



Insight from the Frontlines

Unvaccinated Long-Term Care Staff Share their Perspective on the Proposed Vaccine Mandate

Date: October 2021

KFMC Health Improvement Partners

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Summary

This report is designed to identify common themes or perspectives of current staff (both vaccinated and unvaccinated) so policy makers and organizational leadership can appropriately address hesitancies, educational needs, and understand the potential staffing implications of the mandate and associated regulations. The perspectives were gathered from listening sessions that provided staff an opportunity to provide direct and honest feedback, to better understand what is needed to improve vaccination compliance and protect the delivery of senior care.

Overview

On August 18, 2021, the Centers for Medicare & Medicaid Services (CMS) announced the development of an emergency regulation requiring staff vaccinations within Medicare and Medicaid-participating nursing homes. KFMC Health Improvement Partners (KFMC) was interested in learning about current unvaccinated staff's hesitations, fears, and overall perspective on the vaccine mandate. KFMC conducted a series of independent listening sessions targeting:

- Unvaccinated staff currently working in long term care facilities
- Long term care facility leadership

The sessions were conducted via Microsoft Teams. Participants were from long term care facilities across Kansas. KFMC distributed an open invitation through KFMC's contact database which includes all nursing homes in Kansas.

The five sessions were scheduled for 60-minutes and were scheduled at different times throughout the day to provide participation opportunities for all staff despite working various shifts. The sessions included a standard set of questions intended to solicit feedback from frontline workers regarding their concerns, fears, and hesitations. The four standard questions posed were:

1. What is your reservation about receiving the COVID-19 vaccine?
2. What, if anything, might change your mind about receiving the vaccine?
3. Knowing what you know today, if the mandate went into effect tomorrow, would you leave your position/career?
4. Is there anything else we haven't asked that you think is important for us to know?

Participant Characteristics

A total of 44 individuals participated in the listening sessions. To offer a safe environment for front-line staff to provide candid feedback on their hesitations, participant demographic information was not collected or required to participate. Only if participants volunteered their specific discipline, role, or age was that information collected and available. Based on the conversation, participants represented both rural and urban facilities, independent and system-affiliated facilities, and nearly every discipline of long term care, including nursing, physical therapy, social work, administration, human resources, CNAs, CMAs, dietary and housekeeping. The detailed session summaries offer additional information about each session's participants.

Major Findings

Overall, participants were hesitant to receive the vaccine for the following reasons:

- Lack of transparent data, specifically around side effects and adverse effects
- No long-term data available on the safety and efficacy of the COVID vaccines
- Fundamental belief that the decision to be vaccinated is a personal choice
- Mandate does not account for natural immunity
- Specific fertility/pregnancy related concerns
- Competing/Contradictory evidence & medical opinions

When asked specifically about what might change participant's mind about getting the vaccine, the answer was consistently: more data and more time. When we dove deeper into these topics, we learned most participants believed the current mitigating measures for unvaccinated staff were adequate and most hoped exemptions and exceptions would be allowed once the mandate goes into effect. Unvaccinated staff were accustomed to either weekly or bi-weekly testing and mask requirements in lieu of vaccination.

Finally, when asked about their intended decision to receive the vaccine as required or leave their current roles/organizations, most participants indicated they would leave their

current job and change careers. Those who felt strongly that they would have no choice but to comply fell into two categories:

1. Professional staff (i.e. physical therapy, nursing) who recognized this was their chosen, life-long career and leaving the healthcare field was not an immediate option, although some were seriously considering a career change.
2. Employees of lower socioeconomic status (e.g. lower income, education).

Lack of Transparent Data

Participants expressed hesitancy based on a perceived lack of transparent data around the expected side effects and/or adverse effects. Diving deeper in this topic, participants expressed they felt the data was “one sided” or intended to support a specific objective or priority, rather than telling the full story and letting people make informed decisions.

