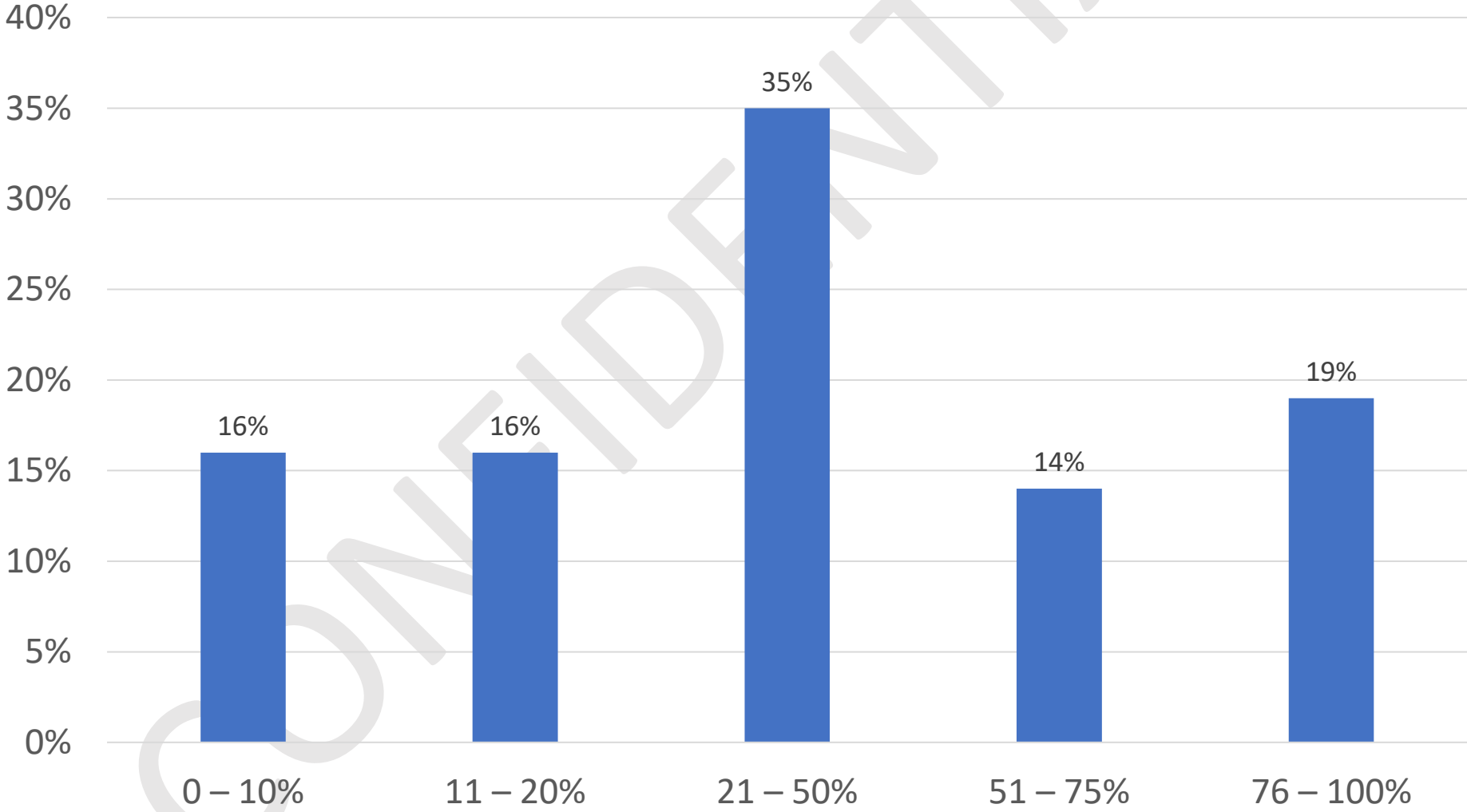


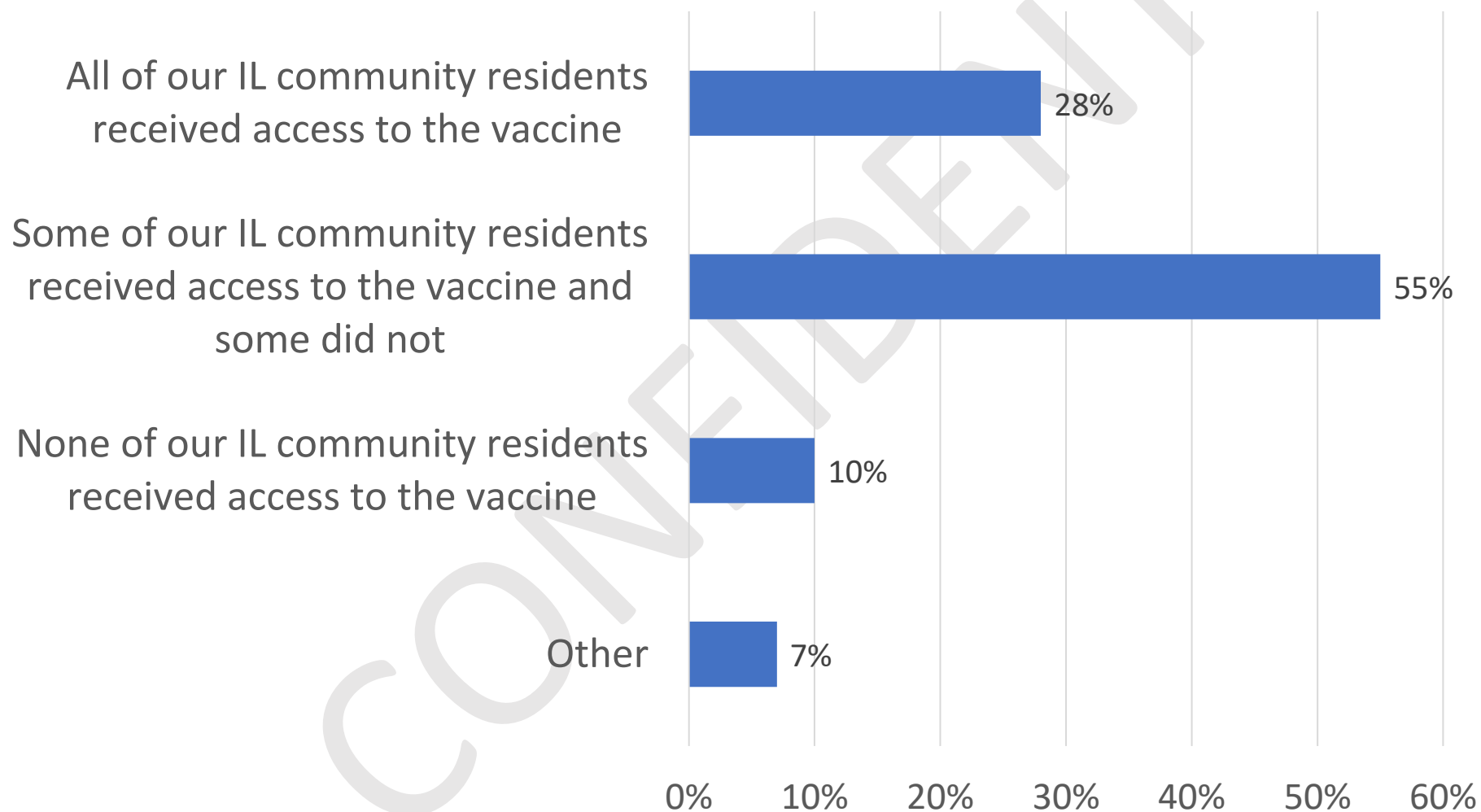


ASHA COVID-19 Survey: January 14 - 19, 2021

# What percentage of your communities have had a clinic where the first dose of