

The value of worksite-based influenza vaccination campaigns targeting both employees and families

Lessons learned from the Worksite Influenza Vaccination Study



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Introductions: The WIVS research team

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Acknowledgments and disclosures

- The Employers Health Coalition provided input on study design and assisted in engaging the manufacturer.
- A large U.S. manufacturing corporation and four of its factories participated in the study.
- Minnesota Institute of Public Health served as the IRB.
- HealthSCOPE Benefits, Inc. conducted claims data analysis.
- Sanofi Pasteur provided financial support and Fluzone® (Influenza Virus Vaccine) for the study.

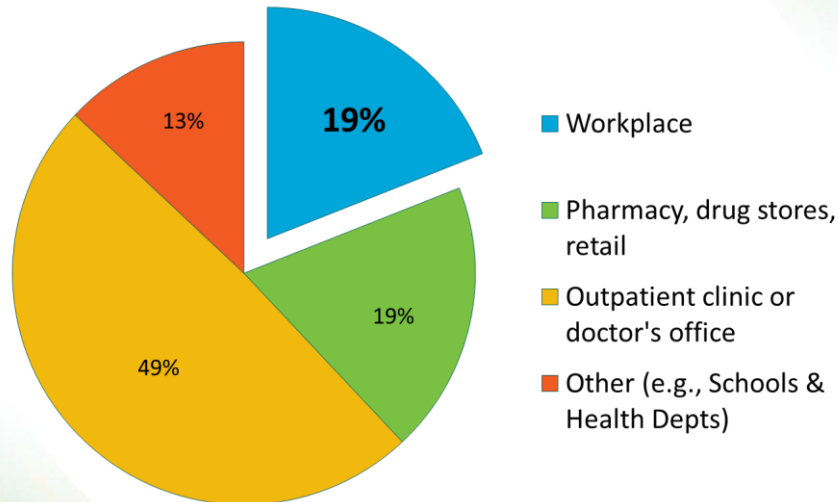
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WIVS: Key points

- Universal influenza vaccination is not happening
- Barriers must be addressed to increase uptake
- Educational programs are only marginally effective
- Options for route of administration are needed
- Convenient access to free vaccine is the most important driver
- Worksite vaccination programs are essential

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Place of vaccination for persons aged 18-64 years National Flu Surveys, U.S., March 2011



Source: CDC at http://www.preventinfluenza.org/NIVS_2011/1-weinbaum_flu_coverage.pdf

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WIVS methods

- Prospective, multi-site, controlled study
- Large U.S. manufacturing corporation
- Evidence-based intervention design
 - Guidelines and literature review
 - Interviews of factory workers and managers
 - Baseline survey (N = 1,000)
- Program implementation support
- Outcomes assessment
 - Follow-up survey (N = 1,260)
 - Claims data analysis (N = 13,520)

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WIVS sites and interventions

- Site A: Enhanced program targeting employees only
- Site B: Enhanced+ program targeting employees & dependents
- Site C: Control group (“business as usual” info and vaccination)

Site	Insured workers	Covered members	Employee gender (% male)	Mean age (years)
A	2,195	4,690	65%	43
B	2,634	5,368	64%	46
C	1,682	3,462	67%	44
TOTAL	6,511	13,520*	65%	45

*Note: Claims data included only for employees with continuous coverage from Sept 1, 2010 - March 31, 2011

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WIVS intervention overview

- Goals
 - Gain leadership buy-in/support
 - Design educational content focused on survey results
 - Utilize multiple routes of communication
 - Reduce barriers to vaccination
- Methods
 - Leadership briefings
 - Health coach and clinic staff training
 - Contact with local physicians
 - Negotiations with mass vaccinator
 - Flyers, home mailers, newsletter articles, posters, cartoons

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Examples of customized educational materials Posters



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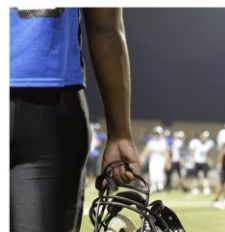
Examples of customized educational materials Newsletter content



Afraid of needles?

A third of our employees who don't get flu shots say they don't like needles. Catching influenza can feel much worse than a quick jab in the arm. Protect yourself and others by getting vaccinated this fall.

