

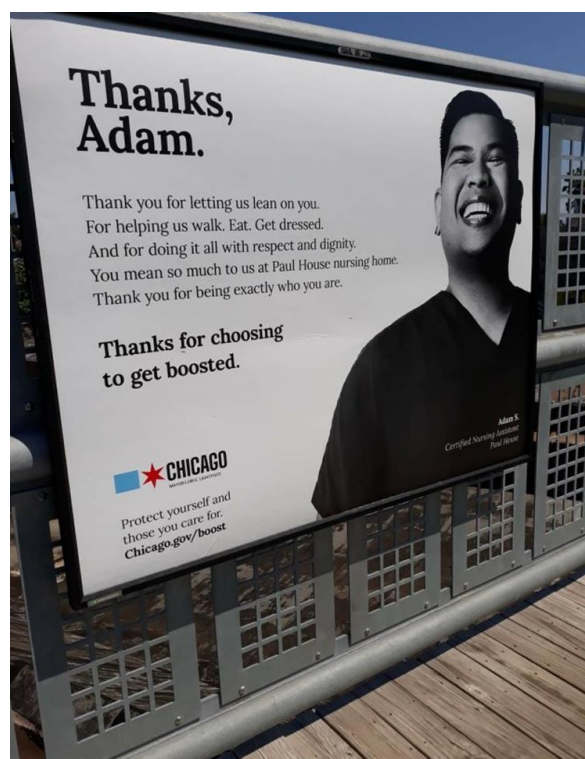
# Assessment of vaccine hesitancy among skilled nursing facility staff in Chicago

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CATEGORY: Epidemiology and Laboratory Capacity (ELC)

The Chicago Department of Public Health assessed COVID-19 vaccine hesitancy among skilled nursing facility staff in the City of Chicago to improve future interventions promoting vaccine uptake.



## The “What”

While the Centers for Medicare and Medicaid Services (CMS) require that all Skilled Nursing Facility (SNF) staff complete the primary COVID-19 vaccination series or have an approved exemption, a similar mandate does not exist for subsequent doses. As of April 30, 2022, 97% of SNF staff in the City of Chicago had completed their primary series but, of those, only 60% had received an additional COVID-19 vaccination dose. Because these healthcare workers are caring for a high-risk population and these facilities have struggled with maintaining staff levels during the pandemic, having the best possible protection from COVID-19 in this long-term care setting was critically important.

To better understand hesitancy related to receipt of the monovalent booster, the Chicago Department of Public Health (CDPH) partnered with a consulting company to conduct online anonymous text-based discussion sessions with vaccinated, but unboosted SNF staff. Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funded CDPH staff contributed to the survey, recruited the participants, reviewed the post-discussion findings, and helped compile communication and education products (e.g., informational posters, SNF staff testimonials). CDPH also leveraged established dissemination opportunities to reach long-term care facilities, as well as to increase overall awareness in general public with posters and messaging on public transportations and other outlets.



More stories are available at [stories.cste.org](https://stories.cste.org)

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## Thanks, Justina.

Thank you for being our rock.  
The leader we can always count on  
no matter what.

Thank you for being so unbelievably  
calm through everything. Especially  
during the early stages of the pandemic.

Thank you for volunteering to work  
in the COVID unit, when others were afraid.

Thank you for answering all of our questions.  
Especially the tough ones.

Thank you for your grace under fire. For your wisdom.  
Your patience. Your beautiful way of explaining  
things simply.

Thank you most of all  
for making our nursing  
home feel like home.

Thanks for  
choosing to  
get boosted.



Justina U.  
Nursing Supervisor

## The “So What”


Fifty-one (51) individuals representing 42% of Chicago-based SNFs participated in one of three focus group sessions held in May 2022. Participants varied in age, gender, race/ethnicity, role, tenure, and shift. Key findings included that 45% of participants indicated the main reason they completed the primary vaccination series was because it was required. Some participants discussed feelings of self-betrayal and cognitive dissonance related to receipt of the primary series as they had to sacrifice their autonomy to keep their jobs. Participants also raised concerns over vaccine safety, efficacy, side effects, and rationale for why the primary series was prioritized for healthcare workers before the general population. For example, some participants had SARS-CoV-2 infections after completing their primary series and felt that side effects from the primary doses were worse than symptoms during their subsequent infections. Participants also expressed vaccination fatigue, given that is unclear how many, and at what frequency, additional boosters will be recommended. Identifying these reasons for vaccine hesitancy allowed us to tailor education to address these concerns. Results were also presented at Centers for Disease Control (CDC) and state and local public health meetings to share lessons learned with other public health stakeholders.

## The “Now What”

From the long-term perspective, the findings from this project have helped to guide future endeavors around vaccine education and uptake. While vaccine mandates are effective, SNF staff value autonomy over personal health decisions. To encourage vaccination uptake in the absence of a mandate, it is important to first solicit and understand key values and common concerns from the intended audience to better inform messaging. Because CDPH did this project, we have the ability to better utilize our epidemiological vaccination data to develop targeted education for healthcare workers with low vaccine uptake. The implications of these findings can be shared to inform interventions to improve vaccine uptake for any condition.

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Key contributors to this project include Dr. Stephanie Back, Dr. Do Young Kim, Elizabeth Shane and other members of the Healthcare Setting programs at the Chicago Department of Public Health.

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