



July 25, 2024

Major General (ret) Paul Friedrichs, MD, FACS  
Deputy Assistant to the President  
Director, Office of Pandemic Preparedness and Response Policy  
Executive Office of the President  
Washington, DC 20503

Dear Major General (ret) Friedrichs:

Thank you for the opportunity to participate in the Long-Term Care Leadership Summit 3.0 on July 18. Vaccination is an important part of respiratory virus preparedness and LeadingAge values the opportunity to collaborate on strategies to ensure the best outcomes for older adults and the individuals who serve them. We also appreciate the Administration's dedication to involving stakeholders from across the sector as we tackle this issue.

As we shared after the meeting, LeadingAge recently reached out to our nursing home members to learn more about the barriers they face in getting residents and staff vaccinated and what strategies they have found to be most effective in achieving vaccine acceptance. While the broad strokes of the barriers and strategies seem unchanged over the years, the details have evolved in a complex way. We would like to share these details here for better understanding.

### Barriers to Resident and Staff Vaccination

**Vaccine Fatigue** Vaccine fatigue was reported to be a significant barrier to vaccination for both residents and staff. Residents, their families, and staff have all been overwhelmed by the number of vaccines recommended for COVID-19, as certain populations are recommended for additional doses and new vaccines have been developed for variant strains within the same year. Our members report that residents/families and staff become confused about how many vaccinations are required to stay up to date and many are reluctant to continually inject vaccine product into their bodies, particularly more than once per year.

Additionally, our members are reporting a sort of vaccine fatigue among residents and families that is separate from the fatigue resulting from multiple COVID vaccinations. The residents/families feel overwhelmed by recommendations for multiple *types* of vaccines, with older adults recommended to receive COVID, flu, pneumococcal, and RSV vaccines all in one season. Our members report that some family decision-makers feel that multiple shots, each often accompanied by side effects, is not in keeping with a quality-of-life approach. This is particularly true with families that question the efficacy and necessity of vaccination to begin with.

**Mistrust** Feelings of mistrust continue to be a barrier to vaccination for residents/families and staff. Sadly, it appears that efforts to provide the public with the most up-to-date information and tools for mitigating COVID have backfired. COVID mitigation strategies for healthcare settings changed frequently throughout the public health emergency, and while flu shots are recommended only once per season, COVID vaccine recommendations have also changed frequently over the years, with new variant vaccines introduced seemingly every few months and additional doses often required for high-risk populations. This has led residents/families and staff to subsequently conclude that COVID mitigation measures and COVID vaccines are ineffective, since recommendations have been updated so many times.

A contributing factor to this mistrust is that the information and messaging coming from the Administration and care partners attempting to influence vaccine acceptance is not consistent with residents'/families' and staff's observed reality. We message that vaccines are lifesaving, but residents/families and staff are observing only mild illness in those who are infected, even in those who are not up to date with vaccination at the time of infection. We message that vaccines help mitigate transmission, but residents and staff are becoming infected even after vaccination. What's more, residents and staff are reporting that the symptoms of infection cause less discomfort than the side effects of vaccination. We message that vaccines are a way of protecting the community, but communities with low vaccination rates are experiencing few outbreaks, which are quickly contained. We message that vaccines are safe, but families and staff observe residents experiencing new medical events in the months or years following vaccination for which there were no previous indicators.

***Influence of Family and Friends*** As noted during the Summit, communication with a trusted source is a significant factor in vaccine acceptance. It appears it is also a significant factor in vaccine decline. Interestingly, while many of the members who provided feedback noted the influence of family and friends on residents' and staff's decisions about vaccination, very few called out the influence of social media. Similarly, when describing the influence of family and friends, misinformation sometimes played a part, but just as often the influence of family and friends was felt to come from a place of informed decision-making. Families have consulted the vaccine information sheets, the reports from CDC, and the research excerpted from medical journals, but they are not convinced of the safety and necessity of the vaccines. This concern for a loved ones' health and wellbeing is more personal than any messaging or media campaign, and family and friends further have the advantage of being able to incorporate their loved ones' unique, individual circumstances and health conditions into their arguments against vaccination.

### Strategies for Increasing Vaccine Acceptance

Largely, the strategies for vaccine acceptance reported by our members have not changed since the early days of COVID vaccination and while many reported feeling at a loss for how to more effectively influence vaccination rates, LeadingAge noted a theme among responses from our members. Communication, transparency, and access are all important strategies for vaccine acceptance, but these strategies seem most effective when they are personal.

Members educate residents/families and staff on vaccination, including the importance of vaccination and the identified risks, according to regulation. However, education and conversations about vaccine hesitancy seemed most effective when the information came from an individual who was known to and trusted by the hesitant individual. As noted above, residents and staff were heavily influenced by their friends and family. Our members noted that when nursing home staff spoke directly, one-on-one, with other staff and residents' families, they were more successful at achieving vaccine acceptance. One member reported that it was particularly impactful if the educating staff member disclosed that they had been vaccinated. This only worked, however, if there was already a measure of trust between the educating staff member and the hesitant resident/family or staff member.

