniors in New Brunswick Community

Statement of Goal(s) Include your Primary Metrics:

Education:

Activity: As part of their Practice Management Rotation, PGY I residents will develop video and written educational materials in English and Spanish regarding the prevention of influenza and pneumonia and possible health complications associated with these infections.

Goal/Objective: 5 PGY I will develop 5 written Educational materials and 2 Videos (in English and Spanish) between July 1, 2014-June 1, 2015.

Activity: During PGY II year, as part of their Community Medicine Rotation, residents will develop and present a Geriatric Preventive Care Series highlighting pneumococcal and influenza prevention.

Goal/Objective: 5 PGY II residents will provide 10 community based presentations on Influenza and Community Acquired Pneumonia to community based organizations by June 1, 2015.

Residency Patient Center:

Activity: The Family Medicine center will present Video and Audio Educational materials (in languages most prominent in the New Brunswick Community) addressing the most common misconceptions about immunizations and highlighting their importance.

Outcome: The above video will be viewed by 90% of patients seen in our office by June 1, 2015.

Activity: Each patient over the age of 65 seen at our office will have their influenza and Pneumococcal immunization status reviewed at each patient visit. If appropriate, pt. will be offered Influenza and Pneumococcal immunization by our MA and physician.

Outcome: We will increase our current pneumococcal and influenza vaccination rate by 25% from our current baseline rate by June 1, 2015.

Community Outreach:

Activity: Residents will provide 30 min. Educational Presentations thru Community Based organizations which will be followed by a session of administration of Influenza and Pneumococcal vaccine to participants over the age of 65 who are uninsured.

Goal/Objective: PGY II residents will provide at least 200 influenza and 100 pneumococcal vaccines to community residents by June 1, 2015.

Impact on Target Population

1. PATIENT DATA – Complete information in [Appendix 1](#).
2. KEY OUTCOMES (Bullet points): We accomplished the following goals:
Education:
 - Residents generated 2 educational videos and 13 educational handouts (7 English, 6 in Spanish)Community Outreach:
 - Residents of all PGY years provided 11 community presentations and participated in 6 community outreach activities.# immunizations provided:
 - We increased the percentage of influenza vaccines provided to patients age 65 and above at the office from 7.45% to 30.81%; increasing the number of vaccines provided from 72 to 326.
 - We increased the number of pneumococcal vaccines provided to our patients of age 65 and above from 108-130 vaccines.
 - We provided 38 influenza vaccines and 13 pneumococcal vaccines to uninsured seniors in the community who otherwise would not have been able to obtain the immunizations.
- 2.
3. KEY PROGRAM COMPONENTS
 - a. Please see goals listed above.
4. THINGS THAT WORKED BEST (to accomplish your activities):
 1. Review of immunization status by support staff at each patient visit:
 2. Partnering with RWJ University Hospital Community Relation Committee and Outreach office to identify community organizations, senior apartment facilities, senior centers and community soup kitchens and opportunities for presentations of residents and faculty
 3. Faculty champions who have strong connection and reached out to the underserved population of different ethnic backgrounds and language barriers.
 4. Incorporating community involvement into PGY-II Community Medicine and PGY-I & III Practice management Rotations, had protected weekly meeting sessions with Drs. Lin and Acevedo to implement the project.
5. LESSONS LEARNED:
 - a. Difficulty finding uninsured seniors in New Brunswick Area, if not collaborated with RWJUH hospital outreach office, or personal outreach to different ethnic group. We found ourselves repeatedly modifying venues for presentations: we began at the university's fitness and wellness center, then moved to senior citizen housing, Homeless shelters, soup kitchens, health fairs and faith based organization events.

b. Medical Group bureaucracy moves very slowly: Although our ambulatory office had obtained budget approval for LCD screen with programmable video capacity; it has, to this date, yet to be set up and available for use. We searched for other possible venues of presenting our resident's video presentations (Audio only thru the offices sound system and as a screen saver on our EMR PC's); but these were also met with constrains limiting our ability to utilize these venues (Audio system was not functional and the hard drives did not have enough memory to support the addition of the videos as screen savers).

c. Start with a concrete plan and be ready to change lanes: See items 1 and 2 above.

d. Cannot predict flu strains!- The very well disseminated news of mismatched flu strain coverage played a significant role on our ability to convince patients who were undecided about flu vaccine to obtain the vaccine this season. After the news came out, it became more challenging to convince our patients that obtaining the flu vaccine was still a good idea given that it would still generate some protection from some of the flu strains out there.

e. Obtaining the correct data is a challenging process: We found many barriers/obstructions being able to obtain the appropriate data from our EMR. We tried other data sources (billing) which provided a more liberal availability to data that we felt was representative of the result of our efforts.