Vaccination Prevents Influenza



He wouldn't take the field without pre-season training. Would you?

The flu shot works like a training program for your body's immune system. It helps your body recognize flu germs and fight them off when you get exposed, so you won't get as sick. Start training your body for the flu months ahead by getting vaccinated this fall.

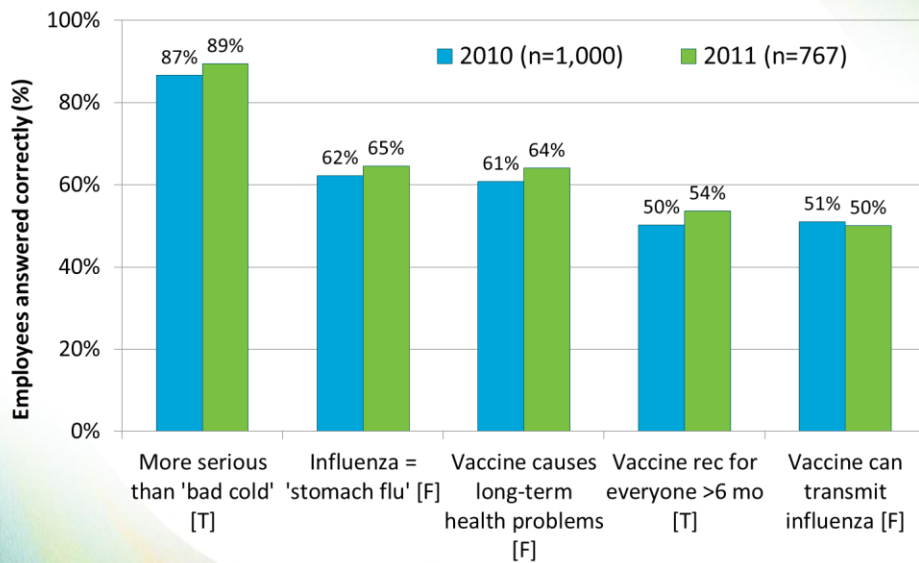