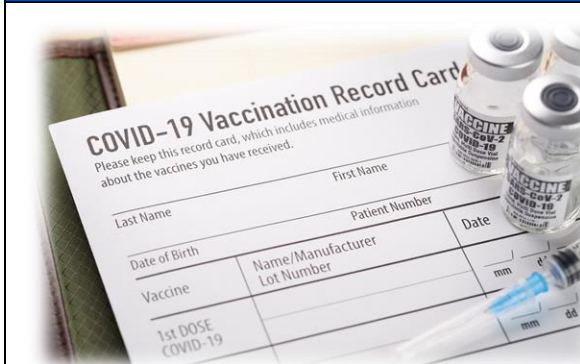
<i>“I’ve seen the effects of COVID before the vaccine. Now that the vaccine is available, working in the ICU, we still see vaccinated people dying!”</i>	<i>“The reports I’ve seen have seemed to down-play people’s reactions [to the vaccine].”</i>
	<i>“I’m hearing of people having very real complications [from the vaccine] and I’m scared.”</i>
<i>“It’s odd that the vaccinated are treated differently than the unvaccinated when we know that the vaccinated are being infected and transmitting [the virus].”</i>	<i>“There are people having real side effects, like heart issues, and it’s not being talked about.”</i>

Long-term Data not Available

Participants expressed hesitancy based on the lack of long-term data to support both the safety and efficacy of the vaccines. Diving deeper into this topic, participants expressed they weren't necessarily opposed to the vaccine, just opposed to it right now, with the amount of data currently available.

"There is not enough data yet to inform us what's going into our bodies...it's still investigational."

"Forcing people to do this is not the answer. People need time to make sure [the vaccine] is safe and to make sure it's doing its job."



"I would just like time, this is all happening so fast."

Personal Choice

Participants expressed hesitancy based on the expectation of individual rights to make a choice that affects their healthcare. Diving deeper into this topic, participants expressed understanding of the risks involved with not taking the vaccine, even the potential expectation for increased mitigation strategies (i.e. continued mask wearing, frequent testing) in lieu of the vaccine.

<i>"What happens to residents who chose not to be vaccinated?"</i>	<i>"I support the vaccine; I don't necessarily support the mandate."</i>
<i>"The FDA 'Food, Drug, Investigative Act' states that we should be able to accept or refuse the administration of the product."</i>	<i>"I am educated, I have a doctorate [degree], I'm smart enough to make a decision based on the information."</i>
	<i>"We have one resident who is unvaccinated by his family's choice. We should all have a choice no matter age, race, religion, or gender."</i>

Natural Immunity

Participants expressed hesitancy based on the lack of accounting for staff's natural immunity. Diving deeper into this topic, participants shared research comparing the protections of natural immunity to the protections provided by vaccine immunity and were concerned that there were no conversations or exceptions to account for those who have previously suppressed the virus.

"Is there a push towards Capitol Hill to consider a person's natural immunity? Or present [proof of] antibodies?"

"Israel has shown that the variant was 27 times more likely to break through Pfizer protection from January to February than it was to penetrate natural immunity for the same period."

Fertility and Pregnancy Related Concerns

Participants expressed specific hesitations related to fertility and pregnancy related concerns. Diving deeper into this topic participants shared that younger staff have reservations about the potential fertility implications for future family planning. Additionally, those staff who are currently pregnant have specific safety concerns for themselves and their babies.

<i>"Originally, they were not recommending [the vaccine] for pregnant women, and then they changed that, and the change doesn't make sense because there really hadn't been time for the research or to adequately study the side effects."</i>	<i>"I don't want my baby to be the research!"</i>
<i>"They're encouraging us to register, if pregnant, with V-Safe...we don't want to be the research."</i>	<i>"There has not been research on the vaccine and milk-supply, that is how we pass immunity to our babies."</i>

Contradictory and Competing Medical Opinions

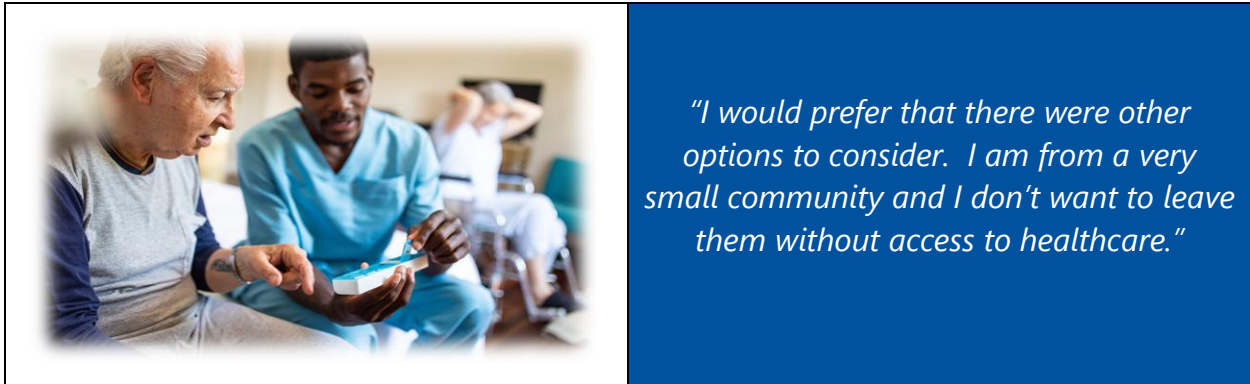
Participants expressed concern and hesitancy because the medical community and public health officials have provided contradictory and competing opinions. Diving deeper into this topic participants shared that it was hard to decipher what was true and what was not, as information supporting both sides of the issue was coming from the medical community directly.