Other members noted the importance of leadership involvement in vaccine acceptance, a theme echoed by the providers at the July 18 Summit. When nursing home owners, Administrators, and Medical Directors openly supported vaccination and demonstrated vaccine acceptance, residents/families and staff were more likely to consider vaccination. Some members noted, however, that support for

vaccination has decreased among the Medical Directors and physicians in their communities, negatively impacting vaccine acceptance rates.

## Recommendations

Based on the barriers and strategies described by our members, LeadingAge offers a few recommendations that we believe will help to increase vaccine acceptance.

**Annual Vaccination Schedules** To address vaccine fatigue, slow down on vaccine recommendations. Make COVID an annual immunization and stick to the schedule. New variants will likely continue to circulate but as one member pointed out, this happens with flu too but we make the choice about strains at the beginning of the season and we stick to it because the vaccines are “good enough”. Some protection is better than none, but we will get none if we keep moving the target. Another member advised against combined vaccines, such as a combined flu and COVID vaccine. The member expressed that it was important for residents/families and staff to have a choice of what goes into their bodies and limiting those choices might lead to refusals of all.

**Vaccine Access** Continue addressing logistical barriers to vaccination. A few members noted the issue brought up at the Summit of Medicare Advantage requiring prior authorization for vaccination, but the issue of access to vaccines for staff is a more ubiquitous issue. We are aware that CDC’s Bridge Access Program is being terminated four months ahead of schedule in August and are concerned that no supplemental program exists. We have spoken with CDC about plans for the “Vaccines for Adults” program but as there is currently no funding for this program, it seems unlikely that any support will be available for uninsured and underinsured individuals as we head into the 2024/2025 respiratory virus season.

While many nursing homes admit to absorbing the costs of flu vaccination for uninsured/underinsured staff, the costs of COVID vaccines are still too great to be absorbed. We note this has also proven to be a deterrent to pharmacies providing vaccine for on-site clinics in nursing homes, as the cost of the vaccine is too great for the pharmacies to risk reimbursement issues, even for insured healthcare workers. Beyond nursing homes, LeadingAge members have first-hand experience with the detrimental impact of vaccine access issues across the aging services continuum. The older adults living in our affordable senior housing communities and served by our Adult Day and Programs for All-Inclusive Care for the Elderly (PACE) all rely on programs for uninsured and underinsured individuals to protect themselves and their families. The Administration must find a way to supply respiratory virus vaccines for the uninsured and underinsured older adults in our country and the uninsured and underinsured individuals who serve them.

**Whole-of-System Approach** To improve vaccination rates in long-term care, this must be a whole-of-healthcare-system approach. Nursing homes are not the only healthcare providers with which residents/families and staff have contact and should not be the only healthcare providers talking with residents/families and staff about the importance of vaccination. When a patient enters a nursing home for skilled nursing care, they often are coming from the hospital, where they were treated by an attending physician (potentially their own primary care physician), nurses, and in some cases medical specialists. Prior to hospitalization, these individuals were living in the community where, given the health circumstances for which they are being admitted to a nursing home, they likely had a high frequency of contact with their primary care physician and other healthcare providers. Even residents

who have been living in nursing homes for long-term care have contact with outside healthcare providers such as cardiologists, pulmonologists, podiatrists, and other specialists. These healthcare providers all need to be invested in the cause to increase vaccination rates in older adults, including those living in or admitting to nursing homes.

This impetus is particularly important for the residents/families who have longer-standing relationships with these providers. Nursing home critics often contend that there is no trust in nursing homes or nursing home staff. While our members care deeply for the older adults they serve and work hard to earn their trust, we must leverage the trust that older adults have in the healthcare providers that they have known longer. The residents/families may not trust the staff of the nursing home where they have lived for only a few short months. But they trust the cardiologist they have been seeing for the past 10 years, and this cardiologist needs to start talking.

The same is true for the healthcare providers from whom our staff receive care. Nursing home staff may not be influenced by the nursing home's Medical Director, but they might be influenced by their own primary care physician or their children's pediatrician. Messaging about the importance of vaccination from a trusted medical professional who has no vested interest beyond your individual health and wellbeing or your ability to provide a safe environment for your children can have a very different impact than the message from your boss, who is being held professionally accountable for your vaccine acceptance.

The Administration believes so strongly that education is a key factor in vaccine acceptance that they have made it a nursing home requirement. Why, then, are we not impressing this conviction upon the rest of the healthcare system? When the strongest indicator of a nursing home's vaccine acceptance rate is the vaccine acceptance rate of the surrounding community, the message is loud and clear: this is everyone's responsibility.

Thank you for considering the feedback from our nursing home members. As you know, LeadingAge represents nursing home members from all over the country in urban, rural, and frontier areas. While we have communicated to you the feedback we have received, we strongly believe that speaking directly with our member nursing homes will give you the best perspective. We would be happy to help facilitate opportunities for you to connect with our members to inform the Administration's work for the upcoming respiratory virus season and beyond.

Sincerely,



Jodi Eyigor  
Director, Nursing Home Quality & Policy

Cc: May Malik, Deputy Assistant Secretary for Public Affairs for Public Education, Department of Health and Human Services