VACCINE CONFIDENCE IN THE LTC WORKPLACE: IMPROVING VACCINE UPTAKE

Long-Term Care Discussion Group
April 20, 2021

Sigal Barsade, Wharton Business School
Tina Sandri, Forest Hills of DC
Ruth Katz, LeadingAge
TODAY’S SPEAKERS

► Sigal Barsade is a Professor of Management at the Wharton Business School at the University of Pennsylvania. The focus of Professor Barsade’s research, speaking, and consulting practice is emotional intelligence, organizational culture, unconscious bias, teamwork, leadership, and organizational change. She has recently focused her work on the pandemic and helping people cope with the emotional burden of COVID-19.

► Tina Sandri is the CEO of Forest Hills of DC, an aging services provider organization in Washington, DC that offers assisted living, skilled nursing care, short term rehabilitation, memory care, respite and hospice services. Prior to joining Forest Hills, she was the Administrator of Knollwood Military Retirement Community in Washington, DC. Tina invites a teaching orientation from her experience as an Adjunct Professor at The George Washington University and as a RYT certified yoga instructor.
COVID hit older people, and especially LTC settings harder than anyone/anywhere else

LTC settings were prioritized for vaccines...and vaccines are making a life altering difference

The concern, for this discussion is workforce not residents

Acceptance rates among staff are increasing but still around 50-55% nationally

We need to take an “all aging services” continuum approach

We don’t have great data except nursing homes
CAN POLICY MAKERS SOLVE THIS?

- There are policy levers for vaccine access in LTC, such as:
  - Pharmacy Partnership
  - Retail Program
- But acceptance of vaccines by staff (or even residents/caregivers) is another question.
- Government making new resources available - ACL; White House webinar
- At LeadingAge, this is a huge and daily challenge - Drive for 75
- Pleased to see that CMS tackled this issue early with the report Sigal is going to talk about today.
- You’ll also be interested in how it plays out in a provider setting, which Tina will talk about.
COVID-19 Vaccination Uptake at Long Term Care Facilities: Behavioral Science Task Force
Panel Discussion
February 11, 2021
Agenda

- Behavioral Science Task Force Introduction
- Meta Analysis Findings
- Model of Behavioral Change
- Panel Discussion about behavioral change across vaccine hesitancy spectrum
  1. Empower as Advocates
  2. Make it Easy
  3. Influence & Boost Motivation
  4. Build Trust in Vaccine Safety
  5. Limit Damage

Meeting Instructions

✓ Submit questions via chat function and they will be directed to panelists

✓ Refer to Preliminary Report attached in calendar invite and link in Zoom chat as well
Problem Statement

Median Vaccine Uptake at LTCFs enrolled in Pharmacy Partnership for Long-Term Care Program

Task Force Process

I. Literature review and meta-analysis on vaccine uptake and hesitancy

*Deliverable: Evidenced-Based Guidance for the COVID-19 Vaccination Campaign*

II. Task Force members provide recommendations

*Deliverable: Preliminary Report*

*Deliverable: Final Report*

III. (TBD) Empirical Tracking & Follow-up

Panel Discussion 2.10.21
Vaccine Refusal (Odds Ratio)

Meta Analysis informed our organizing model

- Vaccine uptake and hesitancy are predicted by sociocultural characteristics, trust in science and medicine, past experiences with vaccines and the health care system, receiving a recommendation from a health care provider, and exposure to media.

- Messages that emphasize vaccine efficacy and mitigate fears of side effects reduce COVID-19 vaccination hesitancy. COVID-19 vaccine mandates in particular are seen unfavorably.

- Our recommendations focus on attitudinal, motivational and behavioral strategies, all three of which are needed to impact behavior.
1. Based on CDC study of 11,134 CMS-certified SNFs enrolled in the Pharmacy Partnership for Long-Term Care (CDC MMWR Vol. 70, February 1, 2021)


3. “Luckily the hardcore actively spreading misinformation group is tiny, only 2-3% of the overall population” – Alison Buttenheim

While 19% of Americans currently plan not to get vaccine only 2-3% are active vaccine detractors.
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% LTCF Staff

Vaccine Acceptors

~45% LTCF staff with moderate vaccine hesitancy have not been vaccinated for various reasons

37.5% median LTCF staff vaccination rate as of 1/17/21

Vaccine Refusers

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Vaccine Acceptors

Vaccine Refusers
Empower as Advocates

Make it Easy

Influence + Boost Motivation

Build Trust in Vaccine Safety

Limit Damage

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Group 1 - Vaccine Acceptors: Q&A

EMPOWER AS ADVOCATES

Identify LTCF staff who have taken the vaccine and provide training so they can inform and encourage their more vaccine hesitant coworkers to accept the vaccine.