<i>"I fear being one of the people that has a reaction and dies from this vaccine. And as a result, leaving my kids and grandchildren without me."</i>	
<i>"The media doesn't tell us everything and people do not trust the Federal Government."</i>	<i>"I am pregnant and my [OB] provider recommends that I not get [the vaccine] but couldn't write an exemption without 'getting in trouble'."</i>
<i>"So much information and we don't know what is right and what is wrong!"</i>	<i>"My husband watches the news and we hear different things from different news stations."</i>

Potential compromises were presented by participants for discussion. All participants understood the need and desire to protect the residents of long-term care facilities. Many expressed the need for accommodations to be included as part of the mandate, including:

- Religious and Medical Exemptions

- Flexibility for organizations to provide alternative accommodations to include routine testing and mask wearing for those who are not vaccinated for those who qualify for exemptions, and/or choose not to be vaccinated



Conclusion

In addition to this overview, we have prepared a summary of each of the listening sessions. Additional participant notes and unique themes that emerged during those sessions are provided within these summaries.

We are grateful for the long-term care staff that gave us their time and trusted us with their stories, their hesitations/reservations, and their fears. They were engaged in the sessions and provided feedback in various ways including verbally, through chat and through follow-up emails.

About this Project

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are developing an emergency regulation requiring staff vaccinations within the more than 15,000 Medicare and Medicaid participating nursing homes. KFMC advises healthcare organizations and state and federal government entities on how to achieve higher levels of performance and deliver better health outcomes for patients and residents. This project was intended to:

- Identify necessary resources, education or tools that can improve vaccine compliance of nursing home staff
- Identify potential inclusions that should be considered when finalizing the vaccine mandate
- Quantify the potential impact of the mandate on long-term care staffing to allow policy makers and administrators to plan appropriately to protect the residents who reside in these facilities.

Listening Session Summaries

Session 1: September 20, 2021 at 6:00pm

Attendees: Three people attended.

What is your reservation about receiving the COVID-19 vaccine?

- Lack of transparency – people are still dying even though vaccinated – tell both sides of the story
- Not a lot of data long-term
- Side effects – heart issues in young people
- It should be a personal choice not forced on people.
- Concerned employees do not have all the information to make an informed decision.

One participant described her previous work in a COVID ICU from November 2020 until June of 2021. Her hesitancy resulted from a lack of transparency around the data and felt that no one really wanted to track the full data about the vaccine, they just wanted to push the vaccine no matter what. The nurse manager described her work in the ICU and indicated that she had seen the effects of COVID before there was a vaccine and after, and vaccinated people were still dying.

Another participant indicated she had been in her current role for five years and her reservation was due to long-term data not being available. She expressed that she was not against vaccines but believes it should be a personal choice. She stated she did not have any underlying health conditions that would otherwise put her at risk if she contracted the virus.

What, if anything, might change your mind about receiving the vaccine?

- Years of research and data – a lot of previous vaccines had much more research
- Transparency of data – not one-sided data

One participant expressed concern about only being able to find one-sided data. She wanted to make an informed decision. She has never had COVID, despite having worked in a COVID unit, and having been exposed to COVID. Therefore, she did not feel the vaccine was beneficial to her.

Knowing what you know today, if the mandate went into effect tomorrow, would you leave your position/career?

- Would ask for a religious exemption or go another career path.
- Hopefully weekly testing will be offered – and participants would be okay with that.

- Without exemptions or exceptions (i.e. frequent testing in lieu of vaccines), participant would leave their current position.

