



Resource Highlights: Influenza Vaccination

Older adults and adults of any age with chronic conditions, including many people dually eligible for Medicare and Medicaid, face increased risk of experiencing complications, including hospitalization or death, as a result of influenza (the “flu”).^{1,2,3} The Centers for Disease Control and Prevention (CDC) supports annual vaccinations for influenza as “the best way to prevent flu and its potentially serious complications” and notes that while “flu vaccination does not prevent illness entirely, it has been shown in several studies to reduce severity of illness in people who get vaccinated but still get sick.”⁴ Vaccination is recommended in the fall before the virus that causes the flu begins to circulate.^{5,6}



[Promising Practices for Health Plans Promoting Flu Vaccinations for Dually Eligible Beneficiaries](#)

Older adults and adults of any age with chronic conditions, including many dually eligible people, face increased risk of adverse outcomes related to the flu, including hospitalization and death.^{7,8} Evidence shows that flu

¹ The Centers for Disease Control and Prevention. (2022). Flu & People 65 Years and Older. Retrieved from <https://www.cdc.gov/flu/highrisk/65over.htm>.

² Integrated Care Resource Center. (2021). *Medicare 101: An Introduction to Medicare Benefits and the Roles of Medicare and Medicaid in Serving Dually Eligible Individuals*. Retrieved from https://www.integratedcareresourcecenter.com/sites/default/files/WWM%20101%20Slide%20Deck%20Final_%20for%20508.pdf.

³ The Centers for Disease Control and Prevention. (2022). A Chronic Health Condition Can Increase Your Risk. Retrieved from <https://www.cdc.gov/flu/highrisk/chronic-conditions/index.htm>.

⁴ The Centers for Disease Control and Prevention. (2023). 2023-2024 CDC Flu Vaccination Recommendations Adopted. Retrieved from <https://www.cdc.gov/flu/spotlights/2022-2023/flu-vaccination-recommendations-adopted.htm>.

⁵ National Foundation for Infectious Diseases. (2022). Flu (Influenza). Retrieved from <https://www.nfid.org/infectious-disease/flu-influenza/>.

⁶ The Centers for Disease Control and Prevention. (2022). Flu Season. Retrieved from <https://www.cdc.gov/flu/about/season/index.html>.

⁷ The Centers for Disease Control and Prevention. (2022). Flu & People 65 Years and Older. Retrieved from <https://www.cdc.gov/flu/highrisk/65over.htm>.

⁸ National Foundation for Infectious Diseases. (2020). *Call to Action: The Dangers of Influenza and COVID-19 in Adults with Chronic Health Conditions*. Retrieved from <https://www.nfid.org/wp-content/uploads/2023/05/NFID-Call-to-Action-Dangers-of-Influenza-and-COVID-19-in-Adults-with-Chronic-Health-Conditions.pdf>.

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vaccinations decrease flu severity and flu-related hospitalizations.⁹ Additionally, flu vaccination uptake may reduce health care system burden during public health emergencies (PHEs).¹⁰

Health plans play a key role in facilitating access to, and educating members on, the importance of annual flu vaccinations. This tip sheet describes specific strategies for promoting flu vaccinations and ensuring members can safely receive a vaccine (i.e., planning for flu season, communication and education methods, effective outreach and incentives, and supporting members).



Flu Season Planning

While influenza viruses circulate year-round, flu activity peaks between December and February.¹¹ Proactive planning for flu season can help health plans effectively leverage staff, resources, and external partnerships to promote flu vaccinations among members. Health plans can consider employing the following strategies for flu season planning:

- **Establish flu prevention committees.** Flu prevention committees bring together health plan staff to evaluate successes and lessons learned during the prior flu season, consider current needs, determine timing for implementation, identify populations at greater risk of not receiving the vaccination, coordinate outreach methods, and develop new modalities of outreach. Some health plan flu prevention committees meet year-round to maintain focus on vaccination initiatives. Other plans have expanded the scope of their committees to include all vaccines, including COVID-19 vaccines. Many committees include health plan staff and stakeholder representation across lines of business, quality improvement, medical management, and long-term services and supports.
- **Work with local partners.** Local clinics and pharmacies can serve as partners for health plans in flu vaccination promotion and delivery. Engaging with these partners well before flu season can help coordinate messaging and identify opportunities to increase availability of flu vaccinations at community locations. Other partners, such as housing authorities and retirement communities, can disseminate flu vaccination promotion materials and, if safety measures can be assured, may serve as sites for health education and vaccinations outside clinic settings.
- **Gather member feedback early.** Engaging members via consumer advisory councils can assist health plans in understanding member needs and concerns around vaccinations, including flu vaccinations. Gathering member feedback in time to inform outreach and communication strategies can be critical to developing effective and culturally competent outreach methods and materials. Member apprehension about flu vaccinations may be based on a range of cultural and individual concerns, and better understanding of those concerns can improve outreach methods and messaging.