COVID-19 vaccine has been administered to residents and staff?



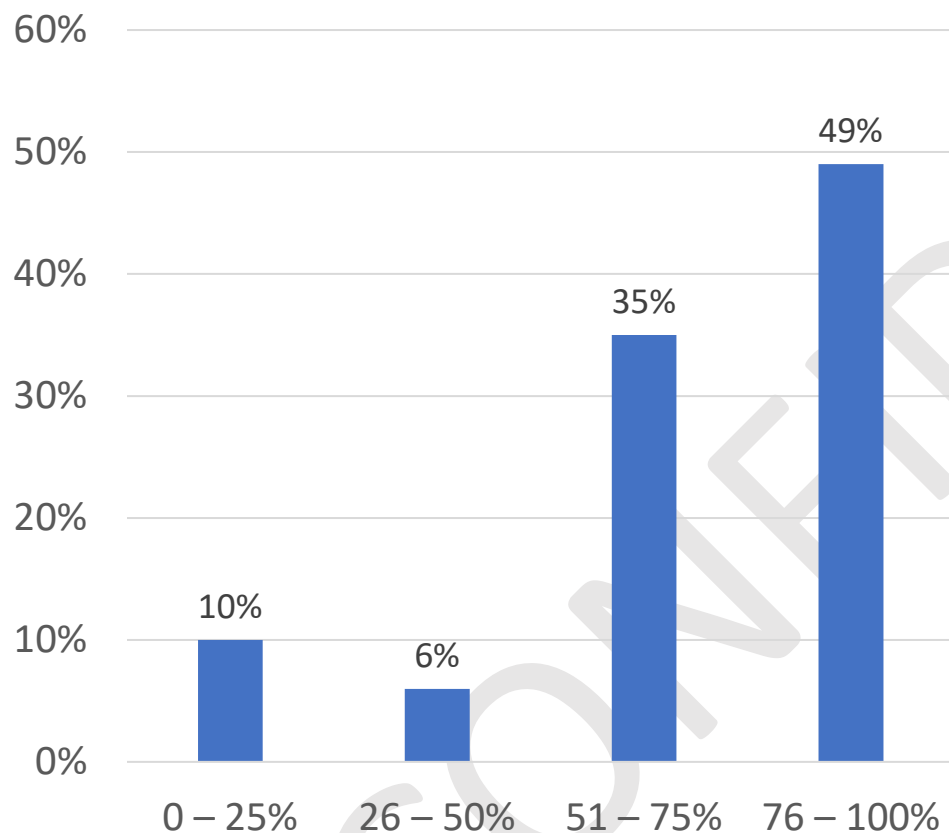
# If your community has Independent Living residents, did they also have access to the vaccine clinic?