Participants were hopeful the final implementation of the mandate would include religious/medical exemptions and/or would provide for additional mitigating strategies for those who declined to be vaccinated. All participants were supportive of continued weekly testing and mask wearing. One participant volunteered that her facility had approximately 70% of staff already vaccinated. Of the remaining 30%, 40-50% of those had vocalized their intent to leave if the mandate went into effect (approximately 12-15% of total staff).

Is there anything else we haven't asked about that you think is important for us to know?

Nothing shared.

Session 2: September 21, 2021 at 10:00am

Attendees: Eight people attended.

What is your reservation about receiving the COVID-19 vaccine?

- Natural immunity
- Participant had COVID and was also fully vaccinated, not sure if would receive the booster
- Fertility concerns

What, if anything, might change your mind about receiving the vaccine?

Nothing shared.

Knowing what you know today, if the mandate went into effect tomorrow, would you leave your position/career?

- Participants would prefer to keep their job
- One participant spoke up and said she "would leave her position"
- Participant who was also an administrator stated she had not heard from staff that they would quit due to the mandate

One participant would like to keep her job if possible. She was already fully vaccinated but wasn't sure she would receive the booster shot if available, nor was she sure about the data to show that the booster and the flu shot were compatible. The administrator participant indicated that within her facility, staff didn't seem really uptight about the mandate, but they were already testing bi-weekly. She reported she had met one-on-one with unvaccinated staff in their facility and could report that most nurses were fully vaccinated. Many of the younger, unvaccinated staff expressed fertility concerns. This

administrator, while supporting the vaccine, did not support the mandate. However, she felt that if staff were going to quit, they would have already done so by now. With the staff she met one-on-one with, many were receiving misinformation and now that they had it, were unsure how to process it. Most unvaccinated staff are healthy and do not have an established relationship with primary care to guide them through this filtering process. Additionally, most vaccinated staff in their facility who had contracted the virus since being vaccinated were not severely ill.

Is there anything else we haven't asked about that you think is important for us to know?

Nothing shared.

Session 3: September 21, 2021 at 1:30pm

Attendees: Fourteen people attended.

What is your reservation about receiving the COVID-19 vaccine?

- The safety and efficacy of the vaccine are not well defined or communicated.
- Unknown effects on individuals
- Fertility concerns
- Potential precedent for future government mandates

Specific reservations from participants, and being relayed by participants from their communities, included concern that reports tended to down-play the reactions people are having, or reporting to have, related to the vaccine. There was a general concern related to fertility issues or from those who have family history of health issues and are unsure how the COVID vaccine might impact those areas of concern.

What, if anything, might change your mind about receiving the vaccine?

- A full ingredient list
- Better information on the safety and efficacy of the vaccines

Participants wanted to know if there is any consideration by federal law makers regarding natural immunity or the presence of antibodies. Participants also expressed concern about the perceived safety and efficacy of the vaccines. If there is available information about the chances of known side effects/adverse effects occurring (i.e. xx% of recipients experience this side effect) then that should be shared as part of the education process. Additionally, the efficacy of the vaccine needs to be better defined.

Knowing what you know today, if the mandate went into effect tomorrow, would you leave your position/career?

- Participants stated they were aware of several staff who would “walk off the floor” if the mandate goes into effect.
- One participant (a social worker) would resign as both she and her husband were concerned about fertility issues.
- Several participants verbalized they would leave their positions.

Once specific participant did share that while she was fully vaccinated, she was opposed to the mandate and if it were to go into effect, she would change careers.

Is there anything else we haven't asked about that you think is important for us to know?

- Participants wondered about the animal data that shows how animals responded to the live virus after the mRNA vaccine.
- It's odd that vaccinated are treated differently than unvaccinated when we know the vaccinated are being infected and transmitting.
- There are ways to keep residents safe without a mandate and without threatening to take funding away.
- Participants communicated that facilities cannot stop admitting residents due to staffing issues, as those residents would end up back in the hospital. Hospitals are also short-staffed and have limited beds available.
- Staff who are actively on the front lines are aware of the ramifications of their decisions and are still choosing to make the decision to not be vaccinated.
- There was reference to the Nuremberg Code and Pfizer's propensity for human experimentation in developing countries.
- One participant felt CMS was allowing the fear and irresponsibility of others to dictate policy.

