



FROM TIGHT TIMELINES  
TO RESIDENTS WITH DEMENTIA  
TO HESITANT WORKERS:

# THE CHALLENGES OF VACCINATION IN LONG-TERM CARE

KATHERINE O'BRIEN

**A**fter a harrowing year in long-term care, brighter days do seem on hand for nursing homes. Since the arrival of COVID-19 vaccines, prioritized to long-term care facilities starting in late December, new cases and deaths in nursing homes have fallen steeply, according

to a *New York Times* analysis of federal data. This is despite the vaccine hesitancy shown by some long-term care workers.

Initially, Vernita Ford, Director of Nursing at Chapin Home for the Aging, a 220-bed non-profit skilled nursing facility in Jamaica, NY, had reservations about setting up

the facility's first vaccine clinic. Not only was it scheduled three days after Christmas, management had only 10 days to put all the pieces in place. In addition to meeting with residents, they had to create an informational letter for families and guardians so they could make an informed consent. Both Ford and the infection preventionist called families to discuss the vaccine and consent protocols, in some cases, following up with a second call. They also had to get a separate consent signed for the residents' second shot.

"That first clinic was really scary. I'm thinking, do I need oxygen?...

And let's have them close to the front, so if someone really gets bad, there's a hospital three blocks away," says Ford, who is in her fifties and is an "unofficial travel nurse" from Georgia. She particularly worried that someone with dementia would have an adverse reaction to the shot and would avoid telling staff what was going on. Luckily, this never happened.

Given that about 80 percent of the residents at Chapin live with dementia, Ford did wonder how they would react to seeing new faces in the building let alone getting an injection. There were no major issues, though, at the first clinic, one resident became so resistant the vaccination team declined to vaccinate her, and some residents received their shot standing up as they didn't understand the need to sit. Ford also ensured that residents who wandered were accompanied by staff to the clinic and that the medical director and two nurse practitioners were on the premises to respond to any emergencies. Chapin also had a wheelchair ready, just in case. As well, crash carts were set up with IV fluids, Benadryl, analgesic, water and Gatorade (which was ordered for hydration) and staff took vital signs of residents every shift for three days post each vaccine.

#### A different can of worms

Of the 130 residents, only 20 refused to take the vaccine. Although the Dec. 28 clinic was a little "bumpy" in places, the process of vaccinating residents went relatively smoothly. When it came to staff, though, it was a "whole different can of worms," says Ford. Of Chapin's 203 employees, only 95 have been vaccinated.

This disparity between the vaccination rates of workers and residents is not an anomaly. An analysis from the Centers for Disease Control and Prevention (CDC) of 11,460 skilled nursing facilities found that in the first month of vaccinations, nearly 78 percent of residents received at least one dose of vaccine, compared to 38 percent of employees. Some long-term care facilities have gone as far as to offer workers financial incentives to get vaccinated, while at least one assisted living chain, Atria Senior Living, is using a stick instead of a carrot approach – requiring all employees to receive a vaccine by May 1.

For its part, Chapin did what it could to educate employees, says Ford. Educational flyers were inserted in pay cheques and posted at time clocks and information was provided to employees waiting to be swabbed for COVID-19 testing. Ford met with department heads and with some staff individually, often printing out information from the CDC that she would go over with them. She also provided workers with a list of places they could get vaccinated in the community. (About 12 employees, who didn't want to give their private information to their employer, got vaccinated elsewhere.)

Ford says some workers who were vaccinated were reluctant to scan the QR code they were given to sign up for texts that would direct them to online surveys, as they were concerned they would be tracked, says Ford. (The Vaccine Adverse Event Reporting System [VAERS] collects information about adverse events occurring after vaccination.)

The staff who hesitated to take the shot or outright refused it did so for varied reasons. Some were reluctant because antibody testing done earlier in the pandemic showed that they had antibodies in their system. Ford tried to get them to understand that nobody knows how

long antibodies last. Others did not trust the vaccine or the rapidness that it was being pushed out, while some questioned why nursing home workers had to get vaccinated ahead of other people. Ford reminded workers who were afraid of being "guinea pigs" that long-term care was hit early during the outbreak and in some cases hit hard. She stressed the importance of avoiding another cycle of outbreaks.

#### This is not normal

She also talked about creating a kind of herd immunity, where we could get back to normal. "This is not normal! We are social by nature. We have spent the whole year struggling, the first six months of it, to not be social, and this is just not normal," she reminded workers. "Think about it," she would say to staff. "You will never get back to Portugal, Ukraine, Brazil, DR [Dominican Republic], Barbados Jamaica, Saint Lucia, Grenada... You're never going to see your extended family if we don't get some level of immunity." And she countered misinformation from social media posts about people getting sick from the shots, by explaining that not everyone developed a reaction to the vaccine.

