

## REPORT TO THE ROTARY FOUNDATION

### I. PROJECT DATA:

**BLANE COMMUNITY IMMUNIZATION GRANT NUMBER: 375**

☐ Progress Report

Reporting Period – From **7-20-2006** To **8-2-2007**

☒ Final Report

Primary Sponsor Club: **Space Center Rotary**

Co-sponsor Club(s): \_\_\_\_\_

Project Location, (city, region, country): **League City, Texas, Galveston County, USA**

Brief Description of Project Objective: **Project targets both pre-schooled and school aged children up to 18 years of age who are under immunized due to either a lack of funding and/or parental awareness to the importance of age appropriate immunization to promote disease prevention and in support of community health initiatives. The Galveston County Health District provides immunizations to pre-school and school aged children. However, there is a growing population of infants and pre-schooled aged children that require immunization that do not access county immunization clinic resources due to the inability to pay the pre-announced co-pay requirements and the lack of transportation to clinic sites.**

**Galveston County Health District (GCHD) agreed to participate in this community outreach program with Interfaith Caring Ministries (ICH) and Space Center Rotary Club (SCRC) offering nursing, nursing assistance and immunization serum provided that funding be available to offset the cost for supplies necessary to administer serum. The awarded Blane Grant provided the funding of supplies used for administering the immunizations. ICM provided the location site for the immunization clinic in addition to developing promotional material and conducting public service announcements. This ICM location attracts families who are need for food pantry and overall special needs assistance. Many families immigrating from third world countries also seek initial and continued support at this ICM facility site.**

**Space Center Rotarians particaped with community outreach announcing immunization events to local establishments and provided service duties at 5 immunization events assisting GCHD nurses, clinical screening personnel and ICM staff with facilitating immunization admininstration. Children were provided school supplies and goodies during this event.**

### II. FINANCIAL STATEMENT:

Please fully complete the attached Financial Statement form, itemizing all expenses as thoroughly as possible. Receipts for all expenses incurred must be kept in club files for at least three years in case they are needed for auditing purposes.

<b>Date of Immunization Event</b>	<b>Number of Immunizations Administered</b>	<b>Supply Cost per Immunization administered</b>	<b>Supply Expense per Immunization Event</b>
7/20/2006	213	\$5	\$1,065
8/31/2006	42	\$5	\$210
9/21/2006	61	\$5	\$305
1/11/2007	30	\$5	\$150
8/2/2007	77	\$5	\$385
<b>TOTAL</b>	<b>423</b>		<b>\$2,115</b>

The financial information is vital for closure of the grant file. Failure to fully report all expenditures incurred will result in the delay of the final report processing and may result in a limitation on future grant projects of the participating clubs until the matter is resolved.

### **III. ROTARIAN INVOLVEMENT:**

Please describe how Rotarians from the sponsor clubs participated in the project:

**The following describes the various service areas that is required for conducting immunization clinics and the SCRC Rotarians who volunteered to support these service areas. A total of 5 clinic events were conducted from 8:00 am to 12:30 pm.**

**Project Development and Volunteer Coordination involved working with two agencies, Galveston County Health District and Interfaith Caring Ministries to plan and implement immunization events. Volunteers to work the event were solicited at SCRC meetings, phone calls, emails and community outreach.**

**The following Rotarians fulfilled this service area:**

- 1. Jennifer Keller, RN, Clinic date: 7-20-06, 8-31-06, 9-21-06, 1-1-07, 8-2-07**

**Patient Registration Services provides assistance to families and their children to register for the immunization clinic. SCRC volunteers greeted and assisted parents with providing instructions to filling out registration forms and answering their questions. Registration services also include monitoring waiting room activity and distribute coloring books and toys to children. Delays due to lack of staffing create a demand for waiting room assistance. Many families who attended the clinics only spoke Spanish. SCRC volunteers who spoke Spanish were a value add to working with these families.**

**The following Rotarians fulfilled this service area:**

- 1. Micki Czarnik, Clinic date: 7-20-06, 1-11-07**
- 2. Junuis Fox, Clinic date: 8-2-07**
- 3. Laura Godwin, Clinic date: 8-2-07**
- 4. Jennifer Keller, RN, Clinic date: 7-20-06, 8-31-06, 9-21-06**

**Work Flow Process Support provides assistance to patients and their families who come to ICM immunization clinic and are escorted from registration to clinical screening personnel to acquire a medical history and immunization need. Rotarians then escort the patient and family back to the waiting room until the nurse communicate to the Rotarian that they are ready to administer the immunization. Rotarians then escorts the patient and family to the nurses stations for immunization administration. Families and patients require explanation to the process and at times request Rotarians to assist with caring for the children while siblings are being immunized. There is a demand on Rotarians to ensure that the work flow maintain consistent so to prevent an over crowded waiting room and parking lot.**

**The following Rotarians fulfilled this service area requirement:**

- 1. Bill Giesler, Clinic date: 1-11-07**
- 2. Jennifer Keller, Clinic date: 7-20-06, 8-31-06, 9-21-06, 1-11-07, 8-2-07**

3. Ted Keller (Effingham, IL Rotary Club) Clinic date: 1-11-07
4. Art Wood, Clinic date: 7-20-06

**Traffic Flow Coordination Support** is essential to prevent an over flow of traffic during immunization clinics. Traffic flow is monitored and families are assisted where to park and directed where additional parking is available.

