

Translating evidence into action: Sharing economic outcomes with employers to impact vaccination policies and practices

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Background

Worksite Influenza Vaccination Study (WIVS; 2010-2011)¹

- Multisite, controlled study conducted to evaluate the impact of customized, evidence-based interventions on vaccination rates among industrial employees and dependents

Baseline assessment

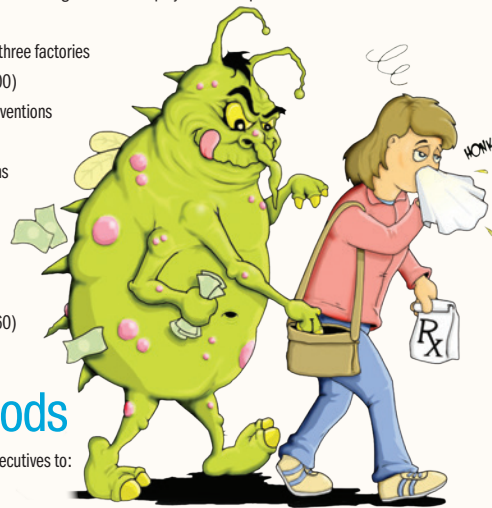
- Administrative data from three factories
- Employee survey (N=1,000)

Customized, site-specific interventions

- Educational programs
- Provider recommendations
- Improved vaccine access
- Family engagement

Outcome assessment

- Administrative data
- Employee survey (N=1,260)
- Claims data (N=13,520)



Goals & Methods

Researchers met with corporate executives to:

- Share WIVS findings
- Learn about influenza vaccination programs
- Encourage evidence-based expansion of vaccination programs
- Gain insights about leveraging study findings to increase vaccination rates

Individual meetings with 18 corporations:

- Large employers (n = 10)
- Benefits consultants and claims administrators (n = 4)
- Wellness program vendors (n = 4)

Results

All corporations had health programs overseen by highly-educated professionals:

- MDs or PhDs
- Usually with MPH or MBA degrees

All large employers had:

- Onsite clinics that provide occupational health and wellness services (Table 1)
- Free vaccine programs for covered employees

Executives reported:

- Program goals not formally established
- Educational programs were main strategy to encourage vaccination
- Vendors
 - Carry out mass vaccination at worksites
 - Are not held accountable for outcomes
- Vaccination rates are low (Table 1) and decreasing

"You've got data that back up what we've seen. This is confirmation that driving the workplace option is a very strategic move for employers."
— Wellness program director

"If you get the worker feeling that they need to get vaccinated, that means they'll get their family vaccinated." — Large employer

Table 1. Details about large employers that participated

Company	Industry/type of business	Number of employees*	Onsite medical clinic	Free vaccine for covered employees	Vaccination rates (2011)
A	Science and technology	50,000	Yes	Yes	35%-40%
B	Automotive	160,000	Yes	Yes	32%
C	Food and beverage	30,000	Yes	Yes	28%
D	Automotive	70,000	Yes	Yes	NA
E	Medical and consumer products	120,000	Yes	Yes	31%-33%
F	Aerospace and defense	120,000	Yes (most sites)	Yes	60%-70%
G	Trucks and engines	60,000	Yes	Yes	70%-84% in USA 95% Mexico
H	Insurance	20,000	Yes	Yes	20%-22%
I	Retail	350,000	Yes	Yes**	29%
J	Insurance and human resources	60,000	Yes	Yes	NA

*Number of employees rounded to nearest 10,000 **Non-covered employees can get flu shot for \$10.

Participant interest in WIVS data:

- Economic impact of influenza-like illness (ILI):
 - Absenteeism (31%)
 - Presenteeism (82%)
 - Healthcare utilization (30%)
 - Lost wages and out-of-pocket expenses (Figure 1)
- Failure of educational programs to increase vaccination rates
- Low vaccination rates for persons with multiple:
 - Comorbidities (Figure 2)
 - Healthcare visits (Figure 3)
- Strong relationship between employee and family vaccination status (Figure 4)
 - Dependents of vaccinated employees significantly more likely to be vaccinated
 - Relationship strongest in site that engaged employees and families (Site B)
 - Trend also seen in sites that did not offer vaccine to families (Site A and C)

Figure 1. Plant-wide employee losses due to missed work and out-of-pocket costs for ILI