Vaccination Prevents Influenza

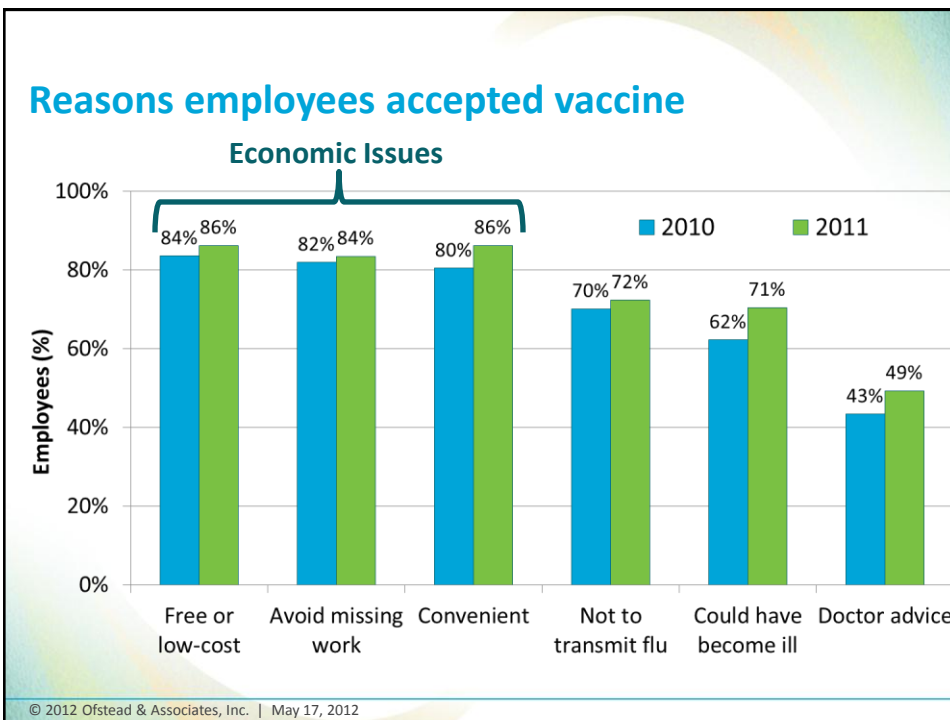
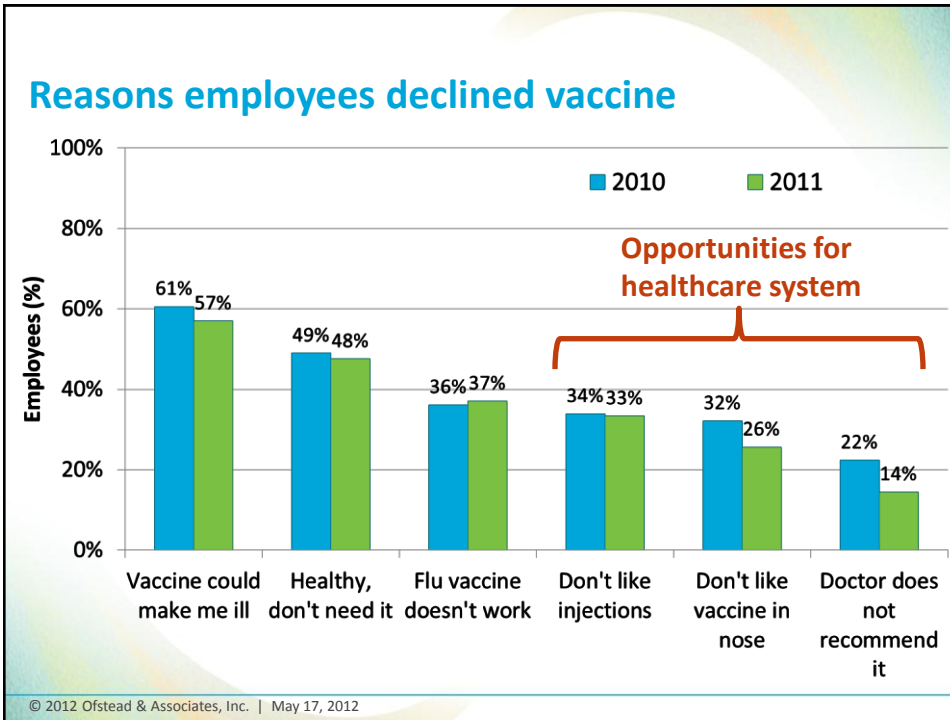
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Examples of customized educational materials Cartoons by factory artists

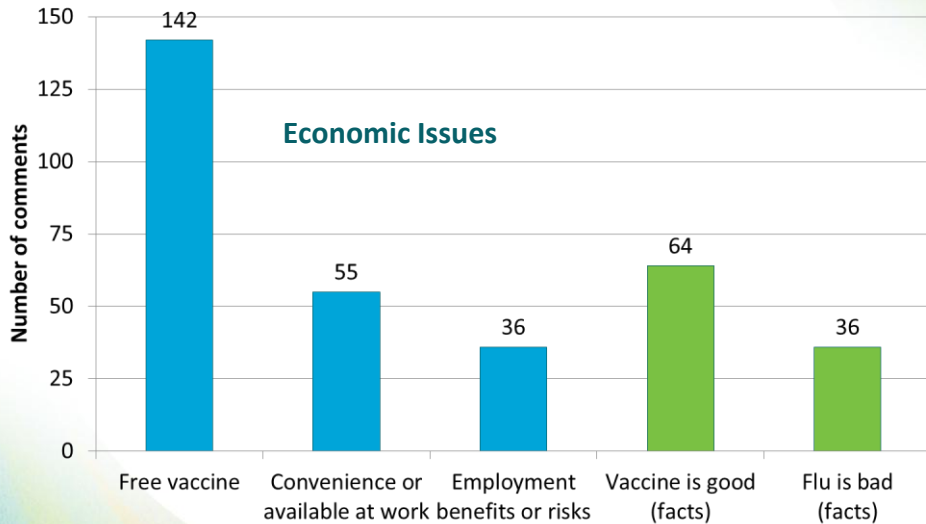


Employee perceptions





Impact of info from employer (46% stated it helped with decision-making)