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⁹ Infectious Disease Society of America. (2019). Studies Show Flu Vaccine Reduces Rise of Hospitalization in Children and Death in Adults: National Flu Surveillance Research. Retrieved from <https://www.idsociety.org/news--publications-new/articles/2019/studies-show-flu-vaccine-reduces-risk-of-hospitalization-in-children-and-death-in-adults/>.

¹⁰ Jaklevic, M. C. (2020). Flu Vaccination Urged During COVID-19 Pandemic. *Journal of the American Medical Association*, 324(10), 926-927. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/2769836>.

¹¹ The Centers for Disease Control and Prevention. (2022). Flu Season. Retrieved from <https://www.cdc.gov/flu/about/season/index.html>.

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Reinforcing the importance of flu vaccinations, as well as addressing concerns members may have around getting vaccinated, remains critical. Health plans can consider the following strategies for emphasizing the importance of flu vaccinations; these strategies may also be applied to other vaccines:

- **Listen to member concerns expressed in member advisory councils, interactions with the care management team, and conversations with providers.** As noted above, members may have apprehension based on myths they have heard about flu vaccinations, and vaccinations more broadly. Health plans should seek out member input, which can help health plans understand and address these concerns, while also informing future outreach strategies.
- **Develop resources for dispelling myths.** Health plans can use the information gathered from members to customize resources aimed at dispelling myths around the flu vaccine. Attitudes about flu vaccinations may be influenced by a member's community and culture, so feedback from a diverse member advisory council that represents the local member population is critical in designing resources.
- **Prepare care management teams to discuss member questions.** Providing easily accessible resources, scripting, and practice conversations to care management teams can assist them in addressing member concerns around flu vaccinations, while also respecting individual beliefs. Health plans should also share information about local flu vaccination clinics with care managers so they can assist members in locating appropriate sites.

Addressing Myths

Some health plans develop flyers, based on member feedback, to address common myths and concerns around receiving flu vaccinations. An example from First Choice VIP Care Plus in South Carolina can be found [here](#).

Outreach to Promote Flu Vaccinations

Thoughtful and consistent outreach strategies can assist health plans in reaching members through multiple avenues. Health plans can consider the following tactics when developing outreach strategies for flu vaccination promotion:

- **Target outreach to high-risk members.** Prioritize outreach to members who may be at high risk for poor flu-related outcomes, including adults over 65, individuals with chronic conditions, and those who have had a hospitalization due to COVID-19 related illness. Integrate flu vaccination messaging into all contacts with high-risk members.
- **Utilize a variety of outreach methods.** An effective outreach strategy will include different forms of communication to meet a range of member needs and preferences. Outreach methods can include:
 - ▶ **Direct member outreach**, through text messages, outbound calls, interactive phone messaging, mailers, and landing pages on health plan websites;
 - ▶ **Community outreach**, through media interviews, public service announcements, newsletter content, social media, and infographics; or
 - ▶ **Provider outreach**, through developing and distributing toolkits and resources for providers focused on educating members on the importance and availability of the flu vaccine.

Member Outreach in Multiple Languages

Consider the member population needs when developing and disseminating materials containing information related to flu vaccinations, including providing materials in other languages. The Centers for Medicare & Medicaid Services (CMS) developed flu vaccination marketing materials in multiple languages, available in the [Additional Resources](#) section of this document.

Supports and Incentives

Providing supports and incentives can assist members who may experience barriers in flu vaccine access and increase flu vaccination rates. Health plans seeking to utilize supports and incentives in this manner can consider the following strategies:

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- **Address barriers to vaccination.** Health plans can minimize barriers to vaccination by determining potential community or individual needs that may prevent access to vaccination and working with members to address those needs. For example, health plans can offer transportation services to assist members who do not have access to their own transportation methods, including those who live in rural areas.
- **Mail masks, gloves, and hand sanitizer to members.** Providing protective materials to members may support them in safely visiting a flu vaccination clinic.
- **Develop a gift card incentive program.** Providing a gift card incentive for members who receive their flu vaccine can increase vaccination rates and raise awareness of flu vaccinations.

To learn more about utilizing incentives, please reference Resources for Integrated Care's [Wellness Rewards And Incentives Programs: Tips For Medicare-Medicaid Plans](#).

