

Immune Fitness & Vaccination: Overcoming Mis-information and Trust Issues

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Speakers



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Promoting Immune Fitness

Saving Lives, Protecting Health, Reducing Costs



What is Immune Fitness?

- A resilient immune system – the ability to fight off external challenges like infectious disease
- Employees with immune fitness are less prone to absenteeism and presenteeism – more likely to be healthy, engaged and productive!
- Preventive health efforts key – regular exercise; healthy diet with plenty of fruits, vegetables and whole grains; good sleep and stress reduction
- Vaccinations for infectious illnesses are central to immune fitness

Important Learnings From the COVID Pandemic

- Vaccination hesitancy is real – can be grounded in history and experiences, especially among BIPOC, LGBTQ+ populations
 - It can be addressed!
- Anti-vax sentiment is also real – mostly grounded in misinformation and political ideology
 - More difficult to address
- Public response to COVID-19 vaccines highlighted gaps in education about all vaccines – not just COVID
- COVID vaccine uptake highlighted disparities in vaccination rates for all vaccines – not just COVID
 - A health equity issue!
- Vaccination fatigue is real for both employers and employees right now
 - Can't be a reason for failing to address a serious public health issue!

Employers Have a Critical Role to Play in Vaccination Education and Promotion

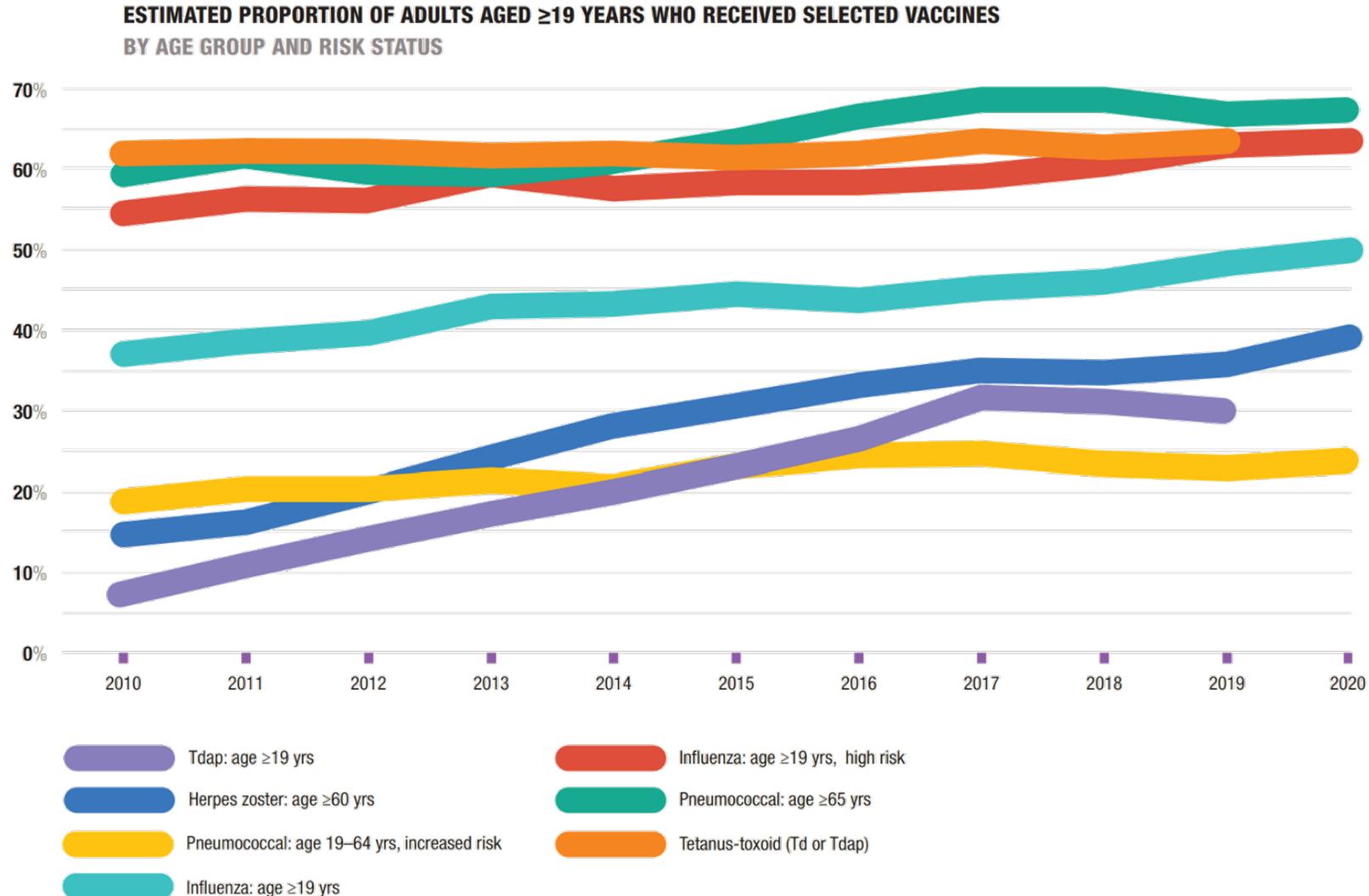
- Vaccination key to keeping offices open, employee absences down – especially during flu and COVID surges
 - 40% of flu hospitalizations are among working-age adults!
- Vaccination key to avoiding poor outcomes and high costs from illnesses like pneumonia, shingles, cervical cancer
- DE&I and health equity are front and center for many employers – perfect opportunity to highlight vaccination disparities and engage ERGs in understanding and addressing challenges
- Employers perfectly positioned to educate and fight misinformation – one of few remaining trusted sources of information according to the Edelman 2022 Trust Barometer
- Keep politics out of it – use factual, clinical information
- Lots of actions employers can take – use our checklist!