## Other:

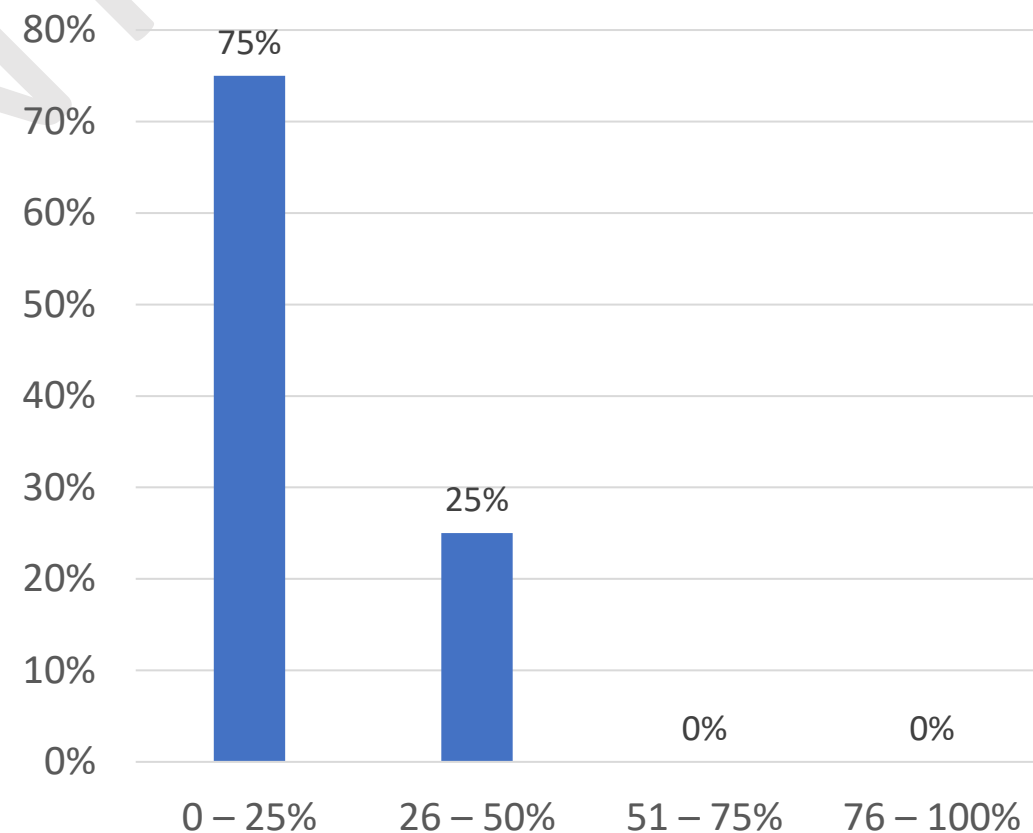
- 1 IL community received, but was misclassified as an AL
- Our IL community has not yet had their clinic. The residents will get the vaccine when the clinics are held.

What percentage of your communities are scheduled for first dose COVID-19 vaccine clinics in January?



