Introduction

Reaching adults where they work can help increase adult immunizations by reducing the inconveniences of visiting a provider office, thereby reducing barriers to vaccination. By providing employer-sponsored vaccination programs, employers seek to improve workers’ health and reduce sick days and absenteeism. For example, about 17 million workdays are lost to influenza-related illness in adults aged 18 to 64 years every year.\(^1\)

Creating the opportunity for immunization services on-site can also reduce costs for workers such as time away from work, transportation to a clinic facility, and the need for child care.

Community-based interventions in combination with vaccinations are recommended activities by the Community Preventive Services Task Force (CPSTF).\(^2\) Additionally, employer-based vaccination clinics are recommended by the Centers of Disease Control and Prevention (CDC) to increase influenza vaccination rates.\(^3\)

Immunization Programs can support workplace vaccination, including for health care workers, through initiatives that encourage employers to promote vaccination and offer on-site vaccine clinics. The activities highlighted here related to reaching adults where they work are:

- **Getting Started:** Working with an outside organization to assist with its pilot program to promote worksite vaccination campaigns
- **Moving Forward:** Conducting targeted site visits of long-term care facilities to assess employee and resident vaccination, and promote participation in the statewide immunization registry
- **Taking It to the Next Level:** Providing funding to local health departments to support their efforts to conduct employer outreach and worksite clinics
IMMUNIZATION PROGRAM’S LEVEL OF ENGAGEMENT IN increasing adult vaccination through partnerships with employers (2014)

27% Did not engage/not a priority (17)
34% Did not engage but would like to if resources were available (22)
19% Had some engagement in activity but could not expand because of limited resources (12)
3% Had some engagement which was all that was needed (2)
8% High level of engagement because this is part of our program’s core activities (5)
8% Immunization program does not have the infrastructure and/or policy to support this activity (5)
2% No answer (1)
OVERVIEW OF ACTIVITY
The Arizona Immunization Program was approached by an outside group to assist with planning its new initiative to increase employee vaccination through education and on-site vaccine clinics during the 2013-2014 influenza season.

BACKGROUND/IMPETUS FOR THE ACTIVITY
The CEO of Scientific Technologies Corporation (STC), which is Arizona’s immunization information system (IIS) vendor headquartered in Arizona, is involved in developing a new initiative around worksite vaccination. The project is marketed to employers, with the goal of reducing absenteeism through vaccination. After conducting a small pilot during the 2012-2013 influenza season, STC approached the Arizona Immunization Program and the statewide immunization coalition to assist with its expanded effort for the 2013-2014 influenza season.

DESCRIPTION OF ACTIVITY
During the 2013-2014 influenza season, this initiative, now called All American Flu Fighters (A2F2), signed up 20 companies in Arizona and provided on-site vaccinators with access to the state IIS to determine the number of employees with a record in the IIS and assess which immunizations were due or past due. As announced by STC in July 2015, annual membership in A2F2 is now available nationally. A $199 annual membership fee provides employers with a resource kit (e.g., training webinars for pharmacy staff, recruitment materials) to hold their own clinics. For an additional fee ($49 per clinic), A2F2 will set up and run the clinics.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The Immunization Program provided feedback on the project’s materials during the 2013-2014 influenza season. The Immunization Program is no longer directly involved, and does not officially endorse or advertise the A2F2 program. STC initiated and manages the project.

DISSEMINATION
Membership in the A2F2 program is available online.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
Not at this time.

FUNDING
No funding for this activity came from the Immunization Program. Staff time for review of A2F2 materials was concurrent with other activities.
STAFFING
Immunization Program staff provided input on the materials used for the employee vaccination campaign.

IMPLEMENTATION STATUS
The Immunization Program’s involvement was concentrated in the 2013-2014 influenza season.

SUCCESSES
- Efforts to expand workplace vaccination and employee education programs are important, even if the Immunization Program is not directly involved.

CHALLENGES
- Several groups within the health department (e.g., hospital acquired infections group) and a large county health department were preparing influenza campaign messaging during the same timeframe. Immunization Program staff worked to have consistent messaging across these initiatives; however, it was challenging as each group had their own missions, strategies, and key messages. The Immunization Program opted not to continue its involvement with A2F2.
- Project data are housed at STC; data are not shared with the Immunization Program, so it is unclear how many and which employers are involved.
- This activity has the potential to increase the number of adult doses entered into the state IIS, but the program is unaware of whether any new individuals or doses have been added to the IIS as a result of A2F2.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS
- Any opportunity to spread the word about vaccination is valuable, so it is worth trying to figure out a way to support the work of external groups, if possible, even if it is behind the scenes and the Immunization Program cannot officially endorse the materials.

