



**Addressing the Decline of  
Vaccination Rates of U.S. Students:  
A Toolkit for Educational Leaders**

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A Toolkit for Educational Leaders

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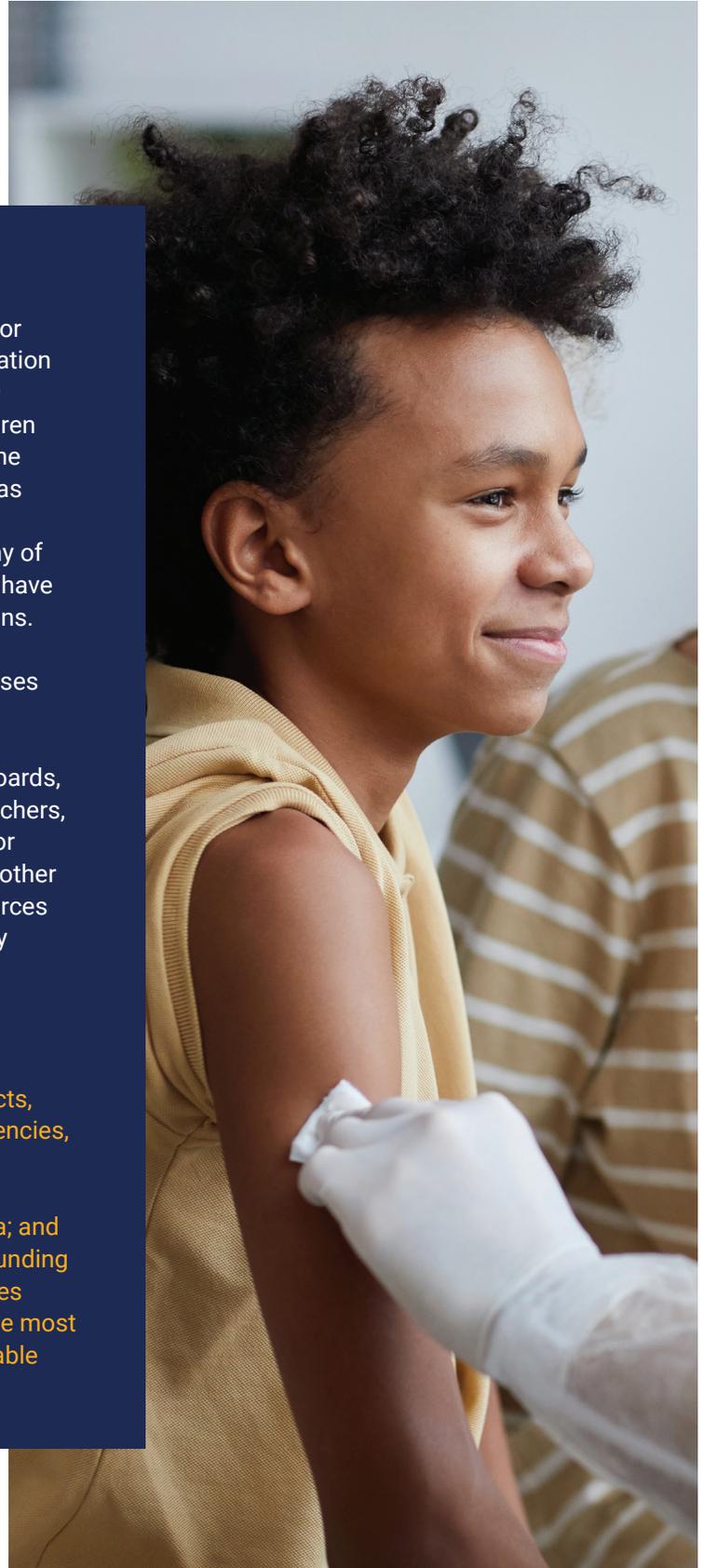
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# INTRODUCTION

AASA, The School Superintendents Association, in partnership with the Merck (MSD Inventing for Life) Foundation has developed a comprehensive toolkit for educational leaders to address the decline of vaccination rates of students resulting from the recent COVID-19 pandemic. Data suggest that the percentage of children receiving required vaccinations (i.e., the seven-vaccine regimen required for entrance to public education) has decreased by 14% during the pandemic and related school closures. According to the American Academy of Pediatrics, “During the COVID-19 pandemic, children have missed routine well-child care and related vaccinations. If [these] rates decline below levels to maintain herd immunity, dangerous outbreaks of preventable diseases could follow.”

This toolkit is available to superintendents, school boards, executive staff, school-based administration and teachers, as well as families and community members. A major priority of this is to ensure that superintendents and other district leaders have the knowledge, skills, and resources to address this challenging national health issue. Key principles underlying this initiative include:

- Ensuring maximum distribution of the toolkit;
- Promoting cross-institutional partnerships and communities of practice (including school districts, schools, state and local governments, health agencies, and community advocacy groups) to implement toolkit-related recommendations and strategies;
- Disseminating vaccination rate updates and data; and
- Sustaining the work beyond the one-year grant-funding cycle to ensure growing levels of vaccination rates within communities and regions (especially those most severely impacted by scarcity of access to available health services).



# This project has **four major identified goals:**

# 1

Collaborate with AASA members to identify and showcase a range of models and strategies for enhancing student access to necessary vaccinations



# 2

Develop and disseminate a comprehensive toolkit for educational leaders to guide and inform the increase of vaccination rates within their district and schools



# 3

Actively engage a minimum of three AASA leadership cohorts (e.g., Early Childhood, Redefining Ready! and Equity) to expand awareness and develop support programs for increasing vaccination awareness and rates



# 4

Showcase the toolkit and related resources on a variety of AASA-related sites, including its website, Thought Leader Central, and other virtual and in-person network opportunities





# EXECUTIVE SUMMARY

Increasing Student Vaccination Rates:  
Introducing the AASA/Merck Vaccination Toolkit



## A Message from Dan Domenech

Executive Director

AASA, The School Superintendents Association to AASA

*We are at a crisis point in public education in the United States. Without question, our shared commitment to supporting the whole learner requires that in addition to students' cognitive-academic growth, educators must also approach learning holistically and ensure that all students are safe, healthy, and perceive themselves as a viable part of the school's learning community. To support that critically important goal, AASA is extremely pleased to share with educational leaders our latest publication, "Addressing the Decline of Vaccination Rates of U.S. Students: A Toolkit for Educational Leaders."*

*This toolkit is designed to provide practical guidance, recommendations, and resources to ensure that all students receive vaccinations required for entry into school in a timely and efficient way. As the summary below will highlight, the recent pandemic has resulted in a troubling decline in vaccination rates, especially for minority and economically disadvantaged students. We sincerely hope that superintendents will be able to use the six modules in this new toolkit to increase understanding of the vaccination crisis, analyze its implications for your school or district, and use the rich range of resources as part of ongoing professional learning and parent, family, and community outreach. Thanks to each of you for your ongoing and tireless commitment to students and their well being.*

# Addressing a Critical National Issue

We are living in a time that can best be described as a crisis point in our history as a nation. As Dan Domenech suggests, our shared commitment to equity and excellence in education reaches beyond the classroom to include school and district efforts to expand student access to required vaccinations. As the data presented below suggest, this is an immediate priority—one that cannot be delayed before another health crisis arises in the United States. It is critically vital that school districts partner with parents, families, and community partners to increase the accessibility of required vaccinations—especially for students living in areas where transportation and health services may be limited.

According to the American Academy of Pediatrics, during the COVID-19 pandemic, children have missed well-child care and related vaccinations. If these rates decline below levels needed to maintain herd immunity, dangerous outbreaks of preventable diseases could follow. During the past two years, routine vaccinations in this country have plummeted across all age groups, with our most vulnerable and underserved populations suffering the greatest decline. Data suggest that the percentage of children receiving required vaccinations has decreased by 14% as a result of the pandemic and related school closures. This decline is becoming a major equity issue across the United States today. Here are a few startling statistics for educational leaders to consider:



1

Nearly 400,000 fewer children entered kindergarten during the last school year because of pandemic-related disruptions, raising concerns that no one knows how many kids received childhood vaccinations for common diseases.<sup>1</sup>

2

The Centers for Disease Control confirm that vaccination coverage for kindergartners dropped across the country in the 2020-21 school year. Coverage for three state-required vaccines for public and private schools—measles, mumps, and diphtheria, tetanus, and whooping cough as well as chicken pox—fell by one percent to approximately 94 percent, with most states reporting a drop.<sup>2</sup>

3

There are 35,000 more children in the United States during this time period without documentation of complete vaccination against common disease.<sup>3</sup> This decline has pediatricians, school nurses and public health experts worried that preventable and possibly fatal childhood illnesses, once thought to be a thing of the past, could become more common.<sup>4</sup>

#### Resources:

1. "CDC finds drop in kindergarten enrollment, stirring vaccination-rate fears" in *The Washington Post* (A16), Friday, April 22, 2022.
2. Krista Mahr. "CDC: Kindergarten vaccination rates drop across the U.S. *POLITICOPRO*, 04/21/2022 (1:29 PM EDT).
3. Krista Mahr. "CDC: Kindergarten vaccination rates drop across the U.S. *POLITICOPRO*, 04/21/2022 (1:29 PM EDT).
4. Megan Messerly and Krista Mahr. "Covid vaccine concerns are starting to spill over into routine immunizations." *POLITICO*, 04/18/2022.



## A New Toolkit for Educational Leaders

To address the issue of declining student vaccination rates resulting from the pandemic, AASA, The School Superintendents Association, has partnered with the Merck Foundation (MSD Inventing for Life) to support the development and distribution of a comprehensive toolkit for educational leaders, *Addressing the Decline of Vaccination Rates of U.S. Students: A Toolkit for Educational Leaders*. This toolkit will provide resources to support educational leaders in understanding and providing direction about how schools and districts can help to address the problem of vaccination declines.

This toolkit is comprised of a rich range of resources for use with professional development, strategic planning, and building vaccination-focused cross-institutional partnerships. Superintendents and other district as well as school leaders will benefit from case studies, recommended action steps for building district or school-based vaccination clinics, and tools for engaging families and community partners in solving this critical national problem of practice—including reflective questionnaires and strategic planning guides.

# Organization of the Toolkit

This toolkit provides six professional development modules organized around the following key themes

## Module One

### **Understanding the Implications of Vaccination Declines Resulting from the COVID-19 Pandemic**

Educational leaders can use the resources in this module to communicate with staff, families, and community partners about the impact of the pandemic upon childhood vaccination rates. The module clearly frames this problem of practice, including the potential role of schools and districts in addressing it.

## Module Two

### **Strategies for Increasing Staff Understanding of Lowered Vaccination Rates and Their Impact on Learning**

This module extends the opening discussion to provide specific and ready-to-use resources for professional learning, including specific techniques for helping administrators, teachers, and central office staff to understand the importance of district- and/or school-based vaccination clinics as a viable solution.

## Module Three

### **Addressing the Understanding and Needs of Parents and Families**

Strategies for Engagement: Without question, parents, guardians, and families are essential partners in addressing declining vaccination rates. This module provides practical strategies and resources for parent/family outreach, including techniques for overcoming such issues as transportation, health services scarcity, and time constraints.

## Module Four

### **Building Cross-Institutional Partnerships to Develop and Sustain School- and District-Level Vaccination Clinics**

School and/or district health and vaccination clinics are becoming an increasingly important part of educating the Whole Learner. Module Four provides a detailed set of suggestions, strategies, and planning guides for building cross-institutional partnerships essential to developing and sustaining accessible clinics accessible to a range of parent and family needs.

## Module Five

### **Strategies for Engaging Community and District Support to Increase and Sustain Student Vaccination Rates**

Health services access and the need for increasing community understanding of the importance of student vaccinations are two essential but challenging priorities. This module provides practical strategies for engaging both local communities and school district personnel support for making student vaccinations a priority and an achievable outcome for all learners.

## Module Six

### **A Comprehensive Planning Guide to Ensure Vaccination Equity and Student-Family Access to Health Services**

Strategic planning and continuous improvement are an essential part of effective school districts. This process is especially critical in ensuring equity related to student vaccination rates as well as student and family access to needed health services. This final module provides a strategic planning framework for beginning the work, implementing initial clinics, and sustaining district and community support over a multi-year period.

# TOOLKIT DESIGN PRINCIPLES

1. The toolkit is designed as a user-friendly document.
2. It contains a series of **modules** that can be easily integrated into professional development sessions for educational leaders as they facilitate the work of improving vaccination rates in their respective districts and other learning organizations.
3. The format of the toolkit is designed to ensure that the material does not overwhelm or seem overly academic to the reader.
4. Ideally, the toolkit will have **multiple applications** for a variety of audiences and venues, including resources for the following:
  - Superintendents and Their Cabinets
  - Boards of Education
  - Central Office Directors and Staff
  - School-Based Administrators
  - Professional Developers
  - Teachers and Support Staff
  - Parents and Families
  - Community Stakeholder Groups
  - Government Agencies (e.g., Health and Social Services)
  - State, Regional, and Local Government Leaders
  - Other:
5. **Research and current data** generated by federal and state governments as well as national health organizations are showcased throughout the toolkit, but presented in digestible and interesting ways so that a range of audience members can integrate them into discussions and the work of professional learning communities using toolkit resources to address vaccination rates as a problem of practice within their schools and districts.
6. **Each module** is designed as a stand-alone resource that includes the following:
  - **Essential questions** and related **module outcomes**
  - An introduction to the **theme, issue, or problem of practice** addressed by that module
  - Accompanying **graphic representations** of relevant information, facts, statistics, and/or research conclusions aligned with the module theme
  - **Anecdotes, examples, and mini-case studies** of schools and districts successfully addressing the identified theme, issue, and/or problem of practice
  - **Practical suggestions and action steps** that educational leaders can use to address the module's identified theme, issue, or problem of practice
  - **"Ready-to-use" resources** that toolkit users can integrate into ongoing discussions, professional development, and outreach sessions (e.g., Handouts, brochures, summary sheets, professional learning activities, and strategic planning action steps)
  - **End-of-module self-reflection questionnaires** (encouraging individual self-reflection as well as team planning reflection starters for the module's focus area and/or problem of practice)

# MODULE ONE

## The Urgent Need for Catching Up—Understanding the Implications of Declines in Childhood Vaccination Rates Resulting from the COVID-19 Pandemic

### An Introduction to the Theme, Issue, or Problem of Practice

This first module sets the tone and focus of the entire toolkit, reinforcing the urgent need to ensure that all students receive required vaccinations. It also sets the stage for vaccinations to be seen by educators and the public as an essential issue of equity. Module One addresses the impact of the pandemic upon students' health, psychological development, academic performance, and attendance. It also includes an exploration of the long-range implications of the pandemic and related vaccination declines upon future academic growth and social-emotional well-being of members of the learning organization.

### Essential Questions

- What has been the impact of the COVID-19 pandemic upon students' required vaccinations?
- Why is it essential for educational leaders to support their districts and schools in addressing this issue?
- What are the health, well-being, and long-term academic implications of dramatically lowered vaccination rates?
- What is the impact of lowered vaccination rates on student health, well-being, and academic achievement?
- What have been the short- and long-range effects of this decline on family and community health?
- To what extent is the issue of lowered vaccination rates an equity concern?

### Outcomes



Analyze the critical importance of student vaccinations and their impact on student well-being, health, development, and academic achievement.



Identify short- and long-term implications of student vaccination declines resulting from the COVID-19 pandemic.



Investigate the implications for educational leaders helping to address the issue of vaccination declines among American students.