6. PERSONAL STORY:

This grant allowed us to get our residents to develop a stronger community presence and to re-claim the joy of taking medical care out of the office. It also provided our residents the opportunity bond while working together as a unit toward a common and identified goal.

We have various activities that provided our residents with new and unique educational experiences. One which stands out occurred within the community outreach segment of our grant activities. We had opportunity to participate twice in the quarterly health fair at one of the community Soup Kitchen that serve the homeless population in the New Brunswick area. During this particular activity, both Drs. Lin and Acevedo and residents, had the opportunity to directly interact with a large group of homeless individuals with whom we would not have had a chance to interact and to whom we would not have been able to provide care under our prior residency related activities. This experience debunked many of the myths usually associated with a homeless population (such as it being primarily male or having a high association with substance abuse). Listening to the stories of this very heterogenous population provided our residents with the opportunity see the new face of the homeless population in our area (young and old, male and female and of multiple ethnic backgrounds) and to relate to a broader population.

One particular gentlemen in his 70's, who attended the soup kitchen that day related to us how grateful he was to be able "protect his breathing" since this would be the first time he would have been able to receive the pneumonia vaccine since he could not afford to do so prior to this encounter.

7. IMPACT OF INTERVENTIONS - Complete information in [Appendix 2](#).

Impact on Residents and Team Members

1. Provide a general description of those who worked on the quality-improvement and/or community-based project (e.g., 18 residents, 3 medical students, and 2 MPH graduate students).

Quality Improvement:

15 residents

8 Medical Assistants

1 Office Manager

Community Outreach:

13 residents

2 Community Outreach Coordinators

2 Faculty Members

4 Community Outreach nurses

2. Address the current and future impacts of this project on the residents &/or members of the team.

Residents:

Participation in this grant activities provided our residents with built in opportunities to increase their presence in the community and to re-discover the joy of providing information to a group of participants together. For many, this was their first opportunity to go out into the community to in this setting.

In addition, it also allowed for the opportunity to develop patient education materials of excellent quality which can be utilized for years to come. This was a productive and significant bonding experience for them (particularly the PGY I's who created the two videos).

We plan to incorporate many of these activities into a standing component of the community medicine rotation, this way ensuring a continuous source of opportunities for community outreach.

We also plan to utilize the video and written materials to educate continue to educate our patient population, debunk myths and encourage senior immunizations.

MA's:

This activity had allowed for opportunities to have interdisciplinary cooperation over a common goal within our office environment. Our support staff was impressed and was very welcoming of the educational materials generated by our PGYI's and actively participated in development of protocols to ensure reviewing of immunizations at every patient visit. This QI activity has been incorporated into the visits of every patient into our office, not only those above 65 years of age.

Community Outreach coordinators:

This grant allowed us to re-establish a closer working relationship between our residents and the community outreach office coordinators. This office can generate a pool of opportunities for increase community involvement which can be incorporated into various resident rotations throughout their training.

3. If applicable, describe the impact (on your project) of the new ACIP pneumococcal recommendation issued on September 19, 2014 (Both PCV13 and PPSV23 should be administered routinely in series to all adults aged ≥ 65 years. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm#box>).

The new recommendations were included in the community presentations and patient handouts. We also incorporated PVC-13 into the recommended immunizations at the office so that when our MA's did their review of patient immunizations at every visit; they would flag the need for this vaccine.

Education and Outreach

1. Summary of accomplishments:

Education:

Goal/Objective: 5 PGY I will develop 5 written Educational materials and 2 Videos (in English and Spanish) between July 1, 2014-June 1, 2015.

Accomplished: PGY I residents developed 2 educational videos (both in English): one on Influenza Vaccine and the other on Pneumococcal Vaccine. PGY I residents also developed 13 patient handouts (7 English / 6Spanish) on Influenza and Pnemococcal vaccine.

Goal/Objective:5 PGY II residents will provide 10 community based presentations on Influenza and Community Acquired Pneumonia to community based organizations by June 1, 2015.