Eventually 20 workers who were hesitant about the shot got vaccinated. The fact that nobody got sick at the Dec. 28 clinic was probably the deciding factor, she says. "They were anticipating that this was going to be horrible thing... but nothing really dramatic happened." Ford says she didn't fight with anybody who didn't want the shot, she just did her best to encourage them – though it didn't work in all cases.

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# CHALLENGES OF VACCINATION IN LTC

“We had a hundred-plus employees who did not want to take it, no matter how we tried to explain it to them,” she says. “It’s cultural. Not to sound biased, because I am African-American, but I see more hesitancy in the African-American staff versus the non-African American staff. I see even more [hesitancy] in the staff that have American backgrounds than the ones that have Caribbean background.” Ford acknowledges the abuses that the medical system has inflicted on African-Americans. Still, she tries to get employees to realize they are not being targeted for the vaccine because they’re a minority, but because minority communities often live in densely populated areas hit hard by COVID-19. As she points out, you can hardly socially distance if you live in a three-bedroom apartment with four to six other people. As well, says Ford, people living in minority communities tend to have higher rate of co-morbidities, like diabetes, hypertension and asthma, which puts them at increased risk for COVID-19.

A white paper from CVS Health, the healthcare company that owns CVS Pharmacy, one of the pharmacies participating in the **Pharmacy Partnership for Long-Term Care (LTC) Program**, recommends adopting culturally appropriate awareness campaigns that address each community’s specific concerns. A national survey which found that nursing home personnel more likely to refuse than hospital staffers, touched on the higher levels of hesitancy seen among black healthcare workers, suggesting steps like amplifying the voices of black healthcare workers who have chosen to get vaccinated.

## Zoom sessions counter misinformation

Although some healthcare workers, including those working in long-term care, worry that the vaccine will affect fertility, that concern has not been voiced by Chapin workers. At any rate, claims that the vaccine affects fertility are “pure misinformation,” according to Dr. Tara Moriarty, an infectious diseases researcher at the University of Toronto. Although some workers may have been concerned that the early trials didn’t include pregnant women, she points out that this is generally true of all first-round trials. (In February, Pfizer announced a global Phase 2/3 trial in pregnant women.)

Moriarty is co-founder of **COVID-19 Resources Canada**, a group of volunteer physicians, pharmacists and scientists that runs nightly **Zoom information sessions** on vaccine safety for those who live or work in long-term care or retirement homes. One of the things we talk about is that no corners were cut in terms of normal safety measures, says Moriarty. Severe events associated with the mRNA vaccines, like the ones offered by Pfizer and Moderna, are

extremely rare, she says, adding that the odds of developing anaphylaxis after a COVID-19 vaccine shot, would be about the same, or less, than being hit by lightning. Furthermore, she notes that vaccine teams are equipped to treat adverse reactions, which, if they occur, happen shortly after being vaccinated.

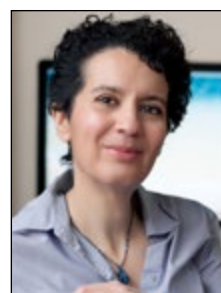
In Moriarty’s view, some workers may be unsure that information provided by their employer is in their best interest, which may make a Zoom session run by independent volunteers attractive. (The group, which puts on special sessions, is open to providing sessions for American organizations.) It’s crucial that everyone has the right to make a well-informed decision about their own health or the people they care for, she says. “A major, major issue is that, especially in long-term care... the staff are so utterly exhausted [and] that there’s so much information out there.” Employers

need to make every effort to provide as much support as possible instead of expecting employees to simply “do the right thing,” she says. It’s important to take time to help employees figure things out, and to listen to them, “because a lot of people in this setting haven’t had much of a say in this sort of thing, they’ve been picking up the pieces and they’ve experienced the worst of the epidemic.”

## More Resources

- **The Center for Health Policy Evaluation in Long-Term Care: Nursing Home Resident and Staff Covid-19 Cases After the First Vaccination Clinic**
- **CIDRAP - Center for Infectious Disease Research and Policy: Experts seek to allay COVID vaccine hesitancy in Black Americans**
- **COVID-19 Resources Canada: Are COVID-19 vaccines a rush job? Explaining the speed of vaccine development**
- **Roll Call: Mandated vaccines threaten to divide long-term care industry**
- **STAT: With painstaking effort, Black doctors’ group takes aim at Covid-19 vaccine hesitancy.** 🍷

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Katherine O'Brien is a freelance writer/editor/ghost-writer in the B2B/B2C health, aging and non-profit sectors who creates content that engages and educates target audiences and sells brands. She has written about advanced health and medical topics like dementia, cancer and aging for both general audiences as well as healthcare professionals and administrators.