Explore the extent to which declining vaccination rates constitute an equity issue in American education today.

# FRAMING THE PROBLEM

## Background and Implications of Declining Student Vaccination Rates in U.S. Public Schools

Educational leaders throughout the United States have been critically important in promoting the health and well being of their students, families, and staffs during the recent COVID-19 pandemic. In spite of unprecedented demands that increasingly shift the focus and priorities leaders must address, superintendents and others have done remarkable work helping to support COVID-19 vaccinations. In fact, many of them have led the process of providing school- and district-based clinics that expand their students' and staff members' ease of access to needed COVID vaccinations.

However, the COVID-19 pandemic has led to a sharp decline in the number of children, particularly adolescents, who are receiving recommended vaccinations. If not addressed, the decline in routinely recommended vaccinations could expose students and staff to vaccine-preventable outbreaks that disrupt learning and lead to physical and mental health issues for students.

School superintendents have a unique role to play in leading immunization efforts in their districts. With the proper outreach and support from school health staff, local public health officials, pediatricians, and central support staff, there is an opportunity to increase the immunization rates for students, reduce absenteeism, and create healthier school environments.

Increasing vaccination rates is also an issue of health equity. The significant decline in childhood vaccinations during the period between 2020 and 2021 has been coupled with decreasing access to specialized therapies and mental health services for students inside and outside of school. However, children of color, children with special health care needs, children in families with low incomes or students with limited English proficiency, and children in rural areas have less access to preventative care and healthcare services than others students. These students may lack transportation to and from healthcare providers or broadband access to participate in telehealth services. Many have been disproportionately impacted by the financial repercussions of the pandemic.

According to an early-April 2020 Urban Institute survey, more than 4 in 10 parents with children under the age of nineteen reported that they or a family member lost a job, work hours, or work-related income because of the pandemic; this share was about 50 percent among parents with low incomes and Black parents and over 60 percent among Hispanic parents (Karpman, Gonzalez, and Kenney 2020). Further, nearly 30 percent of parents who lost jobs or income because of the pandemic reported that their family avoided getting needed medical care because of cost (Gonzalez et al. 2020).

Of particular interest to AASA members who represent rural districts is the issue of disparities between access to healthcare services for rural students compared to urban or suburban peers. While generally similar in health, rural children are more likely to be overweight or obese than urban children. Rural parents are less likely to report that their children received preventive medical or oral health visits than urban parents. Rural children are more likely to die than their urban peers, largely due to unintentional injury. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5373918/>)

A survey conducted by AASA in 2021 reinforces the importance of school-based vaccination clinic initiatives, especially in light of emerging inequities evident in school districts throughout the country:

- According to this survey, 64% of superintendents indicated that their district engaged in school-based vaccination efforts such as back-to-school clinics and flu clinics.



- 34% had not offered such clinics while 3% indicated they were unsure.
- Rural districts are three times more likely than urban districts to indicate they had previously hosted school-based vaccination clinics.
- The poverty rate of students in the district did not correlate to whether a district has previously hosted a school-based vaccination clinic.
- Only 35% of superintendents indicated that they were interested in the ongoing provision of vaccinations for students beyond the COVID-19 vaccination clinics.
- 37% were not interested and 28% were unsure.
- Of those interested, 47% represented rural districts, 35% suburban districts, and 18% urban districts.

Taken together, these health inequities impact the ability of superintendents to address educational inequities. When children are unable to have regular check-ups with their pediatrician and obtain the vaccinations they need—whether for the common flu or the measles—they are more vulnerable to vaccine-preventable illnesses. Research has found that immunization against measles can increase the number of years of schooling a child receives and may also improve cognitive scores, compared to non-immunized children.

In addition to succumbing to health risks associated with these serious illnesses, children may be unable to get the proper medication and treatment they need due to familial income limitations, transportation access or language barriers. Some vaccine-preventable infections carry the risk of long-term hearing, psychosocial and neurological disabilities that negatively impact a child’s social functioning and educational prospects.

Furthermore, students may return to in-person learning before they are fully recovered from these illnesses because family members cannot afford to stay at home and care for them, which can lead to the subsequent spreading of these infections to other students. If students can remain out-of-school for long periods of time to recover, they may suffer the academic consequences of being chronically absent, which research shows can affect young children in ways that can shape academic outcomes for their entire school career.

School superintendents have a vested interest in ensuring children come to school healthy enough to learn. Ensuring the enforcement of state vaccine requirements coupled with proactive efforts to vaccinate students during the school day and school year is beneficial for all students, educators and communities.





## **The Causes of Declining Vaccination Rates Among U.S. Students**

The fear of contracting COVID-19 in a health care facility or in the community during the pandemic prevented some parents from seeking routine pediatric care for their children. The issuance of stay-at-home orders and social distancing practices by states also led families to skip well-child visits and delay routine vaccinations. Also, many medical offices and physicians prohibited parents from taking more than one child into the office, which created childcare issues that were particularly acute for low-income families. Safe and reliable transportation was another significant barrier.

Prior to the pandemic, 4% of children (approximately 3 million) missed a health care appointment each year because transportation was unavailable; this includes 9% of children in families with incomes less than \$50,000. With local limitations placed on public transportation during the pandemic, some families were forced to skip opportunities for well visits for their children.

District non-enforcement of state and local immunization requirements for school attendance may also have contributed to the decrease in vaccinations. In particular, as districts transitioned from in-person schooling to virtual and back to in-person schooling, staff members were challenged by the need to keep track of which students lacked the paperwork documenting the immunizations necessary to return to in-person learning.

Additionally, during the pandemic, many families experienced financial uncertainty or loss of income resulting in decisions to avoid routine medical care for fear of cost. Data demonstrate that low-income families with young children are more likely to have missed a well-child visit than middle- and upper-income families. Even families who were enrolled in Medicaid where access to vaccines was free-of-charge were not always able to access medical care because of transportation issues related to the pandemic.

## **Implications for School and District Leaders**

Without question, a critical component of expanding student vaccination rates is ensuring that all parents and families are provided information about vaccination schedules they should follow. School and district leaders should use a variety of platforms and media to make certain that these groups know what is due—and when—especially if changes or updates occur.

Pediatric outbreaks of vaccine-preventable diseases can lead to the removal of children from school, chronic absenteeism and disrupt the learning and health of students and educators. While the abrupt shift to virtual learning during the COVID-19 pandemic has made it easier for district leaders to ensure students have the opportunity to continue learning while school buildings are closed, transitioning from in-person learning to virtual learning has obvious drawbacks.



The presence of unvaccinated students in a school can pose a risk to students and educators. While vaccines directly protect those students who receive the vaccinations, even those who are not eligible for certain vaccines get some protection because when a critical portion of the population is immunized, the spread of contagious disease is contained. This is sometimes known as “community” or “herd” immunity.

Children who are too young to get vaccinated against certain diseases or who have failed to respond to a vaccine or who might be particularly susceptible to serious diseases and their complications for other reasons like cancer or HIV all benefit when vaccination rates in a school district are high. Educators also benefit from herd immunity as not all educators can be vaccinated due to underlying medical issues and when an outbreak occurs these educators may also be required to comply with stay-at-home orders to protect their own health.

One study found that schools that offered flu vaccine to their students reduced the risk of any child getting the flu by 30%, regardless of vaccination status. Of course, the benefit of childhood vaccinations are most pronounced for the students who are vaccinated; in one study children vaccinated against the flu missed 1.5 fewer days of school per 100 school days compared to those who did not receive flu vaccine.

Routine child and adolescent vaccination is a critical tool in protecting children from vaccine-preventable illness and death. Even a transient decline in vaccination coverage can compromise herd immunity and result in significant outbreaks. For example, during the 2018–2019 academic

year, a measles outbreak occurred in Rockland County, New York and nearby counties. Measles vaccination coverage in schools in the affected area was only 77%, far below the 93%–95% coverage needed to sustain measles herd immunity (9,10). During the outbreak, the county declared a state of emergency and children who were not vaccinated were prohibited from attending school. Because the measles vaccine takes 3 weeks to work, these students lost almost a month of in-person learning.

There is also a community incentive to increasing immunizations for students; many health care systems and other social institutions are already overburdened by treating the COVID-19 pandemic, and vaccine-preventable disease outbreaks can further overwhelm community health resources.

## Practical Suggestions, Action Steps, & “Ready-to-Use” Resources

In this module, educational leaders will find three resources that they can use to introduce the issue of declining vaccinations to staff, parents, and community members. They can use these resources to promote understanding and insights and to enlist the support of their professional learning communities in addressing this critical problem of practice. Resources include:

**01**

An “At-a-Glance” handout you can use to showcase specific data related to the vaccination decline issue

**02**

An overview of leadership strategies and processes that educational leaders can use to build work teams to address key vaccination-related issues

**03**

A brief strategic planning outline for educational leaders to begin, scale-up, and sustain their district or school’s ability to address the issue of vaccination decline

**04**

A set of suggested readings and resources for use by superintendents and leadership teams to explore and analyze the implications of declining vaccination rates for students for their health, well-being, and academic progress

# Student Vaccination Rate Declines Data Sheet

## Student Vaccination Rate Declines: What Does the Data Tell Us?

(Source: "Silent Consequences of COVID-19: Why It's Critical to Recover Vaccination Rates Through Equitable Vaccine Policies and Practices")

Ava Skolnik, Alexandra Bhatti, Anna Larson, and Rachel Mitrovich  
Annals of Family Medicine: [www.annfammed.org](http://www.annfammed.org)

1. In the U.S., routine vaccination rates have plummeted across all age groups due to the COVID-19 pandemic, with our most vulnerable and underserved populations suffering the greatest declines.
2. Returning to a "new normal" and recovering our nation's health and economy is of the utmost importance; however, there is a critical need to recover and protect communities against the spread of other vaccine-preventable diseases and outbreaks.
3. In the U.S. alone, routine childhood vaccination has been estimated to prevent approximately 42,000 deaths and 20 million cases of disease, averting an estimated \$76 billion in total societal costs—in a single birth cohort alone.
4. Private claims data from three routine childhood vaccines (measles-mumps-rubella, diphtheria, tetanus, and acellular pertussis as well as polio) suggest that an estimated 9 million doses may have been missed in 2020 with up to a 26% drop in those three vaccines between January and September of last year.
5. An analysis from 10 state immunization information systems estimates more than a 60% decline in human papilloma-virus vaccination rates for adolescents aged nine to 12 years from March-May of 2020 compared with March-May of 2019.
6. Reports from across the U.S. demonstrate the magnitude of impact of this decline. New York City, for example, showed a 90% drop in vaccine doses given to children over two years of age between March and May of 2020. Similarly, Colorado experienced similar troubling trends with a decline of vaccination rates of 31% for individuals aged under two years, 78% for individuals three to nine years, and 82% for individuals aged 10-17 years between January 2020-May 2020.
7. This vaccine decline is emerging as an equity issue throughout the country. Data from the Vaccines for Children program (serving primarily children who are insured through Medicaid, uninsured, and underinsured) reported declines for HPV vaccination (21%), tetanus, diphtheria and acellular pertussis vaccination (22%), and meningococcal vaccination (18%) from 2020-21 compared to 2019.
8. Traditionally underserved populations, such as those insured by Medicaid, have seen the greatest decline in routine vaccination rates and are also recovering at a slower rate compared with those with private insurance.
9. Funding to address this issue includes a variety of potential sources. Recently, for example, the Biden administration made an investment in the vaccine ecosystem by dedicating \$1 billion to build vaccine confidence, improve vaccination rates for COVID-19 vaccines in underserved communities, and support recovery of routine vaccination rates.
10. In addition, the administration has made a \$6 billion investment in community health centers to expand access to COVID-19 vaccines in underserved communities—in part through addressing vaccine hesitancy.

# Suggested Leadership Strategies and Processes Involving Declining Student Vaccination Rates

**Directions:** Educational leaders can use this resource as a catalyst for discussion among their leadership teams, staff members, and in professional development sessions focusing on addressing declining student vaccination rates. The resource is designed as an informal evaluation tool for users to rate each strategy independently and then share their perceptions about its level of use in dyads or small groups. The following rating scale may be useful in generating opinions and discussion:

3= This leadership strategy is highly evident throughout our school district.

2= This leadership strategy is evident in some schools and offices, but we need to expand its use and impact in our district.

1= We are just beginning to use this strategy to respond to vaccination declines in our district resulting from the COVID-19 pandemic.

0= There is little if any evidence that we are using this strategy in our district.

- \_\_\_\_\_ 1. We are offering professional development sessions to ensure that all staff understand the implications of declining vaccination rates for student health, well-being, physical development, and academic achievement.
- \_\_\_\_\_ 2. Our district is ensuring that every principal and other staff are informed about the vaccination decline so that they can share this information with families, students, and community members.
- \_\_\_\_\_ 3. Our communications office works closely with schools to share information using a variety of media to explain the importance of protection from vaccine-preventable diseases.
- \_\_\_\_\_ 4. Educational leaders work to coordinate health and education agencies and services to ensure that students receive appropriate and timely vaccinations.
- \_\_\_\_\_ 5. Our district and school leaders work with clinicians and health care organizations to educate parents, caregivers, and families about the importance of routine vaccinations.
- \_\_\_\_\_ 6. Our school district consistently sends out messages and reminders to parents and guardians about the timing and importance of routine vaccinations.
- \_\_\_\_\_ 7. We have identified organizations, parent leaders, youth leaders, and community liaisons to help us highlight recent drops in vaccination rates and their implications for student progress.
- \_\_\_\_\_ 8. We are forming partnerships with local community agencies, governmental organizations, and key stakeholder groups to expand student and family access to vaccination and routine health services, including vaccination sites at schools, drive-through and in-person clinics, and mobile vaccination clinics.
- \_\_\_\_\_ 9. Our data management office and other organizations are enhancing our immunization information systems to ensure timely exchange of data and support for analyzing emerging trends related to routine vaccination rates.
- \_\_\_\_\_ 10. We are examining how we can use federal funding (including ESSER and Title I funds) to mitigate barriers to vaccination and secure funding for building an effective immunization infrastructure.

# A Brief Strategic Planning Guide for Educational Leaders to Address Declining Student Vaccination Rates

**Directions:** Use the following strategic planning template to guide and inform your initial planning for building and sustaining an immunization infrastructure in your district.