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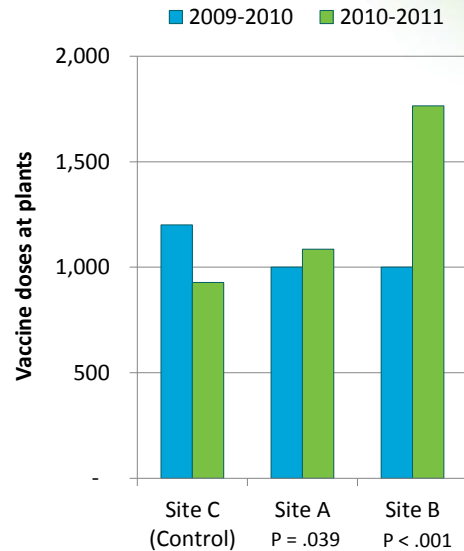
Written comments about info received at work Selected excerpts (quoted verbatim)

- Cost and convenience
 - *Free!*
 - *They offered free vaccines to me and my family*
 - *It was free and convenient (sic) and no doctors appt.*
 - *Just that they offer it & it is free, easy access to get*
 - *Flu shots on site!!*
 - *Not info so much as convenience*
- Employment benefits and risks
 - *Statistics on how much we money was lost due to flu*
 - *To stop spreading illness and prevent unnecessary (sic) absences*
 - *Employer wants you at work so if you dont (sic) get vaccine & get sick looks even worse on you*
 - *Free vaccination= less likihood (sic) to miss work...*
 - *Can't afford to miss work...*

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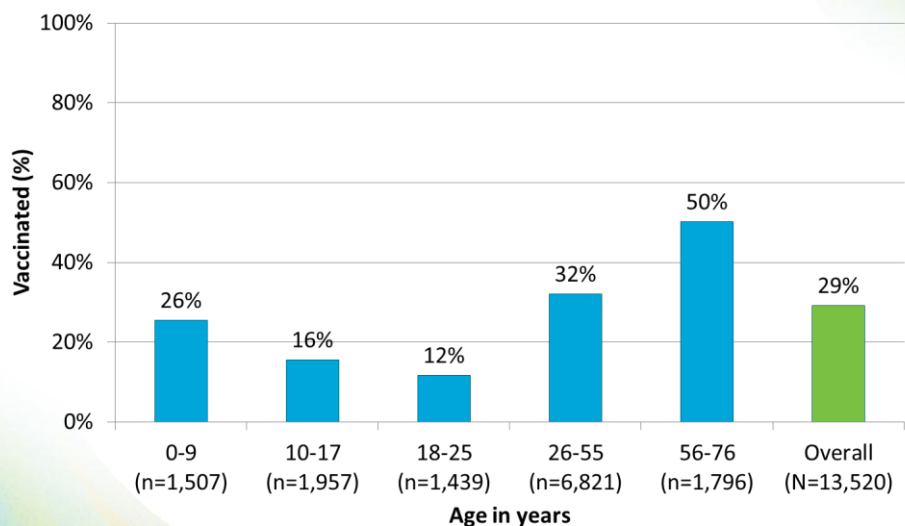
Vaccine events and uptake at the factories Among employees and dependents

- Site C (Control)
 - 1 mass vax event (Oct)
 - By request (Oct-Dec)
- Site A (Employees only)
 - Mass vax 3 days (Oct)
 - By request (Nov-Feb)
- Site B (Employees & families)
 - Mass vax 4 days (Sept-Nov)
 - Factory events 4 days (Oct, Nov)
 - Offered to all workers entering Health Center (Oct-March)