Figure 2. Vaccination coverage by number of comorbidities (employees and adult dependents)

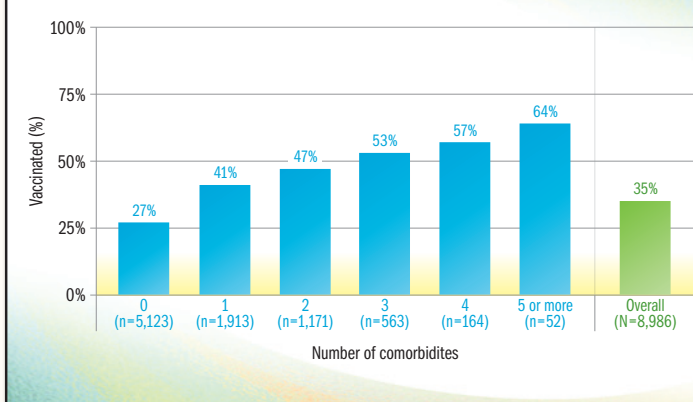


Figure 3. Impact of healthcare utilization on vaccination coverage (employees and dependents)

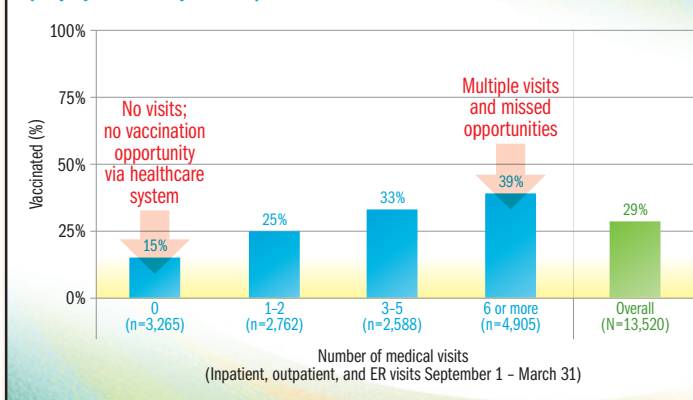
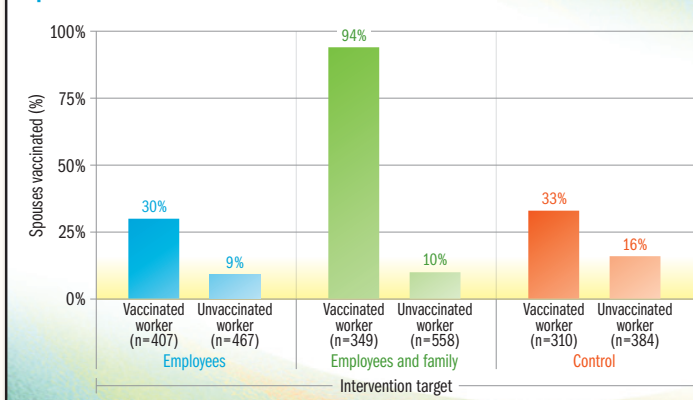


Figure 4. Strong association between employee and spouse vaccination status



"This is simple stuff. We need to stop burying people who don't need to die because they weren't immunized." — Wellness program director

Outcomes

- Employers and wellness companies intend to change policies for health risk appraisals (HRAs):
 - Include messaging about influenza vaccination, emphasizing family
 - New standards to include recommendations about influenza vaccination
- Executives indicated WIVS data would change practices:
 - Inclusion of family in messaging
 - Vaccination at company-sponsored, family events
 - Mobile carts to bring vaccine to workers
- Requests for copies of WIVS data to share with others:
 - Medical leaders on advisory boards
 - Clients of benefits consultants

Conclusions

Employers, benefits managers, and wellness program vendors want to prevent influenza, largely due to economic factors

- Evidence impacting program policies and practices
 - Effect of ILI on productivity and healthcare costs
- Successful ways to engage covered population:
 - Convenient access to free vaccine
 - Family engagement
 - Customized cues to action

Disclosures and Acknowledgements

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Reference

- Ofstead CL, Sherman BW, Wetzler HP, et al. Effectiveness of worksite interventions to increase influenza vaccination rates among employees and families. *J Occup Environ Med.* Feb 2013;55(2):156-163.

