Boosting Influenza Immunizations at Work: Tools and Guidance for State Health Departments and Their Partners
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Dear Colleague,

Sometimes, it may seem like we in public health speak a different language from our counterparts in other sectors and industries. For example, in the world of public health, we are concerned with prevention and the health outcomes of entire populations; in business and industry, the emphasis is on the bottom line and profitability.

One opportunity for common ground between public health and employers is the adult workforce. Public health agencies and employers alike share an interest in promoting and maintaining a healthy, productive workforce. Over the past decades, more and more workplaces have adopted worksite wellness programs that reinforce and support public health goals. Yet as helpful as these have programs have been, they often overlook a relatively simple and straightforward opportunity to keep employees and their families healthy, especially during flu season: adult immunizations.

Adult immunization rates are on the rise, but they remain low overall. Among the 18- to 49-year-olds who make up the majority of the U.S. workforce, only 31 percent had received seasonal flu vaccine during the 2012-13 flu season.¹ As described in Boosting Influenza Immunizations at Work, a new toolkit from the Association of State and Territorial Health Officials (ASTHO), workplaces are a natural but relatively untapped setting for promoting and offering adult immunizations.

The toolkit is designed for state and local health agencies and immunization coalitions who may need ideas, resources, and tools for strengthening partnerships with employers—either individually or in groups (e.g., of large and small employers, or representing particular industries or sectors). In this particular toolkit, the emphasis is on promoting seasonal flu immunizations, but the basic partnership principles could apply to a range of immunizations and other workplace wellness topics.

Whether your public health agency is interested in launching new partnerships with employers or strengthening existing ones, you’ll find specific tools for making the case for adult immunizations, responding to common myths and misperceptions about seasonal flu and its impact on the workforce, tools for gathering information about employers, and ways to present a range of options and support that can help remove barriers that needlessly prevent many employees—and their families—from taking advantage of this important public health intervention.

We hope you will find this toolkit useful and look forward to hearing about your success stories as you join others in partnering with employers to make immunizations more accessible to the U.S. workforce.

Sincerely,

Terry L. Dwelle, MD, MPHTM, FAAP, CPH
North Dakota State Health Officer

INTRODUCTION

In our society, we have mechanisms in place to increase childhood vaccination and even reminder systems to get pets vaccinated, but there is no parallel system in place for adults. Once we are out of the range of schools and pediatricians, we have few requirements for immunizations and seldom get reminders, even from our own physicians.

Not surprisingly, rates of adult immunization are persistently low. Among the 18- to 49-year-olds who make up the majority of the U.S. workforce, only 31 percent had received seasonal flu vaccine during the 2012-13 flu season. Even though this represents an encouraging increase from previous flu seasons, these low rates will continue to have significant implications for productivity and the bottom line, across many different industries and sectors. The avoidable losses stem not just from missed days of work, but also days spent caring for a sick child and reduced productivity and focus while recovering from flu and other vaccine-preventable illnesses after employees return to work. It all adds up—quickly.

A logical way to boost adult immunizations is to promote and offer them in places that are convenient and accessible. That’s why workplaces are a natural partner for public health agencies seeking improvements in adult immunization rates.

ABOUT THIS TOOLKIT

A number of state and local public health agencies have formed partnerships with individual employers and industry-wide associations or groups of employers to promote immunizations in the workplace. This toolkit collects their advice and relevant materials in one place, in the hopes of streamlining the process for public health agencies and professionals who are new to these efforts or who want to strengthen and expand what they’re already doing.

The toolkit covers:

- Some common challenges (and, more importantly, how they can be addressed).
- How to get started or expand partnerships with workplaces.
- Making the case for workplace immunization.
- Information from surveys and assessments.
- Presenting options that make it easier for workplaces to participate at different levels.
- Tools to offer workplaces and industry groups.
- Following up.

Public health agencies could not function without thriving partnerships and coalitions of all kinds. We recognize that most public health agencies have gotten very good at forming and maintaining partnerships; that’s not what this toolkit is about. Instead, it is about how to use the tool of partnership and collaboration for a very specific purpose: to engage workplaces (and, potentially, other settings) as partners in boosting rates of adult immunizations, with a focus on influenza vaccination and pandemic preparedness.

The toolkit’s advice and materials are based on interviews with public health, coalition, and workplace partners in Connecticut, Massachusetts, Minnesota, Georgia, Texas, New York, and California. Although we did not have an opportunity to explore every example across the country, we hope that these highlights will contribute to both new and strengthened partnerships in many different settings—and that more success stories can be added soon to the ones we’ve learned about so far.

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Listed below are some of the challenges and barriers that health department staff reported when they explained why they haven't made more progress on adult immunization rates in general, and workplace/employer partnerships in particular.

**Staff time and resources are scarce.**

Building and expanding partnerships—when they’re done right—can be time-consuming work. In a time of budget cuts and furloughs, it’s tough to make a case for adding to an immunization (or any other) program’s workload.

As described in greater detail below, state health agency program staff (as well as their local health department counterparts) have found ways to work through their immunization coalitions or other groups (such as business coalitions and emergency preparedness groups) so that some of the tasks of approaching employers and educating them about various options can be shared.

Sometimes, investing scarce health department resources in adult immunizations requires an internal sales job first. Internal champions have made a strong case for workplace partnerships as:

- Advancing community health and broader goals (e.g., Healthy People 2020).
- Strengthening relationships with business/industry or new partners.
- Increasing public health’s visibility in the community.

When adult immunizations are part of a public health agency’s top strategic priorities and included in a strategic plan, making the case is easier. If adult immunizations are not already among the agency’s priorities, that might be a place to start. And don’t forget that health departments are workplaces, too. If your agency doesn’t already have a workplace immunization campaign in place, consider launching one as a pilot program.

**A focus on children has been successful and familiar.**

Campaigns, programs, and partnerships to immunize children have been very successful, and are understandably the focus of many immunization programs and coalitions.

There’s no doubt that adult immunizations are a tougher sell, as described below in the section on persistent myths. Still, immunization programs and coalitions could identify specific opportunities to bring more focus and attention to adult immunizations. Pursuing the workplace partnerships described in this toolkit is one accessible way to focus on adult immunizations while also potentially bringing new partners into the fold.

Some evidence suggests that workplace immunizations can boost immunization rates for other family members—spouses, children, grandparents—as well. In that sense, a focus on adults and workplaces may advance childhood immunization goals at the same time.

**Myths and misconceptions about adult immunization persist.**

Immunization program staff and coalition members have heard these all before: many adults are unaware of the need for adult immunizations, are skeptical that they do any good, are concerned about side effects or long-term problems related to the vaccine, do not have access to a regular source of health care—and, even if they do, do not hear about immunizations or get reminders from their physicians. All of this conspires to move adult immunizations far down an individual’s priority list.

