SENIOR IMMUNIZATION GRANT AWARDS
SAMPLE APPLICATION #3 QI-CB PROJECT
www.aafpfoundation.org/immunizationawards

This sample application is derived from an application funded in 2014.

I. APPLICANT INFORMATION

Name of FMRP: **ZZZZ Family Medicine Residency Program** Website URL: ZZZZ

Name of project lead (if different from Program Director): **ABC** Program Director's name: DEF

☒ I certify that the Program Director has approved submission of this application.

Street Address including city, state, and zip code: ZZZZ Email: ZZZZ

Setting of FMRP (please mark all that apply) ☐ Rural ☒ Urban/Inner City ☒ Suburban

Number of residents in your program: 30

Type of Senior Immunization Project you will be implementing (mark all that apply):
☒ Quality Improvement ☒ Community-Based

Has your residency previously conducted quality improvement or community outreach projects to improve immunization rates? ☒ No ☐ Yes If yes, what aspects did the project address?

II. CLINICAL POPULATION DATA

Please describe the methodology used to obtain the data/information below: Queried our EMR (EPIC) electronically; some data extracted manually from the EMR.

Total number of patients served by your residency in the past year: 6381

Number of seniors, age 65 and older, served by your residency in the past year: 682

% Male 34.8 % Female 65.2

% by Racial/Ethnic group (please define your groups): African American 61.6%; Caucasian 32.8%; Asian 2.53%; Middle Eastern Indian 1.55%; American Indian 0.51%; Hispanic 0.51%; Other 0.5%

% Medicaid insurance 60.6 % Medicare insurance 21.7

% Private insurance (includes commercial, BCBS, HMOs, PPOs) 12.6 % Uninsured 4.1

If patients are vaccinated in settings other than your residency, how does your residency get notified? If the immunization is given within the health system (ABC) that uses our EMR (EPIC), it will be recorded in the patient's medical record. We have access to records from other health systems that use EPIC, and can look up and manually enter the information if/when the patient informs us of having received the vaccine. Local pharmacies that administer vaccine to our patients fax us notification of doing so, and a staff member transfers the information manually into the EMR. Otherwise, we have to depend on the patient to inform us, and will try to confirm this information and enter it into the EMR.

III. COMMUNITY POPULATION DATA (This section required only if project is community-based)

Summary of methodology used to obtain the data/information below: From various websites, including but not limited to: US census site:http://quickfacts.census.gov/qfd/states/39/3921000.html

http://zipatlas.com/us/ZZZZ

http://www.city-data.com/zipmaps/ZZZZ.html

Describe the geographic area that defines your community population: 14.89 sq miles (includes the communities where the majority of our patients live as defined by 5 zip code areas that surround our office (ZZZZ). (While a few our patients come from other communities, scattered around the city, surrounding counties, and rural areas, we have only included data on the communities where the majority of our patients reside.) This area is largely inner city, with some suburban communities. The area covers, in general, the northern part of what is referred to as "West CITY" (the western part of CITY,STATE, defined in particular as communities west of the XX, which divides the city in half).

Total number of seniors age 65 or older in your community: 9162

Demographic data on seniors in community: Approximately 39% male, 62% female, 63% African American, 34% Caucasian, 2.5% Hispanic, 2.0 % other. We are unable to determine the percentage of home ownership. Across the community the average income is $10,934/year. We assume that our senior population earns less than that per year and is dependent on Social Security as well as other government or local programs.

IV. DESCRIPTION OF PROPOSED PROJECT (Information requested in Section IV may be submitted as an attachment or in a separate file)

Reminder: Senior Immunization Grant Awards are intended to recognize FMRPs whose residents implement and report on a quality improvement &/or community-based project that is designed to increase influenza and pneumococcal vaccination rates in patients who are age 65 and older, especially in underserved communities, during the 2014-2015 influenza season.