<p><i>"Our elderly do need guarded and cared for, but not in this manner."</i></p>	
<p><i>"Medicare and Medicaid dollars belong to the residents. This only seems to be hurting them."</i></p>	<p><i>"We cannot hang a sign on the door that says "Closed – Not enough staff" like many, many industries are doing."</i></p>

Session 4: September 23, 2021 at 10:00am

Attendees: Thirteen people attended.

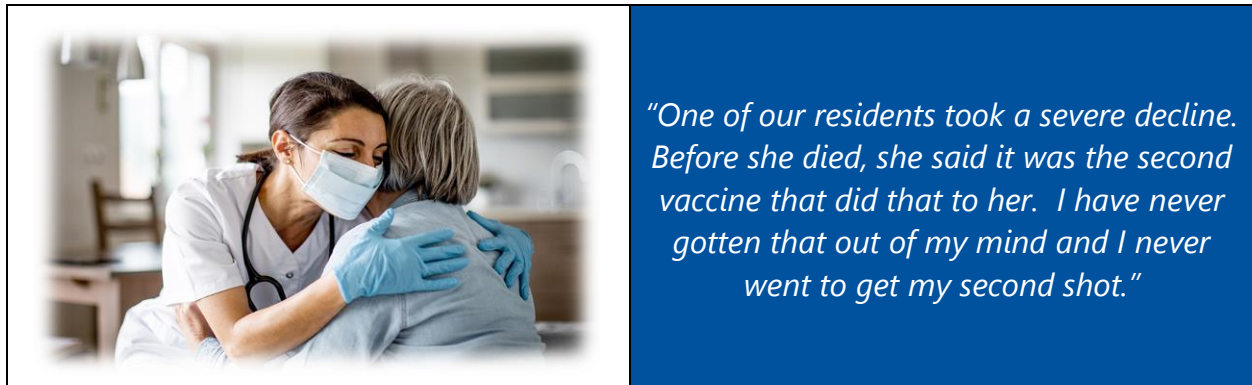
What is your reservation about receiving the COVID-19 vaccine?

- Pregnancy concerns
- Mandated and tied to pay
- Natural Immunity
- Happening so fast
- Fear of significant complication from the vaccine

Related to pregnancy concerns, one participant indicated her OB provider did not recommend the vaccine for her. Another participant expressed concern about the lack of data regarding pregnancy and the vaccine, citing that originally the vaccine was not recommended for pregnant women, but after a relatively short time that recommendation was changed. However, the participant was concerned that there had not been enough time passed to conduct adequate research on the potential effects and didn't want herself or her baby to be the research. Participants also cited a lack of research on vaccine and milk-supply, which is the primary way immunity is passed from mom to babies.

Participants also felt that as educated, professional staff, they should be trusted with making the decision for themselves based on the available information and known risks.

One participant indicated they had been very up-front with their facility staff and encouraged vaccines. They wanted to make sure people had all of the information and were able to choose. Facility leadership feel the mandate is devastating to morale.



What, if anything, might change your mind about receiving the vaccine?

- Time.

Participants felt like they just needed more time, that this was all happening very fast. Participants expressed that even if they had another year, it might be easier for them to receive the vaccine. One participant expressed that she had always been healthy, she was almost 60 years old, had never had a flu shot, and had strong immunity overall. This participant observed that she had friends who were vaccinated and still got the virus, so she felt she should not be mandated to receive the vaccine when she felt she could trust her own immunity.

Knowing what you know today, if the mandate went into effect tomorrow, would you leave your position/career?

- Several participants stated they would leave their job.
- One participant would get the vaccine over leaving the field.
- One participant would prefer other options to consider (i.e. testing.)

Many of the participants who stated they would leave their job, indicated they love what they do and the organizations they work for. They also verbalized that it would be hard to make the decision to walk away from the residents but felt they would have no choice. They would have no concern or hesitation about continuing to wear a mask or face shield and be tested frequently. This is the current process for most of the participants.

Is there anything else we haven't asked about that you think is important for us to know?

- Current organizations that require flu shots also allow exceptions and require staff to wear a mask in lieu of vaccination.

- Flu shots are not currently mandated, yet many people die of the flu.
- Participants relayed that they heard exemptions and exceptions were not being considered for this mandate because "it's healthcare".
- Healthcare organizations could consider allowing ancillary and support staff to work remote as an accommodation for those who declined vaccination.

