RECOVERY HOUSING BEST PRACTICES

HOW TO ENCOURAGE STAFF & RESIDENTS TO GET VACCINATED

HELPFUL TIPS FROM THE FLETCHER GROUP RCOE

THE VACCINE AND YOU

Public confidence in the COVID vaccine has increased as more people have seen their friends and family members get vaccinated. But hesitancy is still common among many Americans, including those in rural areas and those living in recovery residences where aggregate living conditions make the vaccine even more imperative. While the issue has been politicized for some, others such as African-Americans point to valid historical reasons for their distrust. But one thing is clear: misinformation has played a key role.

So what are the facts? This brochure presents them as clearly as possible so your staff and residents can resolve all the concerns they may have about both the virus and the vaccine.

While we always encourage a one-to-one talk with a trusted physician or healthcare professional, this handy brochure can help sort fact from fiction so you and yours can enjoy the best of health. WHAT YOU NEED TO KNOW

To protect you and yours from COVID-19



REAL AND DEADLY

As of mid-February 2021, over half a million Americans have died from COVID. That's more than died in World War I, World War II, the Korean War and the war in Vietnam combined and more than all the soldiers buried in Arlington National Cemetery.

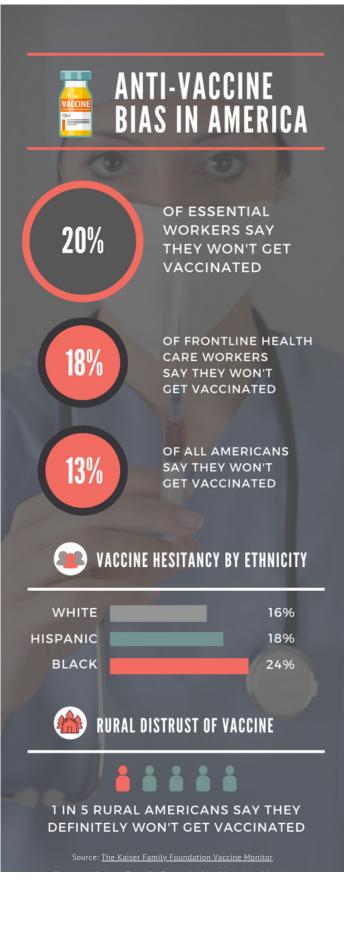
Virus Effects vs. Vaccine Effects

Many people survive COVID-19, but that doesn't mean the suffering is over. An alarming number of painful and debilitating effects may last for years. Concentration and memory can be impacted. Heart function can be impaired by inflammation, palpitations, and chest pain. Lung damage can cause persistent coughing and difficulty breathing. Other effects can include kidney damage, muscle and joint pain, fatigue, fever, headache, insomnia, anxiety, depression, skin rash, and hair loss.

As for the vaccine, some people experience modest discomfort for a day or two afterwards, but there are *no lasting side effects*.



Some rural Americans believe they're safe because they're more remote, but the facts say otherwise. Many rural hospitals actually have a higher percentage of COVID-19 patients than urban hospitals. And rural Americans have built-in disadvantages: they tend to be older with more disabilities and co-morbidities. Making matters worse, rural areas have fewer hospitals, hospital beds, ventilators and staff, making healthcare difficult to access quickly when sick.



IT WORKS!

The vaccine contains no live virus but still teaches cells how to make a harmless protein that triggers an immune response resulting in antibodies that protect against the real virus if infected.

Herd Immunity

Experts believe a high percentage of Americans will need to be quickly vaccinated to create what's called "herd immunity," which is what happens when enough people become immune to a disease to make its spread unlikely.

Other Concerns

Cost. The vaccine is free to everyone, even those without health insurance.

Immunity. Having had COVID is no guarantee you won't get it again. How long antibodies stay in the body is still unknown nor do we know if immunity to one variant protects you from another.

Data Reliability. Some say otherwise, but experts are confident that COVID cases and deaths have been *under-reported*, not over-reported.

Trust Your Physician!

If still in doubt about the vaccine, don't hesitate to consult your doctor or trusted healthcare professional. Additional information can be found at the <u>Rural Health Information Hub</u>.



VACCINE FEARS VS. VACCINE FACTS

The vaccine is	Efficacy and safety
unsafe because it	were fully tested and
was rushed.	born out since.
You can get COVID-19	You cannot. The
from taking the	vaccine contains no
vaccine.	live virus.
The vaccine puts a	The microchip is
microchip in your	inside the syringe
body to track where	label, not the
you go.	vaccine.
Taking the vaccine will alter my DNA.	mRNA in the vaccine triggers the immune system, but never penetrates your DNA.

Source: The John Hopkins University School of Medicine

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10.4 million. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.