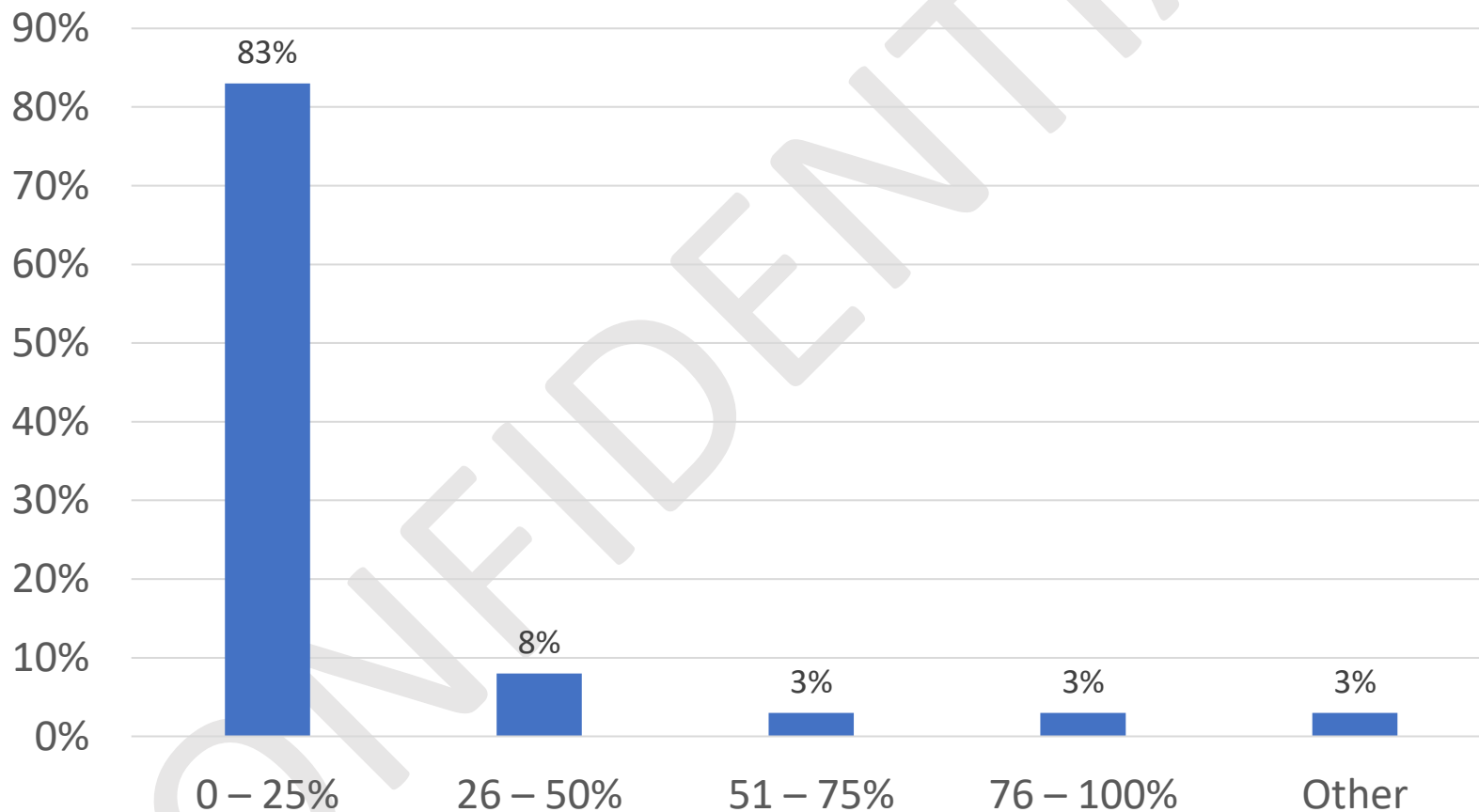
**n = 37**

What percentage of your communities are scheduled for first dose COVID-19 vaccine clinics in February?



**n = 36**

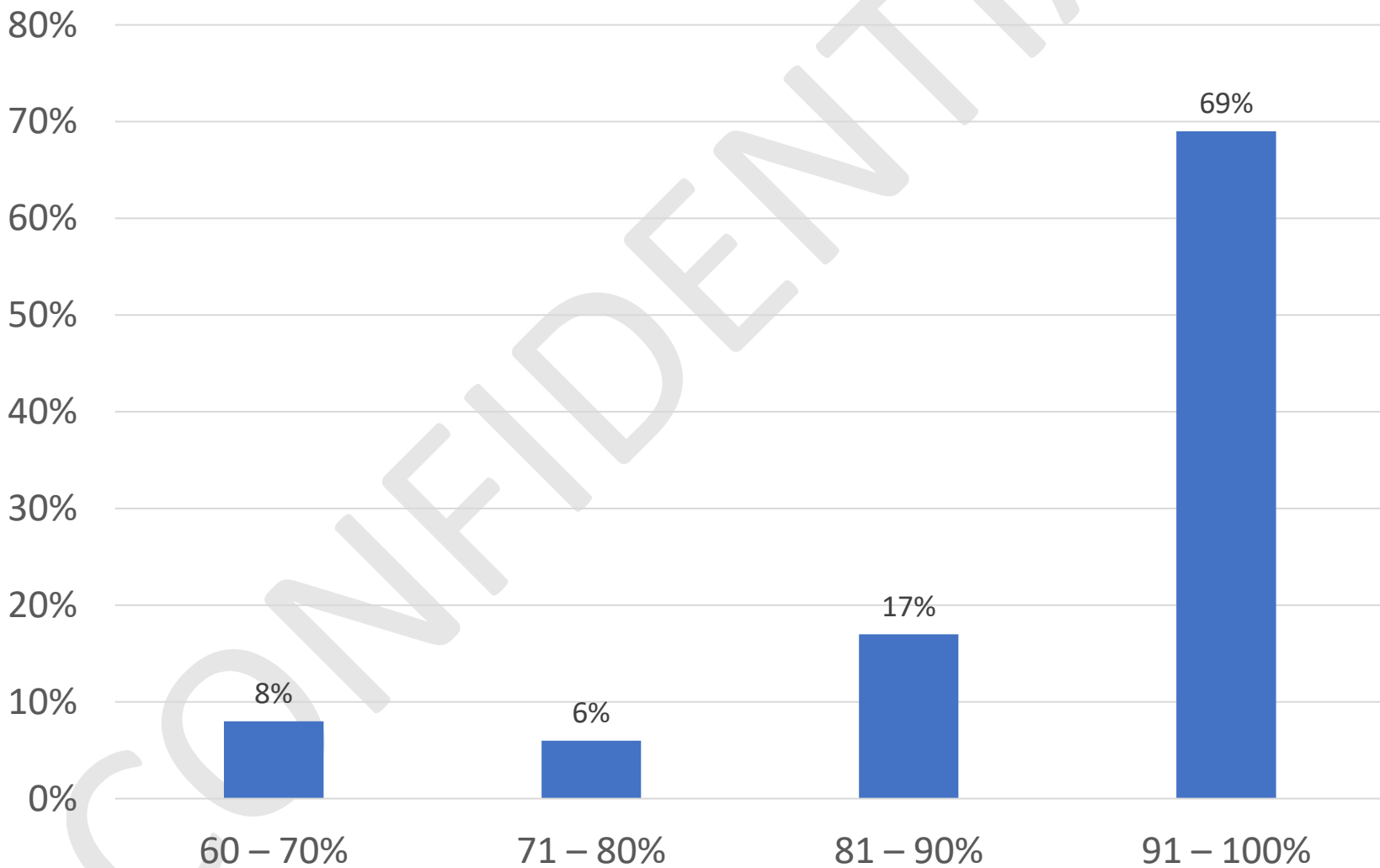
# What percentage of your communities have not yet been scheduled for a COVID-19 vaccine clinic?