As members of the general public, employers naturally share many of the same misconceptions held by their employees. They also have some of their own, related to the decision about whether or not promoting or offering adult immunizations through the workplace is worthwhile. For example, many employers believe that their employees with health insurance will obtain their immunizations from their health care providers, but that is often not the case.
These myths and misconceptions do provide some small openings, though. For example, for many people, the difference between getting an immunization or not is a matter of convenience. Employers can create a healthier workforce by removing the immunization hassle factor—an appointment, a doctor’s office visit, time off work, etc. Many employers also are not aware of resources such as community vaccinators that can directly bill their insurance plans, reducing some cost objections. Health agencies have opportunities to address these sources of employer resistance or lack of knowledge, as described in greater detail in the “Making the Case” and “Presenting Options” sections.

**Connections to business/industry aren’t always strong.**

While public health agencies have many strong and long-standing partnerships across their states and communities, connections to the private sector are not always as prominent or central as some others. Public health is often poorly understood, invisible, and unfamiliar; as a result, many employers may mistakenly believe public health has little to offer them or their employees.

Health agencies that do not yet have connections to employers need not start from scratch or build these relationships one employer at a time. Working through groups of employers—such as Chambers of Commerce, Rotary Clubs, industry-specific groups (e.g., associations of manufacturers or retailers), or large or small employers is one efficient approach. Another is to identify many potential influencers of workplace health decisions at once—e.g., by reaching out to groups of human resource or continuity of operations (COO) managers. Emergency preparedness groups and coalitions offer their own connections to employers, as well as an understanding of public health approaches from pandemic and other preparedness work. (See the “Making Connections” section for leads and links.)

**Workplace wellness programs emphasize chronic disease prevention.**

Workplace wellness programs have become increasingly common, especially among larger employers. Recent meta-analyses have documented the success of these programs, especially in terms of employers’ bottom lines. For example, in a 2012 meta-analysis of workplace wellness studies, Chapman notes that, “The summary evidence continues to be strong with average reductions in sick leave, health plan costs, and workers’ compensation and disability insurance costs of around 25 percent.” While we do not have detailed data on how many of these programs include a focus on adult immunizations, anecdotal information suggests that most do not. Workplace wellness programs most commonly focus on chronic disease prevention and management (e.g., aimed at reducing health care costs related to cardiovascular disease, diabetes, and tobacco-related illnesses) and lifestyle changes (promoting physical activity, dietary changes, and smoking cessation), as well as workplace-specific areas (e.g., preventing back injuries).

Chronic diseases and injuries are worthy health targets, of course—but adult immunizations are likely to have an even more immediate impact on bottom lines and productivity. There’s no reason for immunizations to compete with chronic diseases for workplace wellness attention; both should be included in a comprehensive program. This approach also adds occupational health groups to the list of potential partners for adult immunization initiatives.

With the advent of the Affordable Care Act and coverage for preventive health and screening across insurance plans, immunizations could be promoted as part of a broader preventive services package geared to employees and their families.

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Consider existing contacts, connections, or approaches to the groups identified below, depending on what is already in place. If few of these connections are currently available, consider starting close to home, with an immunization coalition and its contacts. Perhaps approaching a large employer with an established workplace wellness program makes sense as an initial pilot, or an industry or employer that experienced high rates of absenteeism or illness in the past.

Another strategy is to convene a small workgroup that includes representatives of many of the groups below—such as different types of employers, workplace wellness managers, occupational health nurses, insurers, and community vaccinators—to help customize materials and approaches for different audiences, share the workload of approaching different groups, and generate more interest.

- **Existing immunization coalitions.**
  A state’s immunization coalition is a great place to start. Are employers and industry representatives already part of it? What associations and groups do they belong to? If they are not already active members, do other current members have connections to them? Could a short-term subgroup or task force within the coalition take this on, identifying groups of employers and events where coalition members might make the case for adult immunizations?

- **Emergency preparedness groups.**
  By their nature, these groups already have ties to large and small employers or groups of them, and specifically to continuity of operations (COO) contacts within these organizations, who may wish to incorporate routine vaccinations into their pandemic preparedness plans. Every workplace wants to ensure smooth operations and avoid disruptions in productivity, but this is especially true of some workplaces that handle essential functions for all of us, such as utilities, first responder agencies (law enforcement and fire departments), corrections facilities, and health and long-term care facilities.

- **Workplace wellness groups.**
  Identify coalitions of local workplace wellness managers or identify programs associated with one or more large employers in a state or region to propose incorporating adult immunizations into their existing programs. State and local associations of occupational health nurses who staff and run workplace wellness programs and clinics are another important group to reach, since many may not necessarily see adult vaccinations as an important part of their portfolio.

- **Business groups and coalitions.**
  Start with a statewide, regional, or local Chamber of Commerce to identify groups of employers by size, industry, or geography.

Consider industry- or sector-specific groups in your state, such as associations of retailers or manufacturers. (For example, for a state-by-state listing of manufacturers’ associations, with links, see http://www.nam.org/Get-Involved/Allied-Organizations/State-Associations-Group/SAG-Directory.aspx). District offices of the U.S. Small Business Administration (SBA) can help identify local, state, and regional small business groups. (See http://www.sba.gov/local-assistance for links.)

The National Business Coalition on Health is a “coalition of coalitions” representing 54 coalitions across the country to promote value-based purchasing by purchaser-led health care coalitions. Its member coalitions represent 7,000 employers and 25 million employees and dependents, mostly from mid-size and large employers (in both the public and private sectors). For an interactive, state-by-state map of coalition members, see http://www.nbch.org/Membership.
• **Public and nonprofit employers.**
  Public health agencies may have stronger ties to public sector and nonprofit agencies than they do to the private sector, but may not have approached these partners about promoting worksite wellness and adult immunizations in particular. As with private sector groups, identifying associations or groups (e.g., of state agencies) can make initial approaches more efficient. Fellow state agencies are an important starting point, if they have not been approached already!

• **Relevant roles within industries/organizations.**
  Human resource managers are the most likely to consider and then promote options for workplace adult immunization programs as part of a broader employee benefits package. Most states have chapters or affiliates of groups such as the Society for Human Resource Management (SHRM). (For chapter locations, see http://www.shrm.org/Communities/SHRMChapters/Pages/default.aspx.)

  Organizations that are too small to have a formal human resources or benefits manager may still have a manager responsible for health and safety issues.