Participants were concerned that religious and medical exemptions were not being considered as a part of this mandate. Despite the mandate affecting healthcare organizations, the same exemptions should be allowed as those religious or medical concerns are legitimate and real, even for healthcare employees. One participant reported she was pregnant, and her OB provider recommended she not get the vaccine but could not write an exemption for her without "getting in trouble".

Session 5: September 23, 2021 at 10:00am

Attendees: Six people attended.

What is your reservation about receiving the COVID-19 vaccine?

- Inconsistent messages
- Lack of trust in the information
- Fertility concerns
- Need time and data to know more about the vaccine
- Some loved ones have had issues after getting the vaccine
- Have heard that MRNA causes death within 3-5 years
- Unknown ingredients

Participants concurred with the concerns expressed in previous sessions, including fertility concerns in younger staff. Participants, more-so in this session than any of the previous, expressed genuine fear of vaccine side-effects. Those participants have also heard of people having very real complications. Participants expressed distrust of the vaccine since it had just come out and were fearful it would "kill them", particularly when they didn't have to go to a doctor to get it administered.

What, if anything, might change your mind about receiving the vaccine?

- Time and more data

Participants felt they just needed more time to evaluate the information as there was so much information that participants couldn't decipher what is right and what is wrong. One participant has been working in long term care for close to 15 years and is close to retirement age. She articulated that she loved her job and where she works, and she doesn't want to see the facility close.

Knowing what you know today, if the mandate went into effect tomorrow, would you leave your position/career?

- One participant commented in chat that they would leave.
- One organization stated their nurses would likely get vaccinated, but their CNAs and CMAs were about 50/50.
- One participant would change careers.

One participant stated most of the unvaccinated staff in their facility would change careers if the mandate went into effect.

One participant stated that at one time she felt confident she would get the shot if it were mandated but doesn't feel that way anymore. She is, however, worried about how she's going to make a living and pay her bills if she doesn't get the vaccine. Toward the end of our conversation, she communicated she really felt like her friend, who was also a housekeeper at the same long-term care facility, needed to participate in this conversation. She wanted to let us know that she was driving to her friend's house since her friend didn't have a phone and couldn't independently participate in our listening session. When asked the question about leaving, the housekeeping participant stated she could not afford to leave or have no income, it was a small community and other jobs were not readily available, so she would have no choice but to get the vaccine. She shared that her husband previously received the Moderna vaccine, as he felt pressured by his employer and after receiving the vaccine, they heard that there were questionable products included, and now they don't trust that they know what's actually in the vaccines.

"Based on my current situation, I can't afford to leave, I would have no choice but to get the vaccine."

"I worry about how I'm going to make my living, pay my bills if I don't get the vaccine."

Is there anything else we haven't asked about that you think is important for us to know?

- One facility employs CNAs under the age of 18 who are agreeable to receiving the vaccine, but their parents won't consent.

- When previous discussions were had about mandating long term care staff, several people stated they would leave. Now that all of healthcare is mandating vaccination, one participating facility has seen a huge change.

Participants asked if facilities would be allowed to continue weekly testing and mask wearing for people who choose not to get vaccinated, or if that was still undecided. Participants also shared that they were aware the Pfizer CEO has not received the vaccine and Pfizer employees were not required to be vaccinated, questioning the legitimacy of the mandate when the company making the vaccine is not required to receive it.

Additional Feedback: Via phone and email

- What's happening seems like the government's attempt to either reduce the number of providers billing Medicare and Medicaid, or inadvertently, their efforts will systematically eliminate senior care entirely.
- Plan, as written, may soon leave our seniors without adequate care, working families will be unable to participate in the workforce because they are caring for aging parents, and millions of healthcare workers will be out of work when senior care facilities close due to staffing issues.
- Although COVID is a significant concern, the greatest immediate concern is the lack of available staff to work in senior care.
- The non-profit mission I serve has seen a 40% increase in Medicaid as a primary payer source over the last five years. On a very good day, Medicaid is a break-even proposition. On an average day, Medicaid only pays for 90% of our cost of care. With 70% of care now funded by Medicaid, we do not have the funds to compete against regional businesses who are able to raise prices to increase wages. To increase our wages to a level that can compete with fast food and retail entry level positions (who don't require vaccination), we would need an immediate 16% increase to our daily Medicaid rate. Unfortunately, any increase may be too late to save many homes from closure.
- While we have many talented and loving caregivers in our organizations, many have been dreadfully misinformed regarding the vaccine. Due to rampant misinformation, those who are not yet vaccinated are highly unlikely to change their minds due to the mandate.
- A recent poll in our organization showed that we would lose approximately 10%-15% of our staff. We have already lost a good portion of our staff; we will be lucky to retain enough staff to keep our doors open. Even if we do retain sufficient staff to continue operations, it will be at a vastly reduced capacity.
- Due to current staff losses, we have already stopped accepting new admissions. A sudden loss of staff following the release of the vaccine mandate will require us to