RELEVANT RESOURCES
- A2F2 website: http://allamericanflufighters.org/
  (Note: Access to resource kit materials requires paid membership.)

FOR MORE INFORMATION
Contact Dana Goodloe, Chief, Immunization Program Office at (602) 364-3639 or Dana.Goodloe@azdhs.gov.
OVERVIEW OF ACTIVITY
The Utah Immunization Program (UIP) conducted targeted site visits to long-term care facilities to increase adult vaccine coverage rates and promote participation in the statewide immunization registry.

BACKGROUND/IMPELMENT FOR THE ACTIVITY
Licensing requirements for long-term care (LTC) facilities in Utah require them to report employee and resident vaccination data to the state annually. These data show low vaccination rates among employees, with little improvement over the past decade. Educational materials mailed to LTC facilities over the years did not appear to have had a positive impact. In-person education and training visits were thought to be more effective, but staffing levels in the Immunization Program did not allow for such a labor-intensive effort.

DESCRIPTION OF ACTIVITY
As part of a federal grant funding opportunity, the Utah Immunization Program developed a plan to conduct site visits to LTC facilities. The goal was to conduct at least 100 site visits over a two-year period, targeting the subset of LTC facilities with at least 50 residents and with the lowest employee flu vaccination rates. Follow-up visits were conducted in a small, random sample of the initial 100 visits to assess progress. Site visits were piloted to refine materials and protocols. During the site visits, Immunization Program staff reviewed the site visit questionnaire; checked vaccine storage equipment; discussed the facility’s vaccine coverage rates; provided educational materials; and offered training on storage, handling, and reporting to the Utah Statewide Immunization Information System (USIIS). LTC facilities received an Assessment, Feedback, Incentives, eXchange (AFIX) follow-up letter with site-specific vaccine rate comparisons and recommendations for improvement.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
Immunization Program staff were responsible for developing the site visit protocols and materials (e.g., questionnaire, AFIX follow-up letter, educational materials checklist, trainings), and for conducting the site visits.

DISSEMINATION
Initial and follow-up site visits were done in person. AFIX follow-up letters were mailed to each LTC facility visited. Additional materials and trainings were provided upon request.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
This activity overlapped with the efforts of several local health districts (LHDs) to work with LTC facilities to increase employee vaccination coverage. The Immunization Program and these LHDs collaborated to share data collected and conduct group training sessions. VFC site visit materials were used as a basic template for the site visit questionnaire, protocols, and AFIX follow-up letters.
FUNDING
This activity was funded through a federal Prevention and Public Health Fund (PPHF) cooperative agreement.

STAFFING
A part-time staff person was hired to conduct the site visits.

IMPLEMENTATION STATUS
The LTC facility site visits are continuing using 317 funds, albeit at a slower pace. The Immunization Program is also developing an immunization-focused guidebook and website for LTC facilities.

SUCCESSES
• The Immunization Program conducted 100 site visits and 9 follow-up visits; 64 sites received USIIS training, and 56 site enrolled in USIIS.
• There was a significant improvement in LTC facility employee influenza vaccine coverage rate in the first post-intervention measurement (2013), which increased an additional two percentage points in 2014.
• This activity helped to improve the relationship between the Immunization Program and LTC facilities.

CHALLENGES
• Getting LTC facilities to schedule site visits was a big challenge. Midway through the project, the Immunization Program began conducting drop-in visits with those LTC facilities that were not responding to phone calls about visit scheduling.
• There is a high turnover rate among LTC facility staff, and follow-up visits found that immunization-related materials provided at the initial site visit were not being shared with new personnel. Plans to address this challenge in the future include getting LTC facility management buy-in and creating standard procedures to train new staff.
• Establishing policies to maintain improvements will be an ongoing challenge that will require system-level changes at each facility. Site visit questionnaires illuminated poor immunization practices at LTC facilities on many levels, such as lack of immunization tracking, lack of standing orders or employee vaccination policies, poor vaccine storage and handling practices, and non-adherence to the state immunization licensing rule.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS
• Some LTC facilities seemed to treat the site visit as more of a disciplinary procedure. Emphasizing the site visits as being beneficial to the facility, rather than a punitive action, might help LTC facilities be more willing to make and sustain improvements.
• Keeping LTC facilities engaged in making immunization-related improvements will require routine follow-up visits or calls. Drop-in visits may be more effective than scheduled visits in identifying issues.