**The following Rotarians fulfilled this service area requirement:**

1. Mike Denard, Clinic date: 7-20-06
2. Jennifer Keller, Clinic date: 8-2-07
3. Charles Milby, Clinic date: 7-20-06

Please describe how coalition partners participated in the project:

**Galveston County Health District provided nurses, clinical screening personnel, medical supplies and immunization serum.**

**Interfaith Caring Ministries provided the facility to conduct the immunization clinics as well as creating marketing material to distribute to families who seek special needs assistance. Limited radio and newspaper public service announcements were also scheduled for the first event.**

Do the sponsor Rotary clubs have plans to continue working with this coalition on new projects? (If so, please provide a short description:

**Representatives from Galveston County Health District and Interfaith Caring Ministries as well as Jennifer Keller, RN a member of Space Center Rotary Club and immunization event chair, agreed that an aggressive outreach program targeting communities where families especially those that have immigrated from developing countries need to be educated on the importance to acquire immunizations and provide them with future dates to when immunization events offering free immunizations will be held at ICM. ICM representative concur that 4 events per year is a minimum requirement for providing immunizations to the communities' underserved population. With Rotarian support, Galveston County Health District and Interfaith Caring Ministries will continue to participate in this outreach program to provide more special needs children with the required immunization.**

**Hepatitis A was the most frequently administered serum to small children at these events that coincides with health department district wide statistics. The Hepatitis A serum was not available to administer to young children until after 1995. Due to this, the health department is still discovering school aged children who are not immunized. The Centers for Disease Control report that children ages 3 to 4 present a higher risk of acquiring Hepatitis A and this presents a higher risk to spreading this disease among immediate family members and our community at large especially since it is difficult to diagnosis this disease in small aged children. Another risk factor for acquiring Hepatitis A are among travelers coming from Mexico and other Central American countries where the highest reported cases of Hepatitis A exists. Many of these immigrants who seek employment in the local community obtain employment at food service establishment where a risk of spreading Hepatitis A to the community at large exists.**

#### **IV. PROJECT EFFECTIVENESS:**

Please explain how the project met its planned objectives. If it did not, please explain the problems encountered and how they were resolved. (Use additional paper if necessary.)

**Based on the amount of funding obtained, we were able to administer 400 immunizations to special needs infant and children. ICM subsidized the remaining amount that was spent for immunization supplies and goodies that exceeded the budget allotted by BLANE GRANT funding. Therefore, 100% of BLANE GRANT funding went towards supplies to administer the immunizations.**

**Approximately seventy-five percent of immunizations administered were to pre-school aged children. In many cases, multiple immunizations were administered to children who had not been receiving immunizations per the aged appropriate health district immunization schedule.**

**With the limited funding available, it was decided that minimal advertisement be implemented prior to subsequent events until more funding could be secured. This was a conflicting decision since more outreach is required to educate families on the importance of immunization and this remains the key issue for ensuring immunization compliancy. Nevertheless, there was only a limited amount of funding and therefore, after the initial event, announcements were limited to the local newspaper and families who access ICM for food pantry and other special need services. In conclusion, with more funding and more outreach, more pre-schooled age children will acquire the necessary immunizations. Attached, please find statistical data that reveals the ages and serum administered.**

**V. PROJECT RECOGNITION:**

Please describe how Rotary's contribution was prominently recognized at the project site. (Use additional paper if necessary.)

**Rotarians were recognized for their contribution through photos taken by Pam Culpepper at the project site that were exhibited in Space Center Rotary Club newsletter and the local newspaper and a visit at the first immunization event from our District Governor Suzi Howe.**

**V. PROJECT PUBLICITY:** The Public Relations Departments of The Rotary Foundation and of Rotary International are always looking for good success stories and action photos to publicize what Rotarians are doing around the world. *If you have a good story, or good action-oriented photos of your project, please attach them to this final report.* If additional information is needed for a publicity story, your club will be contacted.

**The attached, photos were taken by Pam Culpepper.**

Would you be willing to serve as a resource contact for other Rotary Clubs interested in completing an immunization project? **X**Yes \_\_\_\_\_No

*I certify that all the information on this form, including the financial statement, is a true and correct report of this Blane Community Immunization Grant project.*

**Jennifer Keller, RN**  
Project Contact

**Space Center Rotary Club**  
Rotary Club

**12/15/07**  
Date

## FINANCIAL STATEMENT FOR THE FINAL REPORT

### Blane Community Immunization Grant #375

#### **Funds Received:**

Amount Received from The Rotary Foundation:	(1) <b>\$2000</b>
Total Rotarian Sponsors' Contributions:	+(2)0
Total:	=(3) <b>\$2000</b>

#### **Funds expended on project** (please use the other side of this sheet if you need more space):

\*Note: Copies of receipts must be attached for all items with a cumulative or individual cost of US\$1,000 or more.

Original receipts are to be kept by the project sponsors for at least 3 years.

Item (please be specific)	Cost
Supplies for administering 400 immunizations @ \$5 per immunization	<b>\$2000</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subtotal of Items Listed Above:	(4) <b>\$2000</b>
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(Plus subtotal from other side:)	+(5)_____
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<b>Total Funds Expended:</b>	=(6) <b>\$2000</b>
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Minus Total Listed in # (3) Above:	-(7) <b>\$2000</b>
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**Funds Remaining:** (If less than US\$200 of the grant funds are unspent, the Trustees are confident that the co-sponsors will use the balance to benefit a humanitarian project. If US\$200 or more remain, the entire amount must be returned to The Rotary Foundation. Please contact your Blane Community Immunization Grant Coordinator if further explanation is needed.)

=(8) <b>\$00.00</b>
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Project Contact's signature: **Jennifer Keller** (same as signature)

Date: **12/15/07**

Rotary Club: **Space Center Rotary Club**

Item

Cost

[illegible]

**Subtotal of Items Listed Above** (list amount in Line #5 on other side):

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