

# PROMOTING ACCEPTANCE OF A COVID-19 VACCINE AMONG LONG-TERM CARE WORKERS

60.8%

Portion of COVID deaths in King County related to long-term care facilities

1,131

Number of employees at long-term care facilities in King County diagnosed with COVID-19

Long-term care workers are at high risk of contracting COVID-19, but may be hesitant to accept a vaccine.

Workers at long-term care (LTC) facilities are predominantly **middle-aged women of color**. Typically **low-income**, they often work **two to three jobs** at a time. Many are **uninsured** or underinsured. Many are **immigrants**. LTC workers also have low rates of flu vaccine uptake. Vaccine acceptance in this population will be **key to reducing the spread of COVID-19** and protecting this essential workforce.

Communicating transparently and eliminating barriers to access can help overcome hesitancy and promote high rates of vaccination against COVID-19.

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Racism is a big challenge overall for the LTC workforce. Across all facility types, many of the workers are middle-aged women of color. **When these workers test positive, they face the loss of a paycheck due to the lack of sick leave that is common in this sector.** In addition, many are uninsured or underinsured and fearful of the medical costs. **We cannot ignore the plight of LTC workers, while claiming to emphasize the health of residents.** Maintaining continuity of staffing is vital to the health and safety of LTC residents.

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- Patricia Hunter, the Washington State LTC Ombuds.

## MESSAGING

**Radical transparency:** Public health authorities should be clear and direct about the knowns and unknowns of the vaccine, including possible risks.

**Altruistic call to action:** Vaccination should be framed as a way to protect patients and loved ones, calling on the inherent altruism of many LTC workers.

**Inform, not persuade:** "Sales pitches" for the vaccine are likely to breed suspicion and distrust.

**Input from local leaders:** Messaging should be co-created by community members and trusted organizations.

**Accessibility:** Vaccine information should be available in a variety of languages and formats.

**Culturally appropriate:** Vaccine information should address the unique concerns of specific cultural groups within the LTC workforce



## VACCINE HESITANCY

Researchers have found high rates of hesitancy toward a potential COVID-19 vaccine in the US. Estimates of the proportion of Americans who say that they would likely or definitely choose to be vaccinated against COVID-19 range from 49% to 85%. These recommendations are designed to maximize acceptance in light of this hesitancy.



## DELIVERY:

**Uniform across counties:** Eligibility rules and delivery systems should be as uniform as possible to avoid confusion and include those who work in King County but live elsewhere.

**Administered at work:** Vaccines should be offered at work sites, at no cost to workers regardless of their insurance status.

**Tracked:** Robust monitoring systems should be employed to ensure that anyone who starts a vaccination course completes it.

**Voluntary:** Making vaccination a condition of employment could be perceived as coercive in light of workers' likely past experiences with medical racism and government control.