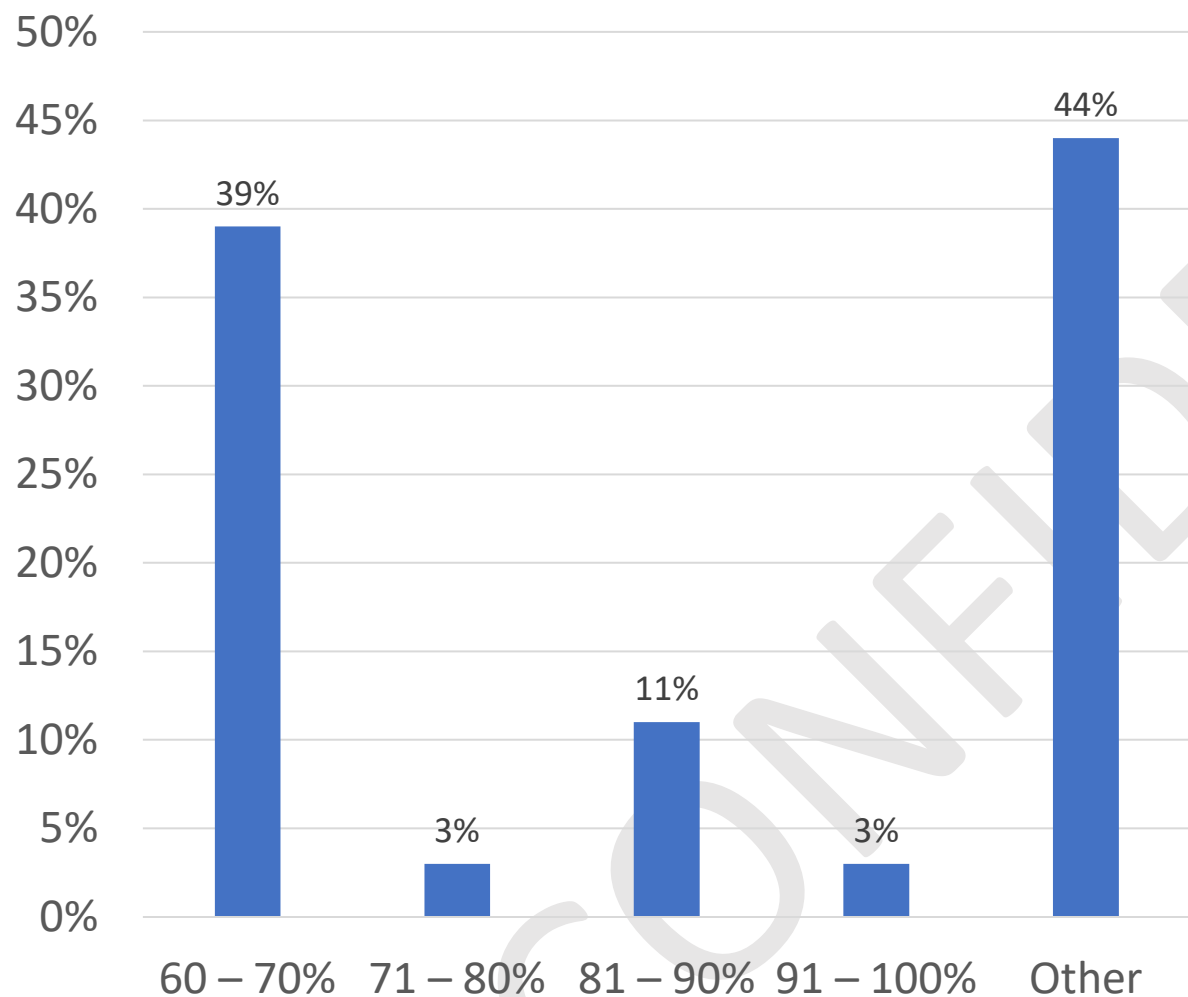
**Other:**

- We are still awaiting scheduling for our CVS served communities in PA and WI.

# What was the average take up rate among residents in your communities that have had COVID-19 vaccine clinics?



# What was the average take up rate among staff in your communities that have had COVID-19 vaccine clinics?



## Other:

- 40%
- 45%
- 43%
- 20%
- 40%
- 40% average based on clinics completed
- Staff are getting vaccines from Health Departments in local markets. The process is slow, and we do not have take up rates yet
- 50%
- 50%
- Not yet given but staff are expressing hesitation.
- 35 - 60%
- 40 - 50%
- 50%
- 50 - 70%
- Less than 50%
- Less than 50% took the first shot but we expect much higher participation when CVS comes for the second visit.