What If We Do Nothing?

- Employees, family members and the community at large become vulnerable to poor health outcomes
- Diseases we thought we beat come back – polio, measles, etc.
- Scientific advances mean nothing if vaccines sit on shelves
 - New RSV, cancer vaccines, for example
- We remain ill-prepared for the next pandemic (and there will be one)
- And.....we are mission-driven organizations! N.A.: *“Driving health equity and value for organizations and communities across the country.”*

Why We Need to Ramp Up Vaccinations

Look at where we are – flu and pneumococcal for those at risk are key examples!

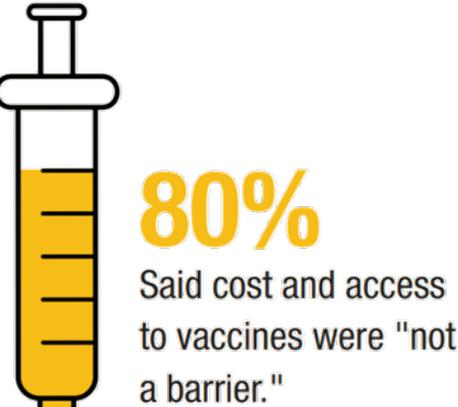
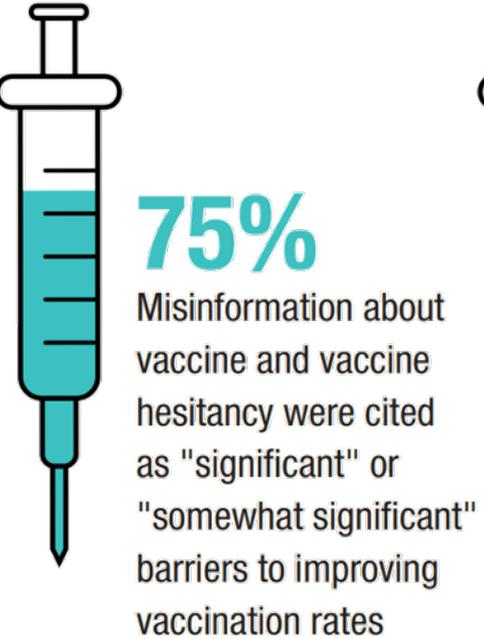
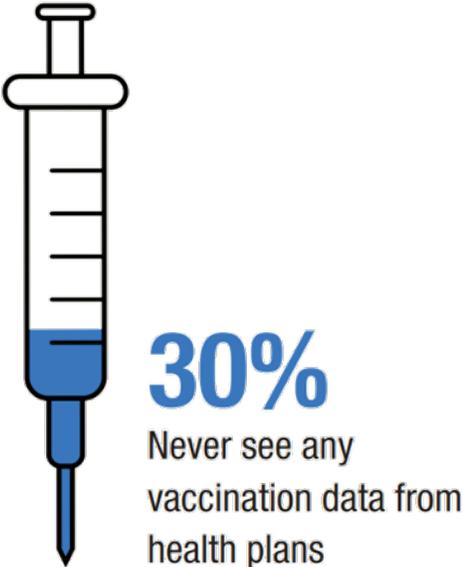


Source: National Health Interview Survey, United States, 2010–2020.

Some Survey Results – Full Survey on Our Website

NEBGH recently surveyed 103 mostly large employers about their vaccination policies. NEBGH members and members of Midwest Business Group on Health comprised about 70% of respondents; others were members of Florida Alliance for Healthcare Value and Dallas-Fort Worth Business Group on Health.

Here are some highlights:



Here's How Employers Ranked Priorities

	NOT A PRIORITY	SOMEWHAT OF A PRIORITY	SIGNIFICANT PRIORITY
INFLUENZA	7%	40%	53%
HPV	61.2%	32.7%	6.1%
PEDIATRIC VACCINES	44.9%	44.9%	10.2%
SHINGLES	49%	42.9%	8.2%
PNEUMONIA	50%	40.8%	9.2%
TETANUS, DIPHTHERIA, PERTUSSIS (TDAP OR TD)	49.5%	41.2%	9.3%
HEPATITIS B	46.5%	43.4%	10.1%
COVID	3.9%	19.6%	76.5%
TOTAL RESPONSES: 102			