Building and Sustaining Vaccine Confidence and Uptake

The CDC provides an array of educational resources and guidance to help support confidence in and access to vaccines. These approaches may be especially helpful for health plans serving dually eligible people. The CDC suggests that all adults receive recommended routine vaccines.¹² In addition, these strategies may be useful as health plans encourage uptake of vaccines recommended for members of their plans.

Steps in building vaccine uptake:

1. Ensure accessibility of vaccines and ease of getting vaccinated as essential first steps and groundwork for other efforts.
2. Educate members and share information that promotes the benefits of the vaccine and that shows the health benefits outweigh the risks of illness or side effects.
3. Prioritize convenience as an important factor in creating motivation to receive the vaccine. This involves reducing financial, social, and any other costs involved with vaccination.
4. Make the vaccine necessary and seen as indispensable for participating in desired activities. The vaccine then can be presented as desirable and appealing, and vaccination promoted as a social default or expectation.

An important piece of education and information sharing is building **vaccine confidence**, the trust that members have in:

- Recommended vaccines;
- Providers who administer vaccines; and
- Processes and policies that lead to vaccine development, licensure, manufacturing, and recommendation for use.¹³

Building and sustaining vaccine confidence requires consistent messaging over time. Every conversation about vaccines imparts additional confidence.

¹² The Centers for Disease Control and Prevention. (2023). Recommended Vaccines for Adults. Retrieved from <https://www.cdc.gov/vaccines/adults/rec-vac/index.html>.

¹³ The Centers for Disease Control and Prevention. (2022). What is Vaccine Confidence? Retrieved from <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/building-trust.html>.

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Vaccine confidence is one component in high uptake of any vaccine. Willingness to get vaccines generally falls on a continuum from refusal to demand, with a midpoint of passive acceptance. People in the middle of that continuum are not opposed to the vaccine but are also not motivated to seek vaccination. They may have questions and may need more information to make the decision to receive a vaccine. This group may be delaying vaccination, taking a “wait and see” approach.

Both social and behavioral factors influence the motivation to receive a flu vaccine. Those who have confidence in the benefits of the vaccine and confidence in vaccine safety are more likely to see beyond any negative information or misinformation that they encounter and are more likely to seek vaccination. Similarly, those who perceive a risk to themselves or others if they are not vaccinated also are more likely to seek vaccination. In addition to these more personal beliefs, people are influenced by their social settings. Norms and expectations in the workplace or the social environment support motivation for vaccination, as does the presence of visible influential individuals promoting vaccination.^{14,15}

But motivation—the intention to seek a vaccine or to recommend it to others—is not sufficient. Practical issues related to information and access also impact vaccine uptake. Ease of access to a preferred vaccination site promotes uptake, as does on-site vaccination in locations where individuals live or congregate.^{16,17}

Addressing Barriers To Vaccine Access In Rural Communities

Rural communities face unique challenges, including fewer health care facilities and hospital beds, limited telehealth access, and fewer medical workers.^{18,19} CMS spoke with health plans that shared the following promising practices for addressing barriers to vaccine access in rural communities:

- **Conduct outreach to members in rural areas.** Health plans are conducting outreach to members in rural areas to educate them on vaccine availability and access, as some members may not know where to find vaccine information or how to schedule a vaccine appointment. Several health plans have prioritized members at the highest risk, including those with limited access to vaccines, for targeted outreach. Health plans are also reaching more members by contacting them during non-business hours and on weekends. Additionally, health plans provide language translations as needed, help members schedule appointments, and coordinate with the member's caregivers as necessary to get them to the vaccine appointment.
- **Address technology barriers.** Individuals in rural communities may not have access to a computer or internet. To address this, health plans can schedule appointments for members who cannot schedule appointments themselves. Health plans are also working with resource centers to make Wi-Fi hotspots available to schedule vaccine appointments and with state and local agencies to create stations at libraries reserved for scheduling vaccine appointments.

¹⁴ World Health Organization. (2020). *Development of tools to measure behavioural and social drivers (BeSD) of vaccination: progress report*. Retrieved from https://cdn.who.int/media/docs/default-source/immunization/besd_progress_report_june2020.pdf?sfvrsn=10a67e75_3#:~:text=In%20November%202018%2C%20a%20global,oversee%20development%20of%20these%20tools.

¹⁵ Brewer, N. T., Chapman, G. B., Rothman, A. J., Leask, J., & Kempe, A. (2017). Increasing Vaccination: Putting Psychological Science Into Action. *Psychological Science in the Public Interest*, 18(3), 149–207. Retrieved from <https://doi.org/10.1177/1529100618760521>.

¹⁶ World Health Organization. (2020).

¹⁷ Brewer, N. T., Chapman, G. B., Rothman, A. J., Leask, J., & Kempe, A. (2017).

