

POINTS OF INTEREST



Preventing Flu & Pneumonia Among California's Seniors

Influenza and pneumonia are two of the most common and deadly diseases affecting people age 65 and older. In 1997, influenza and pneumonia claimed the lives of 11,259 Californians in this age group. Both diseases are largely preventable. One pneumococcal shot protects most adults throughout their lifetime and one influenza shot each fall will protect most people from that year's flu. Monitoring California immunization patterns provides invaluable information for policy-makers and practitioners helping to protect the health of California's seniors.

In 2000, the California Behavioral Risk Factor Surveillance System (BRFSS) asked respondents about influenza and pneumococcal immunizations. The responses provide a current profile of immunization rates and practices among Californians age 65 and older, demon-

strating both the progress and challenges in reaching the Healthy People 2010 Objective of 90 percent immunization.

Of the respondents ages 65 and older, 69.6 percent (65.1 - 74.2 CI*), reported having received a flu shot in the last 12 months, showing no increase over 1999 data. The trend for pneumococcal immunization did not show significant improvement either; 60.5 percent (55.4 - 65.6 CI*) of the respondents reported having had a pneumococcal shot in 2000. Both immunization levels have increased significantly since 1990; however, they still fall short of meeting the 90 percent goal.

Over two-thirds of BRFSS respondents reported receiving their flu shots in doctors' offices (68.6 percent). Hospital/emergency

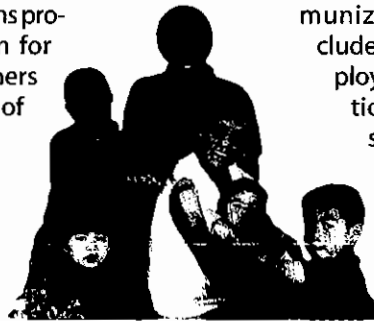
rooms (8.2 percent) and senior/community centers (7.7 percent) were the second and third most common responses, respectively.

Both influenza and pneumococcal immunizations are fully covered by Medicare Part B, helping to remove financial barriers. In addition, influenza and pneumococcal immunizations are now included as Health Plan Employer Data and Information Set (HEDIS) measures, generating incentive to health plans and medical groups to promote immunization.

While the goal is for seniors to receive their immunizations from a regular health

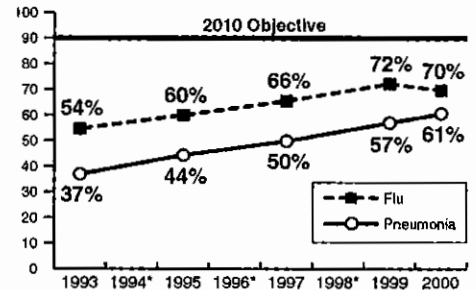
care provider, a safety net is also essential for those with neither a regular provider nor Medicare Part B. The Department of Health Services (DHS) has provided free influenza vaccines since 1973, and to a limited extent, free pneumococcal vaccines since 1979 through local health department clinics and nonprofit clinics to seniors and others at high risk. It is important to continue to monitor immunization patterns to see how policy and practice changes affect influenza and pneumococcal immunization coverage among California's seniors. For people age 65 and older, these simple preventive shots can mean the difference between life and death.

*CI - 95 percent confidence interval



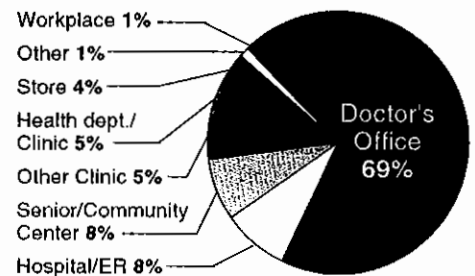
Seniors Need a Flu Shot Each Year & One Pneumococcal Shot in a Lifetime

California's Seniors (65+) with Recommended Flu and Pneumococcal Immunizations



*No data collected in 1994, 1996 and 1998
Source: The California Behavioral Risk Factor Surveillance System
Prepared by: California Department of Health Services, Immunization Branch

Place of Flu Shot for California's Seniors (65+)



Source: The California Behavioral Risk Factor Surveillance System
Prepared by: California Department of Health Services, Immunization Branch

Notes:

Confidence intervals are based on 95 percent confidence. Racial and/or ethnic estimates could not be made for flu and pneumococcal immunizations, due to the small number of Californians age 65 and older (n=606) sampled in the 2000 BRFSS. It is recommended that nursing home and long-term care facility residents get both influenza and pneumococcal vaccines but they are not directly represented in this survey.

For more information on:

Influenza & pneumococcal vaccines
call: National Immunization Program
1-800-232-2522 (English) or
1-800-232-0233 (Spanish)

Immunization information

call: California Immunization Program
1-510-540-2065

BRFSS is an ongoing effort by the California Department of Health Services (CDHS) in conjunction with the U.S. Centers for Disease Control and Prevention (CDC) and the Public Health Institute to assess the prevalence of and trends in health-related behaviors in the California population aged 18 years and older. It is supported in part by funds from Cooperative Agreement No. U58/CCU910655-06 from CDC, the U.S. Public Health Service (Prevention 2000 Block Grant Funding), and in part by funds from the CDHS, Tobacco Control Section, and other programs and state departments. Data are collected monthly from a random sample of California adults living in households with telephones. The BRFSS database contains information on Californians from 1984 through the present.

The BRFSS questionnaire is developed each year by CDC in collaboration with participating state agencies. Wherever possible, questions have been selected from previously conducted national surveys for comparability. The questionnaire has three components. The first component consists of a core set of questions that are administered by all states participating in the BRFSS collection effort.

The second component of the questionnaire consists of a series of topical modules developed by CDC. States have the option of adding as many modules as they wish to the core questionnaire each year. California has used several of the CDC modules, although the same modules have not been used consistently across all years of the survey.

The final component of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in California to address the needs of as many programs as possible. However, the time constraints of a telephone interview have limited the number of questions that can be placed on the survey in any one year.

Participants in the California BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, weight control, diet, tobacco and alcohol consumption, utilization of cancer screening procedures, and other preventive measures. They also are asked for basic demographic information such as age, race/ethnicity, marital and employment status, household income, and education. Participation in the BRFSS is completely voluntary and anonymous.

The age, race/ethnicity, and sex characteristics of the BRFSS sample differ to some extent from the age, race/ethnicity, and sex characteristics of the California population. Weighting adjustments are used to compensate for these differences. Prior to analyzing the BRFSS data, the sample is weighted so that age, race/ethnicity, and gender composition match that of the California population. This allows the findings to be generalized to the California population.

For more information on the BRFSS, contact Bonnie Davis, CDHS, Cancer Surveillance Section, Survey Research Group (916) 779-0331, bonnie@ccr.ca.gov.