The Desperate Need to Focus on Adult Immunizations

Litjen (L.J) Tan, MS, PhD

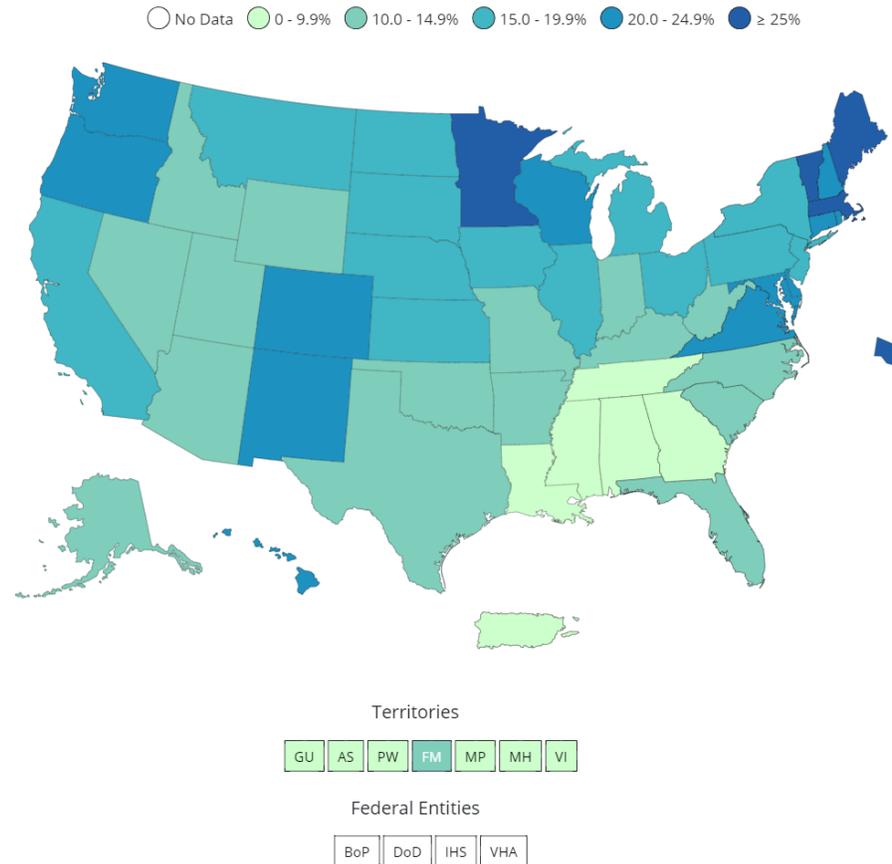
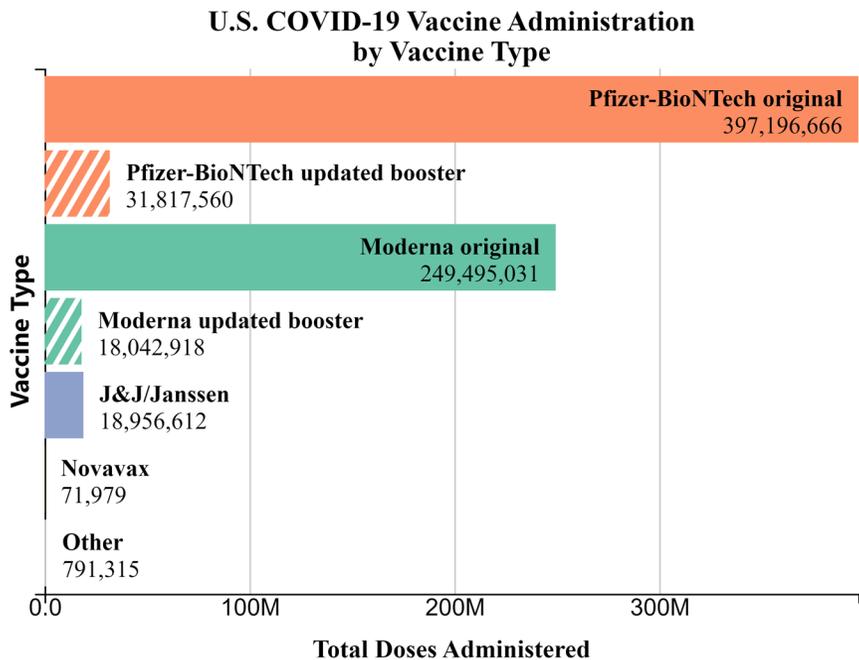
Chief Policy and Partnerships Officer, Immunize.org
Co-Chair, National Adult and Influenza Immunization Summit



The COVID-19 pandemic demonstrates the enormous impact of vaccines.

As of 02/01/2023, the U.S. has administered more than 669.5 million doses of COVID-19 vaccine

Percent of the Population 5 Years of Age and Older with an Updated (Bivalent) Booster Dose Reported to CDC by Jurisdictions and Select Federal Entities



Data for Federal Entities are presented here and are also incorporated into the respective jurisdictional totals

Among 18+, 78.8% received primary series

Among 65+ year old, 94.1% received primary series

Bivalent booster rates are much worse (need to be better!)

We CAN get adults vaccinated!

Source: CDC Website:
<https://covid.cdc.gov/covid-data-tracker>

Estimates of COVID-19 Attributable Deaths, Hospitalizations, and Infections Averted by the U.S. Vaccination Program Between December 12, 2020, and November 30, 2022

	Averted number	95% Credible Interval*
Deaths	3,255,656	3,088,126 to 3,410,112
Hospitalizations	18,585,131	17,780,337 to 19,355,830
Infections	119,851,779	112,698,238 to 127,129,565

 Download data

* Credible Intervals reflect the range of uncertainty associated with estimates.

Source: Meagan C. Fitzpatrick et al., "Two Years of U.S. COVID-19 Vaccines Have Prevented Millions of Hospitalizations and Deaths," *To the Point* (blog), Commonwealth Fund, Dec. 13, 2022. <https://doi.org/10.26099/whsf-fp90>

Why Adult Vaccinations?

Burden of Adult Vaccine-preventable Disease Among U.S. Adults

- **Streptococcus pneumoniae¹**

- Pneumococcal Pneumonia ~ 400,000 hospitalizations per year
- Up to 36% of adult community-acquired pneumonias
- Pneumococcal Bacteremia ~ 12,000 cases per year
- Pneumococcal Meningitis ~ 3,000–6,000 cases per year

- **Pertussis²**

- 19,000 total reported cases 2019
- 4,400 among adults 20 years of age & older

1. <https://www.cdc.gov/vaccines/pubs/pinkbook/pneumo.html>.