¹⁸ Kirzinger, A., Mu?ana, C., & Brodie, M. (2021). Vaccine Hesitancy in Rural America. *Kaiser Family Foundation*. Retrieved from <https://www.kff.org/coronavirus-covid-19/poll-finding/vaccine-hesitancy-in-rural-america/>.

¹⁹ Altman, D. (2021). The Challenge of Vaccine Hesitancy in Rural America. *Kaiser Family Foundation*. Retrieved from <https://www.kff.org/coronavirus-covid-19/perspective/the-challenge-of-vaccine-hesitancy-in-rural-america/>.

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- **Provide transportation access.** Many individuals in rural communities face challenges obtaining transportation to receive their vaccinations.²⁰ Health plans are providing members with transportation to vaccine appointments at health clinics or vaccination hubs. Depending on a member's plan, they may cover transportation as a non-emergency medical transportation benefit. Health plans have also leveraged partnerships with home health care organizations to identify members who have difficulty leaving their homes and to provide in-home vaccinations.
- **Dispel vaccine myths and share facts.** Individuals in rural communities are more likely to be hesitant to receive vaccines. Health plans can reach out to individuals who have not received the flu vaccine to ask how the members feel about the vaccine, answer members' questions, and provide education about the benefits of the vaccine. Health plans have also developed community-relevant messages from trusted community leaders using local channels and sources to share what the flu vaccine is, why it is helpful, and to compare vaccine myths to facts.

Additional Resources

Please refer to the below resources for more information related to flu vaccinations.

[CMS Flu Vaccine Partner Toolkit](#)

This toolkit from CMS assists health plans in staying informed on available materials from CMS, the CDC, and the United States Department of Health & Human Services on the importance of the flu vaccine. The toolkit is designed for clinicians, Medicare and Medicaid beneficiaries, and the general public.

[2023-2024 CDC Flu Vaccination Recommendations](#)

This resource shares information from the CDC on recommendations and guidance for the use of seasonal influenza vaccines for the prevention and control of influenza during the 2023–2024 season in the United States.

[CDC Seasonal Flu Partner Resources Center](#)

This collection of resources is updated annually with social media toolkits, print materials, podcasts, and other communication materials to equip organizations and individuals with materials they can distribute to increase awareness and educate the public regarding the flu vaccine.

[CMS Flu Shot Outreach & Media Material in More Languages](#)

These materials include translated postcards promoting flu shots, available in English, Arabic, Cambodian, Chinese, Creole-Cape-Verde, Farsi, Haitian Creole, Hindi, Korean, Laotian, Portuguese, Russian, Somali, Spanish, Tagalog, and Vietnamese.

[Outreach to Racial and Ethnic Minorities to Promote COVID-19 Vaccination](#)

This blog post presents promising practices related to supporting COVID-19 vaccination for members who are racial and ethnic minorities. These promising practices can be applied to other vaccination efforts, including flu vaccination.

²⁰ Cooper, R., Levisohn, A., & Rosenthal, J. (2021). States Identify and Address COVID-19 Vaccine Disparities through Targeted Rollout and Outreach. *National Academy for State Health Policy*. Retrieved from <https://www.nashp.org/states-identify-and-address-covid-19-vaccine-disparities-through-targeted-rollout-and-outreach/>.

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[Improving Vaccine Confidence For People With Intellectual And Developmental Disabilities](#)

This blog post presents strategies used by health plans to support people with intellectual and developmental disabilities to increase vaccine confidence and access needed services in their local communities. This blog post focuses on COVID-19 vaccination, though the strategies outlined in the blog post could be applied to other vaccination efforts, including flu vaccination.

[Promising Practices For Promoting Equitable And Culturally Competent Vaccinations For Dually Eligible Beneficiaries Webinar](#)

This webinar presents lessons learned about the impacts of COVID-19 on advancing health equity, cultural awareness, and eliminating health disparities for dually eligible beneficiaries. A group of subject matter experts and health plan representatives share successful strategies and promising practices for promoting equitable and culturally competent COVID-19 and influenza vaccinations to dually eligible beneficiaries. The event concludes with a panel discussion facilitated by staff from the CMS Office of Minority Health.

This resource guide presents information from three products previously shared by [Resources for Integrated Care](#) regarding flu vaccinations, with links to others, as available. The original versions of these documents (hyperlinked above) were created during the COVID-19 PHE, and therefore provide additional information about vaccination strategies; the information presented in this resource guide leverages lessons learned regarding vaccination during the COVID-19 PHE to focus on flu vaccination and to provide up-to-date resources and references.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This resource guide is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>. The list of resources in this guide is not exhaustive. Please submit feedback to RIC@lewin.com.