Strategic Goal	Suggested Action Steps	Individuals Responsible	Benchmark Dates for Initial Implementation
<p>1. <b>Beginning the Work:</b> Ensure that all members of the learning community understand the importance of routine vaccinations.</p>	<ul style="list-style-type: none"> <li>• Develop ready-to-use resources to highlight key vaccination data and organizational priorities in your district.</li> <li>• Use a variety of media and platforms to share information about routine vaccination data and resources in your district.</li> <li>• Integrate the issue of vaccination decline into professional development sessions for administrators and staff.</li> <li>• Communicate the range of options available to parents and families to access routine vaccinations in your school and community.</li> <li>• Develop a vaccination project plan that can be integrated eventually into district strategic planning and school improvement plans.</li> <li>• Articulate key problems of practice and related Theories of Action to address declining vaccination rates in your district and schools.</li> </ul>		

<p>2. <b>Scaling Up the Work:</b>          Develop and implement systemic structures, approaches, and programs to expand availability of routine vaccinations for all students.</p>	<ul style="list-style-type: none"> <li>• Develop and implement a long-range plan for cross-institutional partnerships to enhance student and family access to routine vaccinations.</li> <li>• Enlist the support and participation of local and regional health service agencies as well as relevant government and community organizations to support the expansion of routine vaccinations.</li> <li>• Continue to work closely with clinicians and health systems to educate parents, caregivers, and community members to promote the importance of school vaccinations.</li> <li>• Expand immunization information systems within and across your district and region.</li> <li>• Work with partners in the community to eliminate barriers to vaccination, including reducing direct and indirect costs to parents and families.</li> <li>• Work collaboratively to build community and family confidence in the efficacy of routine vaccinations, including making use of community leaders and liaisons in this work.</li> <li>• Explore strategies for funding and implementing expanded vaccination site access, including school-based health clinics, regional clinics, and mobile options such as traveling vaccination clinics.</li> </ul>		
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<p>3. <b>Sustaining the Work:</b>  <b>Build a routine vaccination infrastructure that ensures ongoing student and family access to routine vaccination services and supports.</b></p>	<ul style="list-style-type: none"> <li>• Collaborate on using available funding at the federal, state, and community levels to sustain your work with vaccination information dissemination and ease of routine vaccine access.</li> <li>• Use your expanding vaccination information data system to monitor and communicate trends, patterns, and implications of vaccine-related data.</li> <li>• Integrate vaccination data rates and gaps into your ongoing strategic planning efforts.</li> <li>• Continue to ensure long-range support of your vaccination infrastructure, including: (1) sustained professional learning; (2) ongoing reminders and communication to parents and community members; (3) mitigating obstacles to vaccination (especially for economically disadvantaged students); (4) building and sustaining school-based and regional health services providers (e.g., mobile vaccination clinics, school-based health clinics, community health services); and (5) sustaining analysis and intervention when gaps arise related to student health issues and their impact on academic achievement data.</li> </ul>		
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# Suggested Resources and Support Materials

Every module in this toolkit contains a set of suggested resources (with accompanying hyperlinks) for use by superintendents and leadership teams to explore key issues and trends involving student vaccination rate declines. This first set of resources will provide an introduction to this problem of practice. They will be useful for discussions, information dissemination, and outreach to staff, parents, and community members.

1. **“Many Kids Have Missed Routine Vaccines, Worrying Doctors as School Starts”** (<https://www.npr.org/2021/08/26/>): This resource includes a three-minute video as well as a brief analysis of the implications of declining student vaccination rates resulting from the COVID-19 pandemic. It explains why this has surfaced, why skipping or delaying childhood vaccinations is dangerous, and the impact of parents’ choice about vaccines and its ripple effects throughout a community.
2. **“Outbreaks Inevitable as Childhood Vaccination Rates Decline—University of Michigan School of Public Health”** (<https://www.sph.umich.edu/>): Two graduate students in Epidemiology (Sarah Javaid and Giovanna Buttazzoni) emphasize that “a vaccine can mean the difference between life and death, especially for children. Any decrease in vaccination coverage in a community can lead to an increase in infant death rates due to vaccine-preventable diseases.” The authors stress that with fewer children being vaccinated, we will see outbreaks of diseases that are on the verge of eradication. They suggest that it is a global responsibility to support these programs and ensure that childhood vaccination programs continue.
3. **“Childhood Vaccination Rates Decline Due to COVID-19 Pandemic”/Miami Herald, July 13, 2020** (<https://www.miamiherald.com/>): This resource includes a video presentation by Dr. Zach Porterfield who explains how vaccines train the body to recognize an infection. The article (written by Haley Lerner) highlights the growing impact of the COVID-19 pandemic upon overall student vaccination rates, especially required entry-level vaccines for early learning grades and school entry.
4. **“Immunization in the United States: Recommendations, Barriers, and Measures to Achieve Compliance”** (<https://www.ncbi.nlm.nih.gov/>): This article by C. Lee Ventola emphasizes that childhood vaccination has proven to be one of the most effective public health strategies to control and prevent disease. In spite of Centers for Disease Control (CDC) recommendations, however, some parents are declining or delaying vaccinating their children because of medical, religious, philosophical, or socioeconomic reasons. The author analyzes the impact of vaccines on public health, recommended vaccines for children and adolescents, and the public health consequences of noncompliance.
5. **“Guide to Hosting COVID-19 Vaccination Clinics at School”** (<https://www.wecandothis.gov/>): This website offers a range of materials and resources that school leaders can share, including outreach tools and details about this public education campaign. It includes advice about hosting COVID-19 vaccination clinics at schools, but the ideas presented here can be generalized to include required vaccinations for children and adolescents. Recommendations include: (a) Consult your legal advisor(s); (b) Identify and select a vaccination provider; (c) Pick dates and locations for vaccination clinics; (d) Promote your vaccination clinics and invite your families to get vaccinated; (e) Host clinics to ensure maximum student and parent access; and (f) Share your progress. This resource also includes additional resources that can be accessed electronically, including an “On-Site Vaccination Clinic Toolkit.”
6. **“State Parental Consent Laws for COVID-19 Vaccination”** (<https://www.kff.org/other/state-indicator/state-parental-consent-laws-for-covid-19-vaccination/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>) It is essential for districts to monitor the status of all students’ vaccinations, including those entering and during the early learning years as well as older students. For example, when do students start missing vaccines? This data-gathering and analysis process is a great place to start this work in terms of figuring out the gaps in the system and what’s really needed in the district. This document synthesizes required vaccination schedules in representative states and provides strong empirical data to reach out to students as partners in their own care.

# End-of-Module Self-Reflection Questionnaire

**Directions:** Use the following rating scale to assess the extent to which you are currently implementing each of the recommended action steps below:

4= I am currently fully engaged in addressing this action step, including a clear and sustainable project plan and substantial evidence to support its success.

3= I have begun to address this action step with a clear project plan and some evidence of success in key areas.

2= I have begun to work with some staff on addressing this issue, but we need to be doing more and involving more stakeholders in the process.

1= We are just beginning to address this issue in our learning organization.

1. I am well informed about declining vaccination rates in my school or district.
2. I have shared with staff, families, and community members key data and implications related to declining vaccination rates among our students.
3. I have worked with key stakeholder individuals and groups to explore strategies and techniques for addressing declining student vaccination rates in our district and schools.
4. We have put in place a clear and sustainable data dashboard that allows us to monitor student vaccination rates.
5. We have developed a clear statement for the problem of practice we are addressing in response to vaccination rate declines.
6. We have developed a clear theory of action that communities the strategies and processes we are using to address the problem of declining vaccination rates.
7. We are building on our existing partnerships with such community groups as health centers and agencies and other government entities to explore ways to share resources and services related to improving student vaccination rates.
8. Our strategic planning efforts include investigating creative ways to bring health services (including vaccinations) to students and families within our district (e.g., school-based health centers, community centers as vaccination hubs, traveling vaccination vans and busses, etc.).
9. We are actively monitoring student vaccination rates as part of our data management system, including integrating early-warning signals when rates decline.
10. We are including student vaccination rates as a metric in our district strategic planning and our school improvement planning processes.

# MODULE TWO

## Strategies for District and School Leaders to Increase Staff Understanding of Lowered Vaccination Rates and Their Impact on the Learning Organization

### An Introduction to the Theme, Issue, or Problem of Practice

It is essential that all staff members understand the significance of declining vaccination rates upon student growth and development, health and well-being, and academic progress. This priority is an essential one for district and school leaders, especially in light of the emergence of this unanticipated issue resulting from the COVID-19 pandemic and related school closures. Therefore, this module will concentrate upon a range of ideas for professional engagement and learning, including ideas for workshops, study groups, action research, and communities of practice working on identified problems related to lowered vaccination rates.

### Essential Questions

- What can district and school leaders do to increase staff understanding of the implications of lowered vaccination rates?
- What do staff members need to know, be able to do, and understand about the implications of lowered vaccination rates upon student health, well-being, and academic performance?
- What are the implications of the issues raised here for professional learning?

### Outcomes



Identify key priorities for staff understanding of the relationship between vaccination declines and their potential impact upon student growth and achievement.



Explain focus areas related to what all staff should know, be able to do, and understand about their potential role in addressing the issue of lowered vaccination rates.



Describe key professional development strategies and processes proven effective in addressing emerging problems of practice, including interactive information sessions, study groups, action research teams, and professional learning communities.



# THE IMPLICATIONS OF DECLINING VACCINATION RATES FOR PROFESSIONAL LEARNING IN SCHOOLS & DISTRICTS

Successful staff engagement around student vaccinations is a combination of advanced planning and the provision of multiple opportunities for administrators, healthcare professionals and educators/staff to discuss the benefits of vaccinations and why participation in a school-based vaccine clinic is worthwhile. Prior research on school-based vaccination clinics has found that teacher support and participation is directly linked to the success of these programs. So, how can a superintendent best incentivize participation and engagement?

First, discuss the opportunity to host a vaccination program in the district with staff the winter before. Research has found that extensive lead time in beginning the conversation with staff was quite helpful, ideally January or February before the next influenza season, when initiating a district vaccination program. Collect feedback from your staff about hosting a clinic and be ready to address concerns with the logistics when you bring this issue back up in the summer.

Over the summer, invite a group of health staff and administrators to connect in early July and discuss the project plan, possible clinic dates and educational materials that should be disseminated. Then in late July or early August, another meeting should be held at each school so that staff can ask questions about the clinic plan and receive information about what vaccines will be offered and the benefits to vaccinating students. This information should focus on the importance of vaccinating children and its potential impact on the school, particularly lower school absenteeism and less teacher sick leave.

Second, take steps to educate your staff about the benefits of having a well-vaccinated student population and the role vaccines play in keeping kids in school and healthy and ready to learn. Every teacher knows how time consuming it is to re-teach information due to student absence and multiple

studies have found that higher vaccination coverage rates are associated with decreases in absenteeism. Share information about the vaccination decline during the pandemic and the risks associated with having fewer students vaccinated in the classroom.

It is important that school staff members are educated about the vaccination program. Research shows that educators who are able to answer questions from parents and others about the program are more likely to emphasize the importance of vaccination and provide vaccination-related lessons to students. Informing and educating principals and teachers are important because they exert a strong influence on their students. "Any hint of apathy, adversity, or unenthusiastic support by an authority figure that indicated a low program priority would likely translate to lower vaccination rates in that school. Engendering the support of school officials and teachers can be aided by sending them frequent e-mails with meaningful information."

Videos like this one effectively outline what's at stake for educators as well: <http://preventchildhoodinfluenza.org/keep-flu-out-of-school/school-resources/communication-templates-tools-resources>





After-school teacher workshops have been used as a method of educating school staff. Remind teachers and that including disease prevention activities and assignments can be aligned with state or local education standards. Provide a document for teachers with key messages around vaccine prevention that they may communicate to students and their parents/guardians and their families.

Third, highlight the importance of this activity and incentivize staff to get behind the effort. Send an email to each school principal and his or her staff about the importance of this vaccination effort, rather than depending on intermediaries who might forget to relay the information or do so inaccurately or with less emphasis than was intended. Consider holding a competition between schools or within classes or grades in a school for the greatest percentage of returned parental consent forms. This includes both consent and refusal forms. Statistics from all schools in the district were posted where school principals, the superintendent, and teachers would see them. This healthy competition among school administrators may lead them to encourage teachers and parents to strongly support the program.

When resources are available, staff members who actively participate in the vaccination program could be provided with appropriate incentives. A simple note expressing appreciation may also be an effective reward. A Note of Caution: It may be necessary to consult with local union representatives if an incentive system has an impact on staff members' rights under a collective bargaining agreement.

Finally, the week before the school clinic occurs, each teacher and staff member at that school should be sent a reminder and talking points so they can inform others. For larger districts it would be wise to appoint a person who can take calls and emails from parents with questions and concerns about the vaccines offered, the vaccination process, clinic times and dates, and other concerns.

## Practical Suggestions, Action Steps, & “Ready-to-Use” Resources

This module presents three resources that can be used by educational leaders and their staff to address professional development related to helping staff understand and address the implications of declining student vaccination rates. The module includes:

**01**

A synthesis of key professional development strategies and processes that can be used to help staff develop the knowledge, skills, and understanding necessary to address declining vaccination rates as a key problem or practice in their school or district

**02**

A professional development planning guide that maps out a year-long approach to engaging all staff members in exploring, discussing, and addressing the implications of declining student vaccination rates

**03**

An annotated list of potential resources for use by study groups and action research teams engaged in addressing declining vaccination rates as a problem of practice

# Key Professional Development Strategies for Addressing Lowered Vaccination Rates as a School or District Problem of Practice

## 1. Formulate and Refine Your Problem of Practice:

- Engage staff in becoming familiar with statistics and inferences concerning the impact of lowered vaccination rates (at the national, regional, and district levels).
- Form a vaccination leadership team to collect staff, family, and community reactions to this data and its implications for student well-being and academic achievement.
- Disaggregate data to determine vaccination disparities and inequities among subgroups within your school district (e.g., race, ethnicity, community, age, socio-economic, gender, English Learners, students with disabilities, etc.).
- Formulate and publicize a clear statement of your problem of practice: i.e., a statement that articulates the relationship between lowered vaccination rates and potential or current student areas of underachievement.

## 2. Create Your Theory of Practice:

- Encourage your vaccination leadership team to ensure that all voices, perspectives, and relevant stakeholder groups (e.g., community leaders, social and health service agencies, parent/teacher associations, government leaders, etc.) have been incorporated into your articulated problem of practice.
- Use your problem of practice as a springboard for developing a district-wide theory of practice: If our district implements \_\_\_\_\_ to expand stakeholder awareness of the implications of lowered vaccination rates, then \_\_\_\_\_ will result.
- Encourage central office and school-based teams to respond to your identified theory of action and articulate its potential implications for their school or office.
- Use your theory of action to develop a project plan for professional development to address your identified problem of practice.

## 3. Identify Key Personnel to Lead Your Professional Development Initiatives:

- Identify key personnel who will be responsible for ensuring that your professional development project plan (PDPP) to address vaccination declines will be fully implemented during the academic year.
- Enlist these key personnel in fleshing out your PDPP, integrating a clear timeline with practical professional development activities and projected outcomes (including individuals responsible for facilitating each activity).
- Ensure that the roles, duties, and responsibilities of your key professional development leaders are clear and consistently implemented.

#### 4. Implement Information and Discourse Workshops:

- For your first sequence of professional development activities, develop and implement interactive information and discourse workshops for staff, parents and families, and community members.
- Ensure that these workshops include a clear presentation of data related to vaccination declines and an analysis of the implications of this decline for student health, development, well-being, and academic progress.
- If possible, enlist a range of presenters representing relevant departments and offices within the district (e.g., health and human services, community and state health organizations, and local and state government representatives).
- Make these sessions as interactive as possible, including periodic opportunities for participants to react to the content being presented and pose questions related to that content.
- Throughout the workshop, encourage participants to work in small-groups or teams. Encourage them to provide a summary at the conclusion of the workshop highlighting insights and recommendations generated by their group/team.
- Use feedback generated during these information and discourse workshops to continue to build specific approaches to addressing vaccination declines.

#### 5. Form Central Office and School-Based Study Groups:

- Expand your staff's awareness of the problem of practice related to vaccination declines in your district by encouraging them to form study groups.
- If possible, it will be useful to have study groups comprised of both school-based and central office representatives.
- Use resources included in this module as a starting point, asking participants to read and analyze the implications of the identified resources.
- Next, ask study groups to use the district's theory of action to formulate a set of actions to address the vaccination-related problem of practice.
- Publicize the recommendations and conclusions of each study group in district and school websites and related social media platforms.