TITLE PLEASE SEE ATTACHED DOCUMENT FOR THIS AND THE FOLLOWING

IMPACT ON RESIDENTS

Describe number of residents that will participate and how the project will benefit the residents? see attached

TARGET GROUP

Define target group for this grant award and the number of patients age 65 and older that will be impacted. see attached

Describe factors that define your target group as a medically underserved population. see attached

Summarize recruitment and/or outreach strategies for your target group? see attached

BARRIERS AND CHALLENGES

Describe challenges and barriers in your target group that deter them from receiving influenza and pneumococcal vaccinations. see attached

GOALS, OBJECTIVES, ACTIVITIES, AND OUTCOMES

Describe the proposed project, which will be put in place to achieve improved influenza and pneumococcal immunization rates in seniors age 65 and older during the 2014-2015 flu season Your description should include S.M.A.R.T. goals and objectives; activities that support your objectives; as well as outcomes and how they will be measured.

see attached

IMPLEMENTATION PLAN EXPRESSED AS A TIME LINE WITH MAJOR MILESTONES

[NOTE: Please be sure to include the following five milestones in your timeline: 1) Detailed Project Outline to AAFP Foundation by August 1, 2014; 2) Interim Report to AAFP Foundation by December 15, 2014; 3) Mid-Evaluation Conference Call January 2015; 4) Final Evaluation Report to AAFP Foundation by May 1, 2015; and 5) Presentation of Results at National Conference July 31- August 1, 2015]

see attached

V. INFLUENZA AND PNEUMOCOCCAL VACCINE RATES for AGE 65+

VACCINES for 65+	**2011-2012 Flu Season** (Oct 2011-Mar 2012) **%**	**2012-2013 Flu Season** (Oct 2012-Mar 2013) **%**	**2013-2014 Partial** (Oct 2013-Dec 2013) **%**
Influenza (65+ y.o)	39.40	58.30	43.60
Pneumococcal (65+ y.o)	40.00	56.60	69.70

Summary of methodology used to obtain the data above: Utilized both computer generated searches and manual extraction of records from our EMR (EPIC).

PROJECTIONS FOR THE 2014-2015 FLU SEASON

Summary of methodology used to obtain the numbers and percentages in the data below: For numbers/percentages in our clinical offices, percentages from previous years were obtained. Then, based on discussions with physicians and clinical office staff (including nursing and administrative staff), estimated "worst case" and a "best case" numbers/percentages for improvement were calculated. A conservative median of the two calculations was developed, and this is what is used for our clinical office numbers. Numbers/percentages for changes that should take place outside the immediate reach of our FM clinical office were developed through discussion among faculty in our department, with some input from outside faculty. Conservative estimates that appeared reasonable to several people were used.

Estimate the number and percent of seniors in your target group that will receive an influenza vaccine during the 2014-2015 flu season due to your project: At minimum, 371 of the seniors in our office will receive the influenza vaccination, representing a 25 % increase over our 2013-14 rates. However, it is likely that we can improve more than this, since simply by returning to our 2012-13 rate we will immunize 398 seniors, a goal that appears realistic, then we will see improvements due to other efforts we are putting in (see information included in Section IV). In addition, we estimate that an additional 100-200 previously-unvaccinated patients will be vaccinated as a result of our community outreach campaign. We also estimate that many hundred seniors in both our immediate and in our greater community will be vaccinated (who would otherwise not have been vaccinated) as a result of our efforts to improve immunization alerts in our EMR.

Report or estimate the number and percent of seniors in your target group that are *currently immunized* to pneumococcus: Approximately 475 or 69.7% of the seniors in our residency practice are currently immunized for pneumococcus.

Estimate the number and percent of seniors that will receive pneumococcal vaccines during the 2014-2015 flu season due to your project: Approximately 118 of our own patients will receive immunizations, representing a 25% increase in our pneumococcal vaccination rate. We expect to directly influence, through our community outreach, at least 75-100 more seniors to get the vaccine. System-wide improvements in our EMR alerts will potentially lead to many hundreds more seniors receiving their pneumococcal vaccines who would not have otherwise been vaccinated.