  Planners and managers involved in continuity of operations are another important resource within organizations, and are likely to be receptive to an emphasis on maintaining productivity and reducing employee absenteeism, especially during a crisis.
Several excellent and current resources are available to help make the case to employers large and small. These include:


These publications are comprehensive resources and include statistics on flu prevalence, data on cost-effectiveness, suggestions for calculating returns on investment, strategies ranging from onsite flu clinics to general promotion of flu vaccination, reminders about good cough and hand hygiene and the importance of policies that encourage sick employees to stay home, sample handouts and materials, checklists, timelines, evaluation tools, success stories, tips, and more.

The purpose of this toolkit is not to recreate the excellent resources described above, but rather to encourage health departments (and/or their partners) to position themselves as resources or coaches to workplaces so that these resources can gain traction in a variety of workplaces.

### Matching Employers’ Needs for Information, Persuasion, and Support

The barriers listed earlier provide a partial explanation for why many workplaces—seemingly such a natural partner in improving adult immunization rates—are not more common settings and supporters of these efforts. Surveys of employers reveal that some (especially larger employers) do offer adult immunizations, but don’t necessarily promote them, so rates remain low.

Nationally, 17 percent of adults who received the influenza vaccine during the 2010-11 season did so at their workplaces. A survey of 54 U.S. corporations (almost all with more than 1,000 full-time workers) found that only eight of them had onsite vaccination rates higher than 50 percent.

Many employers do not realize that help and support are available to offer immunizations to their employees, so that they may not have to undertake a great deal of planning and logistics work themselves. For example, community vaccinators (such as Visiting Nurse Associations and pharmacists) are experienced in providing worksite vaccinations and could take on many of the promotional, billing, and reporting functions.

Major health plans also have programs geared to employers and workplaces. (See the Tools and Resources section for more information.)

Smaller employers, in particular, may think they don’t have enough employees on site (or their employees are scattered across multiple geographic sites) to make it worthwhile for a community vaccinator or other program to be in place. Others have not assessed the impact of flu and other vaccine-preventable diseases, and don’t realize the impact on their bottom lines.

One way to think about these various barriers and how to address them may be to consider the Stages of Change model that has been helpful in moving individuals through the steps required to consider and adopt challenging behavior changes, such as quitting smoking.
The original model includes five stages that people move through as they consider and then make and sustain these changes: precontemplation (sometimes described as denial that a problem exists), contemplation (considering and getting ready to make a change), preparation for change, action (trying and making the change), and maintenance.

At each stage, individuals weigh the pros and cons of making a change. With the right information and support at each stage, gradually the pros outweigh the cons, and behavior change is tried and then reinforced.

Similarly, employers will naturally fall along a spectrum of beliefs about whether or not promoting adult immunizations at the workplace is worthwhile for them. (Indeed, the same might be true of health departments in terms of their readiness to work with employers.) To meet employers’ different needs for information and persuasion, it would be helpful to know more about their situations. Likewise, in any general presentation (e.g., at a Rotary or Chamber of Commerce gathering), it would be important to offer options and information that meet a variety of needs. Consider some suggestions in the chart below.

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<tr>
<th>If an employer is in this stage . . .</th>
<th>The employer may take this stance about adult immunizations . . .</th>
<th>A health agency/partnership can help by . . .</th>
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| Precontemplation; not ready to make a change (i.e., promote or offer adult immunizations through the workplace) | • We don’t need this—we don’t incur many sick days from influenza or other vaccine-preventable diseases.  
• Our employees don’t want/need it.  
• Even if they did want/need immunizations, that’s why we offer health insurance—they can get it from their physician or pharmacy. | • Presenting basic information about average sick days.  
• Using the ROI calculator.  
• Identifying industry- or employee-specific data (e.g., if employees interact with the public, travel, work/live with young children).  
• Suggesting employee surveys about whether they’d be immunized if immunizations were offered on site.  
• Sharing myths/facts information.  
• Noting that even with health insurance coverage, many adults do not routinely see their health care provider.  
• Working to identify internal champions.  
• Suggesting basic promotional steps (hygiene posters, flyers, reminders during flu season, employee newsletter items) as a first step. |
| Contemplation; getting ready to make a change but still ambivalent | • We might do this in the future, but not now—it’s too much hassle/burden. | • Identifying specific barriers (e.g., lack of knowledge about community vaccinators) so that these can be addressed.  
• Noting that adult immunizations are covered by a company’s insurance plans; the company may be paying for a service they’re not getting.  
• Connecting employers to others in their industry, area, or of similar size to talk to a peer about what was involved.  
• Encouraging promotion of vaccination in the workplace and community, whether or not an onsite clinic or event is feasible. |
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<tr>
<td>Preparation; almost ready to make a change</td>
<td>• Let’s do this for the next flu season!</td>
<td>• Increasing chances of success by sharing materials/toolkits, offering guidance and support, checking in about progress and timelines, and identifying resources such as community vaccinators.</td>
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| Action; moving ahead with change, but may not be fully committed | • We held an onsite vaccination day and few employees showed up. | • Encouraging an ongoing commitment by reminding employers that initial participation rates may be low, but should increase over time.  
• Suggesting employees who were immunized and did not miss work days tell their stories to colleagues.  
• Encouraging follow-up activities such as evaluations, reviews of what might have worked better for employees (e.g., incentives, times, locations). |
| Maintenance | • We’d like to continue this next year, but we’re not sure. | • Continuing contacts after the initial steps were taken.  
• Helping to set appropriate goals for the next year.  
• Suggesting expansions (e.g., to part-time workers, dependents, retirees).  
• Helping to track Return on Investment (ROI) and impact of the program over time.  
• Encouraging early preparation for the next event and learning from past attempts.  
• Encouraging ongoing promotion of adult vaccinations.  
• Exploring incorporating into existing worksite wellness.  
• Encouraging sharing of success stories and how barriers were overcome with other employers.  
• Recognizing and appreciating efforts to date (e.g., with awards, media stories, etc.). |
The “Workplace Immunization Slide Deck” offers some basic information and talking points that could be customized to different employer groups and correspond to the “stages” described above.

Health agency staff who have worked successfully with employers highly recommend that these conversations and pitches take place face-to-face whenever possible.

**The Ask**

If an initial pitch is successful and a health agency/partner has an opportunity to discuss workplace immunization options in more detail, what’s the “ask?” Here are some suggestions:

- For professional associations or groups, ask them to consider a survey of their members to identify existing adult immunization programs, interests, and barriers. (See the “Gathering Baseline Information” section for survey items and ideas.)