#### 6. Encourage Action Research Teams:

- A logical extension of study group activities is the development of action research teams.
- Introduce to study group members the concept of action research, i.e., practitioner-driven formulation of a hypothesis (in this case, for addressing one or more key aspects of vaccination declines) and developing a research protocol for determining its impact as it is implemented.
- Encourage action research teams to align their research work with performance targets articulated in their school improvement plan or district strategic plan.

- Support action research teams in publicizing their results so that other school and central office staff can benefit and learn from their work.

## 7. Engage Cross-Institutional Partnerships to Address Your Identified Problem of Practice:

- If feasible, use study group and/or action research approaches involving cross-institutional partners.
- Encourage members of the health, business, and government communities to provide feedback and input concerning possible solutions to the vaccination decline problem of practice.
- Strive to ensure the elimination or reduction of duplication of efforts and services: For example, how can we as a school district and community work with outside agencies to formulate a range of service-delivery systems (e.g., school- and community-based vaccination and health clinics)?

## 8. Develop an Evaluation Process to Determine the Level of Usage and Impact of Your Professional Development Initiatives:

- As you continue to implement your professional development project planning process, begin to determine how you will assess its impact upon your identified problem of practice.
- Ask yourselves: What are the performance targets and related measurement processes we will use to determine if our work has made a statistically significant difference in increasing student vaccination rates in our district?
- Integrate your evaluation metrics and processes into your district strategic plan and your various school improvement plans.
- Specifically, make certain that you address correlations between increased vaccination rates and access to health services and annual academic performance targets.

## 9. Integrate Your Professional Development Initiatives into Your District Strategic Planning and School Improvement Planning Efforts:

- Use this professional development process to showcase your efforts in improving student vaccination rates as part of your annual strategic plan.

# A Professional Development Planning Guide

**Directions:** Use the following recommended action steps to begin formulating your planning process to address declining student vaccination rates as a problem of practice in your district:

1. **Initial Planning:** During January or February (prior to your implementation year), initiate a district-wide vaccination program. Collect feedback from your staff about potential solutions to the problem of declining vaccination rates (e.g., school or community vaccination clinics).
2. **Project Plan Development:** During the second semester of your implementation year, develop a comprehensive vaccination increase project plan, including long-range goals, performance targets and measures, staff responsible for leading key initiatives, and a clearly articulated timeline and communication plan.
3. **Summer Planning:** Invite a group of health staff and administrators to discuss your project plan, possible clinic dates, and educational materials that should be disseminated. Also, in late July or early August, conduct meetings at each school so that staff can ask questions and receive information about what vaccines will be offered and the benefits to vaccinating students.
4. **Ongoing Information and Discourse Workshops:** Continue to provide information and discussion session opportunities for staff, parents/families, and community members—showcasing the value of vaccinations and the relationship between vaccination declines and potential student health and academic issues. Disseminate information using a variety of platforms, including social media.
5. **Conduct After-School Sessions with Staff and Administrators:** Ensure consistency of message delivery and information shared by developing and disseminating materials, resources, and professional development agendas. Model strategies for staff to share this information with students, parents, families, and community groups.
6. **Explore Incentive Programs and Options:** In many districts that have successfully increase student vaccination rates, incentives and motivation starters have been used to encourage schools to increase student access to and completion of the vaccination process. Examples include holding competitions and related rewards for the greatest percentage of returned parental consent forms.
7. **Anticipate Emerging Contingencies and Issues:** As solutions to this problem of practice are implemented (e.g., starting a school- or community-based vaccination clinic), it would be wise to appoint a communications liaison responsible for taking calls and answering emails from parents with questions and concerns about the vaccines offered, the vaccination process, clinic or related service times and dates, and related concerns.
8. **Integrating Vaccination Increase Strategies and Action Steps into Your Strategic Planning Process:** As suggested in the previous resource, there is a range of strategies you can use to enhance staff understanding and skill related to this problem of practice. These should be showcased in your district strategic plan and your school improvement planning process. They can include information workshops, study groups, action research teams, and ongoing program evaluation.
9. **Showcasing Successful Programs and Practices:** Whenever possible, use your various communication and social media outlets (including your district website) to highlight successful programs, practices, and outstanding individuals and groups demonstrating success in increasing student vaccination rates.

# Suggested Resources for Study Groups & Action Research Teams

**Directions:** The following suggested materials and resources are ideal starting points for school and central office-based study groups and action research teams investigating the problem of practice of declining student vaccination rates:

- <https://www.annfammed.org>  
"Silent Consequences of COVID-19: Why It's Critical to Recover routine Vaccination Rates Through Equitable Vaccine Policies and Practices" (Ava Skolnik, Alexandra Bhatti, Anna Larson, Rachel Mitrovich) in Annals of Family Medicine
- <https://www.nfid.org>  
"Issue Brief: the Impact of COVID-19 on U.S. Vaccination Rates—National Foundation for Infectious Diseases" (Blog Entry).
- <https://www.cdc.gov>  
"Decline in Child Vaccination Coverage During the COVID-19 Pandemic—Michigan Care Improvement Registry, May 2016-May 2020" (C.A. Bramer, 2020)
- <https://vitalrecord.tamhsc.edu>  
"Study Shows Sharp Decreases in Childhood Vaccination Rates in Texas During the Pandemic—Vital Record" (News from Texas A & M Health, May 19, 2021).
- <https://www.nih.gov>  
"Decline in Measles Vaccination Is Causing a Preventable Global Resurgence of the Disease" (April 18, 2019, National Institutes of Health).
- <https://www.nytimes.com>  
"The C.D.C. Urges Parents to Get Childhood Vaccinations up to Date Following a Steep Decline Last Year" (June 10, 2021, New York Times).
- <https://www.scientificamerican.com>  
"Public Health: Vaccinations Have Sharply Declined Nationwide During the COVID-19 Pandemic" (Jim Daley, July 8, 2020, New York Times).
- <https://www.who.int>  
"WHO and UNICEF Warn of a Decline in Vaccinations During COVID-19—NY1" (News Release, Geneva/New York, July 15, 2020).

# End-of-Module Self-Reflection Questionnaire

**Directions:** As an educational leader, use this self-reflective questionnaire to explore the following essential question: To what extent are you including lowered vaccination rates as a focus for upcoming professional learning? Use the following rating scale to assess your current level of knowledge, skill, and understanding of lowered vaccination rates as a key problem of practice:

4= I have a clear understanding of this issue and am currently working to address it as a part of my district's approach to professional development.

3= I understand this issue and have started to work with my staff to investigate possible solutions and how we can integrate them into our professional development work.

2= I am beginning to understand the significance of this issue, but I have not worked with staff to address it.

1= I am just becoming aware of this issue as a problem of practice, and I need to do much more work in understanding and addressing it.

- \_\_\_\_\_ 1. I can explain the relationship between lowered student vaccination rates and issues involving their health, well-being, and academic achievement.
- \_\_\_\_\_ 2. I can articulate specific data-supported conclusions about the impact of lowered student vaccination rates in my specific district or school.
- \_\_\_\_\_ 3. I can explain the importance of information and discourse workshops to help staff, families, and community members understand the significance of lowered student vaccination rates.
- \_\_\_\_\_ 4. I can articulate a theory of action that our district or school can employ to improve lowered vaccination rates as a significant problem of practice.
- \_\_\_\_\_ 5. I have begun to work with other administrators and staff members in my district to address this important problem of practice.
- \_\_\_\_\_ 6. I can explain the significance of including project plan-based action steps related to increasing student vaccination rates as part of our strategic planning and school improvement planning efforts.
- \_\_\_\_\_ 7. I understand and support the value of student groups working on exploring the issue of lowered vaccination rates as a significant problem of practice.
- \_\_\_\_\_ 8. I can explain and encourage school-based and central office staff-based action research teams addressing key aspects of improving lowered vaccination rates in our district and schools.
- \_\_\_\_\_ 9. I am working to engage health leaders, community leaders, government leaders, and business leaders in my community to support us in addressing this significant issue.
- \_\_\_\_\_ 10. I understand ways in which we can monitor and assess our work with increasing student vaccination rates as a part of our continuous improvement process.

# MODULE THREE

## Addressing the Needs of Parents and Families: How Can Leaders Engage Them in Addressing Lowered Vaccination Rates?

### An Introduction to the Theme, Issue, or Problem of Practice

This module will focus upon parents and families in general (i.e., the universal implications of lowered vaccination rates), emphasizing the critical importance of educational leaders engaging in outreach and information dissemination about declining vaccination rates among children. It is essential that parents and families are well informed about this crisis—and that they understand the services and resources available to them. The module will also explore the implications of declining vaccinations as an equity issue severely impacting certain demographic and economic groups in urban and rural areas where access to medical care and facilities may be a major impediment to ensuring student health and well-being.

### Essential Questions

- What are the implications of lowered vaccination rates for parents and families?
- What are the causes of resistance and non-compliance among parents involving required vaccinations for their children?
- How can leaders engage parents and families in the discussion and understanding of the need to increase vaccination rates in public schools?
- To what extent are declining vaccination rates an equity issue that most severely impacts families in urban and rural populations?

### Outcomes



Explain the major reasons for vaccine hesitancy and non-compliance among parents and families.



Analyze the implications of lowered vaccination rates for parents, families, and communities.



Investigate engagement strategies to provide information and support for parents and families to improve declining vaccination rates.



Assess the equity implications of declining child vaccination rates, especially among urban and rural populations.



# AN ANALYSIS OF PARENTAL ISSUES RESULTING IN DECLINING VACCINATION RATES

The COVID-19 pandemic has given rise to a range of unprecedented issues and concerns involving public health and well-being. In particular, it has raised major national concerns about families' access to health services and resources, especially in communities already suffering from economic disparities, food scarcity, and challenging environmental conditions. The declining rates of childhood vaccinations is a powerful reflection of these inequities—as well as the very real debates and schisms related to ensuring widespread COVID-19 vaccination rates.

In the U.S. alone, routine childhood vaccination has been estimated to prevent approximately 42,000 deaths and 20 million cases of disease, averting an estimated \$76 billion in total societal costs—in a single birth cohort alone. However, as suggested previously, in the U.S., routine vaccination rates have plummeted across all age groups due to the COVID-19 pandemic, with our most vulnerable and underserved populations suffering the greatest declines.

Private claims data from three routine childhood vaccines (measles-mumps-rubella, diphtheria, tetanus, and acellular pertussis as well as polio) suggest that an estimated 9 million doses may have been missed in 2020 with up to a 26% drop in those three vaccines between January and September of last year. Reports from across the U.S. demonstrate the magnitude of impact of this decline. New York City, for example, showed a 90% drop in vaccine doses given to children over two years of age between March and May of 2020. Similarly, Colorado experienced similar troubling trends with a decline of vaccination rates of 31% for individuals aged under two years,

78% for individuals three to nine years, and 82% for individuals aged 10-17 years between January 2020-May 2020.

Given these statistics, what are the implications for parent outreach to alleviate resistance, lack of access to health facilities and resources, and vaccine hesitancy? Without question, a doctor's relationship to the child and the family is an essential component of addressing this issue. However, it is imperative that school and district leaders understand the reasons for this phenomenon—and work closely with local health experts and government as well as private agencies to expand the availability of required vaccinations and ensure ease of access to health services, especially for parents and families from disadvantaged circumstances.

One obvious explanation for this new decline in student vaccination rates, of course, involves the chaos and confusion associated with the pandemic, including concerns about social distancing and media-fueled vaccination hesitation. As the same time, however, research suggests that parents have an implicit trust in their pediatrician and family physician. For parents and families in socio-economically challenging contexts, however, ease of access to these human resources may be limited. Similarly, economic circumstances engendered by the pandemic, including rising unemployment rates and inequitable economic distribution among various populations, have compounded the problem of accessing healthcare and maintaining normal protocols and procedures.

According to Northwestern Now (Stephanie Kulke, July 20, 2021): A new COVID-States report finds that overall Americans are now more inclined toward vaccinating their children than they were in winter and spring. However, the trend has been uneven across age and gender. Resistance remains highest among mothers of young children, which could impede vaccination progress—including COVID-19 vaccinations once they become available to younger children. According to James Druckman of Northwestern University: "This could create a complex scenario in schools with uneven vaccination rates within and across classes."

In a national poll conducted by The COVID States Project, surveys were distributed at intervals in winter, spring, and summer to more than 20,000 adults, one-third of whom reported having children under 18 in their household.



Key conclusions from the report synthesizing survey results include the following:

- Major gender and age gaps remain in vaccine resistance with young mothers and mothers of young children most resistant to vaccinating their children and requirements for COVID-19 vaccination for in-person school attendance.
- Black parents have become substantially less resistant to vaccinating their children. Asian American parents have the highest level of vaccine acceptance. Among Democrats, however, these parents remain the most vaccination-resistant, followed by Hispanic Democrats, then white Republicans, and then white Democrats. According to the report, this is partly due to stronger mistrust of government and healthcare institutions.
- Support for school vaccine mandates has grown substantially from 54.4% in winter to 61.3% in summer. Although a major partisan gap remains, support has grown among both Democrats and Republicans. According to the report's findings, Americans who are more liberal, educated, higher income and urban are more likely to support vaccine mandates.

For educational leaders, it is useful to understand the causes of vaccine hesitancy among some parents and families. According to the *Journal of Pediatric Pharmacology and Therapeutics* (March-April 2016: 104-109), four major reasons are primary causes of parental refusal, delay, and hesitancy to vaccinate their children: (1) religious objections; (2) personal beliefs and/or philosophical reasons; (3) safety concerns, including misconceptions about the efficacy and safety of vaccines; and (4) a desire for more information from healthcare providers.

### Strategies for Promoting Parental Engagement and Parental Consent

Parental engagement is at the heart of successful vaccination efforts in schools. And like all district parental engagement strategies it's wise to think of it as a marathon rather than a sprint. Parent education around vaccinations is critical and districts must be cognizant of mixed messages that parents may be receiving from outside the school and/or community about the benefit of student vaccinations.

In the summer, it's wise to begin to develop materials for parents/guardians, including letters home, consent forms, and other documents explaining the vaccinations the district will be offering students. If possible, include the date of the vaccination clinics in any calendars that will be distributed for the school year. Considering connecting with local parent groups or organizations and ask that they partner with you by promoting these vaccination events in their materials to parents.

The linchpin of successful school vaccination efforts is obtaining parental consent and buy-in. It is important that districts begin these efforts as early as possible, starting with the first week of school. There are benefits to distributing

school vaccine materials at the beginning of the school year along with other back-to-school forms and information. One example would a letter from the principal or superintendent to parents that could be similar to this one: <http://preventchildhoodinfluenza.org/keep-flu-out-of-school/school-resources/communication-templates-tools-resources/letter-home-english.docx>. Similar to other information designed for parents, all information around school vaccination efforts should be translated into different languages spoken by families in the district to maximize parental understanding.

In addition to sending these materials home with students, a variety of methods, including public service announcements, automated phone system messages, radio campaigns, bulletins, and announcements on school websites, have been



used to promote vaccination programs to parents/guardians. Partnering with the association and asking them to promote vaccination efforts is also a great idea. Districts can also work with community health partners, like local pediatrician offices, to spread the word about student vaccination opportunities at schools. Another opportunity to send home school vaccination information to parents is when students are given health screenings in school (e.g., eye exams, hearing tests, or body mass index assessments).