Accomplished: PGY I/II/III residents provided 10 Community based presentations and participated in 5 additional community outreach activities.

Residency Patient Center:

Outcome: The above video will be viewed by 90% of patients seen in our office by June 1, 2015.

Not Accomplished: Although videos were developed early in the project; due to technological issues; they were not able to be displayed to our population. Plan to begin displaying video for pneumococcal disease as soon as LCD becomes available and will add Influenza video to presentation during upcoming Influenza season.

Outcome: We will increase our current pneumococcal and influenza vaccination rate by 25% from our current baseline rate by June 1, 2015.

Accomplished: We increased our influenza vaccination rate from 7.45-30.81% (provided a total of 326 influenza vaccines). Our pneumococcal vaccination rate increased from 11.18%-12.29% (provided a total of 130 pneumococcal vaccines). These numbers represent the rate of vaccines provided at our ambulatory office and most likely a lower estimate of our actual immunization rate since it does not account for our patient population who received their vaccinations outside of our office, like local pharmacies or senior centers, or during hospitalization.

Community Outreach:

Activity: Residents will provide 30 min. Educational Presentations thru Community Based organizations which will be followed by a session of administration of Influenza and Pneumococcal vaccine to participants over the age of 65 who are uninsured.

Goal/Objective: PGY II residents will provide at least 200 influenza and 100 pneumococcal vaccines to community residents by June 1, 2015.

Partially accomplished: Residents participated in 10 community presentations and 5 community outreach activities.

During these presentations we administered 38 Influenza and 13 Pneumococcal vaccines.

2. List of clinical & patient education and outreach materials produced or used in this project:**ENGLISH:**

1. Flu Vaccine Myth vs. Fact
2. Healthy Aging
3. Healthy Aging: Understanding Pneumococcal Vaccine and Disease
4. Know Your Flu Facts
5. Pneumonia (Pneumococcal) Vaccinations
- 6 Flu Timing Facts
7. Healthy Aging: Understanding Pneumococcal Vaccines and The Disease

SPANISH:

1. Envejecimiento Saludable
2. Influenza y Usted
3. Datos Sobre la Gripe
4. Salud en la Tercera Edad
5. Hechos de Tiempo de la Gripe
6. Healthy Aging: Entender vacuna antineumococcal y enfermedad

VIDEOS (PGY I):

- Influenza
- Pneumonia

3. List of presentations with the date(s) and brief description of the audience:
- 4.
1. Wednesday. Sept. 17- Pneumonia (Dr. J. Srour/Acevedo) –RWJUH Fitness and Wellness Center (1)
2. Wed. Sept. 24- Vaccines for Adults (Dr. K. Murthy)-RWJUH Fitness and Wellness Center (2)
3. Wed Oct. 1- Bingo – Flu Myths (Dr. Kumar/Acevedo)-RWJUH Fitness and Wellness Center (1)
4. Thursday Oct 2- Flu and the flu vaccine (Dr. Lisman/Lin) –RWJUH Fitness and Wellness Center
5. Wednesday Oct 15- Influenza and You (Dr. Kodery/Acevedo)- New Brunswick Apartments (2)
6. Wednesday Oct 22- How to protect yourself from Pneumococcal disease (Dr. Krystofiak/Acevedo)- New Brunswick Apartments.(5)
7. Wednesday Nov 19- How to protect yourself from Pneumococcal disease –Bilingual presentation (Dr. Krystofiak/Acevedo)-New Brunswick Apartments.(6)
8. Wednesday Dec 10- URI's – (Dr. Srour/Acevedo)- Islamic Center , New Brunswick (5)
9. Thursday April 23- Adult Immunizations (Dr. Kodery)- Old Bridge Senior Citizen Center (?)
10. Tuesday April 28- Adult Immunizations (Dr. Farjo)-Highland Park Senior Citizen Center(?)
11. *June 15- Senior Immunization Overview (Dr. Abdelsayed) Monroe Senior Citizen Center

In addition to community based presentations listed; our residents and faculty have also participated in the following Community outreach activities/health fairs offering/providing Influenza and Pneumococcal immunization to uninsured patients above the age of 65:

1. September 25- Semi-Annual Immunization Health Fair- Robert Wood Johnson Wellness Center- Drs. Srour, Lisman and Jabonite) Provided medical consultation to attendees from New Brunswick Community.
2. Sunday October 12- Tzu-chi Foundation. Dr. K Lin/S. Abdelsayed . : Medical consultation services for uninsured members of Chinese Community in Cedar Grove, New Jersey (20)
3. Thursday Oct 16: Elijah's Promise Soup Kitchen -Soup kitchen for homeless population in New Brunswick (Dr. Lin) (20)
4. Wednesday Jan 21: Elijah's Promise Soup Kitchen- Soup Kitchen for Homeless population in New Brunswick (Dr. Acevedo/Dr. Jabonite)(20)
5. Tuesday Jan 27: Elijah's Promise Soup Kitchen Health Fair- (Drs. Lin/. Lisman) (10)
6. Sunday Feb 1, 2015, Tzu-Chi Foundation. Drs. K. Lin/Lisman, Medical consultation services for uninsured members of Chinese Community in Edison, New Jersey

RWJ Wellness Center, Tzu-chi Foundation, New Brunswick Apartments, Elijah's Soup Kitchen: At these sites, we opened our presentations to participants of all ages with the hopes that this information would then be brought home and applied to the health of the seniors in their families/neighborhoods who were not able to attend our session.

Senior Centers: At these sites, the presentations were presented to participants aged 65 and above.

4. Include the materials developed and implemented as an attachment (in a jpg or pdf format) or provide the web address where they can be accessed.

All project related educational materials can be seen at the following Dropbox account:

www.dropbox.com

Log in: Immunoprojectrwjmsfm@gmail.com

PW: fmf1234

Sustainability

Discuss how the FMRP and residents will carry the best practices and gains into the future.

Education/ Community Outreach:

Our residency program plans to continue the established partnership with the RWJUH Community Health Education outreach office to provide opportunities for continued community presentations on importance of immunizations and other preventive care/chronic disease subjects to the New Brunswick senior population. These presentations will be incorporated into various rotations (Community Medicine, Practice Management, etc) for our residents. This will become a standard requirement for their community Medicine rotation.

Quality Improvement:

Checking the immunization status of all patients during each visit has become a standard practice at our office and as such, will continue to ensure that each patient visit becomes an opportunity for encouraging and providing influenza and pneumococcal immunization to our Seniors.

Project Impact Statement for Donors

What would you like the donors who supported this project to know about this project and the benefit you derived from receiving this grant?

We greatly appreciate the generosity of the foundation in providing our residency program with this grant. It has greatly motivated and enhanced our ability to provide our residents with opportunities for further community outreach which has help them re-discover the joy of having a more active community presence and taking our care outside of the limitations of our office. Residents have expressed their great enjoyment of being able to reach out to a population which they had not been able to reach within our office. In addition, the development of the video and written materials have provided them with opportunity to further develop their communication skills and their ability to meet the patient at the right communication level. Working on these projects has also been an opportunity to unify and further develop their leadership skills, especially for those who became "Class Champions" and played a lead role in developing and moving forward the different components of this grant.

These are seeds that will continue to provide fruit which will benefit both our residents, patients and community seniors for years to come. Thank you again for the opportunity to participate in this activity.

Budget Update – Complete information in [Appendix 3](#).

Appendix 1: PATIENT DATA for 2014-15 Senior Immunization Grant Award

I. INFLUENZA VACCINE INFORMATION: 2014-15 Flu Season

- 1a. Total # of seniors (adults aged ≥65) served by your residency who were **eligible** for an *influenza* vaccine from 9/1/14 -3/31/15: 1058
- 1b. Total # of seniors who **received** an *influenza vaccine* from 9/1/14 - 3/31/15: 326
- 1c. Historical Data – Enter data in the table by clicking on the box and typing in the numbers

Seniors (age 65 and older)	2012-2013 Flu Season (Sep 2012-Mar 2013)	2013-2014 Flu Season (Sep 2013-Mar 2014)	2014-2015 Flu Season (Sep 2014-Mar 2015)
Influenza Vaccine Rate (%)	%	%	%
Numerator/Denominator (absolute numbers used to calculate rate)	1.08	7.45	30.81

- 1d. Summary of methodology used to obtain the data and information:
computer search for billing data (90662 & 90656) during period identified
NOTE: although our original application data was based on billing data for Medicare codes for influenza vaccine administration (G00008); we found that many of our clinical providers did not routinely billed for the administration of the vaccine; but did bill for the vaccine itself. In order to obtain a more representative number of vaccines provided at our office, we obtain data from current and previous years for the codes above (which represent billing for trivalent and high dose influenza vaccine) for patients 65 years of age and above who were seen in our office within the period of time above stated. We feel that this number would under-estimate the effects of our grant related activities since it would not include patients who opted to receive their vaccine at a site outside of our office (ie. Hospital, pharmacy, Senior center or other). It is the practice of our admitting hospital (RWJUH) to provide influenza vaccination to all appropriate patients upon discharge after a hospital admission.