VI. SUSTAINABILITY

Once your proposed project is complete, how does your FMRP intend to ensure that immunization best practices will be carried into the future, and that gains made in improving senior immunization rates will be maintained or extended to other populations served by your program? An important part of this grant will be the implementation of "system changes" in our residency clinical office. These system changes will encourage and allow the identification--on multiple levels, by multiple persons (office staff, MA's, RN's, physicians, etc)--of seniors who need the vaccinations. The changes will also simplify the processes needed to obtain/administer the vaccine (the implementation of standing orders, for instance). We also expect to have several days during the flu season when "immunization clinics" are held, allowing patients to walk in to receive their vaccinations. With these new policies in place, and implemented and improved for a year by using quality improvement processes, new 'habits' will have been formed. Since the residents involved in the project will be in our program for another 1-2 years after its conclusion, they will also be able to encourage a continuation of these system changes and eventually carry what they have learned into their own practices. With 3 yrs of encouragement, new habits should be ingrained. We also expect that due to education and simplified access, patient demand for vaccinations will increase, further encouraging permanent change. Another important aspect of this grant is the establishment of relationships with community organizations which our residency has not had in the past. Using this project as a springboard, our plan is to maintain and strengthen these relationships so as to have the ability to partner with and influence healthy choices in our surrounding communities for years to come, both through yearly efforts to encourage vaccinations as well as expanded outreach in many other areas of healthy living. Furthermore, the alerts that we are able to develop/improve will persist in their influence.

VII. PROJECT BUDGET

The Senior Immunization Grant Award totals $11,200, which includes a $10,000 grant provided to the FMRP whose innovative project is selected; and a $1,200 for a travel scholarship to allow one or more resident(s) to present their results at AAFP's 2015 National Conference. Funding from the grant award may only be used for costs directly related to immunization projects and may include the cost of medical supplies, equipment rental or purchase, software purchase or lease, patient education materials, communication expenses, patient incentives/reimbursement, mileage/transportation, and costs associated with presenting results at AAFP's 2015 National Conference. Only high-level budget reconciliation will be required for the Final Report.

Expense Category	Amount
STAFF & ADMIN	$ 2500
SUPPLIES (may include vaccine cost)	$ 5000
EQUIPMENT	$ 1500
OTHER	$ 2200
TOTAL	$ 11200

BUDGET NARRATIVE - For expense categories above please provide a line item description of costs and how it was estimated:

Staff and Administration: 10 hours of dedicated IT time for two purposes: first, to help our residents develop, implement, evaluate, and improve alerts and/or to improve current alerts; second, to collect outcomes data for our project (based on calculated approximate hourly cost based on avg IT salary). 3-5 hours to pay for the time of our office nurse (currently working part time), who was responsible for helping our clincal office maintain high immunization rates in the past , to train newer nurses on "best practices" .

Supplies: patient education materials (estimated paper, copying/printing, and postage costs to reach 650 patients), advertising for community outreach (includes cost of flyers and mailing plus money for small local advertising campaign), incentives for participation in focus group ($25 gift card x 15) plus bus fare ($3 x 5) or cab fare for patients without other means of transportation , refreshments and door prizes for community outreach experiences (approx 8-10 meetings, approx 50 people/meeting, 2 door prizes (at $25 each) for each session), a limited fund to pay for vaccines for those patients who remain uninsured or who have not paid their ACA premiums, small "thank-you" gifts ($10x10) for our community contacts, and small thank-you's for office and nursing staff ($2.5 x 30, twice during the project).

Equipment: Projector and laptop to help with community presentations, data collection, and development of alerts.

Other: Unanticipated expenses and overruns ($1000) plus travel for one resident to present at AAFP 2015 meeting .

(The SECTION BELOW was submitted as a 10-page Word document to accompany the Immunization Award application)

IV. DESCRIPTION OF PROPOSED PROJECT

TITLE

Sustainable Improvements in Immunization Rates for Seniors: A Local and Community-wide Effort

IMPACT ON RESIDENTS

Describe number of residents that will participate and how the project will benefit the residents?

The ZZZZ Family Medicine (FM) Residency has thirty residents and is located in a medically underserved inner city neighborhood that is predominantly African American. The residency's clinical office, ZZ Family Health Center, is part of a Federally Qualified Health Center which has several clinical sites, including our family medicine residency's clinical office and an internal medicine residency's clinical offices. All the clinical sites share the same electronic medical record, EPIC, which is also used by many local hospitals and practices in a large network called the ABC network. This project will be implemented by the family medicine residency, but will benefit senior patients in the internal medicine offices as well, and potentially many primary care practices in the ABC network.