### Timing Issues Related to Obtaining Parental Consent

Generally, parents or guardians provide written consent to vaccinate student, although some states allow children under the age of 18 to consent to vaccination themselves. Regardless, it is recommended that districts provide an opt-in consent framework in which a parent, guardian, or person to be vaccinated affirmatively elects to receive the vaccine for their child or themselves. Under the opt-in framework, the vaccination will not be administered unless consent has been given. This is contrasted to an "opt-out" framework in which a parent, guardian, or person must provide written notice stating



they do not want the vaccination.

Federal law and regulations generally do not govern parental consent requirements or the format or content of the consent forms; specific consent requirements are set in state law or regulation. A consent to vaccinate form generally:

- Requires demographic information about the student (name, address, date of birth, etc.).
- Contains questions to screen for any medical reasons why the student should not be vaccinated.
- Includes a place for the parent, guardian, or non-minor student to sign the consent form.
- Includes a place to indicate permission to release identifiable information about the student vaccinated to parties such as the health agency or medical provider.
- Provides space for the person administering the vaccine to note the date of vaccination and the lot number.

The consent form must accompany a vaccine information statement (VIS) prepared by the CDC. Vaccine providers are required by federal law to provide a VIS to the parent, guardian, or person to be vaccinated prior to each administration of a vaccination. The VIS describes the risks and benefits of the vaccine, and the indications and eligibility for the vaccine to be administered. VIS forms are also available in multiple foreign languages.

While it may make sense to send these forms with back-to-school materials, if the school-based vaccine clinic is not held relatively close to the time consent is received, the CDC recommends the district reach out to parents two or three weeks prior to the clinic date. In this secondary outreach, the district should provide an information packet that would serve to announce or remind parents of the clinic date, an official VIS form for those who have not received one, and a reminder to parents/guardians of their ability change the consent they did/did not give for the administration of a vaccine to their child.

Depending on the availability of resources, districts may want to partner with local public health departments to establish a telephone line or provide a website or email address parents could use to access information and ask questions in the weeks before, during, and after the vaccination program at the school.

Efforts to maximize the return of parental consent forms should be considered. For example, a friendly competition between classes in each grade at the school to see who has the highest percentage of parental consent forms submitted could be a successful way of generating a high rate of return of the forms. School health staff should consider follow-up calls to parents who have not returned the consent forms to make sure they understand the forms, the clinic that is being held and address any questions or concerns.

## Resources for Parent and Family Outreach

This module presents three resources that can be used by educational leaders and their staff to address professional development related to helping staff understand and address the implications of declining student vaccination rates. The module includes:

**01**

A list of practical suggestions for addressing parental vaccine hesitancy and/or delay

**02**

A simulation exercise in which participants engage in role playing to address recurrent vaccination-related expressed concerns and issues among parents and family members

**03**

An annotated list of potential resources for use by study groups and action research teams engaged in addressing the issues involved with parent and family hesitation and/or delay in vaccinating children

Like every module in this toolkit, Module Three concludes with a self-reflection questionnaire for educational leaders. This one focuses on key issues and priorities leaders should consider to increase parental support for student vaccinations.

# Practical Suggestions & Resources To Address Parental Vaccine Hesitancy Or Delay

## 1. Formulate and Refine Your Problem of Practice:

- Ensure that you and your staff have clear and up-to-date data related to the status of vaccination rates among your students.
- Disaggregate the vaccination rate data to determine if there are patterns reflecting gaps or inequities (e.g., vaccination rate data organized around subgroups such as specific communities, socioeconomic disadvantage, race, ethnicity, disability, second language, etc.).
- Engage staff in discussions about the implications of this data, including areas in which parents may be expressing vaccine hesitancy or lack easy access to health services as a result of current and/or ongoing circumstances (e.g., lack of access to doctors and health agencies; economic disadvantage resulting in delay in accessing medical services, etc.).
- Determine if parent resistance to or lack of access to vaccinations for their children is a problem of practice in your school or district.
- Formulate and publicize a clear statement of your problem of practice: i.e., a statement that articulates the relationship between lowered vaccination rates and challenging circumstances confronting some or all of your parents today.

## 2. Create Your Theory of Practice:

- Use your problem of practice as a springboard for developing a district-wide theory of practice: If our district implements \_\_\_\_\_ to enhance parent access to vaccines and lower vaccination hesitancy in our community, then \_\_\_\_\_ will result.
- Encourage central office and school-based teams to respond to your identified theory of action and articulate its potential implications for their school or office.
- Use your theory of action to develop a project plan for professional development to address your identified problem of practice: How can we make use of available social media, health agencies, health-related staff, and community groups and leaders to support our outreach to parents and families?

## 3. Identify Key Personnel to Lead Your Professional Development Initiatives:

- Identify key personnel who will be responsible for ensuring that your professional development project plan (PDPP) includes strategies, timeline, and individuals responsible for addressing parent involvement to increase vaccination rates in your schools and district.
- Enlist these key personnel in fleshing out your PDPP, integrating a clear timeline with practical professional development activities and projected outcomes (including individuals responsible for facilitating each activity).

- Ensure that the roles, duties, and responsibilities of your key professional development leaders are clear and consistently implemented.
- Explore ways to engage doctors, other health agency representatives, business and government leaders, and community group leaders in your efforts to make parental engagement in the vaccination process a viable reality.
- Incorporate into your professional development strategies and scenarios to help staff address parental concerns and hesitancy regarding mandated vaccinations.

#### 4. Implement Information and Discourse Workshops:

- Develop stand-alone workshops for parents, families, and community groups, highlighting data concerning declining vaccination rates in your district or school.
- Integrate into these workshops the implications of declining vaccinations for the health and well-being of students, families, and the community.
- If possible, enlist a range of presenters representing relevant departments and offices within the district (e.g., health and human services, community and state health organizations, and local and state government representatives).
- Make these sessions as interactive as possible, including periodic opportunities for participants to react to the content being presented and pose questions related to that content.
- Throughout the workshop, encourage participants to work in small-groups or teams. Encourage them to provide a summary at the conclusion of the workshop highlighting insights and recommendations generated by their group/team.
- Use feedback generated during these information and discourse workshops to continue to build specific approaches to addressing vaccination declines.

#### 5. Form Central Office and School-Based Study Groups:

- As part of your commitment to expanding student vaccination rates, enhance your staff's awareness of the problem of practice related to vaccination declines in your district by encouraging them to form study groups focusing on parental engagement and overcoming parent/family vaccine hesitancy.
- If possible, it will be useful to have study groups comprised of both school-based and central office representatives.
- Use resources included in this module as a starting point, asking participants to read and analyze the implications of the identified resources.
- Next, ask study groups to use the district's theory of action to formulate a set of actions to address the vaccination-related problem of practice (i.e., parental support and hesitancy).
- Publicize the recommendations and conclusions of each study group in district and school websites and related social media platforms.

## 6. Engage Cross-Institutional Partnerships to Address Your Identified Problem of Practice:

- If feasible, use study group and/or action research approaches involving cross-institutional partners—especially community leaders, experts, and cultural liaisons.
- Encourage members of the health, business, and government communities to provide feedback and input concerning possible solutions to the vaccination decline problem of practice (from the perspective of increasing parental support and engagement).
- Strive to ensure the elimination or reduction of duplication of efforts and services: For example, how can we as a school district and community work with outside agencies to formulate a range of service-delivery systems (e.g., school- and community-based vaccination and health clinics)? This focus area is especially important since one of the four major causes of parental vaccine hesitancy involves lack of information about vaccines, mistrust of government and/or health service agencies, and challenges in accessing health services within the community.

## 7. Develop a Monitoring Process to Determine the Impact of Your Parent Outreach Services upon Increasing Vaccination Rates:

- As you continue to implement your parent outreach project planning process, begin to determine how you will assess its impact upon your identified problem of practice involving parent support and engagement.
- Ask yourselves: What are the performance targets or measures we can use to determine how our initiatives are affecting parents and their willingness to vaccinate their children?
- Integrate your evaluation metrics and processes into your district strategic plan and your various school improvement plans (i.e., components focusing on student health, including disaggregated student vaccination data).

# Problem-Solving Simulations Involving Parental and Family Engagement

**Directions:** The following scenarios reflect parental and family concerns that you and your staff may encounter when attempting to increase vaccinations among students in your district. Specifically, each focuses on a major factor related to vaccination hesitancy evident among some parents and families:

1. **Scenario One:** You are conducting a Parent Teacher Student Association meeting in which the issue of vaccination rate declines is on the agenda. Several parent and family members in the audience express deep concerns about the issue of vaccination mandates and the “state interfering in family duties and responsibilities”:

- To what extent are you prepared to identify for parents the state and federal requirements related to mandatory vaccinations?
- How do you assure parents and family members that required vaccines are healthy and scientifically validated?
- What would you say to the audience about vaccination rates in your current school or district? How would you articulate the health and safety issues resulting from declining vaccination rates?
- What interaction and communication strategies would you use to address the expressed concerns and any emotional outbreaks that may occur in the meeting?

2. **Scenario Two:** A team has assembled to meet with a group of parents who object to required vaccinations on religious grounds. Many of the parents seem well versed in law and regulations related to religious objections to vaccination:

- What information and background knowledge should you and your team members have about legislation and policy related to religious objections to vaccination?
- To what extent are you and the team familiar with options available to parents and families who choose not to vaccinate their children based on religious grounds?
- What additional services and agencies might you use to help these parents address this issue—and find appropriate alternatives, if available?

3. **Scenario Three:** Your school and district serve a highly diverse student and family population. Many of your students receive Free or Reduced Meals and have parents who are suffering a range of health, economic, and social issues in their respective communities. A majority of them lack easy access to healthcare services:

- What background information will you need to help these parents? For example, how familiar are you with health agencies and services available to them in their various community settings?
- What resources and funding are available to these parents to help their children gain access to timely vaccinations?
- What information should be available to parents and family members in these circumstances? To what extent has your district or school ensured ease of access to this information for all parents?
- How are you currently working with—or planning to work with—cross-institutional partners to address parent and family access to free or reduce-price healthcare services?
- To what extent is your district strategically planning to increase parent access to healthcare services, including overcoming barriers such as cost, transportation, and inadequate childcare services?

4. **Scenario Four:** Many parents are beginning to express concerns about the efficacy and safety of vaccines they are required to have their children receive. Specifically, they cite issues related to news and social media reports about the rapid development of the COVID-19 vaccination—and its implications for other vaccines their child is required to receive:

- What information (including statistics and data from such agencies as the CDC) should you make use of to help these parents address their expressed concerns?
- To what extent has your district or school made use of social media, publications, and other information dissemination strategies to help overcome parent misconceptions and misunderstandings?
- How might you make use of local physicians and health leaders as presenters and related resources to address parental concerns and fallacies about required vaccinations?

# Suggested Resources for Study Groups & Action Research Teams

**Directions:** The following suggested materials and resources are ideal starting points for school and central office-based study groups and action research teams investigating strategies and processes for engaging parents and families in the vaccination outreach process. Specifically, the following resources contain practical suggestions for addressing vaccine hesitancy and overcoming barriers facing parents in accessing health services:

1. <https://www.cdc.gov/vaccines>  
Infant and Childhood Immunization Resources (CDC and Prevention):
  - Easy-to-Read Immunization Schedules (English and Spanish)
  - Create a Personalized Vaccine Schedule (including vaccine assessment tool in Spanish)
  - Videos (Including “How Vaccines Work”)
  - Six Reasons to Follow CDC’s Immunization Schedule
  - 9 Things to Make Vaccines Less Stressful...For You and Your Baby
  - Infographics Focusing on the Nature of Childhood Illness and the Value of Vaccines
  - Understanding Vaccines and Vaccine Safety (Fact Sheets and Booklets)
  - Public Service Announcements (30-second and 60-second PSAs)
  - Flyers and Posters
  - Preteen and Teen Immunization Resources
2. <https://wcaap.org/vaccines>  
Washington State Chapter of the American Academic of Pediatrics. Resources include:
  - Immunization Education for Parents
  - Parents Guide to Immunizations Required for School Entry
  - Vaccine Resources for Parents
  - Childhood Immunization Information for Parents
  - COVID Vaccine Information for Parents
  - COVID Vaccine Resources
  - CDC Vaccine Information for Parents
3. <https://www.immunize.org>  
Parent Handouts from the Immunization Action Coalition, Including: Easy-to-Read Immunization Schedules (English and Spanish)
  - Home Information
  - Handouts by Vaccine
  - Translations

4. <https://www.vaccineinformation.org>  
Infant and Child Vaccines—Resource, Brochures, Websites, Blogs, and More: Immunization Education for Parents
  - Questions Parents Ask About Vaccinations for Babies
  - Top Ten Reasons to Protect Your Child by Vaccinating
  - Clear Answers and Smart Advice About Your Baby’s Shots
  - Immunizations for Babies—A Guide for Parents
  - Vaccinations for Infants and Children, Age 0-10
  - After the Shots—What to Do If Your Child Has Discomfort
  - What If You Don’t Immunize Your Child?
  
5. <https://www.nationwidechildrens.org>  
Produced by Nationwide Children’s, this website contains a range of resources for parents, including:
  - Family Resources and Education
  - Health, Wellness and Safety Resources
  - Coronavirus (COVID-19) Information
  
6. <https://www.nih.gov>  
“Decline in Measles Vaccination Is Causing a Preventable Global Resurgence of the Disease” (April 18, 2019, National Institutes of Health).
  
7. <https://www.nytimes.com>  
“The C.D.C. Urges Parents to Get Childhood Vaccinations up to Date Following a Steep Decline Last Year” (June 10, 2021, New York Times).
  
8. <https://www.scientificamerican.com>  
“Public Health: Vaccinations Have Sharply Declined Nationwide During the COVID-19 Pandemic” (Jim Daley, July 8, 2020, New York Times).
  
9. <https://www.nesl.org/research/health/school-immunization-exemption-state-laws.aspx>  
“States with Religious and Philosophical Exemptions from School Immunization Requirements” (November 22, 2021).



# End-of-Module Self-Reflection Questionnaire

**Directions:** As an educational leader, use this self-reflective questionnaire to explore the following essential question: To what extent are you addressing parental involvement and hesitancy in ensuring high levels of student vaccinations? Use the following rating scale to assess your current level of knowledge, skill, and understanding of key issues related to this issue:

4= I have a clear understanding of this issue and am currently working to address it as a part of promoting parental vaccination awareness and growing rates of vaccination in my district.

3= I understand this issue and have started to work with my staff to investigate possible solutions and how we can integrate them into our outreach to parents and families.

2= I am beginning to understand the significance of this issue, but I have not worked with staff to address it.

1= I am just becoming aware of this issue as a problem of practice, and I need to do much more work in understanding and addressing it.

- \_\_\_\_\_ 1. I can explain the vaccination requirements for students in my current district or school.
- \_\_\_\_\_ 2. I can identify specific resources and service agencies parents can access to ensure that their child receives all required vaccinations.
- \_\_\_\_\_ 3. I can explain to parents and family members the science behind vaccinations, including assurances about vaccine safety and ongoing monitoring for quality control.
- \_\_\_\_\_ 4. I understand the major issues and events involving current and historical vaccine opposition.
- \_\_\_\_\_ 5. I have begun to work with other administrators and staff members in my district to determine ways to promote greater levels of parent and family understanding and support of student vaccinations.
- \_\_\_\_\_ 6. I can articulate current vaccine exemptions allowed in my district, region, and/or state.
- \_\_\_\_\_ 7. I understand key strategies and related communication processes proven successful in promoting vaccine acceptance among parents and families.
- \_\_\_\_\_ 8. I am working with my staff to ensure that they are prepared to address effectively expressed concerns from parents and family members related to vaccine hesitancy.
- \_\_\_\_\_ 9. I am working to engage health leaders, community leaders, government leaders, and business leaders in my community to support us in engaging parents and families in the process of increasing vaccination rates among our students.
- \_\_\_\_\_ 10. I understand ways in which we can monitor and assess our work with increasing parent and family support of student vaccines as a part of our continuous improvement efforts.