- For groups and individual workplaces, identify an internal champion (or, even better, several champions) to work with the health agency and its partners. Ideally, this is an organizational leader and decision-maker, but in individual organizations, at some point it also will be important to include mid-level managers to enlist support—especially in larger organizations or those with employees across multiple locations.

- Seek more customized information about the workforce in question. Do they interact with the public? Travel? Live or work around small children? Are there unique issues related to a particular workplace or workforce, such as seasonal surges, a mix of full-time and temporary workers, and/or volunteers? What about data on sick days and absenteeism?

- Emphasize the long-term nature of this collaboration. It’s not a one-shot deal (no pun intended!) and may take several flu seasons to show improved rates and results.

- Share one or more guides to workplace immunizations and set up a time to discuss options, timelines, and, most importantly, how health agencies and their partners can help (e.g., by identifying community vaccinators, such as Visiting Nurse Associations or pharmacists who already know how to promote, implement, bill, and report vaccinations; and/or connecting to immunization information systems).

- Planning takes time. While planning for onsite or community vaccination events is underway, ask groups and individual workplaces to promote adult vaccinations—through their newsletters, by posting materials on Web sites and in gathering spots, and in staff or association meetings. (It might be helpful to bring some printouts of these materials to an initial meeting.)

- Ask for other opportunities to share information about adult immunizations. Are there roundtables, Webinars, health fairs, workplace wellness communications, conferences, meetings, or other venues where information could be shared?

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Some general barriers to workplace immunization programs may be common across different types of workplaces, but it’s always helpful to have more specific and local information, if possible. One way to get it is to conduct surveys of employers. Health agencies and partners can facilitate this by setting up the survey and/or assisting in the analysis of results.

Two examples are provided in the “Employer Survey/Interview” toolkit, both covering similar terrain:

- Information about the employer, number of employees, employee wellness programs, and insurance options.
- Questions specific to those that do not currently provide vaccinations, such as whether or not they’ve considered doing so, barriers to doing so, and whether they’d be open to learning more.
- Questions specific to workplaces that do provide vaccinations, such as which ones are offered, how the cost is covered, whether they are offered on- or off-site, whether family members are included, other logistical issues, sources of resistance or pushback, and evaluation results.

If an online survey is not an option, consider “key informant” interviews among a subset of employers to gain insights about perceived barriers and benefits. Sample key informant questions also can be found in the “Employer Survey/Interview Examples” appendix and toolkit, which provides downloadable files.

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### Do you provide any vaccines for your employees on site?

- Yes, we offer access to vaccinations for our employees
- No, but we are interested in providing vaccinations
- No, we do not provide vaccinations to our employees
- Other – please specify

### Do you provide any on site employee health services (i.e., onsite nurse/physician, onsite health assessment and/or screenings) for your employees?

- Yes
- No

### Who pays for the vaccines that are offered to your employees on site?

- You, the employer
- Employee out-of-pocket
- Employee out-of-pocket, but subsidized by you, the employer
- The employee’s insurance plan
- Other (please describe) _________

### What problems or issues do you encounter in providing vaccines for employees on site? Check all that apply.

- We don’t encounter problems
- Cost is not sustainable
- Lack of internal staff time to organize
- Lack of employee interest
- Other (please describe) _________
A key piece of advice from those who have tried to help workplaces promote adult immunization is to make it as easy as possible for them—to remove the perceived barrier that promoting or offering adult immunizations is going to require too much time, effort, and resources.

Health agencies and their partners can help in many different ways, as described in the “Making the Case” section. It may be helpful to think about a spectrum of adult immunization activities that workplaces can undertake, ranging from relatively simple and straightforward to more complex. Of course, health agencies and their partners do not have unlimited resources to help. Even so, this list may help pinpoint areas where an initial contribution of information, support, and concrete assistance could launch a longer-term partnership and lead to a more robust adult immunization initiative.

- **The basics**: Sharing data and information about the impact of flu and other vaccine-preventable diseases, myths (and mythbusting), and adult immunization recommendations.

- **The landscape**: Helping to conduct and analyze surveys or key informant interviews that explore what employers currently offer and how they perceive barriers and benefits.

- **Specific impacts**: Helping workplaces calculate the current toll of flu and other vaccine-preventable diseases through tools such as the ROI calculator; asking about industry- or employee-specific data on interactions with the public, travel, working and living with young children; supporting employee surveys about whether they’d be immunized if immunizations were offered on site.

- **Specific barriers**: Beyond surveys or interviews, identifying specific barriers for individual workplaces (e.g., lack of knowledge about community vaccinators or immunization information systems) so that these can be addressed.

- **Materials**: Printing and sharing materials available online, to encourage employers to use these on site.

- **Champions**: Identifying, supporting, and coaching internal champions within individual workplaces or groups of employers.

- **Health promotion**: Suggesting basic promotional steps (hygiene posters, flyers, reminders during flu season, employee newsletter items) as a first step within individual workplaces; encouraging promotion of vaccination in the workplace and community, whether or not an onsite clinic or event is feasible.

- **Coverage**: Noting that adult immunizations are covered by a company’s insurance plans—the company may be paying for a service they’re not getting.

- **Shots in the arm**: Identifying community vaccinators (including Visiting Nurse Associations and pharmacists), local health departments, pharmacies or other resources that may be available to employees—and that the workplace champion does not have to find on his or her own.

- **Connections**: Connecting employers to others in their industry, area, or of similar size to talk to a peer about what was involved.

- **Coaching**: Increasing chances of success by sharing materials/toolkits, offering guidance and support, and checking in about progress and timelines.

- **Persistence**: Encouraging an ongoing commitment by reminding employers that initial participation rates may be low, but should increase over time.

- **Storytelling**: Suggesting that employees who were immunized and did not miss work days tell their stories to colleagues; encouraging sharing of success stories and how barriers were overcome with other employers.
• **Follow-up**: Encouraging follow-up activities such as evaluations, reviews of what might have worked better for employees (e.g., incentives, times, locations); helping to track Return on Investment (ROI) and impact of the program over time; staying in touch after the initial steps were taken (whether that involved a newsletter insert, putting up a poster, or something more ambitious).

• **Planning**: Helping to set appropriate goals for the next year; suggesting expansions (e.g., to part-time workers, dependents, retirees); encouraging early preparation for the next event and learning from past attempts.

• **Recognition**: Giving awards, media coverage, and kudos of all kinds to workplaces that set an example.

• **Wellness Plus**: Encouraging integration of adult immunizations into existing worksite wellness programs.
Another key piece of advice from state health department staff and partners is to be persistent. Workplaces shouldn't be discouraged if an initial attempt doesn't yield high participation rates, and neither should health agencies.