Five FM residents have developed and will lead this project. Two additional FM residents will be involved in implementation. The other 23 FM residents will assist with community outreach efforts. All 30 FM residents will learn about process improvement as they participate in developing and assessing workflow changes implemented to achieve the goals of the project. All FM residents will benefit from the improved immunization alerts in the office EMR which will be developed during the project. Because of the shared EMR, Internal Medicine residents (104) will benefit as well, as may other primary care practices within the ABC network.

TARGET GROUP

Define target group for this grant award and the number of patients age 65 and older that will be impacted.

This program will directly impact our senior patients in the FM clinical offices, seniors at the Internal Medicine residency clinical offices, and seniors in the broader community.

Currently 682 seniors are patients at our family medicine residency's clinical office (ZZ Family Health Center). We expect to see the largest increase in percentage of additional vaccinations among the members of this group through improved immunization alerts and changes in office workflows described below. This population is 2/3 African American and predominantly Medicaid/Medicare patients. Successful intervention with this population will have an impact on health disparities in immunization rates, which can then be replicated with other underserved populations. Additionally, because the improved immunization alerts will be implemented in the EPIC EMR, which is used throughout the CITY area by several hundred physicians in the ABC network, many other patient populations will benefit from this project. For example, although not a target population, the improved immunization alerts will benefit the children and teens served by our FM clinical office.

In addition to the current patient population of the FM residency clinic, through the community outreach component of the project, the target population also includes the much larger population of underserved minority seniors (largely African American) in the CITY community (approximately 9000 in our immediate communities, many of whom are potential patients of the FM clinical office).

Describe factors that define your target group as a medically underserved population.

Our family medicine residency is located in the "West CITY" region of CITY, STATE. According to the HRSA site,[1] West CITY is classified as a medically underserved area. Community demographics confirm this designation, with relatively few primary care physicians per population, and average income in the ZIP code areas immediately around our FM residency being well below the poverty level. A convenience sample of seniors in our office demonstrated that frequently our seniors are uninsured in the years prior to qualifying for Medicare, and therefore have had poor health care up to that point.

In addition, a variety of health disparities define our population as medically underserved. In general, documentation of health disparities and general underutilization of the health care system, particularly in the African American community, is extensive.[2] Barriers to accessing health care include distrust of the system and lack of knowledge about available resources. This disparity has been well-documented in our CITY communities through research done by the ZZZ Center for Healthy Communities.[3]

Summarize recruitment and/or outreach strategies for your target group?

Improvements in the office workflow will simplify the identification of seniors eligible for vaccinations and will simplify vaccine administration. Immunization alerts that will be added to the EMR, will identify seniors while they are in the office, allowing nurses and doctors to respond in a timely manner. Patients within our clinical offices will also be reached through targeted mailings.

The types of mailings to our patients and the planning and implementation of the improved office workflows will be developed by the Family Medicine residents. The details of these efforts will be heavily guided and influenced both by a careful literature review and by a focus group with senior patients from our clinical office. The focus group will help the residents formulate ideas on effective outreach to community seniors by identifying barriers, framing suggestions to overcome those barriers and developing educational materials and campaigns that will be effective among our patients as well as other seniors in our community.

Successful health education and outreach in the African American community often includes partnership with faith-based and community based organizations. The STATE Department of Health report, *Addressing Health Disparities*, stated that African Americans cited churches and local recreation centers as good locations for receiving health information.[4] Building on the research base and the local ties cultivated by the ZZZ Center for Healthy Communities with the CITY African American community,[3] our residents will develop a series of learning sessions that will be offered in local faith-based and community settings. These sessions will extend the influence of the project to hard-to-reach populations.

BARRIERS AND CHALLENGES

Describe challenges and barriers in your target group that deter to them for receiving influenza and pneumococcal vaccinations.

The major barriers and challenges in our community include:

1) Inherent mistrust of health care to adequately address the needs of the patient given the long history of mistreatment of African Americans.
2) Misunderstandings about the risks and benefits of influenza and pneumococcal vaccinations which result in vaccine refusal. A common misconception is that the shots are more dangerous than helpful.