discharge 10%-20% of those who reside with us and receive care. With the Delta variant, we are seeing vaccinated individuals acquiring COVID as easily as non-vaccinated. A "Vaccinate or Test Weekly" option would easily solve this potential disaster.

- CMS remains on the path of "Cite and Fine into Compliance" even though this methodology has not worked since OBRA 1986. CMS fines only draw more funding away from resident care.
- A system similar to JCHCAO (used in hospitals) would produce the desired outcomes.
- In 20 years, I have never been more concerned for the senior care field. From a very young age, I knew my calling was to become a nurse. When I attended nursing school 25 years ago, it was instilled in us to follow The Florence Nightingale Pledge:

I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care.

Two points stand out to me within this pledge. It is MY right to take a harmful drug whether in my personal life or in a medical setting or go against this pledge. The potential lifelong effects of the vaccine that have been reported speak volumes to me. I take the chance of losing MY right to be a nurse if I choose not to be vaccinated with a drug that is potentially harmful.

- I feel like I'm being forced to choose between a profession that I dearly love and have been devoted to for 28 years or being able to pay my bills.
- The medical professionals are tired and leaving because of this virus and the mandates. We are short staffed the way it is. We cannot find beds in surrounding states for patients who need care because they are full of COVID patients AND due to lack of staff. What will become of us when more medical professionals walk out because of the mandate? Who will care for the patients? How will the rural hospitals remain open?
- There is a vaccine for COVID, but they have been researching an AIDS vaccine for 40 plus years. How was this "safe" vaccine created so quickly? The vaccine is not completely resistant to the new variants, yet we are still required to take it, just so we can be told in a few months that we are required to take yet another injection.

- To be a nurse for the rest of my life was my dream, now someone else is placing my dream on the line. I find myself saying, "I do not want to be a nurse anymore" and that saddens me to the core. I love what I do. I love the elderly with all that I have. I love medicine. My rights to "love" are being stripped by those who believe they know what is best for me. I began working in the medical field 28 years ago, this is all that I know.
- We have one resident who is unvaccinated by his family's choice. THEIR CHOICE! How is it fair as a human that they have a choice and we don't? The residents can easily spread the virus just as we can.
- One facility administrator stayed on after the call and informed us he had three board members attending and listening to the feedback as well. The concerns/questions he and the board members had were regarding potential religious exemptions and how that would work for long term care staff.
- I am 3 years and 6 months away from retirement. I want to enjoy my life and do not want a bunch of health issues that may occur after getting the vaccine. We have a coworker who now has issues with her liver, kidneys, and blood sugar that cannot get stabilized. The doctor has asked what she did in the last 6 months and all she did was get the Pfizer vaccine. That has the unvaccinated here concerned.
- I have been getting tested once a week forever, then it was booted up to twice a week several months ago. My nose is used to it...it's a hassle but not any more than wearing the mask. However, I do it because I don't want to get the shot.... not just yet.

Survey Results

During several of our listening session calls, we heard from staff that they knew of co-workers who were interested in participating but were either unable to or were concerned about the anonymity of the process. As such, KFMC used the feedback collected during the live listening sessions to develop a web-based survey to collect aggregate feedback data from a larger portion of the long-term care provider population.

[Survey is currently underway. Document will be updated with results once the survey is complete]

Resources

[COVID-19 Vaccines for Long-term Care Facility Residents | CDC](#)

[COVID-19 Vaccine Confidence | CDC](#)

[Invest in Trust: A Guide for Building COVID-19 Vaccine Trust and Increasing Vaccination Rates Among CNAs \(ahrq.gov\)](#)

[OARS + Model for Motivational Interviewing | HQIN](#)

[COVID-19 Vaccine Fact Sheet](#)

[Shareable Content - Public Health Communication Collaborative \(publichealthcollaborative.org\)](#)

[CDC Morbidity and Mortality Weekly Reports \(MMWR\): COVID-19 Reports](#)