SPECIFIC RECOMMENDATIONS FROM TASK FORCE (detailed in Attachment 1 of Preliminary Report)

1. Create opportunities for individuals to signal vaccination status (e.g., silicone bracelets)
2. Have co-workers administer vaccines to each other
3. Train employees to distribute and administer vaccines
4. Involve community leaders in vaccine campaign
5. Utilize “Convert Communicators”
6. Utilize one-on-one educational conversations through trusted messengers
7. Ensure advocates are held in high esteem among LTCF staff and match demographics of staff
8. Highlight vaccination of trusted employee
9. Involve employees across all levels in the organization in building the vaccination plans &
Make it Easy

Mitigate logistical and access barriers for LTCF staff, who are already burdened by difficult work conditions intensified by COVID-19

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*1. Create opportunities for individuals to signal vaccination status (e.g., silicone bracelets)

10 Concierge vaccination services

11 Follow-up vaccination clinics

12 Include LTCF staff in Pharmacy Partnership for Long-Term Care Program promotion

13 Specific language for appointment reminders

*will address in further detail during other group strategies
Group 3 - Moveable Middle: Q&A

Use Social Influence & Boost Motivation

Leverage social influence, communicators and motivational/framing forces to motivate LTCF staff.

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8. Highlight vaccination of trusted employee
9. Involve employees across all levels in the organization in building the vaccination plans & policies
10.* Include LTCF staff in Pharmacy Partnership for Long-Term Care Program promotion
11.* Specific language for appointment reminders
12.* Do it for Grandma
13.* Include comparisons in messaging
14.* Highlight trend toward increasing rates of vaccination
15.* Avoid use of explicit financial incentives
16.* Consider using rivalry to increase motivation
17.* Partner with other organizations such as CONVINCE to fund and promote a “Challenge”
18.* Offer paid time off for vaccination
Build Trust in Vaccine Safety

Supplement information-based campaigns with peer-to-peer conversations. While this approach is quite time-intensive, given the prevalent mistrust of vaccine safety, the solution will be much more effective if based on authentic conversations with trusted messengers rather than scripted materials.

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7. Ensure advocates are held in high esteem among LTCF staff and match demographics of staff
8. Highlight vaccination of trusted employee
9. Involve employees across all levels in the organization in building the vaccination plans & policies
*21. Emphasize that LTCF staff have the freedom to decline the vaccine
22. Administer vaccine away from worksite
23. Partner with physicians who serve patients with Medicaid coverage
24. Acknowledge lack of trust in racial/ethnic communities. Utilize social justice framing to encourage vaccination
25. Combat distrust of vaccine development process
26. Build information bureau for LTCFs to advance vaccine literacy
27. Offer vaccine choice (where available)
*28. Have manager engage in motivational interviewing
Limit Damage of Vaccine Detractors

Avoid amplifying unfounded concerns by engaging with highly hesitant individuals one-on-one.

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Follow Up

✓ To receive final report, please submit email in chat
✓ Please submit any remaining comments or questions in chat
Forest Hills of DC (FHDC) - On-the-Ground Response to Vaccine Hesitancy

- To mandate or not, that is the question
- When writing a story, select your character’s point of view
- Focused messages on vocabulary literacy around vaccines with new weekly targeted messages
- Found 8 ways to say it
- Sought culturally competent sources for information
- Messages were to educate so workers could decide for themselves - rather than “should” or “we need you to” approaches
- Knowledge is power - make a good choice for you and your family
FHDC Managed Logistics

- Monitored after each clinic to see who was left that had chosen to not be vaccinated
- Sought culturally relevant missing topics in messaging
- Celebrated
  - I got my COVID shot stickers
  - Music, snacks, selfie props at clinics
  - Photo board in lobby
  - Way-to-go celebration coming with healthcare hero pins
  - Self-made COVID Vaccine Ambassador
Feedback from the Trenches on the Work Group Policy Recommendations

- View recommendations through the lens of both workforce shortage and infection control perspectives.
- Launch public appreciation campaign for workers that get the vaccine.
- Study mandated vs. optional program outcomes to locate best practices.
- Consider a trauma-informed approach for any pandemic mandates.
- Develop strong national support for employee mental wellness.
- Improve the bottleneck in expanding supply of behavioral health professionals.
- Support tort reform/limitations to protect those who are doing the best they can.
- Investigate the insurance industry’s wholesale increase in insurance premiums.