The employer toolkits described above include templates for evaluating the success of workplace programs against initial goals, including baseline participation rates, employee satisfaction surveys, lessons learned for next time, calculating ROI, and tracking who did and did not participate by employee categories. These same basic categories apply to gauging health agency/partnership efforts with employers, and need not involve an elaborate evaluation:

✓ How many employers/workplaces were reached with initial communications about workplace immunizations?
✓ How many participated in surveys or interviews to identify ongoing activities and barriers?
✓ What trends, barriers, and opportunities were identified?
✓ How many, and what types/sizes, received more detailed information or support?
✓ How many workplaces are undertaking promotional activities or planning worksite immunization campaigns? How many were implemented?
✓ How many employees are affected by these initiatives?
✓ How have adult vaccination rates changed?
✓ What data are available on reduced absenteeism, family uptake of vaccinations, or other markers of success?
✓ What are some estimates of ROI (Returns on Investment) among participating employers/workplaces?
✓ What feedback is available from employers and employees for expanding and improving these efforts in the future?

In addition to collecting as much data as possible and tracking both successes and opportunities for improvement, follow-up should include updates to partners, planning for next year, and sharing of success stories with other agencies and programs.
Boosting Influenza Immunizations at Work

TOOLS AND RESOURCES FOR WORKPLACE PARTNERS

**Centers for Disease Control and Prevention (CDC)**

CDC’s toolkit for business and employers, Make It Your Business to Fight the Flu, includes downloadable videos, flu facts, posters, flyers, and e-cards for employees.

Additional CDC print materials (including a media toolkit) are available from http://www.cdc.gov/flu/freeresources/print-businesses.htm.

An interactive quiz for adolescents and adults customizes a list of recommended vaccines based on a short quiz that collects basic demographic information, lifestyle and work factors (e.g., dorm living, travel), and health status/medical history (available from http://www2.cdc.gov/nip/adultimmsched/). A similar printable version is also available from http://www.cdc.gov/vaccines/hcp/patient-ed/adults/downloads/fs-adult-immz.pdf.

**Immunization Action Coalition**

This Minnesota-based group has developed a new set of easy-to-read, one-page handouts on adolescent and adult vaccine-preventable diseases, promoting vaccinations. The disease-specific handouts cover hepatitis A and B, HPV, influenza, meningococcal disease, pneumococcal disease, shingles, and whooping cough (http://www.immunize.org/va/va39_easy_handouts.pdf).

**Connecticut Department of Health**

The Connecticut Department of Health has developed a Website for the state’s employers, including a booklet based on a Webinar jointly conducted with CDC on planning an employee influenza vaccination clinic (Recipe for Planning an Employee Influenza Vaccination Clinic) and the Webinar itself; as well as a link to a continuously updated list of community vaccinators (http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=508350&PM=1).

**Minnesota Department of Health**

The Minnesota Department of Health has developed tip sheets to share with employers, covering ways to offer workplace vaccination and increase participation rates, as well as a streamlined business case for doing so. (http://www.health.state.mn.us/divs/idepc/immunize/hcp/occhlth/index.html)

**National Foundation for Infectious Diseases**

The National Foundation for Infectious Diseases Website includes a variety of useful tools and information, including a handout on “10 Reasons to be Vaccinated” (addressing some common myths and misconceptions, available from http://www.adultvaccination.org/10-reasons-to-be-vaccinated) and personal stories about influenza and other vaccine-preventable diseases (http://www.nfid.org/real-stories-real-people).
New York City Department of Health and Mental Hygiene

The New York City Department of Health developed a guide for employers that presents three options for promoting vaccination for employees: conducting a worksite clinic with an employee health services clinic (for businesses with a dedicated onsite health clinic); organizing a flu vaccination event (for those who do not have an onsite clinic); and promoting vaccination elsewhere (doctors’ offices or pharmacies, or flu locator sites). The guide also recommends influenza prevention and illness policies that workplaces should adopt and includes links to materials that employers can use to promote adult vaccination (http://www.nyc.gov/html/doh/flu/downloads/pdf/employers/worksite-flu-vac.pdf).

Ofstead & Associates

Ofstead & Associates is a research firm specializing in translational research; the firm’s researchers have conducted a number of studies and projects exploring vaccination decision-making by employers, employees, and families. As a part of this research, Ofstead designed a series of evidence-based materials that addressed concerns, dispelled myths, and promoted the benefits of annual influenza vaccination. Specific materials include policies and procedures for employers who needed to respond to OSHA requirements during the H1N1 outbreak in 2009, as well as more recent materials such as posters, flyers, and videos that capture workers’ attention and address the importance of receiving an influenza vaccination annually. Materials are available from the firm’s Website (http://www.ofsteadinsights.com/?p=1452), which also has links to a recent Journal of Occupational and Environmental Medicine article presenting results from Ofstead’s evaluation of a worksite vaccination program in industrial settings.

Partnership for Adult Vaccination and Education (PAVE)

The Partnership for Adult Vaccination and Education (PAVE) is a joint effort of the University of Wisconsin School of Medicine and Public Health, Physicians’ Institute for Excellence in Medicine, Healthcare Performance Consulting, and CME Enterprise. PAVE’s mission is to increase the rates of immunization for adolescents and adults in the United States for the vaccinations they need according to the schedule promoted by the Advisory Committee on Immunization Practices (ACIP). PAVE materials are geared to primary care clinicians and healthcare organizations, but may be useful as well to workplace wellness and other internal champions.

The PAVE site contains adult vaccination resources such as videos, presentation resources, patient fact sheets, and links to performance improvement activities, as well as links to additional resources (see http://www.pave-resources.com/).

Partnership for Prevention

Partnership for Prevention’s publication for employers, Give Productivity a Shot in the Arm: How Influenza Immunization Can Enhance Your Bottom Line, includes an online toolkit with many useful resources, including best practices, checklists, timelines, ROI information, and links to other materials (http://www.prevent.org/flu/).

America’s Health Insurance Plans (AHIP)

On the Immunization Innovations section of its Website (http://www.ahip.org/Immunization-Innovations.aspx), AHIP has compiled examples of pioneering programs and best practices among health plans for
measuring and improving immunization rates, along with a wide variety of downloadable tools, educational resources, and marketing materials.

**Wellness Council of America (WELCOA)**

WELCOA has developed a set of seven benchmarks to guide workplace wellness programs, which are described on the organization’s Website (http://welcoa.org/wellworkplace/index.php?category=16). Although designed for those organizing workplace wellness programs, the seven benchmarks are equally applicable to those seeking to partner with employers and workplaces.
Sample Employer Onsite Immunization Survey: An Example from Massachusetts

Associated Industries of Massachusetts and the Massachusetts Department of Public Health:
Employer Baseline Survey

Fall 2012

I. INTRODUCTION

Associated Industries of Massachusetts and the Massachusetts Department of Public Health are partnering on an initiative to promote employers offering worksite vaccination programs for employees. The purpose of the survey is to gather information about the benefits and barriers to vaccine programs. We need information from companies who do offer vaccine programs and from companies who do not offer programs.