2. <https://www.cdc.gov/pertussis/downloads/pertuss-surv-report-2019.pdf> .

Burden of Adult Vaccine-preventable Disease Among U.S. Adults

- **Hepatitis B¹**

- 20,700 estimated new infections in 2019
- 80% among adults 30-59 years of age

- **Zoster²**

- 1 million cases per year - lifetime risk 32%

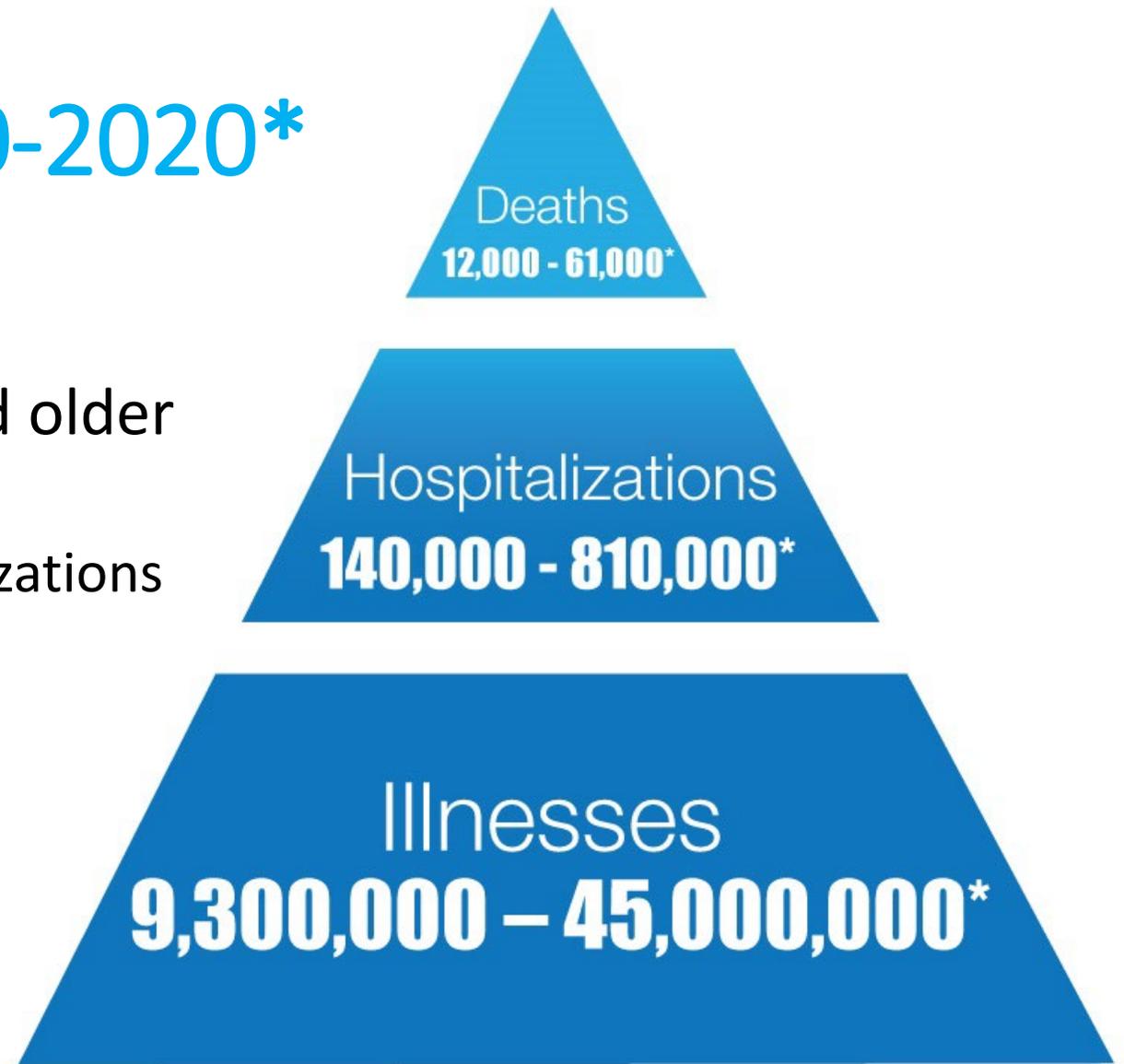
- **Measles³**

- California/multi-state 2015 outbreak, 55% of infections were in adults 20 years of age and older

1. CDC. Viral Hepatitis Surveillance United States.
www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016hepsurveillancerept.pdf
2. <https://www.cdc.gov/pertussis/downloads/pertuss-surv-report-2019.pdf>.
3. Morbidity and Mortality Weekly Report. April 17, 2015 / 64(14);373-376