# Did you run an educational campaign to vaccinate among residents and staff? If so, please describe.

- Significant educational campaign to both residents and staff, including: video testimonials, FAQs, encouragement from nursing staff, discussion in staff meetings, 1-on-1s, town halls with medical professionals, etc.
- Yes, a series of training and printed materials for additional support. Internal incentives/competition for participation levels.
- Yes, videos, daily stand-up topics regarding facts/myths and FAQs.
- Yes, we sent letters to residents, resident families, and staff. Additionally, we provided guidance, information, data, talking points, and FAQs along with an entire white paper, policy, and waivers. We are preparing to launch a second round of information that will include more details on the vaccine along with "I got the vaccine" stickers. We also launched information on our social media accounts as well.
- Yes, we have had flyers, letters and newsletter daily updates with current vaccine information and updates on why we should all get it.
- Who am I getting the vaccine for signs!
- Staff meeting conversations, written vaccine FAQ distributed, letter from CEO encouraging vaccine US mailed to all associates' home address.
- Yes. We sent letters and information on the vaccine directly to staff, residents and responsible parties. We also have a very active social media campaign and an internal required vaccine training video for staff.
- Yes. Webinars, Zoom Calls.



# Did you run an educational campaign to vaccinate among residents and staff? If so, please describe. (cont.)

- Series of educational webinars to residents, families and team members, FAQ and education in English, Spanish and Creole, creation of vaccine champions at each building, letters to residents, families and team members.
- Yes, extensively.
- Yes. Provided vaccine info to help eliminate negative press. Encouraged via promotion of executive team receiving vaccination. Importance component of caring for our resident to support our "Resident 1st" philosophy.
- Yes, a campaign of flyers and e-mails asking the staff to take the vaccine for the residents they love. No campaign was needed for the residents...they were all in.
- We did an extensive campaign and brought on a doctor to help answer live questions on zoom for all our staff and every shift. We also put together a Vaccine Education Committee to help provide reach out and answer questions.
- Yes - Shared numerous written and verbal communication leading up to each clinic. Held zoom calls with doctors and experts with management and frontline staff. Set a goal of 90-100% vaccination for staff, and 100% of residents. We are tracking clinics and participation, sharing stories from associates who received the vaccine, etc.....also using industry resources.
- Yes, for employees. Posters, contests, etc.
- Yes, video awareness from ED's and corporate management of the importance and willingness to take the vaccine.

# Did you run an educational campaign to vaccinate among residents and staff? If so, please describe. (cont.)

- Yes. Medical director interviews, "why get your vaccine" video campaign of residents and employees testimonials, ongoing Q&A forum with medical director and company nurse, attendance in shift-change stand-up meetings, etc.
- Yes, we surveyed associates on their willingness to get vaccine and what concerns they had. We then provided several written communications, FAQ, we held multiple webinars and provided access to recordings of the webinars.
- Yes. Education and encouragement.
- We utilized CDC and industry materials to share with team members. We also photographed and posted pictures of community and corporate leadership getting the vaccine. We also offered longer observance periods for team members who had allergies and were therefore nervous.
- Yes. Virtual Q&A with medical directors. Multiple Town Hall educational sessions with ED & DON. 1:1s with front line team as needed with ED & DHs. Materials and handouts; posters; themes.
- We did circulate information pertaining to the efficacy of the vaccines and the large test groups that were used in the trials leading up to the release of the vaccines.
- Provided bi-weekly electronic newsletter education about the vaccine development and addressing myths. Hosted daily virtual meetings to respond to specific team members questions/concerns. Included physicians and other external speakers to virtual family and resident meetings. Posted flyers and CDC posters throughout the communities and team member lounges. Streamed educational session on in-house televisions, and company YouTube channel.

# Did you run an educational campaign to vaccinate among residents and staff? If so, please describe. (cont.)

- Yes. We ran an educational campaign on social media and by direct emails to residents and staff with information put out by ASHA, the CDC and other outlets. We tried to create a movement and excitement. It seemed to work well with the residents and families, but not as well with other staff that aren't management. We hope that changes as more vaccinations take place.
- Yes, we had educational campaigns, including written information, video presentations in several different languages and access to our clinical teams for questions and concerns.
- Yes. Created a roll-out plan educating staff on why the vaccine is important and safe. We identified key influencers among the staff to help educate and persuade their peers.
- Created a vaccine champion program, small group sessions with champions based upon clear spoken vaccine information, listening to fears/concerns, and addressing respectfully.
- All of the above communication and education. Most effective is sharing testimonials from those who have had Covid, and then also took the vaccine, and also share the same ethnicity as the audience they are speaking to.