# MODULE FOUR

## Building Cross-Institutional Partnerships to Develop and Sustain School- & District-Level Vaccination Clinics

### An Introduction to the Theme, Issue, or Problem of Practice

This module showcases the importance of building effective community partnerships as an essential component of addressing declining student vaccination rates. It emphasizes the major implications of such partnerships for addressing problems of practice in general—and the critical need for community representation in efforts to increase vaccination rates. The module emphasizes the power and significance of Communities of Practice as collaborative structures to identify and address significant problems of practice facing schools, districts, and regions. A major focus of this module is the critical importance of streamlining student and family access to vaccination clinics, including examples of state and district efforts to create school-based and community-centered vaccination and health service clinics.

### Essential Questions

- Why is it essential for community members to become actively involved in increasing vaccination rates among school children?
- How can educational leaders successfully engage community partners in understanding the importance of this effort and the power of localization of student health services (e.g., school-based clinics)?
- How can districts and schools establish partnerships with community organizations to form Communities of Practice to ensure equitable student and family access to vaccinations and related health services?

### Outcomes



Analyze the key components of an effective school-based vaccination clinic as it evolves from initial design and implementation to sustainability.



Explain the significance of community understanding and involvement in addressing the issue of declining student vaccination rates extending from the COVID-19 pandemic and the role of community partners in school-based vaccination clinics.



Identify key strategies and processes that educational leaders can use to engage community partners in addressing the issue of declining student vaccination rates and the development of one or more school-based vaccination clinics.



Form “Communities of Practice” to reinforce community support and engagement in increasing student vaccination rates.



Investigate the use of federal recovery funding sources to create and sustain school-based and/or community health clinics and vaccination sites.



# THE POWER OF SCHOOL-BASED VACCINATION & HEALTHCARE CLINICS

The COVID-19 pandemic has raised the stakes for school districts and communities related to ensuring ease of access to healthcare services for students and families. Learning loss, declining vaccination rates, and growing evidence of trauma and mental health disorders are three powerful reasons that traditional ways of operating schools and districts are no longer viable. Unprecedented equity issues are especially evident and troubling, including the lack of easily accessed medical resources and facilities in many urban and rural centers.

The pandemic has also raised the level of income inequality in the United States, preventing many families from having the financial resources, transportation, and accessibility necessary for sustained healthcare and regular check-ups for both children and adults. Schools and districts have taken on an increasingly wider scope of responsibilities—from providing meal service to an expanded range of students and families to expanding exponentially the availability of mental health services to both students and staff.

Inevitably, school leaders will need to consider the possibility of partnering with families, community agencies, and governments at multiple levels to develop, implement, and sustain school and/or district-based health clinics that can provide vaccinations and related services to an expanded base of students. This module explores many of the key issues and processes educational leaders must consider to achieve this goal.

## The Importance of Community Partners in Addressing Declining Student Vaccination Rates

When beginning the process of determining how and when to host a school-based vaccine clinic there are many community organizations that would be valuable partners for districts to engage. Local professional medical societies, physician practices, and hospitals can provide information about the vaccination program to their members, patients, and parents. Their leaders can be spokespersons for the media, and their members can even help staff the clinics. The local medical community could also help obtain donations (band aids, gauze, etc) and grants for the program.

In addition, local colleges and universities may be interested in partnering with the district by providing nursing, medical, or other faculty or student support for the clinics or other aspects of the vaccine campaign. The district could consider engaging faculty and students in the area of evaluation to help determine the impact of these clinics on community and student health. The faculty can be effective proponents of the program and can help write grants to enhance sustainability.

Vaccine manufacturers may also be worth connecting with

due to their ability to provide small grants to districts that partner with local health departments. These grants could be focused on communication, toolkits and educational information about the vaccines themselves. Vaccine manufacturers may also be interested in providing free giveaways (e.g., stickers, pens, balloons, etc.) for children upon vaccinations. Nonprofit immunization coalitions and advocacy groups, such as the Immunization Action Coalition, also can provide educational materials and advice about influenza and the immunization programs of its partners.

## The Benefits of a School-Based Vaccination Clinic

Enabling childhood immunizations to be given during the school day has both significant advantages and challenges. A major advantage is the ability of school-based vaccination clinics to ensure ease of access for students and families to these life-saving health resources. Scheduling of vaccinations can be arranged to ensure minimal interruption to students' time on learning. Additionally, school-based vaccination and health service sites are enormously important in addressing



equity issues, especially in urban and rural areas where accessibility to health services may be limited, cost prohibitive for some families, or challenging because of transportation issues. For example, the district can consider many locations for offering vaccines. Some of the most common are:

- Curbside or parking lot based.
- Gymnasium, cafeteria, auditorium
- Mobile units that may be run by the LDH or a school-based health center

Vaccinating a child during the school day does allow parents to remain at work and avoid having to find transportation for their child to/from a health clinic. It also prevents a child from missing school to go to a clinic and saves the parent money since the school district takes on the cost of funding the immunization.

A majority of school-based clinics identified in the “Case Studies” resource included with this module emphasize the value of the following practices:

- Offer vaccine visits to all siblings in a family group when scheduling an appointment.
- Screen for interest in COVID vaccine at all types of appointments.
- Offer same-day appointments available for students due for immunizations.
- Use sports physicals and well-child visits as an opportunity to update needed immunizations.
- Use time before and after vaccination to screen for social determinants of health, risk assessments, depression, other vaccine needs, and last well-child visit. Consider partners who can serve in this staffing role.
- Make forms available online so that parents/guardians can quickly fill out consents, even from their cell phones.



## Design Options for School-Based Vaccination Clinics

Successful school-based vaccination clinics should involve a partnership between the school district and local public health organizations (LDHs). Superintendents should already have strong working relationships with local departments of health because of the COVID-19 pandemic. This makes it easier to begin the conversation of an annual partnership to offer immunizations to students in K-12 schools. Developing multi-year partnerships should be especially encouraged because they will help sustain a program over several years.

Local health departments exist at the city, county, metropolitan, district and tribal level. While they vary significantly in size, scope of programs and funding, all work towards protecting and promoting health in their communities and likely have received funding to prevent the spread of communicable diseases in the community in the past. One of the most important reasons for districts to partner with local health departments is that they have experience with procuring vaccines at the state and federal level. In particular, many of them may already participate in the Vaccines for Children Program (VFC) that is run out of the Centers of Disease Control and allows children who meet the following criteria to receive free vaccines.

As you consider the design, scale-up, and sustainability of school-based clinics in your district, consider the following design options available to you. Your final design choices will

depend on a range of factors, including geographic location, existing and proposed vaccination efforts in your region, staffing, billing and data management issues, and the needs of your particular district and its socio-economic conditions as well as population diversity. Here are the most common design models for school-based vaccination clinics:

- 1. School-Specific Vaccination Clinics:** As we will see in the upcoming Anchorage case study example, vaccination clinics can be school-specific. School nurses are trained and equipped to provide required vaccinations. They are also responsible for data management and community outreach. This design is especially suitable for school districts with a geographically spread-out student population with significant physical separation from school to school as a result of large geographic distances evident across the system. It is essential in this model that partnerships be operational with local health providers, health organizations, and governmental agencies to ensure quality control and alignment with state and federal legislation and policy.
- 2. District-Based but Location-Specific Clinics:** A second model for consideration is the use of multiple vaccination sites that are located within particular school buildings but serving students and families beyond the school's specific service area. For example, one school site might serve clients from multiple schools and communities. Once again, it is useful for partnerships involving local health and governmental agencies to be involved to ensure quality control and appropriate oversight. Record keeping and data management will also be slightly more complex since staff will need to maintain records that extend beyond the immediate population served by the individual school location.
- 3. Hybrid Models Involving Schools and Local Vaccination Providers:** Many of the previous case studies presented in this toolkit reflect hybrid designs. A school district, for example, may elect to partner with a local pharmacy or related vaccination service provider. The benefit of such a model is that it streamlines record keeping and billing issues since that infrastructure is already operational within the partnering organization (e.g., pharmacies, local physicians offices and clinics, etc.). Typically, we see more evidence of hybrid models when vaccination clinics are operational on a limited basis (e.g., at the beginning of an academic year or semester). Such models frequently offer vaccination services at peak times of the academic year or during crisis situations such as the recent COVID pandemic. Models One and Two above more frequently operate on a continual basis with limited services provided during non-peak periods.
- 4. Integration Models Offering Vaccinations as Part of Comprehensive School-Based Health Clinics:** Throughout the United States, we see an emerging emphasis upon this form of vaccination and health service delivery model. Integration models that are part of a comprehensive school-based health clinic represent a major breakthrough in addressing equity issues such as those that emerged

during the recent pandemic. Specifically, comprehensive school-based health clinics can offer students and families (especially those with transportation or economic challenges that make it difficult to access community-based health services) a range of health services. Currently, vaccinations have taken an increasingly significant role in the range of services available at such clinics. Funding and staffing for such clinics require major cross-institutional partnerships and a community commitment to sustaining the availability of these comprehensive clinic designs and delivery systems.

## Action Steps for Creating a School-Based Vaccination Clinic

A successful school-based vaccination clinic should be a partnership between the school district and local public health agencies. Superintendents should already have strong working relationships with local departments of health because of the COVID-19 pandemic and this makes it easier to begin the conversation of an annual partnership to offer immunizations to students in K-12 schools. Developing multi-year partnerships should be especially encouraged because they will help sustain a program over several years.

Local health departments exist at the city, county, metropolitan, district and tribal level. While they vary significantly in size, scope of programs and funding, all work towards protecting and promoting health in their communities and likely have received funding to prevent the spread of communicable diseases in the community in the past.

One of the most important reasons for districts to partner with local health departments is that they have experience with procuring vaccines at the state and federal level. In particular, many of them may already participate in the Vaccines for Children Program (VFC) that is run out of the Centers of Disease Control and Prevention allows children who meet the following criteria to receive free vaccines:

- **Medicaid Eligible:** A child who is eligible for (or enrolled in) the Medicaid program
- **CHIP Enrollees Within a Medicaid Expansion Program:** A child who is enrolled in a Children's Health Insurance Program (CHIP) that is part of an expanded Medicaid program
- **The Uninsured:** A child who has no health insurance coverage
- **American Indian or Alaskan Native:** As defined by the "Indian Health Care Improvement Act," a child who is of American Indian or Alaska Native descent
- **Underinsured:** A child who has private health insurance, but the coverage does not include vaccines, a child whose insurance does not cover vaccines otherwise covered by VFC, or a child whose insurance caps vaccine coverage at a certain amount. When that coverage amount is reached,

the child becomes underinsured. Underinsured children may only receive VFC vaccines through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

- **Students with Health Insurance:** Students with health insurance can still participate in a school-based vaccine clinic, but the LDH has to ensure that they are charging their insurance for the cost of the vaccine.

#### **A Few Additional Considerations:**

School and district leaders have a range of resources available to them in supporting data analysis and interpretation of vaccination rates and trends among their students. For example, what happens with sports physicals for in-school athletics and community sports? Individuals involved in this work can become valuable partners in supporting this work. Name them so they aren't forgotten as part of the community. Similarly, many of us are now comfortable carrying around our vaccination cards, but it's often difficult for parents to put their hands on their children's shot records. By sustaining cross-institutional partnerships, we change that to make vaccine records portable in a way that makes sense. This form of data access is critical in light of frequent moves, changes in providers, and related factors that impact families' ability to track students' immunizations.

Students with health insurance can still participate in a school-based vaccine clinic, but not through the Vaccines for Children program. The district must work with LDH to ensure that they are charging their student's private insurance for the cost of the vaccine.

Of note, there are currently ten states that are universal access/universal purchase states (i.e., meaning their Vaccine for Children [VFC] program is open to any child with any insurance or income level, including students with private insurance). The following states offer universal access: Alaska, Idaho, Maine, Massachusetts, New Hampshire, New Mexico, Oregon, Rhode Island, Vermont, and Washington. In these states, the local government purchases all recommended vaccines for all children, including those who are fully insured. Four other states (Connecticut, Florida, South Dakota and Wyoming) have universal select programs that purchase all recommended vaccines for all children with the exception of one or more vaccines.



There are several reasons why it makes sense for the Local Department of Health (LDH) to manage the procurement of the vaccines and partner with districts in the delivery of vaccines to students. An LDH can receive, store, and distribute vaccines as well as discard or return unused vaccine doses. Most health departments have the capacity to store vaccines in large quantities according to manufacturer specifications, whereas most schools do not. Some but not all local health departments have sufficient staff that they can provide leadership and staffing for each clinic.

If the LDH is a partner in the VFC program or a direct grant recipient of this funding then they are already charged with performing the paperwork; ordering, storing and distributing vaccines; complying with changing state and federal regulations; evaluating the performance of the clinic; conducting site visits at the school; and managing the return of any unused vaccinations.

As we will see in the example in New Britain, Connecticut, districts that have school-based health centers may also participate in the VHC program or have the capacity to host school-based vaccination clinics for certain populations of students. However, it is more likely that these school-based health centers offer vaccinations on an ad-hoc basis for students who are behind on required immunizations.

#### **Addressing Staffing Implications**

The size and duration of the clinic as well as the partnership the school district has with a local health department all factor into the staffing of the clinic. Some districts have relied heavily on staffing by having local district health workers who bring in their own medical and administrative staff to handle the paperwork and administration of the vaccine. Others prefer to have their school nurses involved in the vaccination process and rely on other K-12 staff members (including educators and administrators) to oversee the clinics. In general, the district needs to ensure they have staff assigned to the following duties:

- Organizing the paperwork for each child ahead of time to ensure a smooth and efficient arrival process
- Organizing the schedule for student vaccinations based on age/class and availability of students and teachers
- Administering the vaccines themselves and associated paperwork with the vaccines
- Providing emergency medical services if needed

If community members are invited to participate in the clinic, staff who can serve as translators would be important additions to include as well. Any non-school personnel engaged in the clinic should meet normal standards for volunteers at the school, including but not exclusive to background checks. Further, for districts with collective bargaining agreements, the district should review any staff members who are required to work longer or different hours or to perform different duties and what is required for their

contractual compensation.

Non-medical, non-public health department staff can also provide invaluable support and assistance in this initiative:

- Assembling, distributing, and collecting vaccine information, consent forms, and other materials
- Communicating with parents/guardians (e.g., to encourage return of consent forms if consent is required prior to the clinic day)
- Assisting with the promotion of the clinics (e.g., placing posters, posting information on school website, communicating with local radio/television/newspaper)
- Assisting with clinic flow and escorting students to and from the vaccination site
- Verifying the identity of each child to be vaccinated to ensure that parental consent was given
- Assisting with the transportation of vaccine and other materials to and from clinic sites
- Providing security
- Tracking and entering vaccination information into immunization registries or other databases.