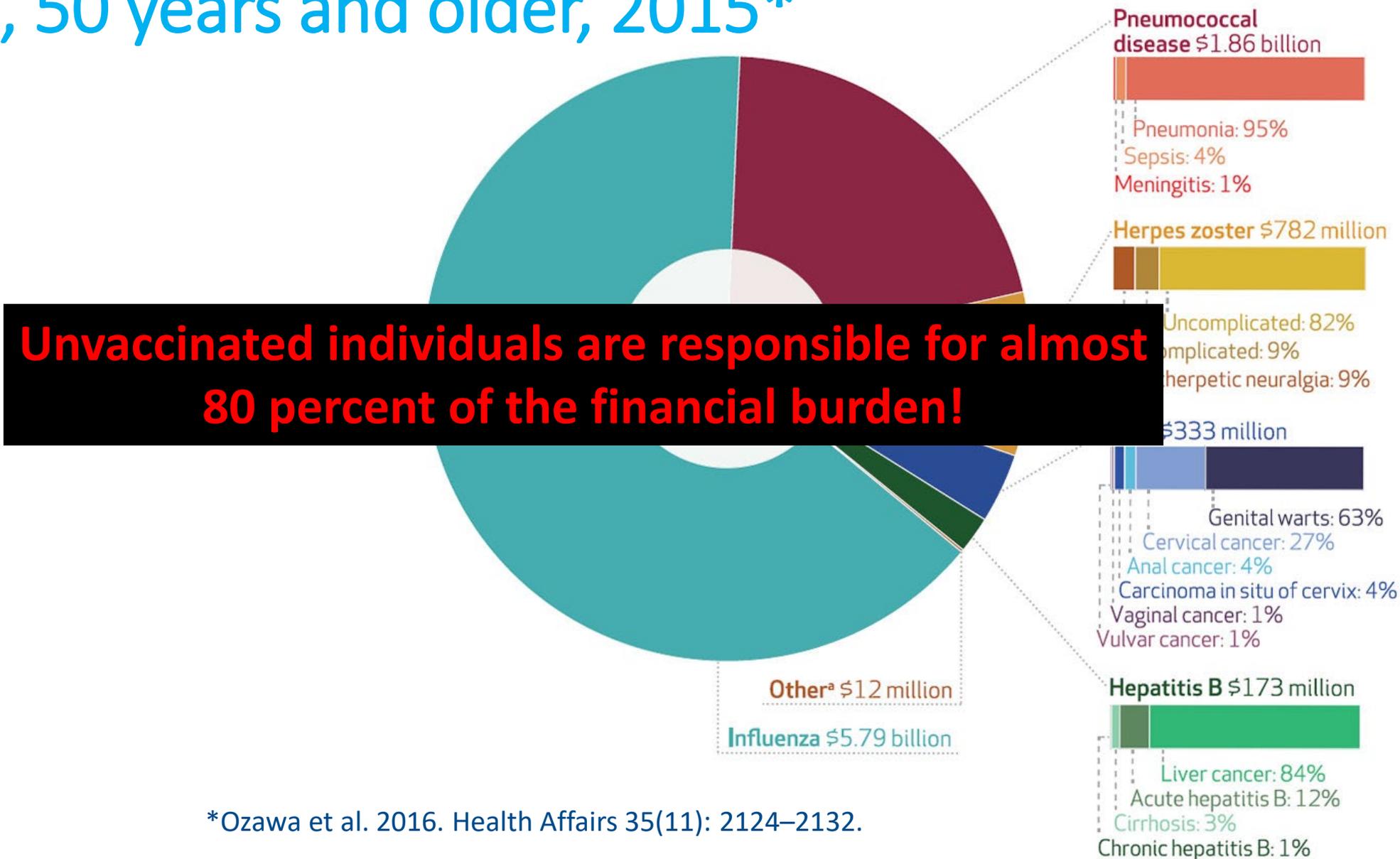
Burden of Influenza, 2010-2020*

- From 2010-2020, adults 65 years and older accounted for:
 - 45-67% of influenza-related hospitalizations
 - 62-87% of influenza-related deaths



*The top range of these burden estimates are from the 2017-2018 flu season. These are preliminary and may change as data are finalized.

Cost Burden of Adult Vaccine-Preventable Diseases, 50 years and older, 2015*



*Ozawa et al. 2016. Health Affairs 35(11): 2124–2132.

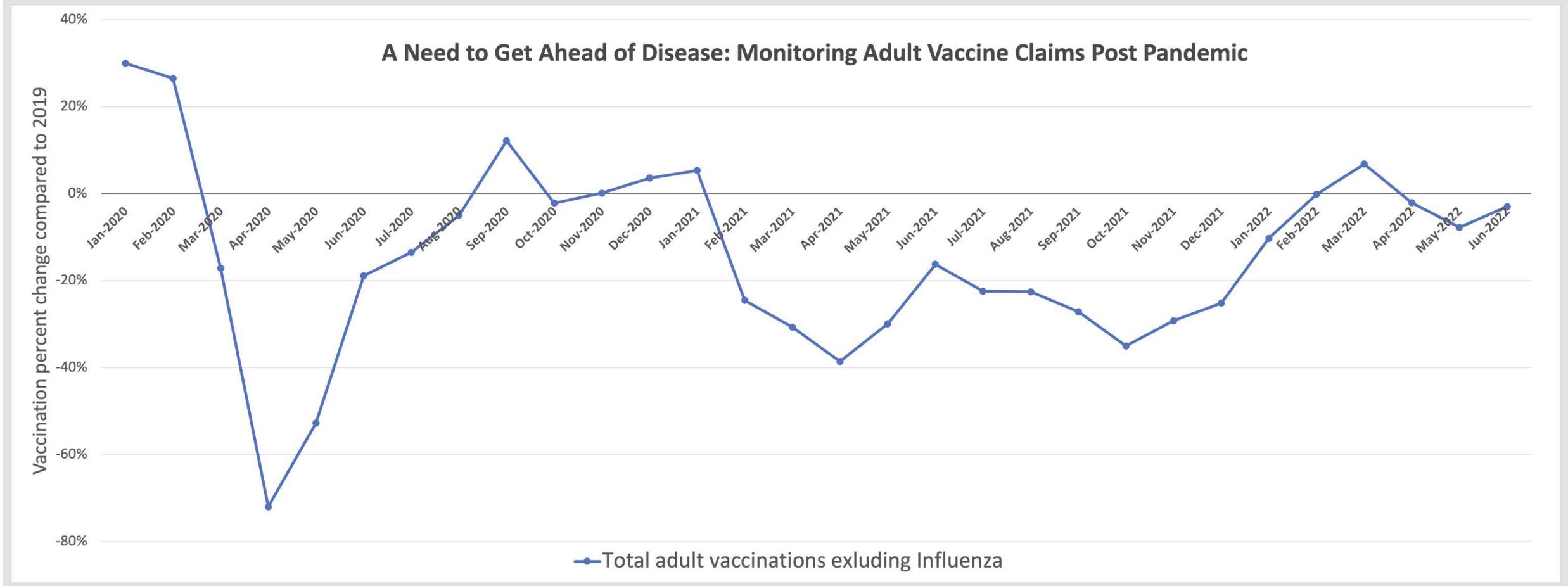
Disparities in routinely recommended vaccines for adults