• The program found that the site visit questionnaire could be improved by including fewer direct questions for the facility and more ways to record observations.

• Working with LTCF-related associations might be a helpful entry to these facilities and provide an outlet for group trainings.

**RELEVANT RESOURCES**

• Utah LTC site visit questionnaire: [https://aim.site-ym.com/resource/collection/BAE93F84-9249-4F41-99C8-38A16645E182/UT%20LTC%202015%20Site%20Visit%20Questionnaire.docx](https://aim.site-ym.com/resource/collection/BAE93F84-9249-4F41-99C8-38A16645E182/UT%20LTC%202015%20Site%20Visit%20Questionnaire.docx)


• Utah LTC site visit thank-you letter: [https://aim.site-ym.com/resource/collection/BAE93F84-9249-4F41-99C8-38A16645E182/UT_LTC_Site_Visit_Thank_You_Letter.docx](https://aim.site-ym.com/resource/collection/BAE93F84-9249-4F41-99C8-38A16645E182/UT_LTC_Site_Visit_Thank_You_Letter.docx)


• Oregon State Health Department LTC facility toolkit: [https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/LTCFResource.aspx](https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/LTCFResource.aspx)

**FOR MORE INFORMATION**

Contact Carlie Shurtliff, Adult Immunization/Perinatal Hepatitis B Coordinator, at (801) 538-9168 or cshurtli@utah.gov.
Taking It to the Next Level

Program: Utah
Activity: Employer vaccination outreach and immunization policies

OVERVIEW OF ACTIVITY
The Utah Immunization Program supported local health district (LHD) efforts to increase adult immunization activities through outreach to employers.

BACKGROUND/IMPETUS FOR THE ACTIVITY
Employer immunization outreach was a required activity under the cooperative agreement for awardees receiving federal PPHF funding. The Utah Immunization Program had not previously done employer-specific outreach, and it does not have the capacity to conduct immunization clinics. However, the program allocates funding to its 12 LHDs to provide clinical services, as well as other immunization-related support.

DESCRIPTION OF ACTIVITY
The Immunization Program offered increased funding for one year through its annual contract with LHDs to conduct employer outreach and worksite clinics; 8 of the 12 LHDs participated. Due to the diversity of the jurisdictions (e.g., population size and density), each LHD was encouraged to design its own employer outreach plan, which was approved by the Immunization Program. Activities included contacting, surveying, and educating employers about immunizations and assisting in organizing or conducting worksite immunization clinics that offered adult vaccines such as influenza vaccine.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The Immunization Program provided funding and oversight for the project, developed outreach materials and reporting templates, and conducted a project evaluation. The participating LHDs were responsible for conducting activities in their own jurisdiction and regular reporting to the state.

DISSEMINATION
The Immunization Program disseminated outreach materials (e.g., poster, flyer, bookmark, adult immunization card) to the participating LHDs to use at their discretion. Through monthly project conference calls, the Immunization Program and the participating LHDs shared progress, disseminated ideas, and helped solve problems.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
Some LHDs worked with long-term care facilities to increase employee vaccination coverage, which overlapped with the state’s effort to increase health care worker vaccination rates in these facilities.

FUNDING
The Immunization Program provided funding to LHDs through its federal PPHF grant.
STAFFING
Immunization Program staff managed the project, including organizing and participating in the monthly conference calls with the LHDs, developing and disseminating materials to them, and fulfilling PPHF grant reporting requirements.

IMPLEMENTATION STATUS
This activity is completed; all of the participating LHDs plan to continue to work with employers.