Medical, non-public health department staff (depending on licensure and training) can also be highly productive contributors to school-level and district-level vaccination clinics and initiatives, including:

- Preparing and/or administering vaccines
- Ensuring that vaccination medical screening eligibility has been met
- Evaluating children for illness when they present to the clinic for vaccination

## Document and Data Management

There is a large amount of data to track within a vaccine program year and it is critical that multiple organizations could access data as needed. Since school level data (enrollment, language distribution, class size) may affect many different aspects of the program, one district kept a “master” database with this type of information. All subsequent spreadsheets were tied to this master database that was only accessed by key program staff. This ensured that if information about a school was updated, that information was updated in all possible places. The district uses spreadsheets for the following:

- School communication tracking (assure each school receives the same information on the same timeline)
- Print production and material delivery (e.g. number of promotional materials and consents, by language, to be sent to each school)
- Supplies inventory
- Vaccine inventory
- Vaccine packing projections (how much vaccine of each type should be packed for each school’s event)
- Budget resources, oversight, and quality control



# Resources for School- & District-Based Vaccination Clinics

This module provides resources that can be used by educational leaders and their staff to address professional development related to helping staff understand and address key logistical issues related to developing and sustaining viable student vaccination clinics. The module includes:

**01**

Case study summaries of exemplary school- and district-based vaccination and related healthcare clinics, including exemplary sites serving urban and rural populations with limited access to healthcare services

**02**

An annotated list of potential resources for use by study groups and action research teams engaged in addressing the issues involved with parent and family hesitation and/or delay in vaccinating children

**03**

A planning guide summarizing key benchmark points related to the development, implementation, and sustainability of school- and district-based healthcare clinics. Such clinics are designed to expedite ease of vaccination access, implementation, and sustainability to promote vaccination access

Like every module in this toolkit, Module Four concludes with a self-reflection questionnaire for educational leaders. This one focuses upon key issues and priorities leaders should consider in designing, funding, and maintaining easy-to-access healthcare services for students and families.

# Case Study Examples of School- & District-Based Vaccination & Related Healthcare Clinics

**Directions:** The following case studies can be used by educational leaders to showcase examples of vaccination and health clinics currently in operation throughout the United States. Study teams and discussion groups can explore a range of questions about each case study, including:

- What are the key structural components of the clinics showcased in this case study?
- What are the potential implications of this case study for our school or district?
- What are the universal components of this case study that might be applied to any school or district vaccination or health clinic?
- What are the unique circumstances described in the case study that may be difficult to replicate?

1. **Health and Vaccination Clinics in Kennett School District # 39, Kennett, Missouri:** Kennett School District currently has 1,941 students in grades PK through K-12 and a student-teacher ratio of 13 to 1. The Kennett School-Based Health Center has two sites: the Kennett South Elementary Clinic and the Kennett Masterson Elementary Clinic, both of which are open from 7:30 a.m. to 4:00 p.m. Mondays through Fridays. Each of clinics emphasizes both medical and behavioral health services.

The Kennett Health Clinic model started with a partnership with the local health department, with an initial alignment with kindergarten enrollment—a focus that has continued for over 20 years. Initially, health workers would visit buildings to be on-site for one or two days during the week. This partnership proved especially critical since health department employees had the relevant records to ensure that the child was immunized and could start school on time.

The services provided by the clinics eventually extended to a more formalized partnership with the SEMO Health Network. School-based clinics were eventually formalized and designed to offer an extended range of vaccinations, including HPV and Meningitis vaccinations. Clinics also began to offer flu clinics for staff, a process that occurred informally for over 10 years before the Kennett Health Clinic model was designed and implemented at the two designated elementary sites. In fact, before COVID, there were several years in which the clinics did close to 1,000 flu shots. Typically, the clinics have 120 staff members out of 280 who get the flu shot there.

Program leaders emphasize that one of the challenges of a school-based vaccination and health services clinic is to ensure that the partner health agency participates in the VHC program and that it has a way to bill insurance for students who have private insurance and don't qualify for vaccinations through VHC.



Kennett is proudest of its efforts to ensure that students receive flu vaccinations. Ensuring the success of the clinic requires considerable parent and family outreach. For example, clinic personnel sometimes do a robocall with parents regarding flu consents. They have also sent a letter a couple of weeks before the vaccine and say: “We have a consent on file for your child and want to make sure your child still wants to have the vaccination.” The ones for whom they don't have consent forms, they say: “We don't have a consent form at this time, but are you interested in your child getting the flu shot?”

In advance of the clinics, school nurses go through the consent form and make certain that it's all filled out. They prepare a folder of each child with name/date of birth and order information by classroom. When the health care agency arrives, they usually bring their own nurses and have their own person who focuses on appropriate documentation. The vaccination process can move quickly because they also have school staff pulling students from their classes to take them to the vaccine site in the building. The district vaccination clinics can give 200 flu shots in 1.5 hours. The agency provides the administration of the vaccine.



One issue the district had to overcome was an increased level of missing or unaccounted for students as part of the vaccination process. For example, if many students are absent, the FOHC has offered to come back and do an extra day to ensure students are vaccinated. However, scheduling another clinic is not an easy process.

**2. Vaccination Initiatives in Lockwood Schools, Montana** (<https://www.lockwoodschool.org>): Lockwood Schools is located just east of Billings, Montana. Over 1,300 students (K-10) attend school on the single campus. After granting funding approval in 2018, the school district opened the Lockwood High School to students in August 2020. The new school has 400 students, but the challenge of COVID-19 continues to impact the district.

For example, during the 2021 opening, two percent of those students became ill in a single day, with the local hospital required to take 212 students away for contact tracing and reporting results to the county health department. Additionally, 50% of students in the district receive Free and Reduced Lunch, necessitating delivery of health and related services in alternative settings to traditional clinics and other resource facilities. The large percentage also accounts for lower required vaccination rates than typical suburban school districts. Additionally, the district has recently experienced a major increase in the request for religious exemptions related to required vaccinations.

The district offers a van/mobile clinic for vaccinations since the community has no medical facilities other than a dentist and chiropractor. Currently, the area has no pharmacy, and Billings, Montana, the largest accessible city, is also difficult to access for many residents. The result is that Lockwood has joined in a partnership with the Sisters of Charity of Levinworth to offer a medical clinic in an 8,000-foot facility convenient to residents.

Given the lack of medical resources and facilities, the school district is making strides to provide health maintenance services to staff and families. For example, the district does a big health screening process (including flu shots) every year and also offers cholesterol screenings in its high school gym.

Messaging is a key component of Lockwood's approach to the vaccination issue. For example, with its vaccination campaign, staff members just present the facts: Here is when and where we will offer a vaccination clinic. Staff members are encouraged to present information in a straightforward way. Leaders also cite positive and ongoing communication and outreach to staff to ensure consistency of messaging and parent/community outreach. Information is put out through the district's regular website, social media, as well as a calling system (i.e., emails to parents along with phone calls).

According to district leaders, a key reason for doing this work and ensuring its sustainability is vaccination equity. They reinforce that the equity commitment is a chief reason for developing the new clinic. There is a clear realization that without such a facility, upper middle-class students would receive health services, but the 55% of students from lower socioeconomic circumstances would not receive services because of issues such as travel, financial resources, and logistics.



# Case Study Examples of School-Based Vaccination Clinics

**Directions:** The following additional case studies emphasize the unique as well as universal features of a school-based/ school-level vaccination clinic (SLV). In considering these components, you may wish to use the following guide questions:

- Why did leadership elect to use a school-based approach to vaccination clinics?
- To what extent does the SLV model reflect the priorities presented in district-level approaches?
- How does a school-based clinic provide unique opportunities as well as challenges for district leadership?
- In comparing the two approaches, which one seems to be the best fit for your district?

1. **Anchorage School District (Alaska):** Anchorage SD is Alaska' largest district, serving families in Anchorage, Eagle River, and Girdwood. The district manages all public schools within the Municipality of Anchorage and is the 97th largest school district in the United States, serving nearly 50,000 students in over 90 schools. The district's student population includes the following: 41% White, 5% Black, 11% Hispanic, 17% Asian/Pacific Islander, 9% American Indian/Alaska Native, and 15.78% Multi-Ethnic. The district serves approximately 8,6000 students with special needs who are eligible for Special Education services. The district's English Language Learner program serves approximately 5,800 students. Nearly all Anchorage students are now eligible for free breakfast and lunch.

The district offers a comprehensive set of vaccination options for students and families through the Vaccines for Children program. According to Jen Patronas, Senior Health Services Officer, the district initially had Pertussis practice rounds in anticipation of COVID pandemic, working closely with regional leaders. However, the district currently offers all required student vaccines, including a commitment to keeping a limited number on hand in schools.

According to Jen Petronis and Kathy Bell, Assistant Directors of Anchorage Health Care Services, the district administered 72,000 vaccinations between 2020 to the present. Anchorage decided to offer a comprehensive vaccination program for students and families since parents were experiencing challenges in getting their children to clinics for vaccinations. Additionally, Medicaid now pays for all vaccines in the state for free. Although health providers can charge a \$25 vaccination fee, they cannot bill if a family cannot afford that charge.

The district is also in the process of expanding available vaccination services. For example, the district just ordered 16,000 vaccines for schools.

Parent outreach, engagement, and communication are a critical part of improving vaccination rates in the district. For example, Anchorage requires elementary parents to be present during vaccinations since incidents have occurred where students forged parents' signatures (i.e., parents cannot write in English or do not understand the value of vaccines). The district also now uses Parent Teacher Conferences to emphasize the value of flu and other vaccinations. Staff members also use pick-up and drop-offs at school as opportunities to encourage vaccinations. Nurses are especially effective at recognizing opportunities to promote vaccinations. For



example, one high school nurse has integrated vaccination opportunities into a health fair she has coordinated since many high school students and parents attend the fair.

Petronis and Bell also stress the critical importance of pre-planning in order to make district-supported vaccination clinics successful. This process requires logistical management and a high level of communication that include outreach campaigns to parents. They also emphasize the value of cross-institutional partnerships involving local health services and agencies, pharmacies, and governmental offices. A coherent, integrated approach to the process can ensure that vaccine hesitancy and misconceptions are addressed in a timely manner. It also reinforces the power of partnerships in acquiring and sustaining funding and support resources (e.g., refrigeration) needed for long-term sustainability.

In a large district like Anchorage, the health team gives significant discretion to individual school nurses for determining how they do family outreach. They believe that the nurses at individual schools will best know how to connect with families about the vaccination opportunities available to them—and assuage any concerns they may have about vaccinations. They also have discretion about when they offer vaccinations, with some choosing to offer them in the evenings.

Anchorage is the only school district in the state to have state-required vaccinations readily available in its district. It serves the largest population in the state, and its administration supports this initiative. Leaders interviewed emphasize that superintendent, school board, and related administrator support is the number one requirement for building and sustaining a school-based vaccination program.

- 2. Palm Springs Independent School District (California):** The Palm Springs Independent School District (PSUSD) serves 21,705 students with a majority Hispanic population. It has 1,273 staff members with 1,269.5 FTEs. The district currently has 21,042 (i.e., 89%) of its students identified as qualified for the Free and Reduced Meal Program. Currently, 5,676 students are classified as English Learners. Ten to twelve percent of the student population is identified as Special Education. The district provides support for students who have special health needs, as well as expressing a deep commitment to promoting positive health for all students.

The decision to develop and sustain school-based vaccination clinics in the district resulted from a combination of factors. California has some of the strictest requirements for vaccinations in the United States. According to Laura Dyson, a Registered Supervising Nurse for the district, “We foresee there may be pushback. We have a high vaccination rate, but we are keeping track of the information as we acquire it. For the other required vaccines, we did see a drop in vaccination rates. We allowed students to continue in enrollment because of getting students to doctors’ offices (many on virtual). If they are in-person, they must be compliant. I have a lot of students not in compliance. Early August of 2021, more than a thousand kids were non-compliant. We partnered with BORREGO Health and other partners—piggy backing with COVID, as well as flu and other vaccinations.”

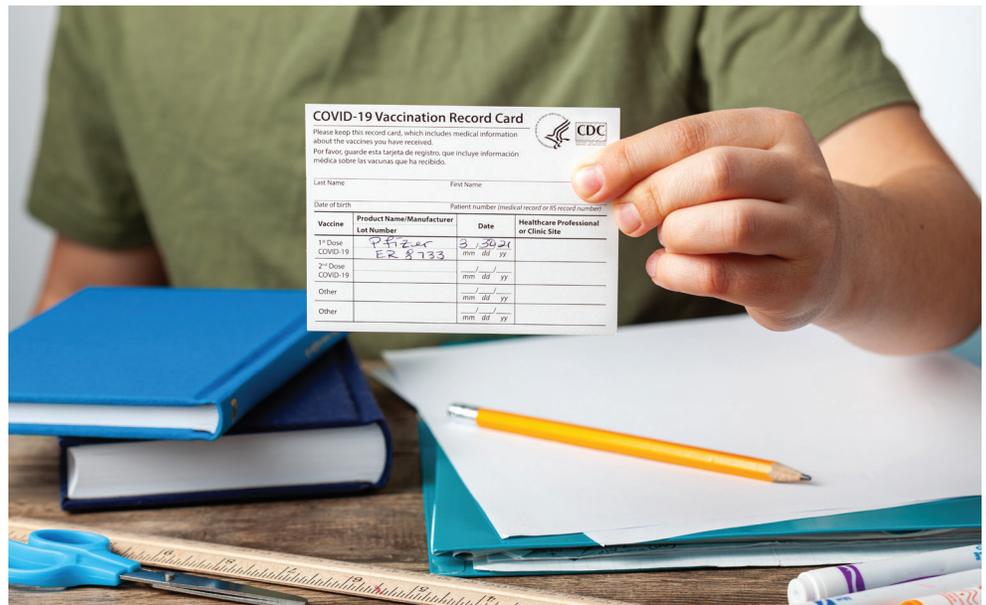


Borrego Health (i.e., the local health organization with clinics in Cochella Valley where the district is located) has established and reinforced a community partnership with the district and other local organizations to ensure vaccination success. This multi-year initiative ensures ease of access to vaccinations via school sites while ensuring that Borrego Health is responsible for billing and parallel record keeping and compliance with state requirements.

What is required of the district and what are the various roles that partners play? How in the past has the district accessed the opportunities the resources and options inherent in such a partnership? The district conducts twice yearly meetings with Borrego Health, correlating dates and clinic options to ensure that they are compatible for school

schedules and Borrego resources. In light of recent conditions, the clinics now require that parents sign up for vaccinations rather than previous walk-in options. According to Laura Dyson, the result has been a decline in participation for some parents and families.

Typically, PSUSD and Borrego offer vaccination clinics a couple times a year, including options for both required entry-level vaccinations and additional options to ensure that all students entering seventh grade have their required vaccinations. The district also ensures that all students who need them get required doctors visit. A physician must be on site if this process occurs. Mobile vaccination vans are also used, including options for Borrego to request a room inside schools (e.g., cafeteria, gym) since vans fill up quickly.



Usually, Borrego will identify how many students are non-compliant with state immunization laws and will try to provide incentives to encourage greater vaccination rates. One way they do this is by offering a Thanksgiving dinner package at each school site. When students are vaccine compliant, they can be entered into a raffle to receive a full Thanksgiving dinner. The same process occurs again at Christmas time. Vaccination clinic leaders confirm the value of such incentives as motivators to ensure the greatest levels of participation as possible.

The partnership with Borrego ensures that communication and outreach to parents and community members are maximized. Borrego typically takes care of outreach, including calling parent phone calls and handling forms for signature by parents. Nurses help in publicizing options. The district also has a letter it sends out about clinics that families can access. In the spring they also offer the clinics—so early planning is essential.