This short survey should take approximately 5–10 minutes to complete.

II. DEMOGRAPHICS

Please provide the following information: Questions marked with an asterisk are required fields. All identifying information is held in strict confidence, is only used for purposes of this survey, and will not be released to any outside parties.

*Company Name_________________
*Your Name_____________________
*Your Title______________________
*Your Email Address______________
*Phone Number__________________

1. *Total number of Massachusetts employees
   - 10 or fewer
   - 11 – 500
   - 501 – 1,000
   - Greater than 1,000

2. *County of Massachusetts where company is located. (If you have more than one site, choose where your main office or headquarters is located.)
   - Barnstable
   - Berkshire
   - Bristol
   - Dukes
   - Essex
   - Franklin
   - Hampden
   - Hampshire
   - Nantucket
   - Norfolk
   - Plymouth
   - Suffolk
   - Worcester
3. Please select the industry sector best describing your Company.
   o Construction
   o Financial services
   o Government
   o Health care / Health Services
   o High technology
   o Manufacturing
   o Not for profit
   o Retail / Wholesale
   o Transportation
   o Other (please describe) _____________________

III. BACKGROUND SECTION

4. Do you provide any onsite employee health services (i.e., onsite nurse/physician, onsite health assessment and/or screenings) for your employees?
   Yes ____ No____

5. Do the health insurance plans that you provide for your employees currently cover any of the recommended vaccines for adults? Examples of adult vaccines include flu, pneumonia, hepatitis B, hepatitis A, tetanus-diphtheria, tetanus-diphtheria-pertussis, MMR (measles-mumps-rubella), Varicella (chickenpox) and Zoster (shingles).
   o Yes, all the health plans we contract with cover vaccines for adults.
   o Some of the health plans we contract with do cover vaccines for adults and some of the plans we contract with don’t cover vaccines for adults.
   o No, none of the health plans we contract with cover vaccines for adults.
   o Don’t know if health plans offer coverage for vaccines.

6. Do you provide any vaccines for your employees on site? (By on site, we mean at the physical work site or sites where employees are located.)
   Yes____ No____ [If no, skip to Question #16 ]

IV. THE YES SECTION

For Questions 7 – 11, if you’re not sure of which option to choose, answer to the best of your knowledge.

7. How many years have you offered vaccinations to employees?
   o 0 – 1 year
   o 2 – 4 years
   o 5 – 9 years
   o ≥ 10 years
   o Don’t know
8. Which vaccine(s) do you provide on site? Please indicate if the vaccines are offered at the work site to the employee’s spouse and/or dependent children by checking the applicable box. Check all that apply.

<table>
<thead>
<tr>
<th>Offered to:</th>
<th>Employee</th>
<th>Spouse</th>
<th>Dependent Children</th>
<th>Vaccine not offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu (influenza)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (measles-mumps-rubella)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (pneumonia)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td (tetanus-diphtheria)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap (tetanus-diphtheria-pertussis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Zoster (shingles)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other___________</td>
<td></td>
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<tr>
<td>Other___________</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

9. How are onsite vaccines provided? Check all that apply.

- In-house occupational services (nurse, physician)
- Local Visiting Nurse Association
- Contracted pharmacy
- Other contracted vaccinator
- Other_______

10. Who pays for the vaccines that are offered to your employees on site?

- You, the employer
- Employee out-of-pocket
- Employee out-of-pocket, but subsidized by you, the employer
- The employee’s insurance plan
- Other (please describe) ________

11. Why do you provide vaccines for your employees on site? Rank in order of importance with 1 being most important and 7 as least important. Simply drag your top choice (most important) to the top and follow in order of importance with each statement.

- Employee health and wellness
- Control health care costs of my business
- Decrease employee absenteeism
- Increase satisfaction with employee benefits
- Establish or maintain continuity of operations
- Increase overall employee job satisfaction
- Employees requested it
12. How easy or hard is it to organize the following logistics to provide vaccines for your employees on site? Please select from the following choices: Very Difficult, Somewhat Difficult, Somewhat Easy, Very Easy or Not Applicable.

<table>
<thead>
<tr>
<th></th>
<th>1 Very Difficult</th>
<th>2 Somewhat Difficult</th>
<th>3 Somewhat Easy</th>
<th>4 Very Easy</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing and scheduling of clinics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private area to administer vaccines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing vaccinations to second and third shift employees</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Providing vaccinations to weekend employees</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Vendor or personnel to administer vaccines</td>
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<tr>
<td>Recordkeeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine purchase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine storage</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

13. Please check any of the following characteristics that apply to your vaccination programs.

   - Clinic offered at more than one site
   - Clinic offered more than one time
   - Vaccines administered on a walk-in basis
   - Vaccines administered by appointment only
   - Incentives offered (e.g., a gift card)

14. In your estimation, what percentage of employees received the flu vaccine in your last seasonal flu vaccination campaign?

   - 1 – 25%
   - 26 – 50%
   - 51 – 75%
   - 76 – 100%
   - We didn’t hold a seasonal flu vaccination campaign

15. What problems or issues do you encounter in providing vaccines for employees on site? Check all that apply.

   - We don’t encounter problems
   - Cost is not sustainable
   - Lack of internal staff time to organize
   - Lack of employee interest
   - Other (please describe) ________

   Thank you! You are finished with the survey.
V. THE NO SECTION

16. Do you use any of the following to encourage your employees to get vaccinated outside of the worksite? Check yes or no for each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid time off (e.g., sick time, vacation time, personal time, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in employee insurance premium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other incentives for getting vaccinated (e.g., a gift card)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. What are the reasons vaccines are not provided for your employees on site? Rank in order of importance where 1 is Most Important and 8 is Least Important. You can drag and drop the statements to your preferred order of ranking.

- Don’t know how to go about providing vaccines to employees
- Concerns about costs
- Insufficient employee interest
- Unsure about the benefits of onsite employee vaccination
- We don’t have enough employees to make it worth offering
- Don’t think vaccine preventable diseases are a problem for adults
- Employees get their vaccines through their health care provider
- Don’t have employee health as part of my business

18. Would you offer onsite vaccinations to your employees under any circumstance?
   No____ [Skip to Question 20]
   Yes____

19. Which of the following resources might encourage you to consider offering one or more vaccines for your employees on site? Rate the importance of each on a scale of “Not At All Important” to “Extremely Important”.