3) Lack of access to physician offices or other sites to receive vaccinations (transportation issues, etc).
4) African American patients report that they often have to ask their physicians for the immunizations rather than having the immunizations offered to them.
5) Patients report focusing on getting children vaccinated, and do not have the time or emotional strength to get their own vaccinations. For example, a grandmother who is parenting her grandchildren addresses the vaccine needs of her grandchildren and neglects her own.
6) Additional factors will be identified during the patient focus group and community outreach efforts.

GOALS, OBJECTIVES, ACTIVITIES, AND OUTCOMES

Describe the proposed project, which will be put in place to achieve improved influenza and pneumococcal immunization rate in seniors age 65 and older during the 2014-2015 flu season. Your description should include S.M.A.R.T. goals and objectives; activities that support your objectives; as well as outcomes and how they will be measured.

Goals and Objectives	Activities	Outcomes	Evaluation
1. Residents develop plans for effective educational materials and programs by Aug 2014	a) Residents perform focused literature reviews and develop specific plans based on best evidence.	Residents share information in monthly meetings in June and July.	Ideas and plans will be submitted in writing at each meeting.
	b) Focus group planned in early June and July, takes place in late July, led by residents	Residents will learn how to conduct a focus group. Residents better understand local barriers to immunization of seniors, strategies for overcoming those barriers, and ideas for effective outreach to local seniors and components for effective educational materials and campaigns.	By end of July residents will submit to faculty detailed plans for their part of the project and incorporated ideas from the focus group and from literature review.

2. By Oct 2014, residents will have worked with the IT professionals to create and implement improved immunization alerts, resulting in effective, measurable change in nurse/physician ordering of immunizations.	a) Residents will review the literature on effective alerts in June. Will discuss ideas with physicians and IT personnel. They will work with IT to plan an improved alert system, which will be incorporated by the IT into our EMR in Sept/Oct 2014	By early Oct 2014 the new alert(s) will be functioning. Any problems will be addressed during Oct and Nov. On-going evaluation and improvement will occur on a monthly basis throughout the 2014-15 influenza season.	At least 75% of EMR users (nurses and physicians) will report on the utility of the new alerts by the end of the 2014-2015 flu season (end of March, 2015).
3. Office work flows will be improved, simplifying access to vaccines by senior patients.	a) Residents will meet with office staff to "trouble shoot" current office workflows and to develop improvements during July/Aug 2014. Changes will then be implemented in Aug/Sep 2014, trialed, evaluated, and improved.	By or before Oct 2014, improvements will be implemented in office workflow that will increase identification of seniors eligible for vaccinations and will simplify vaccine administration.	Ongoing process improvement to enhance workflows
	b) Train office staff to sustain high immunization rates. Residents will work with our office RN immunization specialist to develop important areas to cover with newer office personnel during July/Aug 2014, and will effectuate the training in Aug/Oct 2014.	Improved immunization practices among newer office staff.	Training RN will observe office staff and report back to residents involved in this aspect of the project on a monthly basis during Oct-Dec, then on an as-needed basis, and at the end of the influenza season in 2015.

4. By March of 2015, influenza vaccination rates among the senior patients in our clinical office will show 30% improvement over the previous flu season.	Educational information and outreach to our patients (developed in #1 above) improved workflows, and improved EMR alerts will combine to effectuate the improved vaccination rate.	Influenza vaccination rate of our senior patients	Immunization rates will be measured at the end of each month, and if rates are not trending upward, we will re-evaluate, adapt, and re-implement.
5. By March of 2015, improved immunization workflows will have increased pneumococcal vaccinations in senior patients by25%	Educational information and outreach to our patients (developed in #1 above) improved workflows, and improved EMR alerts will combine to effectuate the improved vaccination rate.	Pneumococcal vaccination rate of our senior patients	Immunization rates will be measured at the beginning of the project and monthly. If, rates are not trending upward, we will re-evaluate, adapt, and re-implement.
6) Enhance our community relationships with the current effort focused on reaching out to seniors to disseminate information and encourage them to obtain indicated immunizations.	Using best practices, developed through activities outlined in #1 above, residents will be assigned to disseminate information on vaccination to various community groups. They will specifically be assigned to contact local faith-based and community organizations, and hold, in all, at least four learning sessions on immunizations and other health issues. These will be a basis for on-going outreach in the future.	Educational materials will be disseminated throughout the community, through focused direct mailings and in community learning session. Four learning sessions will be held at four different faith-based and community organizations by November 2015.	Number of sessions held, number in attendance, and value of session to attendees measured by post-session questionnaire.