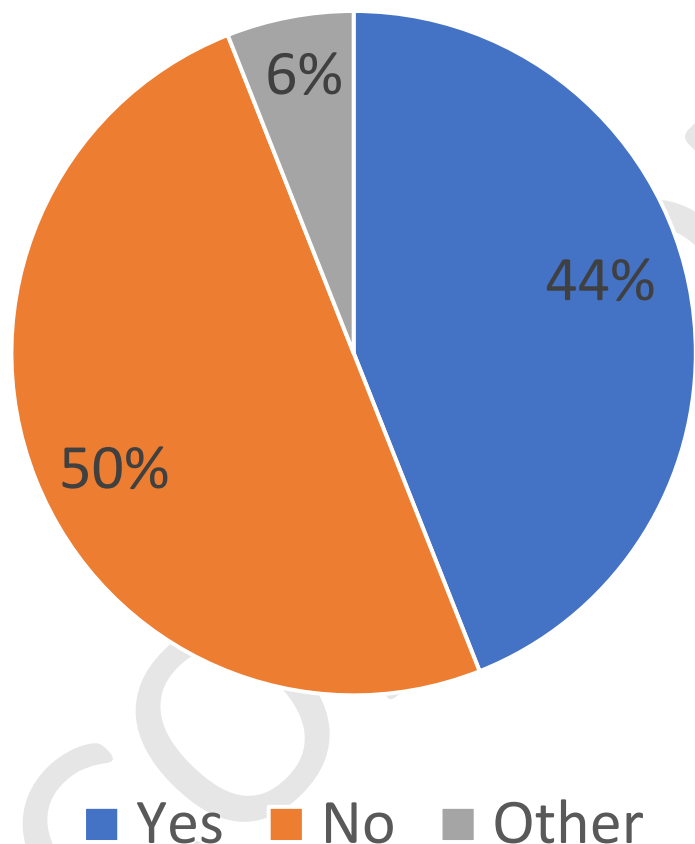
If you were successful having Independent Living residents and staff vaccinated, please note anything you did that may be helpful to others.

- We did not ask CVS about including IL residents/staff. We simply added them to the multi-patient registration template and left it to CVS to question the count. Often times, the local CVS would initially say no, but the regional contact would agree to including IL residents or not question it.
- No, we were not in most instances. CVS would not allow it. We have asked IL residents to sign up through their provider or state ran clinics upon reaching phase 1B.
- Reno Nevada location was the first community to have success and it was due to persistence in communication with local health department (min, 2x per day) , the Pharmacy clinics have not been successful yet and we were notified within 48 hours at Rancharrah (very short term) that vaccine would be available to community and we scrambled to make it happen.
- We just added them to AL list!
- Depended on who was doing the inoculation. Some allowed, some pushed back.

If you were successful having Independent Living residents and staff vaccinated, please note anything you did that may be helpful to others. (cont.)

- All of our IL units are a part of a combined AL/IL campus.
- Reach out to local pharmacies and lean into your relationships at hospital or medical providers.
- It was difficult at beginning - as of last week we are able to start including IL residents in our CCRC and AL/IL communities. Stand-alone IL communities are still a challenge.
- Included IL apartments with all campus reporting and the integration of our employees and residents throughout a campus, but it was still with inconsistent results.
- It appears that the CDC program is allowing the IL residents to take part on the second round of vaccines for the AL...first is scheduled this week so we shall see.
- Only included at one community - included in our CVS vaccination request and frankly, didn't distinguish that they were IL (versus AL/MC).
- Yes. We just included them with AL.

Do you believe the new federal directive to allow those 65 and older access to the COVID-19 vaccine will be harmful to ensuring all senior living is vaccinated first?



**Other:**

- Maybe. Given that so much has been left up to the States, some states will do well and others, not so much. It should have had a carve out that protected SNF/AL/IL/Congregate Care settings and THEN 65+....
- State by state

Please indicate any states where the vaccine process appears to be going well. Please add any comments that you think would be helpful.

- We've had successful vaccine sessions in Ohio, Missouri and Iowa.
- Washington, Texas, Montana
- Nevada was the first to offer vaccines to our communities there.
- No complaints about New Jersey. It's moving forward.
- Washington - shockingly.
- Texas seems to have an early start and has been successful in our communities.
- South Carolina
- Washington
- We have received scheduled clinics in Florida, Alabama, Oklahoma, California, and Texas. Each have some pros/cons but all seem to be moving in the right direction.
- Texas has been great.
- Indiana, Texas — Florida is getting better - BUT terrible for getting everyone else appointments.
- Florida



## Please indicate any states where the vaccine process appears to be going well. Please add any comments that you think would be helpful. (cont.)

- South Dakota, Montana, Washington. Sessions are proactively scheduled and were very early. Also, convenient to have local/county health department hosted clinics at central locations (fairgrounds, hospital, etc.) - allows residents/employees to use these outside clinics as an alternative to onsite clinics.
- Tennessee seemed to go very well. Virginia is going well but the pharmacies are not able to keep up with the demand for number of communities. (Walgreens) .
- West Virginia
- Several states utilized health system vs. relying solely on pharmacies, broadening their reach and capacity to vaccinate.
- Very poor and slow in the four states we operate - but LA county is slightly ahead of the rest - we had our first clinics on 1/12 and 1/16. Virginia is 1/19. Maryland, New York and San Mateo County have first vaccines end of January. San Mateo County the worst in terms of communication and coordination by the pharmacy and local officials.
- Minnesota
- New York
- North Carolina, South Carolina, Tennessee, Kentucky, West Virginia
- Colorado. All of our properties have had their vaccine clinics scheduled. The 1st of the clinics was run very smoothly.
- Connecticut just burned through it. Scheduled early, clear prioritization without flip flopping.