<table>
<thead>
<tr>
<th>Resource</th>
<th>1 Not At All Important</th>
<th>2 A Little Important</th>
<th>3 Important</th>
<th>4 Extremely Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about commercial vaccinators who can provide onsite vaccination and bill employee insurance plans at no cost to employer or employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sample employee communication package on the importance of vaccination and template for scheduling the programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information about the costs and benefits of onsite vaccination services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommendations from other employers who are currently vaccinating on site</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
20. Please provide any additional feedback about what resources might be helpful to you to educate employees about adult vaccinations or what might help you consider offering vaccination clinics on site at your workplace.

21) The Massachusetts Department of Public Health may want to make a short follow-up phone call to gather additional information from you. Are you willing to speak with a representative from the Department of Public Health?
Yes_____ No_______

22) Please indicate the best time(s) to call.
   o 8 am – 10 am
   o 10 am – 12 pm
   o 12 pm – 2 pm
   o 2 pm – 4 pm
   o 4 pm – 6 pm

All identifying information is held in strict confidence, is only used for the purposes of this survey, and will not be released to any other parties.

Thank you! You are finished with the survey.
Sample Key Informant Interview

Massachusetts Department of Public Health
Guide 1: Questions for Key Informant Interviews
Sites who currently offer worksite vaccine programs

[Note: Questions will need some adjustment when used for individual interviews, depending on the affiliation of the person interviewed. Use only the relevant probes. If worksites have specific questions about the vaccines, the immunization schedule, morbidity and mortality of vaccine-preventable diseases, rates, etc., refer to XXX.]

Interviewees will be divided into worksites that currently offer vaccine programs on site and those who do not.

Introduction: Associated Industries of Massachusetts and the Massachusetts Department of Public Health are partnering to promote worksite vaccination programs for employees. You completed an online employer survey last November and indicated MDPH could call you for more detailed information. We appreciate your time and input. The brief interview will take about 15 to 20 minutes and your responses will not be connected to you or your worksite. We encourage you to be as open as possible to help MDPH address the strengths and barriers to implementing a workplace vaccine program for employees. Again, thank you and let’s get started.

1. In your experience, what are the benefits of offering worksite vaccine programs?
   a. What are key successes of your vaccine program?
   b. When do you plan and/or book your vaccine program?
   c. How do you recruit or encourage employee participation?

2. What were the main challenges to implementing your worksite vaccine program?
   a. What are the main lessons learned?
   b. What are the barriers for employee participation?
   c. What advice would you offer to worksites considering offering worksite vaccine programs?

3. Do you contract with a vaccinator or a company who vaccinates?
   a. If no, who provides the vaccine?
   b. If yes, who do you contract with?

4. Do you think it would be feasible to expand the type of vaccine(s) offered at your worksite?
   a. If yes, TDAP (tetanus, diphtheria, pertussis), Pneumococcal, other?
   b. If no, what are the anticipated barriers to offering additional vaccines?
   c. If you don’t offer vaccine(s) to employee family members, would you consider expanding to them?

5. Would you be willing to write a testimonial to share with worksites considering offering worksite vaccine programs?
   a. If yes, we will e-mail a template for your testimonial, thank you.
Sample Employer Survey
Employer Vaccination Project
Safeguard Iowa Partnership

Survey Questionnaire Part I: General information questions

1. What is the name of your business?

2. What is the location of your business?
   If more than one, please list them all (Address, City, ZIP)

3. Number of full and part time employees?
   (Include all those who receive a direct paycheck from the reporting business)

4. Do you provide access to vaccinations for your employees?
   a. Yes, we offer access to vaccinations for our employees
   b. No, but we are interested in providing vaccinations
   c. No, we do not provide vaccinations to our employees
   d. Other – please specify

5. Does your company offer employee wellness programs?
   a. Yes, our company has an employee wellness program
   b. No, but we are in the process of starting an employee wellness program
   c. No, we do not offer an employee wellness program
   d. Other – please specify

6. Does your business have the capability to cover the cost of vaccinations without charging employees?
   a. Yes, we have company insurance that covers the cost of vaccinations
   b. Yes, we have funds that can cover the cost of vaccinations
   c. No, we do not have a way to cover the cost of vaccinations
   d. Other – please specify

7. Do you provide employees with insurance that would cover the cost of vaccinations?
   a. Yes, our employees have insurance that covers the cost of vaccinations
   b. No, our employees’ insurance plans do not cover the cost of vaccinations
   c. Other – please specify

8. Are there resources available to your company for partnerships/contracting? (i.e. local health department, local pharmacies, licensed nurses)
   a. Yes, and we work with those resources
   b. Yes, but we do not use those resources
   c. No, we do not have access to those resources
   d. Other – please specify
Part II: Questions for businesses that currently do not provide vaccinations

1. Have you ever considered providing access to vaccinations for your employees?
   a. Yes, we have been interested in establishing a vaccination program
   b. Yes, we tried but the program did not work
   c. No, but we are interested in providing access to vaccinations
   d. No, and we are not interested in providing access to vaccinations
   e. Other – please specify

2. What are barriers preventing you from providing vaccines? Please select all that apply.
   a. Lack of resources
   b. Lack of employee interest
   c. Lack of company interest
   d. Cost
   e. Time constraints
   f. Not enough information on topic
   g. Other – please specify

3. Providing vaccinations is an easy, low-cost way to reduce absenteeism and healthcare expenditures. Would you be interested in learning more about these benefits?
   a. Yes
   b. No
   c. Other – please specify

4. Do you think your business would meet any formal resistance to implementation of vaccination programs? Please select all that apply.
   a. No
   b. Yes, from administration
   c. Yes, from persons responsible for running the vaccination campaign
   d. Yes, from employees
   e. Yes, other – please specify

5. Do you have any comments about vaccination programs, including specific issues which may contribute to vaccination rates at your facility?

