

# Employer perspectives on vaccination programs

## Discussions with key decision-makers from 20 corporations



## Research team

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## Methods

- Met individually with key decision-makers from 20 corporations
- Shared data from the “Worksite Influenza Vaccination Study”\*
  - Asked which findings resonated with them
  - Inquired about their vaccination programs and outcomes
  - Captured anecdotal data and quotations

**\*Reprints available upon request:**

Ofstead et al., “Effectiveness of Worksite Interventions to Increase Influenza Vaccination Rates Among Employees and Families.” JOEM, 2013.

## Participating employers

Industry	Titles of representatives	Employees
Automotive	Chief Health Officer	>50,000
Automotive	Corporate Medical Director	>150,000
Heavy industry	Manager, Health Strategy	>50,000
Defense contractor/industry	Medical Director	>100,000
Diversified industry	Regional Health Director	>50,000
Diversified consumer products/medical products	Chief Medical Officer VP Global Health Services	>100,000
Consumer products/food	Chief Medical Officer Director, Global Health Services	>20,000
Retail	Sr. Benefits Consultant Sr. Manager, Medical Affairs	>300,000
Retail	Medical Director for Employee Health	>1,000,000
Insurance	Chief Medical Officer	>20,000
Benefits administration/HR	VP, Health & Benefits	>50,000

## Participating corporate service providers

Company description	Titles of spokespersons	Description
Wellness program vendor	Chief Medical Officer Director, Health & Behavioral Sciences	Integrated health & fitness management for >250 corporate clients
Wellness program vendor	Chief Medical Officer	Worksite wellness and >250 convenient care clinics
Wellness program vendor	CEO	Population health management throughout the U.S.
Wellness program vendor	Chief Medical Officer	Health & wellness programs
Worksite health clinic vendor	Chief Medical Officer	~100 worksite health clinics
Health benefits provider/ consulting firm	President	Benefits consulting; Health & productivity research
Health benefits provider/ consulting firm	CEO	Value-based health benefits design & accountability
HR consulting firm	Principal, Clinical Practice	Offices in >10 countries
Claims administrator/benefits consulting	President	Claims administration & health management for self-funded employers

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## Vaccination programs offered by large employers

Company ID	Onsite clinic?	Mass vax vendors?	Engage families?*	Estimated employee vaccination rate?
A	Y	N	Y	< 40%
B	Y	Y	N	32% assembly line 55% salaried/other
C	Y	Y	N	~28%
D	Y	Y	N	NA
E	Y	Y	N	31% - 33%
F	Y	Y	N	60% - 70%
G	Y	Y	Y	58% - 84% U.S. 70% Brazil; 95% Mexico
H	Y	Y	Y	20% - 22%
I	Y	Y	Y	29%

\*Note: Families not allowed onsite for safety/security/logistical reasons

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## Impressions about corporate decision-makers

- Participating corporations:
  - Contract with wellness program vendors and consultants
  - Have medical directors or CMOs
    - › Highly credentialed
    - › Trained in epidemiology/public health/occupational medicine
    - › Focus on population health
    - › Understand infectious disease
    - › Believe adult vaccination is important
    - › Care about outcomes (clinical, functional, economic)
    - › Approach things from a practical point of view
    - › Make decisions based on evidence

## What did we learn from the employers?

- Employee health programs are important, but resources are limited
- Illness is a problem (absenteeism, presenteeism, healthcare utilization)
- Everyone has an influenza vaccination “program”
  - Mostly hands-off (hire someone to educate/vaccinate)
    - › Contractors and part-timers not eligible
    - › Families typically not invited to participate onsite
  - Usually cover offsite vaccination
  - Some offer incentives
- Vaccination rates remain low and are going down
- They’re open to new approaches that engage employees in multiple health initiatives at one time

## Feedback: Employee vaccination rates

- Employer B:
  - “We saw a **drop off** between the last season and the season before **of several percent**. It will be interesting to see what happens this fall....”
- Employer C:
  - “We’ve offered it for decades. It’s the right thing to do, but there’s low acceptance. We’ve seen **vaccine uptake dropping**.”
- Employer I:
  - Our rates have been going up (21% in 2009 to 29% in 2011), but we gave a \$250 premium deduction for doing 3 activities last year
- Wellness program J:
  - “In 2009-10 we saw lots of demand ..., but **2011-2012 was dreadful**.”