Please indicate any states where the vaccine process is not going well.  
Please add any comments that you think would be helpful.

- State of Maryland was the last to schedule clinics in the Northeast/ Mid-Atlantic, but clinics were recently scheduled.
- Maryland
- Illinois and Oklahoma are slow to schedule sessions. The local health departments in Oklahoma have assisted us with clinics in our stand-alone IL communities.
- Terrible in IL, CA, and AZ. We have been completely bypassed in these states. We have communities that haven't even been contacted yet, but vaccines are being administered to people in 1B already.
- Poor communication and roll out in Washington, Colorado, Idaho, California. Pharmacy roll out communication not good and residents frustrated. We told residents we are doing our best to coordinate but if they can get it a different way they should, i.e., the VA and several hospitals have offered several of our residents the opportunity to get vaccinated. No places available for staff yet in those 4 states.
- Virginia was the last State to have their clinics scheduled.
- Florida and Illinois
- Our Wisconsin and Minnesota communities are the only communities we do not have clinic dates for. Information from partnered pharmacies in Wisconsin is vaccinating SNF residents across the state first.
- California. Counties are not in agreement with pharmacies on how to roll-out. Counties wanting to take lead vs pharmacy, leading to scheduling difficulty, complexity and delays.
- California and North Carolina

# Please indicate any states where the vaccine process is not going well.

## Please add any comments that you think would be helpful. (cont.)

- Pennsylvania and Maryland - those have been so slow and poor communication - Florida for those 65+. No communication and no one gets back for appointments for vaccines.
- Florida - just this past weekend had them show up at Boca Raton and Davie with no advance warning.
- Indiana has been very slow to schedule, and non-communicate to communities. Only by repeated phone calls and pressure did we get scheduled dates there.
- Many states are running significantly behind schedule.
- Oregon, Wisconsin. Same Portland, OR-based CVS pharmacy located 8 miles from Vancouver, WA has already conducted 2nd vaccine clinic in our Vancouver community, but 1st Portland-area clinic has not even been scheduled for our community there. Clearly state-related red tape that allows the same pharmacy location to be nearly 2 months ahead in Washington (vs. Oregon).
- Now likely we will utilize local health department offsite clinics (at fairgrounds) to vaccinate our 2 Oregon locations because CVS is so behind.
- In MD two of our three communities have yet to receive clinic dates.
- Virginia
- Minnesota. My own 86/88 year old parents live on the IL side of a CCRC and cannot get any information on getting vaccinated from their pharmacy, doctor or their living community.
- Virginia
- Arizona- slow to allow scheduling of ALF/MC levels, and now opening up to all over 65. Low administration rates, and only one clinic scheduled so far of 6 communities.

# Please share any additional comments or concerns about the vaccine process in your communities.

- Still some concern about ensuring that vaccine allocation flows to CVS/Walgreens to be certain that they have vaccine available for scheduled senior living clinics. Federal advocacy could probably help to ensure that states prioritize allocation to senior living (as most states are opening up Phase 1 to pretty large populations).
- We are concerned about the slow rollout in Illinois through CVS and families are voicing frustration as they see other groups outside of senior living have access to the vaccine.
- Company-wide, we published a nurse's "lessons learned" after our first 2 clinics which tremendously improved our communities' preparedness regarding clinic 1 processes.
- There still needs to be support for IL communities to get priority vaccine.
- Our main concern at this point is the lower participation by our associates. We are working on ways to help with this, including thinking through "mandate."
- It is very difficult to get clinics scheduled for IL communities that have no other levels of care. With states making vaccine available to all 65+ this seniors housing segment that was left out of the process because it isn't licensed is left to fight to get the vaccine in an area that is difficult at best.
- CVS has been a great partner in the CDC vaccine program with good organization and especially good with each clinic day.
- Pharmacies do not have enough doses to supply our entire community when they show up! We have 200-300 unit communities, and they are bringing 150-200 doses, so there is NO WAY we can get 100% of residents and staff vaccinated so we are prioritizing the residents first and hoping for more doses on the 2nd clinic. Very frustrating.

# Please share any additional comments or concerns about the vaccine process in your communities. (cont.)

- Unfortunately, CVS has done a poor job. The communication internally between CVS and Omnicare has been slow, and other local pharmacies (Consonus) have already conducted 2nd clinics where CVS has not yet even scheduled the 1st.
- In retrospect, I wish we would have just worked with local hospitals to get residents/staff vaccinated by busing them to an offsite location.
- I think that other LTC Pharmacies should be enlisted to help Walgreens and CVS.
- We have mandated the vaccine, but we are still dealing with anti vaccine sentiment in certain locations. Unfortunately, one of the reasons for pushback is that other operators are being very lenient (for example in AZ many employees work at multiple locations and we are the only one with the mandate). On a positive note, our 1st clinic went really well. We had 85% + participation. And will have 95% by Clinic 2. We took a lot of photos and have been using it to help push the vaccine at other properties.
- The process should include full communities where dining, activities, common spaces are shared. Arbitrary designation as AL, or IL or..., makes no pandemic sense when the community is its own enclosed biosphere of potential spread.