SUCCESSES
• Encouraging LHDs to develop their own outreach plans allowed for activities to be tailored to the needs and capacities of each jurisdiction.
• LHDs contacted a variety of employer types (small and large businesses, schools, health care employers, public agencies, long-term care facilities); 40% of those contacted engaged in at least one immunization activity, ranging from immunization presentations to onsite immunization clinics.
• All of the outreach materials developed by the Immunization Program were used by at least one LHD, and most were considered helpful.
• This initiative dovetailed with other efforts around school immunization. Measles outbreaks prompted a focus at the state and local level on the fact that although the MMR vaccine was required for students, it was not required for teachers, and schools did not have records of teachers’ vaccination status. Two LHDs initiated a push for schools to adopt employee immunization policies and expand school-based immunization clinics. The success of these efforts prompted other LHDs to conduct similar activities.

CHALLENGES
• It was a challenge for the LHDs to determine the most effective ways to contact and engage employers. One of the most effective ways was contacting those that had collaborated with the LHD in some capacity previously (e.g., H1N1 pandemic). Phone calls were generally thought to be more effective than mailings in establishing an initial connection, but it was often difficult to get past gatekeepers or find the most appropriate contact person within an organization.
• The employer survey was not a required intervention, so not all LHDs used it. Also, though it was developed as an online survey, some LHDs administered it on paper and one conducted it by phone. These methods were not equally effective, and the completion rate was low. Phone was the most successful method in terms of completion rate and for stimulating follow-up discussions; it was also the most direct way for determining whether an appropriate contact person had been identified.
• Some outreach and reporting materials were developed after project initiation, so not all data collected were comparable and not all outreach materials were fully utilized. Also, it was a challenge to design end-of-project reporting templates that could capture the different outreach models used across LHDs.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS
• The monthly calls with all participating LHDs were very valuable for exchanging ideas. For example, efforts to implement school district employee immunization policies grew out of this process and were initiated at the LHD level.

• Allowing LHD-specific interventions should be balanced by the need to establish clear expectations upfront, to help with subsequent evaluation of the impact across LHDs. Also, for a short-term project, programs must balance the need to get a project underway with the need to spend time developing outreach and reporting materials.

• One suggestion for initiating employer outreach is to work with employer association groups to conduct outreach and establish employer contacts.

RELEVANT RESOURCES
• Utah letter to schools and childcare facilities regarding school employee vaccination and recordkeeping:

• Utah employee immunization policy prototype:

• Outreach data collection sheets:

• Worksite clinic outreach sheets (adapted from Minnesota):

• “We Can Do It” flyer:
  https://aim.site-ym.com/resource/collection/BAE93F84-9249-4F41-99C8-38A16645E182/UT%20We%20Can%20Do%20It%20Flu%20Campaign%20Flyer.jpg

• “We Can Do It” bookmark:

• “We Can Do It” newsletter story:

• Employer vaccinations survey [Word and formatted pdf versions]:
FOR MORE INFORMATION
Contact Carlie Shurtleff, Adult Immunization/Perinatal Hepatitis B Coordinator, at (801) 538-9168 or cshurtli@utah.gov.

REFERENCES
4 2015 AIM Annual Survey, 63 of 64 state/city/territorial Immunization Programs completed the survey that was administered online April - June 2015.
NEW Adult Immunization Quality Indicators
Efforts or programs that touch on quality indicators for adult immunization include:

- CMS has 27 programs that measure quality and performance (e.g., Physician Quality Reporting System) of which 15 use at least one adult immunization quality metric. These metrics draw on a several sources, such as the National Committee for Quality Assurance (NCQA), and include those reported by physicians or health care facilities as well as state Medicaid programs.

- The National Adult Immunization Plan includes priority indicators and related milestones under each of its four main goals for tracking specific improvements to be achieved by the year 2020. These national-level indicators will be used to establish baseline levels, where possible, and to measure progress and inform future quality improvement efforts.

- In June 2014, the Pharmacy Quality Alliance (PQA) convened an Adult Immunization Task Force, which is focused on developing measures for reporting pharmacist-administered vaccines to immunization information systems and conducting vaccine needs assessment of patients receiving medical therapy management services (MTM).

- In 2013-2014, HHS funded the National Quality Forum (NQF) to “systematically and comprehensively identify, analyze, prioritize, and make recommendations for filling the measure gaps” for adult immunization. This effort included an environmental scan that produced a database of 225 existing measures and concepts related to adult immunization and a final report that identified priority for measure development (e.g., composite measure of Tdap and influenza vaccination of pregnant women, and zoster vaccination for adults aged 60-64 years). Link to NQF environmental scan and report: http://www.qualityforum.org/Prioritizing_Measure_Gaps_-_Adult_Immunization.aspx