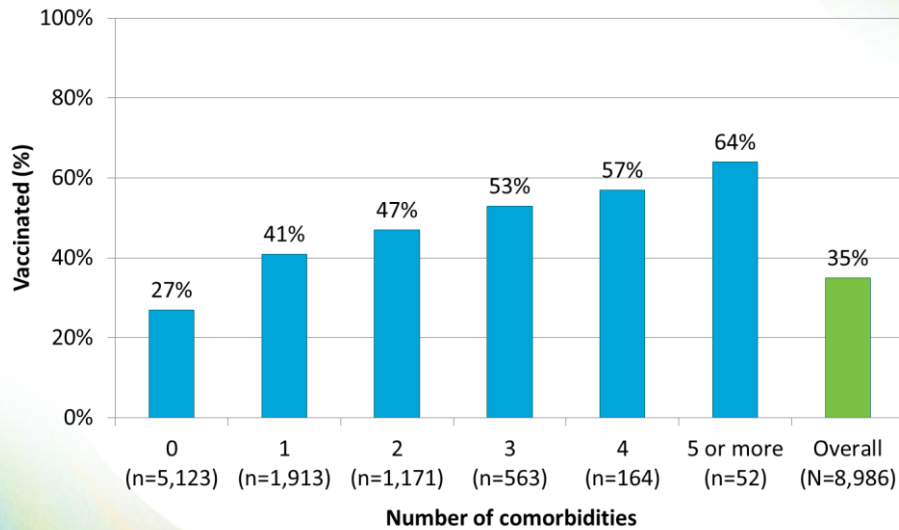
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Vaccination coverage by age (Entire covered population, 2010-2011)



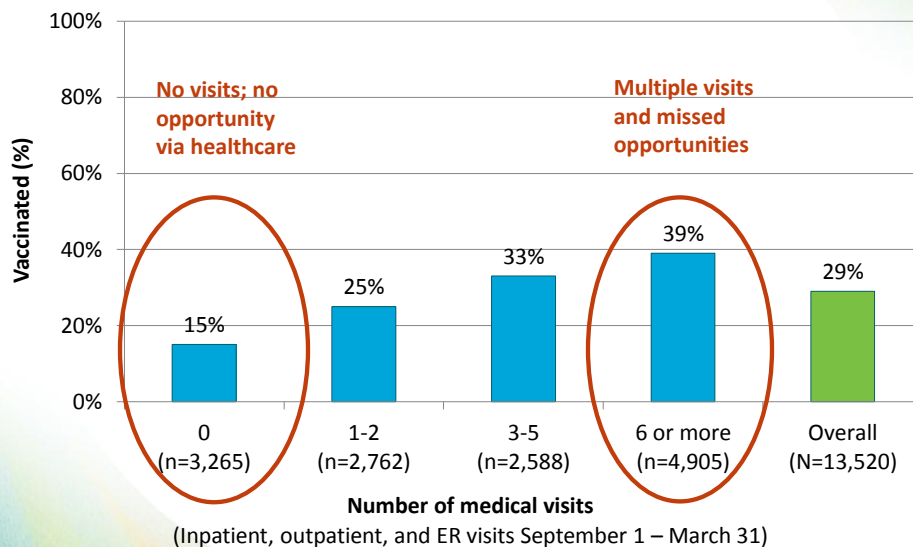
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Vaccination coverage by # of comorbidities (Adults)



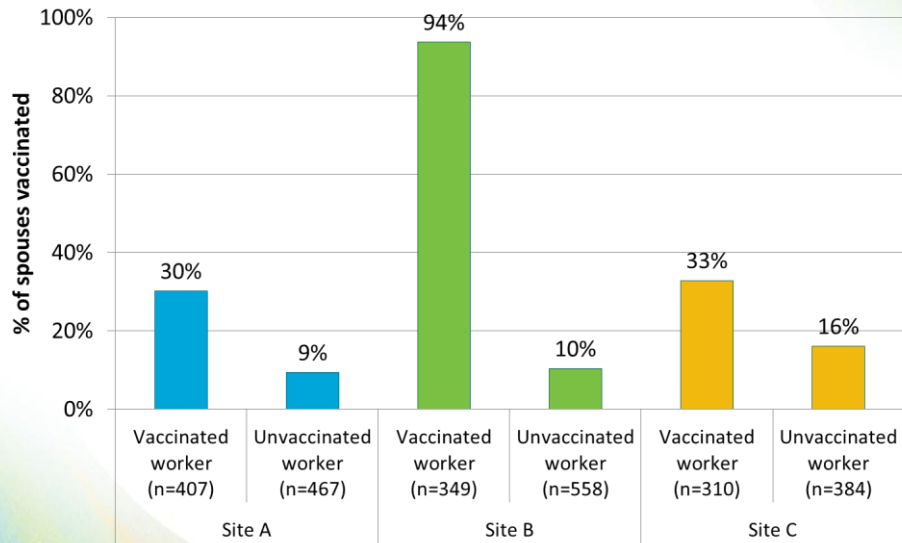
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Vaccination coverage by # of medical visits (Adults and children)