Vaccination, age group, increased-risk status	% Vaccinated whites	Vaccination difference [§] , blacks	Vaccination differences, Hispanics	Vaccination differences, Asians	Vaccination differences, other
Influenza vaccination, 2017-18 season[†]					
≥19 yrs	49.3	-10.3**	-11.8**	1.4	-7.9**
19-49 yrs	36.5	-6.3**	-6.0**	5.1	-1.4
50-64 yrs	49.4	-3.1	7.4**	2.8	-3.5
≥65 yrs	73.5	-13.8**	-4.6	5.7	-6.7
HCP ^{††} , ≥19 yrs	71.9	0.3	-0.2	0.7	-6.4
Pneumococcal vaccination, ever^{§§}					
19-64 yrs, increased risk	23.6	2.1	-5.1**	1.4	2.2
≥65 yrs	72.6	-12.8**	-18.4**	-17.6**	-6.5
Tetanus vaccination (received in past 10 years)^{§§}					
≥19 yrs	68.3	-18.1**	-14.3**	-13.6**	-6.4**
19-49 yrs	71.2	-18.3**	-15.5**	-12.9**	-7.7**
50-64 yrs	69.1	-22.9**	-18.1**	-20.3**	-10.6**
≥65 yrs	61.9	-15.1**	-13.0**	-12.6**	-3.0
Tetanus vaccination including pertussis vaccine (received in past 10 years)^{***}					
≥19 yrs	36.7	-16.6**	-16.2**	-11.1**	-4.7
19-64 yrs	40.6	-19.6**	-18.9**	-13.1**	-7.5**
≥65 yrs	24.6	-8.8**	-13.0**	-8.9**	0.2
HCP, ≥19 yrs	60.9	-22.9**	-14.1**	2.6	2.1
Hepatitis A vaccination (at least 2 doses)^{†††}					
19-49 yrs	18.2	-5.4**	-2.5	5.8**	3.7
Hepatitis B vaccination (at least 3 doses)^{§§§}					
19-49 yrs	43.6	-8.2**	-10.5**	1.6	-5.8
HCP, ≥19 yrs	70.9	-14.5**	-13.6**	5.8	-9.6
Herpes zoster (shingles) vaccination, ever^{§§§}					
≥60 yrs	38.6	-19.9**	-19.1**	-9.5**	-7.7
60-64 yrs	25.4	-14.6**	-10.2**	-5.7	-7.8
≥65 yrs	44.0	-21.4**	-22.2**	-11.4**	-8.4
HPV vaccination among females (at least 1 dose), ever^{****}					
19-26 yrs	56.5	-11.3	-6.9	-17.2**	1.4

Surveillance of Vaccination Coverage Among Adult Populations — United States, 2018:
<https://www.cdc.gov/mmwr/volumes/70/ss/ss7003a1.htm>.

Abbreviations: HCP = Health care personnel; HPV = Human papillomavirus; Td = Tetanus and diphtheria toxoids; Tdap = Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