Part III: Questions for businesses that do provide access to vaccinations

1. What vaccinations do you provide for your employees? Please check all that apply.
   a. Seasonal influenza
   b. Tdap (tetanus, diphtheria, and pertussis)
   c. MMR (measles, mumps, rubella)
   d. Varicella (chickenpox)
   e. Herpes Zoster (shingles)
   f. Hepatitis A
   g. Hepatitis B
   h. Other – please specify
2. How is the cost of the vaccinations paid for?
   a. Company insurance
   b. Company funds
   c. Employee insurance
   d. Other – please specify

3. How do you deliver vaccinations?
   a. On site
   b. Off site -- Local pharmacy
   c. Off site -- Local physician
   d. Off site -- County health department
   e. Other – please specify

4. Do you have a pre-registration system for employees who want to get the vaccine?
   a. Yes
   b. No
   c. Other – please specify

5. Do you plan for unregistered participants on vaccination dates?
   a. Yes, we order extra vaccinations for employees who change their mind
   b. No, we order an exact number of vaccinations for the employees who registered
   c. Other – please specify

6. Do you allocate paid work time and/or provide transportation for travel to the vaccination clinic?
   a. We provide paid work time for vaccinations
   b. We provide transportation to vaccinations
   c. No, we do not provide transportation or allocate paid work time for the vaccination
   d. Other – please specify

7. How many of your employees are vaccinated annually?

8. Do you offer vaccinations to employee family members?
   a. Yes
   b. No
   c. Other – please specify

9. Do you use incentives for vaccination to increase participation? (i.e. vaccines at no or low cost, providing refreshments, or hold contests between departments)
   a. Yes
   b. No
   c. Other – please specify

10. Who recruits and schedules vaccinations?

11. What month do you begin distributing information about vaccinations?

12. What month do you begin vaccinating your employees?
13. Did your business meet any formal resistance to your implementation of a vaccination program? Please select all that apply.
   a. No
   b. Yes, from administration
   c. Yes, from persons responsible for running the vaccination campaign
   d. Yes, from employees
   e. Yes, other – please specify

14. Do you evaluate your vaccination program each year?
   a. Yes
   b. No
   c. Other – please specify

15. Based on evaluations of your vaccination program, please rate its overall effectiveness.
   a. Unsuccessful
   b. There were numerous problems
   c. It went well, but room for improvement
   d. Very few problems, ran smoothly
   e. Successful

16. Please describe what contributed to your evaluation scores (whether successful or unsuccessful).

17. Do you provide a satisfaction survey to your employees after the vaccinations?
   a. Yes
   b. No
   c. Other – please specify

18. What has been your employees’ response to the vaccination program?
   a. Very dissatisfied
   b. Dissatisfied
   c. Neutral
   d. Satisfied
   e. Very Satisfied

19. Please describe what contributed to your employees’ response (whether satisfied or dissatisfied).

20. Do you have any comments about vaccination programs, including specific issues which may contribute to vaccination rates at your facility?
INFLUENZA IMMUNIZATIONS @ WORK
Benefits and Opportunities for Every Workplace

ABOUT US

- [Introduce your health department, immunization coalition, public health-employer coalition, etc. here . . . ]
- [Add local adult immunization/seasonal flu statistics, as available . . . ]
Boosting Influenza Immunizations at Work

- Overview of how seasonal flu affects workplaces
  - The bottom line
  - Productivity
  - Employees’ families

- How we can help you promote and/or offer seasonal flu vaccinations to your employees

- Following up: next steps

- Questions and answers

SEASONAL FLU SHOTS RECOMMENDED FOR ALL

- February, 2010
- CDC Advisory Committee on Immunization Practices recommends annual seasonal flu vaccine for all, especially those at high risk for flu complications and anyone who interacts with them...
**FLU & THE BOTTOM LINE**

- **Absenteeism**
  - The average case of influenza (flu) can mean two to five days away from work, per employee
  - A full recovery may take up to two weeks
- **“Presenteeism”**
  - Before, during, and after getting the flu, employees may be “present,” but not operating at full strength – either because they don’t feel well, or because they are worried about other family members who got sick

---

**DOING THE MATH: A BALLPARK CALCULATION**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>Average estimated cost of a lost work day for each employee</td>
</tr>
<tr>
<td>5 days</td>
<td>Average number of lost work days due to influenza</td>
</tr>
<tr>
<td>$1,000</td>
<td>Total estimated cost of lost work days due to flu (per employee)</td>
</tr>
<tr>
<td>100</td>
<td>Total number of employees</td>
</tr>
<tr>
<td>15%</td>
<td>Percent of employees who get flu each year (range of 10-20%)</td>
</tr>
</tbody>
</table>

**$15,000**

**ESTIMATED ANNUAL IMPACT OF FLU ON THIS WORKPLACE**

BEYOND THE BOTTOM LINE: WORKPLACE IMMUNIZATIONS

- Remove barriers for employees
  - Even employees with health insurance coverage may not see a health care provider regularly, or make a special visit to get a flu shot

- Reduce contagion risks for all employees
  - We can’t predict who will get the flu, so the more employees who are immunized, the lower the risk of contagion for all

- Address industry- or role-specific risks
  - Employees who travel
  - Employees who interact with the public, seniors, small children
  - Essential roles or departments

- Reduce flu risks for families, too
  - If spouses, partners, and kids are included, risks of contagion can be lowered even more

HOW WE CAN HELP

- **Survey** employers/employees to identify levels of interest

- **Assess** absenteeism/presenteeism costs

- Work with internal **workplace wellness** groups or champions

- **Present information and answer questions** about immunizations from employees

- **Connect** workplaces to insurers or community vaccinators
HOW WE CAN HELP

• **Provide materials** to promote seasonal flu and other adult immunizations, whether these take place at the workplace or in the community

• Help **track immunization rates—and progress**—from one flu season to the next

• **Connect employers** (e.g., small employers) with others to join forces in offering seasonal flu vaccinations for employees and family members

HOW WE CAN HELP: MATERIALS FOR EMPLOYERS

*Make it Your Business to Fight the Flu*
- Centers for Disease Control and Prevention (CDC)

*Give Productivity a Shot in the Arm: How Influenza Vaccination Can Enhance Your Bottom Line*
- Partnership for Prevention

*Vaccinating Against the Flu: A Business Case*
- National Business Group on Health
MAKING THE CASE, CONTINUED

Web sites:
• Minnesota Department of Health and Immunization Action Coalition
• Oftsead and Associates
• Partnership for Adult Vaccination and Education
• Connecticut Department of Health
• National Foundation for Infectious Disease
• New York City Department of Health and Mental Hygiene

NEXT STEPS

• Would your professional association/industry group consider a survey of your members about adult immunization programs, interest, and barriers?
• Could you identify an internal champion (or better yet, champions) to work with us?
• Are there specifics about your industry/workplace (seasonal surges, interaction with the public or small children, travel) that are relevant?
• Can we talk about a three-to five-year game plan?
NEXT STEPS

• Could we set up a time to go over selected workplace immunization materials?
• Would you consider promoting adult immunizations with posters, pay stub inserts, Intranet notices, and newsletter items while we continue to work on this?

• Could we present information through your networks - Webinars, staff meetings, health fairs, conferences, workplace wellness meetings?

QUESTIONS?