Employer perspectives on vaccination programs
Discussions with key decision-makers from 20 corporations

Research team

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² Case Western University
³ Employers Health Coalition
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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

<table>
<thead>
<tr>
<th>Industry</th>
<th>Titles of representatives</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automotive</td>
<td>Chief Health Officer</td>
<td>&gt;50,000</td>
</tr>
<tr>
<td>Automotive</td>
<td>Corporate Medical Director</td>
<td>&gt;150,000</td>
</tr>
<tr>
<td>Heavy industry</td>
<td>Manager, Health Strategy</td>
<td>&gt;50,000</td>
</tr>
<tr>
<td>Defense contractor/industry</td>
<td>Medical Director</td>
<td>&gt;100,000</td>
</tr>
<tr>
<td>Diversified industry</td>
<td>Regional Health Director</td>
<td>&gt;50,000</td>
</tr>
<tr>
<td>Diversified consumer products/medical products</td>
<td>Chief Medical Officer</td>
<td>&gt;100,000</td>
</tr>
<tr>
<td>Consumer products/food</td>
<td>Chief Medical Officer</td>
<td>&gt;20,000</td>
</tr>
<tr>
<td></td>
<td>Director, Global Health Services</td>
<td></td>
</tr>
<tr>
<td>Retail</td>
<td>Sr. Benefits Consultant</td>
<td>&gt;300,000</td>
</tr>
<tr>
<td></td>
<td>Sr. Manager, Medical Affairs</td>
<td></td>
</tr>
<tr>
<td>Retail</td>
<td>Medical Director for Employee Health</td>
<td>&gt;1,000,000</td>
</tr>
<tr>
<td>Insurance</td>
<td>Chief Medical Officer</td>
<td>&gt;20,000</td>
</tr>
<tr>
<td>Benefits administration/HR</td>
<td>VP, Health &amp; Benefits</td>
<td>&gt;50,000</td>
</tr>
</tbody>
</table>
### Participating corporate service providers

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

### Vaccination programs offered by large employers

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

*Note: Families not allowed onsite for safety/security/logistical reasons
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
• ILI 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 1st 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%

- **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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