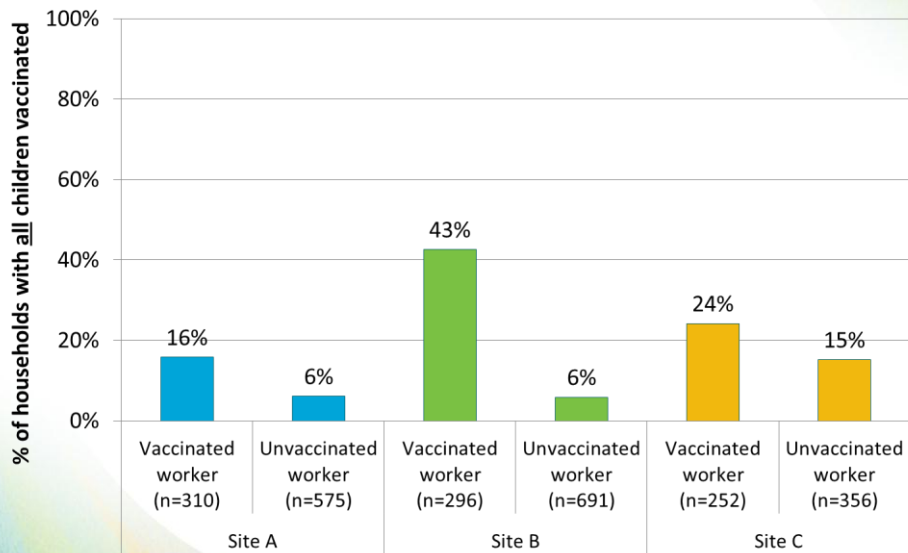
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Link between employee/spouse vaccination status (Claims data)



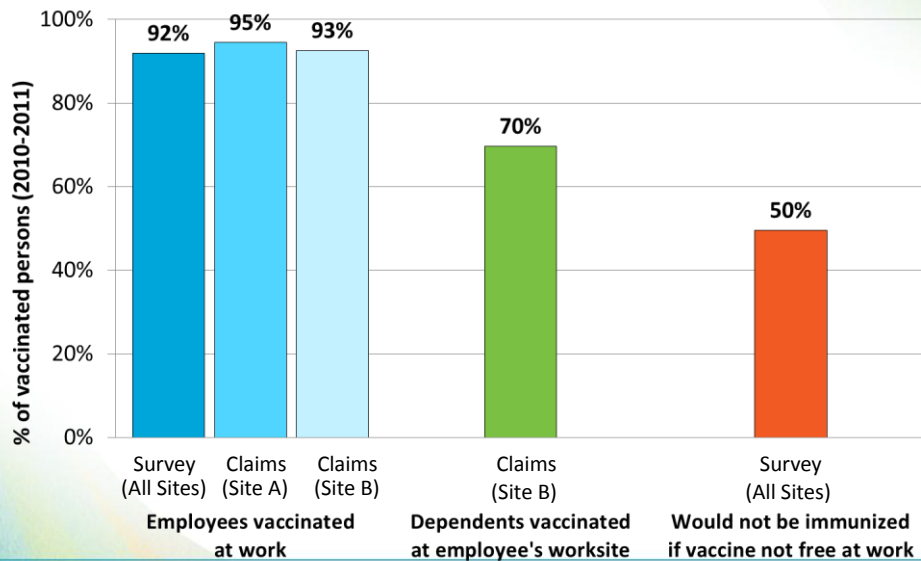
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Link between employee/children vaccination status (Claims data)



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Importance of worksite vaccination programs



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WIVS: Lessons learned

- Traditional venues are not reaching this population
- Alternative routes of administration are needed
- Educational programs
 - Don't change deeply-held health beliefs
 - Serve as cues to action and reinforcement
- Numerous opportunities for vaccination are essential
- Convenient access to free vaccine drives uptake
- Worksite programs are essential to increase immunization rates among both employees and families

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Questions/Comments

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