Total Adult Vaccinations (excluding influenza) 2019 – Jun 2022*



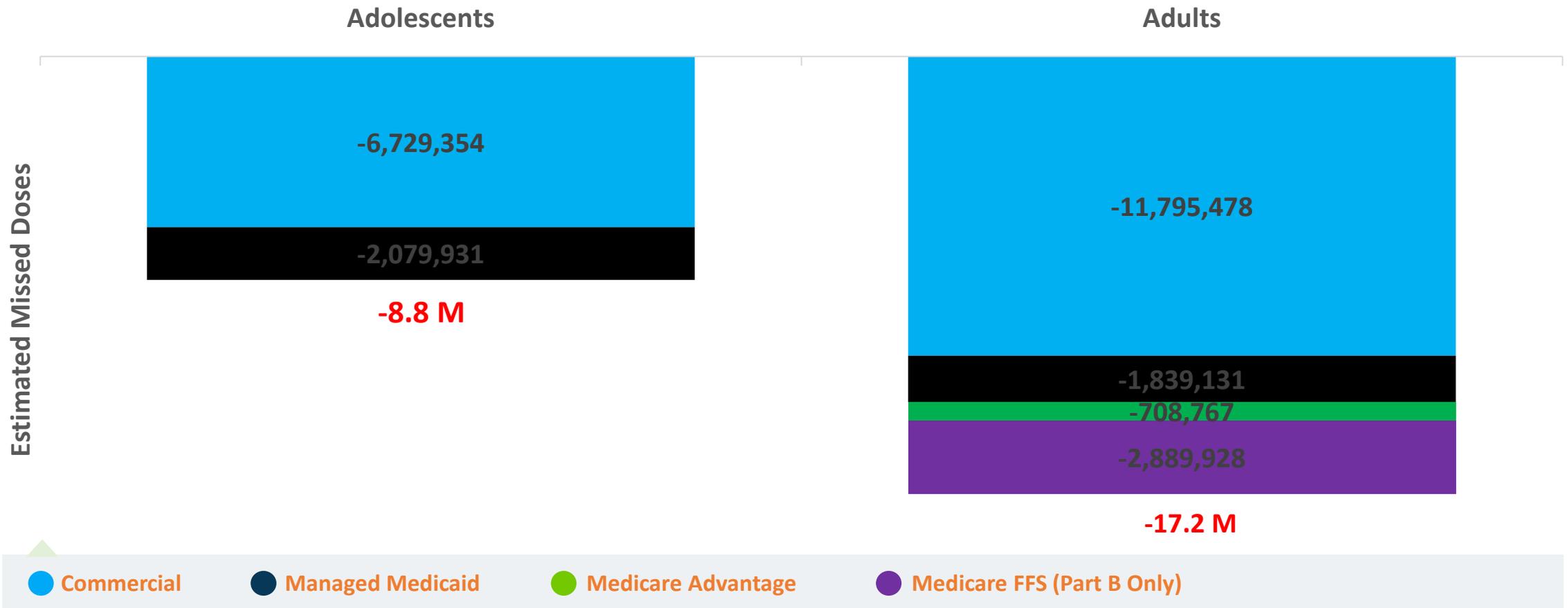
*Available at: <https://www.vaccinetrack.com/>

2021-2022 Adult Influenza Vaccination Coverage*

- 45.5% of all adults over 18 years of age vaccinated (-4.7% from previous season)
- 65.8% of those over 65 years of age vaccinated (-9.4% from previous season)
- 50.6% of adults between 50 -64 years of age vaccinated (-4.2% from previous season)
- Only 35.7% of adults 18-49 years of age vaccinated (-2.0% from previous season)

*<https://www.cdc.gov/flu/fluview/dashboard/vaccination-adult-coverage.html>

Adolescents and Adults Missed An Estimated 26M+ Doses of Recommended Vaccines in 2020 vs. 2019



FFS: Fee-for-service

Note: Avalere used national enrollment data to extrapolate the difference between observed 2019 and 2020 vaccine claims to estimate the potential number of "missed doses" in 2020 on a national level. Here, "missed doses" refers to the decrease in doses of recommended adolescent and adult vaccines from 2019 to 2020.

Source: Avalere analysis of 2019-2020 Commercial, Managed Medicaid, and Medicare Advantage claims using the Inovalon MORE² Registry[®] and Medicare Fee-for-Service claims from a provider clearinghouse dataset maintained by Inovalon.

Investment in population health and prevention strengthens our ability to respond

- Every day readiness translates into pandemic preparedness!
- This means:
 - Strengthening our public health infrastructure – if we can deliver on the ACIP flu recommendation, we would have been more ready to deal with COVID-19
 - Improving population and preventive health as that prepares our population for novel disease challenges
 - Protecting our vulnerable populations better creates better resiliency in those populations
 - Develop strong and resilient health systems, especially primary care, to improve detection of disease outbreaks, provide equal access to essential care, and support implementation of vaccination and medical countermeasures.
 - Improving our public health communications



Paramount Protect Yourself and Others

REDUCE YOUR HEALTH RISKS WITH PREVENTIVE CARE

No matter how busy you are, take time for preventive care, including annual exams, cancer screenings and vaccines.

Talk to your doctor about what's recommended for you. Here are some general guidelines for adults.¹

SCREENING	GUIDELINE
Annual exam	Every year
Blood pressure	At every visit
Breast cancer	Women ages 40-49: personal decision Women ages 50-74: every other year, for those at average risk
Cervical cancer	Women ages 21-29: every three years with cervical cytology alone Women ages 30-65: every three years (or every 5 with a certain type of screening)
Colorectal cancer	Age 45+
Cholesterol	Age 40+
Diabetes	Ages 35-70 years for people who are overweight or obese
Lung cancer	Annually for people who: • Are ages 50-80 years • Have a 20-pack-year smoking history* • Currently smoke or have quit within the past 15 years

Screening and counseling for tobacco use, alcohol abuse, obesity, diet and nutrition

As directed by your doctor



Protect yourself and others by getting vaccinated

Vaccines can help protect you from many illnesses and diseases. Here's what's recommended for adults by the Centers for Disease Control and Prevention.² To see the recommendations for children, visit [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

VACCINE	GUIDELINE
Influenza (flu)	Every year
COVID-19	1-2 doses depending on vaccine, plus boosters
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose: • Every 10 years • For each pregnancy • For wound management
Measles, mumps, rubella (MMR)	1-2 doses if born in 1957 or later
Varicella (chickenpox)	2 doses if born in 1980 or later or not received as a child
Zoster recombinant (shingles)	2 doses age 50+ or younger if immunocompromising conditions exist
Human papillomavirus (HPV)	2-3 doses through age 26
Pneumococcal	1 dose PCV20, or PCV15 followed by PPSV23
Hepatitis A	2-3 doses
Hepatitis B	2-4 doses
Meningococcal A, C, W, Y	1-2 doses
Meningococcal B	2-3 doses
Haemophilus influenzae (hib)	1-3 doses

Visit [uhc.com/preventivecare](https://www.uhc.com/preventivecare) to create your own preventive screening and immunization checklist based on your age and gender. Take it with you to your next wellness exam. You don't need to be a UnitedHealthcare member to use this tool.

