Empowering Vaccine Conversations to Help Protect Long-term Care (LTC) Residents and Staff Against Respiratory Diseases



Despite increased risks of respiratory disease complications, LTC residents and caregivers may remain hesitant, resistant, or be fatigued by the topic of vaccination.¹⁻³

This is a critical hurdle for LTC facilities looking to help protect residents from severe respiratory disease. Furthermore, LTC leaders should be aware of certain government requirements for respiratory diseases including^{1,4}:

COVID-19

Influenza

Respiratory syncytial virus (RSV)

Pneumococcal disease

To support LTC care teams engaging in successful vaccine conversations, the American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) have identified practical strategies based on 3 core principles^{2,5,6}:

1

Tailor your approach

based on where your LTC residents, caregivers, and staff stand with their commitment to behavior change 2

Use motivational interviewing

to help move your audience forward in their attitudes and readiness

3

Tackle misinformation

with empathy and credible resources

Refer to the following pages for actionable tips to help empower successful respiratory disease vaccination conversations with LTC residents and caregivers

TAILORING VACCINE CONVERSATIONS:

Adjust Your Approach Based on Each Person's Stage of Change²

1

Stage of Change Attitude	Recommended Approach & Potential Conversation-Starters
PRECONTEMPLATION: Not considering vaccination; don't believe they need it	 ☑ Use gentle education and awareness strategies ☑ Ask open-ended questions to explore concerns ☑ Share resources without pressure for immediate action ☑ Ask permission to follow up
CONTEMPLATION: Acknowledging the need but not committing to get vaccinated	 ☑ Encourage open dialogue; listen without judgement ☑ Ask what concerns or values they associate with vaccinations ☑ Look for opportunities to talk about specific concerns and ideas ☑ Encourage reflection on the benefits of vaccination ☑ Use testimonials and facts about community immunity and address specific fears or misconceptions
PREPARATION: Planning to get vaccinated soon	☑ Help with scheduling logistics☑ Address any final concerns☑ Would you like to schedule it now?
ACTION: Actively getting vaccinated	 ☑ Provide easy access and reminders ☑ Offer positive reinforcement Thank you for getting vaccinated to help protect yourself! How did it go?
MAINTENANCE: Staying up to date with vaccinations and advocating for vaccines in their community	 ☑ Follow up regularly ☑ Recognize and encourage vaccine champions in the facility/community ☑ Build trust through ongoing dialogue Have you checked whether you are eligible for and up to date with recommended vaccines for respiratory diseases? You could also help spread the word about vaccinations in the facility community.
RELAPSE: Stop staying up to date with vaccinations or becoming skeptical	 ☑ Engage with empathy and explore their concerns, without judgment ☑ Discuss what led to their doubts and relapses It's completely understandable to have doubts. Let's talk about what you are feeling and see if there's new information we can review together.

MOTIVATIONAL INTERVIEWING:

Explore Underlying Feelings, Inspire Confidence, and Empower Vaccination Decisions⁵

2

STEP 1: Embrace Empathy and Collaboration

Approach hesitant individuals with compassion, empathy, and curiosity

- Avoid judgment or argument their feelings reflect their personal experiences and beliefs
- Be mindful of cultural influences, family dynamics, or personal circumstances that may shape their views



STEP 2: Ask Permission to Discuss Vaccines

If it's okay, I'd like to hear your thoughts on vaccines for residents at this facility.



STEP 3: Engage in Motivational Interviewing

On a scale of 1 to 10, how likely are you to get a vaccine? What would help you move to a higher number?



STEP 4: Respond to Questions About Vaccines

- Respond within the boundaries of your knowledge and ethics
- Respond empathetically, offering scientific information as needed
- Refer them to resources on the CDC website, if you feel prepared and knowledgeable
- If a question is outside your expertise, suggest they speak with their medical provider or another knowledgeable expert

If they decline, respect the choice and if appropriate explore the rationale:

I respect that, but vaccines are essential to our overall approach to infection control. Perhaps we could discuss it another time.

If they accept, proceed to step 3.

Encourage them to vocalize the benefits of vaccination. Be compassionate and curious about their mixed feelings.

Build a foundation of trust with your LTC residents and caregivers to foster successful vaccine conversations

If they have

questions about vaccine safety, risks,

or personal health, go to step 4.

TACKLING MISINFORMATION:

Break Down One of the Biggest Barriers to Vaccine Acceptance⁶

3

I don't know everything, but I'd like to find the information together with you. I'm concerned that some sources try to scare or mislead us. Let's work together to sort through this.

I understand you have concerns about vaccine safety. Let's explore that further. What have you heard?

☑ Point to credible sources and explain why you trust them

Refer to these key resources for potential recommendations^{3*}

AHCA/NCAL: #GetVaccinated

CDC: Viral Respiratory Pathogens Toolkit

US HHS: Risk Less. Do More.

☑ Use inclusive language and invite ongoing questions so they feel valued and supported in their search for accurate information

I understand... Our facility... It is critical to protect our residents...

☑ Avoid blame or shame maintain a tone that fosters open communication

☑ Be patient — it may take several conversations to build trust

Discover how you can make a difference in encouraging vaccinations to help protect your LTC residents against respiratory diseases

AHCA/NCAL = American Health Care Association and the National Center for Assisted Living; CDC = Centers for Disease Control and Prevention; HHS = U.S. Department of Health and Human Services; LTC = long-term care.

References: 1. Reses HE, et al. MMWR Morb Mortal Wkly Rep. 2024;73(46):1052-1057 2. Bishnoi C. AHCA / NCAL blog, October 23, 2024. Accessed on February 24, 2025. https://www.ahcancal.org/News-and-Communications/Blog/Pages/Having-Conversations-about-Vaccines-Part-1—-The-Science-of-Behavior-Change_aspx 3. Bishnoi C. AHCA / NCAL blog, November 19, 2024. Accessed on February 24, 2025. https://www.ahcancal.org/News-and-Communications/Blog/Pages/Having-Conversations-about-Vaccines-Part-4—-Following-up-with-More-Resources.aspx 4. National Archives Code of Federal Regulations. 42 CFR §483.80 (2025). Accessed February 24, 2025. https://www.ahcancal.org/News-and-Communications/Blog/Pages/Having-Conversations-about-Vaccines-Part-483/subpart-B/section-483.80 5. Bishnoi C. AHCA / NCAL blog, November 12, 2024. Accessed on February 24, 2025. https://www.ahcancal.org/News-and-Communications/Blog/Pages/Having-Conversations-aspx 6. Bishnoi C. AHCA / NCAL blog, November 5, 2024. Accessed on February 24, 2025. https://www.ahcancal.org/News-and-Communications/Blog/Pages/Having-Conversations-About-Vaccines-Part-3—-Tackling-Misinformation.aspx

^{*}Listed sources are not Pfizer resources and are subject to change.