## Feedback: Importance of adult vaccination

“This is simple stuff. We need to stop burying people who don’t need to die because they weren’t immunized.”

Wellness program J

“We used to do things like that in the ER – 20 years ago, you used to do a flu shot, you used to do tetanus – those preventive things, they went away.”

Employer G

## What did we learn from the service providers?

- Benefits and program offerings are based on **evidence and perceived value**, including member satisfaction
- Flu vaccination is one of few offerings that creates value:
  - Reducing absenteeism
  - Reducing presenteeism
  - Reducing healthcare costs
- Frustration about lack of effectiveness of educational programs
- Incentives provide marginal improvement and are not sustainable
- Innovative approaches are needed for meaningful impact

## Feedback:

### Impact of insurance policies and cost of vaccination

**“Even though we pay 1<sup>st</sup> dollar coverage, a significant portion of people don’t have a PCP—even those who are 40-60 years old. That’s scary.”**

#### **Employer B**

- Employers B, D, G: Issues with retail pharmacies
  - It’s convenient to send employees to local pharmacies
  - Most employers pay for the cost of offsite vaccination
  - Some health plans won’t pay for vaccination at a pharmacy
  - Employees may have to pay out-of-pocket or do paperwork
  - Some claims are paid; others are rejected and it’s a hassle
  - **If they don’t get their money back, then they’ll never do it again**
  - Employers can vaccinate employees at a lower cost than pharmacies

## Feedback: Effectiveness of education

- Employer A:
  - People do what they want despite facts
  - You can educate them, but you can't change beliefs
- Employer G:
  - Why do we keep throwing knowledge-based activities at employees when they don't change behaviors?
- Employer D:
  - We used all our ammunition with the pandemic, and we can't use the fear story anymore
- Employer B:
  - We publicize the vaccination program via posters, internet, etc. but we can't get the rate higher than 32%

## Feedback: Effectiveness of education

- Wellness program K:
  - **Messages do not change beliefs**
  - Instead, use messaging to trigger action
- Wellness program L:
  - **"Educate/motivate does not work!"**
  - Instead, make it simple, free, and provide triggers
  - Provide social info, rather than health info

**"You cannot sprinkle education on employees and change their beliefs!"**

**Large employer C**

## Feedback: Family engagement via worksites

- Employer A:
  - “We’ve had people asking every year ‘can I bring my kids?’ so if that was an option, it would be very beneficial.”
- Employer B:
  - “If you can get the worker feeling that they need to get vaccinated, that means they’ll get their family vaccinated.”
  - The system is a mess, and that may be a barrier, too—**if the family goes in and gets told that they have to pay or it’s not covered, they’ll just leave.**
- Employer C:
  - Free in the community and through the workplace is the way to go.
  - **The #1 takeaway is that the way to people is through their children.**
- Wellness program J:
  - If we could use the worksite as a driver, and send mailings home so they get into the hands of the dependents and the spouses, that would be great.

## Changes in policies & practices based on evidence

- Employer C:
  - We’ll talk to our staff about offering vaccine at community events.
- Employer I:
  - We’ll do more mobile carts this year so we can enhance the convenience.
  - We’ll change our messaging to include more family communications.
- Wellness vendor J:
  - I’ll give the evidence to the advisory boards, and they’ll put it on the docket.
- Wellness program K:
  - We’ll make changes in our HRA and emphasize the need for immunization.
- Claims administrator/health benefits consultant N:
  - I’d like a copy of the slides so I can present the data to clients.
  - We’ll change our policy immediately and offer free vaccination to families at the worksite. That will **save us a lot of money, and could increase uptake.**

## Questions, comments, or reprint requests:

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