*If you smoked a pack a day for the last 20 years, or two packs a day for the last 10 years.
¹ U.S. Preventive Services Task Force. [preventiveservices.org/uspstf](https://www.preventiveservices.org/uspstf). Accessed June 23, 2022.
² Centers for Disease Control and Prevention. There are vaccines you need as an adult. [cdc.gov/vaccines/adults/index.html](https://www.cdc.gov/vaccines/adults/index.html). Last reviewed July 30, 2021. Accessed June 23, 2022.



Preventive care is covered

100% when you see a network doctor.



Available to UnitedHealthcare medical plan participants

Choose a doctor and hospital with confidence

Even if you are healthy, it is important to have a relationship with a primary doctor. Your primary doctor will get to know you and your health history, so they can advise you on the care you need to maintain or improve your health.

Finding the right doctor is one of the most important things you can do for your health. When you choose a doctor, be sure to choose someone who is in the UnitedHealthcare network.

Then look for UnitedHealthcare Premium Care Physicians who meet standards for quality and cost efficiency.

UnitedHealthcare Premium Care Physicians:

- More consistently follow evidence-based guidelines for care
- Perform fewer repeated surgeries
- Have fewer complications
- Are more aware of the latest research and clinical trials

Look for two blue hearts next to the physician's name online.

myuhc.com > Find a doctor
UnitedHealthcare* app
1-877-884-2266



Scan for easy access to the app.

Safety first! Does your hospital get an A? Leapfrog Hospital Safety Grade

When planning a surgery or procedure, you have a tool you can use to see how a hospital scores on patient safety: an A, B, C, D or F for how well hospitals protect their patients from errors, injuries, accidents and infections. If your local hospital rates below an "A," talk with your doctor at that hospital or start a conversation with hospital leadership and local policymakers about improving hospital safety. You should never refuse care in an emergency because of a hospital's safety grade, but use this website as a guide for planned events and as a research tool.

LEAPFROG HOSPITAL SAFETY GRADE hospitalsafetygrade.com



Dedicated appointment scheduling in the New York City (NYC) metro area

New York University (NYU) Langone Health provides network access to primary, behavioral and specialty care for Paramount UnitedHealthcare medical plan participants. Same-day appointments are available for urgent matters. To make an appointment Monday through Friday, call 1-877-498-3295, 7 a.m. to 8 p.m. ET.

HR Team Gem NYU Adult and Pediatric Behavioral Health

"Many NYU mental health providers are paid as in-network providers under a contract with Paramount. Since they are not part of the UnitedHealthcare network, NYU providers will not show up when you search the UnitedHealthcare network. Paramount has worked directly with NYU to offer high-quality care and timely appointments! You just call the dedicated Paramount number and you'll be connected to an appropriate provider quickly!"

If a doctor does not have a Premium designation, it does not mean they provide a lower standard of care. It could mean that the data available to us was not sufficient to include the doctor in the program. All doctors who are part of the UnitedHealthcare network must meet our credentialing requirements (separate from the Premium program).
 The UnitedHealthcare Premium designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com. You should always visit myuhc.com for the most current information. Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with them for advice on selecting other physicians. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician. Please visit myuhc.com for detailed program information and methodology.

Use Our Employer Checklist: What You Can Do!

Employer Checklist: What You Can Do!

- Provide Information**
 - Do your employees have access to accurate and up-to-date information on vaccines?
- Make It Easy for Employees to Get Vaccinated**
 - Do you host vaccination clinics or partner with other organizations to do so?
 - Do you offer time off for obtaining vaccinations?
- Communicate Your Organization's Commitment to Vaccination**
 - Are your organization's leaders leading by example?
 - Have you developed campaigns to promote vaccination supported by mailers, social media, newsletters and employee platforms?
 - Have you considered combining incentives with your communication campaigns?
- Collaborate with DE&I Leadership and ERGs**
 - Have you shared information about vaccination disparities with ERGs?
 - Have you encouraged them to share experiences, and asked them for suggestions to encourage vaccination?
- Fight Misinformation**
 - Are you actively fighting vaccine misinformation and employing tactics like using visuals, quoting experts and telling stories as part of your messaging?
 - Are you emphasizing the benefits of vaccination and keeping messages clear and positive?
- Promote Immune Fitness as Part of Your Well-being Strategy**
 - Do you emphasize the importance of PCPs and wellness check-ups?
 - Do you provide information on vaccines at employee health fairs?
 - Have you enlisted your digital vendors in efforts to promote vaccination?
- Make Sure Vaccinations Don't Require Out-of-Pocket Expense**
 - Do your employees know they won't have to pay for recommended vaccines?
- Collect Vaccination Data About Your Employee Population**
 - Do you work with your health plan to collect data to track and better understand vaccination rates in your population?
 - Do you set targets for selected vaccines and track progress?
- Advocate**
 - Does your health plan know vaccination is a key priority for your organization?

Discussion



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Upcoming Webinars and Events

Townhall: The Interplay Between Mental Health & The Spectrum of Addiction

March 22, 2023, 3 p.m.-4 p.m., ET

2023 Leadership Summits

June 28 -29



Recent webinar recordings now available under "Resources"

- Recognizing Implicit Bias and Using Data to Overcome it
- Achieving Value through Health: Latest Evidence on Pharmacogenomics
- Fiduciary check-in: A Case Study in Fiduciary Activation