Additional details of project outlined in chart:

1) By mid-August 2014, all residents will develop detailed plans for our project that will include effective educational materials and programs that will address (and overcome) barriers to

vaccination in our senior patient population. Residents will review literature on the specific aspects of the project they have chosen to guide and will then develop specific plans based on best-evidence, including drawing on the experience of other successful projects.[5] During monthly resident/faculty meetings starting in June, residents will share the information they have gathered and the plans that they are developing. Ideas and drafts of plans will be submitted in writing at each meeting.

   a. During monthly meetings residents will plan the focus group which will be held in late July. The focus group will consist of seniors recruited from our clinical office. Residents will learn how to conduct a focus group, discuss informed consent, record and analyze discussions. The goals of the session are to better understand local barriers to the immunization of seniors in our community and possible strategies for overcoming those barriers, ideas for effective outreach to community seniors, and components for effective educational materials and campaigns. Within two weeks (by the end of July 2014) each group of 1-2 residents will have incorporated ideas from the focus group and from their literature review into concrete, detailed written plans on how to accomplish their planned activities.

2) By October 2014, resident #1 will have worked with the IT professionals who manage our EMR to create and implement improved immunization alerts that will produce a measurable change in nurse/physician ordering of immunizations. Using the information gained through a literature review on what represents an effective alert,[6] resident #1 will spend June-August working with IT personnel to plan and implement an improved immunization alert system in our EMR. By early October the alert system will be functioning. Issues and problems will be addressed during the next 1-2 months. Effectiveness will be evaluated on an on-going basis by surveying end-users in the office on whether or not the alerts are effectuating behavioral change.
3) By October 2014, office workflows will be improved and simplified so eligible patients are easily identified and vaccines are administered. Methods for on-going evaluation and modification will be in place.
   a. Using already established PCMH office processes, residents #2 and #3 will brainstorm with physicians and office staff to trouble-shoot current workflows and to simplify workflows. Part of these improvements may include a direct mail campaign to our patients to encourage them to come in for vaccinations. Of greater import are changes such as having front office staff flag charts, developing standing orders for vaccine administration, the establishment of vaccination days in the office, etc. Improvements will be implemented in October, and will be subject to the ongoing process improvement system already in place in the office. This will include re-evaluation every month initially, then on an as-needed basis. System changes will be discussed and evaluated again at the end of the 2014-2015 influenza season.
   b. Residents #2 and 3 will work with our office RN immunization specialist to develop a list of areas of importance to cover with newer office personnel, and will effectuate the training. The RN and residents will then observe for effectiveness of the training. If it is not effective, they will seek input from those being trained, will make improvements, retrain, and repeat the process as needed.
4) By March of 2015, influenza vaccination rates among senior patients in our clinical offices will show 30% improvement over the previous flu season.

a. Building on #1, 2, and 3, educational information and outreach to our patients (developed in #1 above) will be implemented by Oct 2014, improved workflows and EMR alerts will be in place, and will combine to effectuate the improved vaccination rate. Residents #4 and 5 will track and measure influenza vaccination rates of our senior patients at the end of each month. Process improvement will be used if trends are not improving.

5) By March of 2015, pneumococcal vaccination rates among senior patients in our clinical offices will show 25% improvement over rates at the beginning of the project.
   a. The process described in 4.a.will be used to monitor and improve pneumococcal vaccination rates.
6) Using information gained in step 1 above (literature review and focus group with patients), and building on research and local efforts of the ZZZ Center for Healthy Communities, all residents will participate in outreach to our community seniors, with the current effort focused on improving immunization rates among this populations. Beginning in June 2014, residents will begin to establish connections with four local faith-based and community organizations, and will collaborate with them in the development of learning sessions about immunizations and health issues related to seniors. By August, the four learning sessions on immunizations will be scheduled. Sessions will occur between August and November. As a small part of these sessions, educational information in print form will be offered at these sessions. Data on the number of sessions held, number of attendees, and a brief questionnaire on the value of the information will be collected at the end of the sessions.