II. PNEUMOCOCCAL VACCINE INFORMATION: 2014-15 Flu Season

*Note: New ACIP recommendations for PCV13 and PPSV23 use in adults aged ≥65 were issued on Sep 19, 2014 during the course of this grant. They were NOT required to be implemented by grant recipients.

- 2a. Total # of seniors who were **eligible** for a PPSV23 vaccine who were served by your residency from 9/1/14 - 3/31/15: 1058
- 2b. Total # of seniors who **received** a PPSV23 vaccine from 9/1/14 – 3/31/15: 130
- 2c. Historical Data – Enter data in the table by clicking on the box and typing in the numbers

Seniors (age 65 and older)	2012-2013 Flu Season (Sep 2012-Mar 2013)	2013-2014 Flu Season (Sep 2013-Mar 2014)	2014-2015 Flu Season (Sep 2014-Mar 2015)
PPSV23 Pneumococcal Vaccine Rate (%)	%	%	%
PPSV23 Numerator/Denominator (numbers used to calculate rate)	8.06	11.18	12.29
*Number of seniors who received PCV13 during specific time period			39

- 2d. Summary of methodology used to obtain the data and information:
computer search for billing data (90670 & 90732) during period identified
NOTE: although our original application data was based on billing data for Medicare codes for influenza vaccine administration (G00009); we found that many of our clinical providers did not routinely billed for the administration of the vaccine; but did bill for the vaccine itself. In order to obtain a more representative number of vaccines provided at our office, we obtain data from current and previous years for the codes above (which represent code for PVC-23 and PVC-13) for patients 65 years of age and above who were seen in our office within the period of time above stated. We feel that this number would under-estimate the effects of our grant related activities since it would not include patients who opted to receive their vaccine at a site outside of our office (ie. Hospital, pharmacy, Senior center or other). It is the practice of our admitting hospital (RWJUH) to provide influenza vaccination to all appropriate patients upon discharge after a hospital admission.

III. COMMUNITY-BASED PROJECTS ONLY: INFLUENZA & PNEUMOCOCCAL INFORMATION: 2014-15 influenza season [*Note: New ACIP recommendations for PCV13 and PPSV23 use in adults aged ≥65 were issued on Sep 19, 2014 during the course of this grant. They were NOT required to be implemented by grant recipients]

- 3a. Total # of seniors served by this project through community outreach from 9/1/14 – 3/31/15: Presentations: approximately 60 seniors. Community based health fairs/soup kitchen: over 100 seniors.
- 3b. Total # of seniors served through community outreach who **received an influenza** vaccine from 9/1/14– 3/31/15: 38 Is this data included in the data presented in question 1b and 1c? No
- 3c. Total # of seniors served through community outreach who **received a PPSV23 vaccine** from 9/1/14-3/31/15: 13 Is this data included in the data presented in question 2b and 2c? No
- 3d. Total # of seniors who **received a PCV13 vaccine*** from 9/1/14 – 3/31/15: None Is this data included in data presented in 2c? No
- 3e. Summary of methodology used to obtain the data and information:
This data is based on tally of consent forms obtained from seniors who received immunization at our community outreach activities.

IV. PNEUMONIA-RELATED HOSPITALIZATION RATES FOR AGE ≥ 65, Reported Over 2 Flu Seasons

- 4a. Historical Data – Enter data in the table by clicking on the box and typing in the numbers

PNEUMONIA-RELATED HOSPITALIZATION RATES FOR SENIORS AGE ≥ 65		
Patients 65 and older	2013-2014 Flu Season (Sep 2013-Mar 2014)	2014-2015 Flu Season (Sep 2014-Mar 2015)
Community Acquired Pneumonia		
Pneumococcal Pneumonia		
Influenza-Related Pneumonia		

- 4b. Summary of methodology used to obtain the data and information:
1T