IMPELMENTATION PLAN EXPRESSED AS A TIME LINE WITH MAJOR MILESTONES

Mar 31, 2014	Submit application
Jun 2, 2014	Receive notification of success of application
Jun 2014	First monthly meeting with residents to finalize project choices, and to outline literature review goals. Initial plans for focus group will be made. Residents working on in-office changes will meet with office and nursing staff to start collecting ideas on effective changes Residents working on creating alerts will research “best practices” on effective and appreciated electronic alerts
Jul 2014	Submit detailed project outline to AAFP Foundation that is developed in our monthly meeting. All residents (working in pairs or triads) will make connections with at least one community group/entity and will make preliminary evaluation of their needs

	Focus group will be advertised with our patients. Two residents participate in education about how to conduct focus group. Hold meetings with office staff and nursing to identify specific system changes to implement, and begin implementation. Our "immunization nurse" will train the other office staff in best practices for immunizations Meet with IT personnel to initiate creation of electronic alert(s)
Sep 2014	Hold first round of community outreach experiences Evaluate and improve our outreach experiences Meet again with office and nursing staff, evaluate and improve changes, implement again Evaluate and improve alert(s)
Oct 2014	Continue community outreach experiences, improved as per protocol Evaluate and improve community experiences and office educational materials Meet again with office and nursing staff, evaluate and improve changes implement again Expand use of the alert(s) to all ZZZ Health Centers
Nov 2014	Complete community outreach experiences, send thank-you's If needed, meet again with office and nursing staff, evaluate and improve changes, implement again. Give awards to best implementers. Give thank-you's to all involved. Continue to evaluate and improve office systems Evaluate alerts with help of IT staff. Adjust as needed. Begin to work for system-wide implementation.
Dec 31, 2014	Interim report to AAFP Foundation

Jan 2015	Contact community partners monthly to encourage immunization push Continue to evaluate and improve office system changes Continue to work to have alerts implemented system-wide Mid-Evaluation Conference Call with AAFP Foundation
Feb-Mar 2015	Contact community partners monthly to encourage immunization push Continue to evaluate and improve office system changes Continue to work to have alerts implemented system-wide
Apr 2015	Collect data (via hand extraction and via help from IT) on changes implemented in our office, in the ZZZ Health Centers, and whatever data they can give us on changes resulting from implementation of alerts system-wide Query our community partners for suggestions on improvement. Send thanks again. Give out awards and thank-you's to the office and nursing staff
May 2015	Final Evaluation Report to AAFP Foundation sent in
July 31- Aug 1, 2015	One or more residents and faculty attend National Conference.

REFERENCES

1. Health resources and services administration, medically underserved areas. http://muafind.hrsa.gov/index.aspx. Accessed Mar 2013, 2013.

2. Kennedy B, Mathis C, Woods A. African Americans and their distrust of the health care system: Healthcare for diverse populations. *J Cult Divers*. 2007;14(2):56-56-60.

3.ZZZ for healthy communities. http://www.med.zzz/chc. Accessed Mar 2013, 2013.

4. Addressing health disparities in STATE, 2007-8. http://www.healthy.ZZZ.gov/hdsp/~/media/47710C755610445D9428BE0B2DD689DA.ashx. Accessed 3/20, 2013.

5. Department of Public Health. Flu vaccine for everyone! A guide to reaching and engaging diverse communities. http://www.mass.gov/eohhs/docs/dph/cdc/flu/vaccine-admin-diverse-communities.pdf. Accessed Mar 20, 2013.

6. Lindsay LJ, Harrington TM, Ayoub WT, Sartorius JA, Newman E. Improved influenza and pneumococcal vaccination in rheumatology patients taking immunosuppressants using an electronic health record best practice alert. *Arthritis & Rheumatism*. 2009;61(11):1505-1505-1510.