Social media is essential to family and community outreach. For example, the district uses its Communications Coordinator to create flyers and do promotions via Facebook. Clinics typically run from 10:00 a.m. to 5:00 p.m. At middle school, the district typically runs three to six or seven clinics annually. The range of available times has been a major benefit for parents and families to accommodate their schedules and work hours.

3. **New Britain School District (Connecticut):** New Britain School District is a public school system located in New Britain, Connecticut. It has a student population of 10,032 in grades PK-12 with a student-teacher ratio of 14 to 1. The district has one high school, three middle schools, and ten elementary schools. It currently ranks as the 31st most diverse school district in Connecticut out of a total 130 districts. 100% of the district's students receive Free or Reduced Lunch.

New Britain's population is 65% Latino. It has a high level of need related to Special Education as well as mental health. The district also serves a high proportion of immigrants, especially Middle Eastern families coming from Yemen. Students frequently display physical needs and mental health needs extending from trauma.

Ensuring student and family access to healthcare services is a priority for Superintendent Nancy Sarra. During her tenure, she ensured that every school (when it is renovated) contains a health center. Parents also now have access to some critical wrap-around services in every school. The district chose to prioritize childhood immunizations and healthcare services to promote family engagement. The district has examined persistent problems such as Pre-K students getting ill with contagious outbreaks and illness—and has sought solutions to these issues.

When a parent registers their child for school in New Britain, the parent is asked whether they would be interested in accessing school-based health services. In addition, they are making appointments for families to register students to ensure that district healthcare workers are there to facilitate the central registration process. They also provide translations in multiple languages of services and healthcare opportunities available to families. Parents acknowledge the value of this one-stop shop approach, including the availability of buses to promote ease of access to the centers.

The New Britain school-based health centers can service any family residing in the district, providing immunizations to reduce students who are noncompliant with state immunization laws. Chronic absenteeism is a key performance indicator in the state accountability system for increasing the achievement of the district.

# Suggested Resources for Study Groups & Action Research Teams

**Directions:** The following suggested materials and resources are ideal starting points for school and central office-based study groups and action research teams investigating strategies and processes for designing, implementing, and sustaining school-based and district-based healthcare clinics, including expanded access for students and families to required vaccinations:

- 1. Overviews of Successful Strategies and Examples of School-Based and District-Level Vaccination Programs:** The following resources provide detailed suggestions and recommendations for developing, implementing, and sustaining successful vaccination clinics at the school and community levels:
  - <https://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Public-Health-and-Schools-Toolkit/Vaccination-Clinics-in-Schools/>
  - Here is an example of how to set up a school-based vaccine clinic: <https://drive.google.com/file/d/1xbtwakMKkgJX-iv5JF6ubmkKOYcSlmhR9/view>
- 2. Promoting Parental Support and Buy-In for School- or District-Based Vaccination Clinics:** The linchpin of successful school vaccination efforts is obtaining parental consent and buy-in. It is important that districts begin these efforts as early as possible, starting with the first week of school. There benefits to distributing school vaccine materials at the beginning of the school year along with other back-to-school forms and information. One example would a letter from the principal or superintendent to parents that could be similar to this one: <http://preventchildhoodinfluenza.org/keep-flu-out-of-school/school-resources/communication-templates-tools-resources/letter-home-english.docx>. Similar to other information designed for parents, all information around school vaccination efforts should be translated into different languages spoken by families in the district to maximize parental understanding.
- 3. The Power of Immunization Managers as Partners:** Successful school-level and district-level vaccination services are inevitably implemented with partners, including pharmacies already equipped to handle patient registration and consent processes with electronic or online platforms. The hyperlink included with this resource provides readers access to a comprehensive resource collection and report highlighting reflections by immunization managers involved in school- and district-level vaccination services. Participants found it helpful when consent forms could be completed and shared electronically through apps such as VaxCare or input-adapted PDFs that parents can sign and return directly to schools or their partners. PrepMod was also mentioned as a helpful clinic management system for parent consent, scheduling, and data tracking and sharing with IIS.

Other participants shared that it is helpful when partners allow parents to give consent by phone. Among school-level vaccination service providers who handled parental consent without a partner, several found it useful to collect consent for both COVID-19 doses on the same form, reducing back-and-forth with parents and increasing completion of the series. Participants also shared that onsite paper consent was easier to obtain when there was a large area for families to fill out paperwork, allowing for physical distancing, and SLV staff on hand to assist with forms. This resource collection can be accessed using the link: [https://cdn.ymaws.com/www.immunizationmanagers.org/resource/collection/C51290B5-3749-4FC1-8F88-330CF4266E05/SLV\\_Roundtable\\_Report.pdf](https://cdn.ymaws.com/www.immunizationmanagers.org/resource/collection/C51290B5-3749-4FC1-8F88-330CF4266E05/SLV_Roundtable_Report.pdf)
- 4. Sample Data Collection and Program Evaluation Resources:** This set of resources can be accessed via <https://www.shootheflu.org/toolkit/evaluation-tools/>. Materials include (a) a school staff survey meant for the primary school point of contact. A paper version can be handed to them to fill out while the child or family is there being vaccinated. The survey can also be sent electronically after the vaccine day. Online survey software such as SurveyMonkey or SurveyGizmo provided survey analytics but surveys can also be sent at no cost using Google Forms; (b) a parent/guardian survey and consent form: The consent form includes the question: "May we contact you for feedback on how to improve this program?" If the parent or guardian indicates "yes" and provides an email address, an electronic survey can be sent in English and Spanish. This is an easy process but excludes parents/guardians who do not consent as well as provide a valid email address, which may bias your results. Data-entry staff can create a spreadsheet for the provided email addresses and use online survey software to send the survey and track/analyze results. A free Google

Form is also an option; and (c) Ideas for Program Evaluation: To assess overall how implementation of the program went, all staff and volunteers can be sent a general survey. If you use an online scheduling software, this can be sent through that software.

5. **Document and Data Collection Management:** This resource includes a sample report that can be used to track vaccinations, vaccine temperature and staffing during the day of vaccination: <https://www.shootheflu.org/toolkit/operational-documents/>

This report can be used by site leaders to track vaccinations, vaccine temperature and staffing during the vaccine day. On the backside of the report is a sign in sheet for all volunteers and staff. It is important to have a record of all individuals assisting with vaccine days as well as their contact information. If there were to be an incident and you need to investigate, you need to be able to interview anyone assisting with vaccination efforts. Additionally, the sign-in sheet can yield valuable information about the type of staff, number of staff, and staff time to aid in staff planning for future campaigns.

6. **Ideas for Communicating About the Vaccination Process and Offering Vaccines in Your School or District:** The following resources may be useful in exploring tips and strategies for communicating about the importance of the vaccination process and dispelling misconceptions and misunderstandings about vaccines. In addition, the Education Week resources are good discussion starters for staff, parents, and community members exploring the issue of school- and district-based vaccination clinics and services:

- <https://www.edweek.org/leadership/a-vaccine-for-kids-is-coming-6-things-to-know-about-administering-the-shot-in-your-school/2021/09>
- <https://www.edweek.org/leadership/Covid-19-vaccine-clinics-a-blueprint-for-schools/2021/02>

7. **Considerations for Planning School-Located Vaccination Clinics/CDC:** <https://www.cdc.gov> This CDC publication showcases information for planning and implementing school-located vaccination clinics (SLVs) for all routinely recommended vaccines as well as COVID-19 vaccinations. This resource also includes a modifiable template for communication materials that districts can use in the process of developing and implementing one or more clinics. The resource includes recommendations for the following:

- Background Information
- SLV Planning Considerations
- Establishing SLV Leadership and Partnerships
- Legal Issues Related to Minors, School Staff, and Volunteers
- Ideas for Reinforcing Effective Communication
- Training and Professional Development
- Additional Resources for Use by Planning Teams

8. **Guide to On-Site Vaccination Clinics for Schools—We Can Do This:** <https://www.wecandothis.hhs.gov> This guide emphasizes strategies for offering school-based COVID-19 vaccinations but is applicable to the development and implementation of a comprehensive school-level vaccination clinic for all required vaccinations. Suggestions include ideas for hosting pop-up COVID-19 clinics for students returning to school, partnering with nearby providers, an on-site vaccination toolkit, and strategies for community engagement. Highlights include:

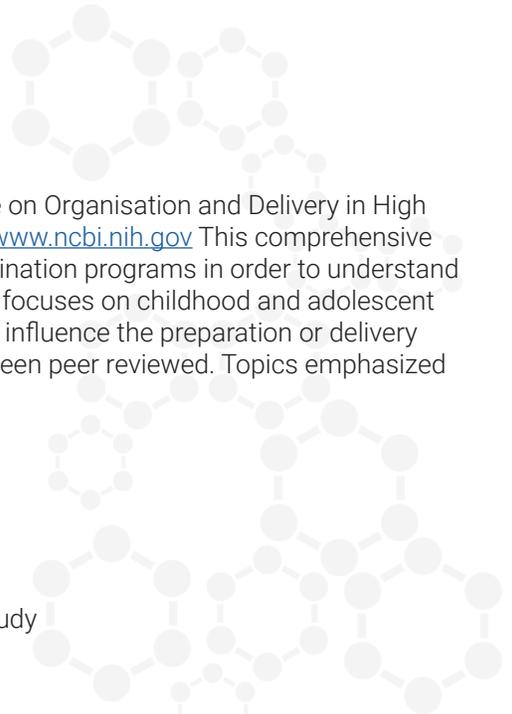
- A Comprehensive On-Line Library of Resources
- Strategies for Aligning Support from the CDC
- Suggestions for Supports Available Through National Education and Public Health Organizations
- A Comprehensive Planning Guide for School-Based Vaccination Clinics

9. **School-Based Health Alliance—School-Based Vaccines and Immunizations:** <https://www.sbh4all.org> This guide includes a wide range of online resources for use in the design, development, and implementation of school-based vaccination clinics and services. Readers can access general information as well as specific templates and example resources from throughout the United States. Resources include the following:

- CDC Immunization Schedules
- Vaccine Information Statements
- Federal Law Requiring Vaccine Information Statements
- Resources for Administering Adolescent COVID-19 Vaccines at Schools
- Examples and Resources from the School-Based Healthcare Field

10. **School-Based Vaccination Programmes: A Systematic Review of the Evidence on Organisation and Delivery in High Income Countries** (Sarah Perman, Simon Turner, and Naomi J. Fulop): <https://www.ncbi.nih.gov> This comprehensive meta-analysis presents a systematic review of evidence on school-based vaccination programs in order to understand the influence of organizational factors on the delivery of programs. This report focuses on childhood and adolescent vaccination programs delivered in schools, considers organization factors that influence the preparation or delivery of programs, emphasizes programs found in high-income countries, and has been peer reviewed. Topics emphasized include:

- Organizational Models and Institutional Relationships
- Infrastructure Implications
- Staffing and Workforce Capacity
- Program Financing Options
- Communication with Parents and Students
- Implications and Recommendations Generated Through This Research Study



# Planning Guide for Implementing a School-Level Vaccination Clinic

**Directions:** Educational leaders can use the following planning guide with staff to identify key priorities in designing, developing, implementing, and sustaining a successful school- or district-level vaccination clinic. The following rating scale can be used as a discussion point to build consensus about the current status of each key component:

3= Fully Operational and Sustainable

2= Operational but in Need of Expansion and Refinement

1= Beginning with Extensive Need for Expansion and Refinement

0= Not Operational at This Point

1. We have developed a rationale for developing and implementing one or more school- and/or district-level vaccination clinics.
2. We have engaged major stakeholder groups in supporting the development of one or more vaccination clinics.
3. We have ensured that parent, family, and community members have a voice in the design and implementation of the clinic(s) we are proposing.
4. We have engaged key partners (e.g., health agencies, government agencies, community organizations, etc.) in supporting this initiative.
5. We have ensured that funding for one or more vaccination clinics is available currently to address all major requirements for a successful operation.
6. We have made certain that staffing is available and well trained to deliver vaccinations.
7. We are ensuring that data management systems are in place to monitor vaccination delivery and communicate vaccination data to appropriate government agencies.
8. We are ensuring that all legal mandates related to the vaccination process are in place to ensure alignment with local and state policy, regulations, and laws.
9. We have partnered with other organizations (including local pharmacies and health clinics) to expand the potential access to vaccinations for students.
10. We have integrated quality control and program evaluation processes, including a data dashboard, to monitor the impact of our clinic(s) upon student vaccination rates.

- \_\_\_\_\_ 11. We are ensuring that an effective outreach and communication plan is in place to ensure that all community members are informed about our work and the availability for their children of needed vaccinations.
  
- \_\_\_\_\_ 12. We are collaborating with a variety of organizations to ensure that community misperceptions and misunderstandings about vaccinations are successfully addressed.
  
- \_\_\_\_\_ 13. We are locating clinics in geographically accessible areas, including ensuring that all families have transportation and related issues addressed.
  
- \_\_\_\_\_ 14. If we offer a range of vaccination options (including required vaccinations for school entry), we have worked with local insurance providers to address billing issues.
  
- \_\_\_\_\_ 15. We have integrated our commitment to sustaining our clinic(s) beyond the duration of ESSER and other relief funding sources, i.e., integrating this priority into our long-range fiscal management and operational budget processes.



# End-of-Module Self-Reflection Questionnaire

**Directions:** As an educational leader, use this self-reflective questionnaire to explore the following essential question: To what extent are you committed to the concept of school- and/or district-level vaccination clinics in your district? Use the following rating scale to assess your current level of knowledge, skill, and understanding of key issues related to this issue:

4= I have a clear understanding of the value of SLVs and can articulate their purpose and need to constituents and staff.

3= I understand this issue and have started to work with my staff to explore options for clinic development and/or expand available vaccination resources to students.

2= I am beginning to understand the significance of this issue, but I have not worked with staff to address it.

1= I am just becoming aware of this issue as a problem of practice, and I need to do much more work in understanding and addressing it.

- \_\_\_\_\_ 1. I can provide a clear rationale for school- and/or district-level vaccination clinics (SLVs) in my district.
- \_\_\_\_\_ 2. I can identify key components for the design, implementation, and sustainability of SLVs that are specific to the needs and resources of my district.
- \_\_\_\_\_ 3. I can explain to parents and family members as well as community stakeholder groups the value of SLVs and the need for them to support this idea.
- \_\_\_\_\_ 4. I can articulate to my board and district leaders the action steps I would recommend to begin and/or expand our current work with vaccinations of students.
- \_\_\_\_\_ 5. I have begun to work with other administrators and staff members in my district to determine ways to design and/or expand our work with student vaccinations.
- \_\_\_\_\_ 6. I can articulate funding sources and budget requirements for one or more SLVs in my district.
- \_\_\_\_\_ 7. I understand key strategies and related communication processes proven successful in promoting parent, family, and community support of SLVs.
- \_\_\_\_\_ 8. I am working with my staff to ensure that they are prepared to address effectively expressed concerns from parents and family members related to the concept of an SLV.
- \_\_\_\_\_ 9. I am working with cross-institutional partners to elicit their feedback and support for the range of support resources required to sustain an SLV (e.g., staffing, training, facilities, insurance issues, data collection and analysis, etc.).
- \_\_\_\_\_ 10. I understand ways in which we can work with health agencies, governmental agencies, pharmacies, and other organizations to expand student vaccination rates.

# MODULE FIVE

## Communication and Engagement Strategies: Promoting Community and District Support in Increasing and Sustaining Student Vaccination Rates

### An Introduction to the Theme, Issue, or Problem of Practice

This module extends and refines ideas and strategies presented in previous models related to community and district outreach and support. It provides a detailed set of recommendations concerning communication priorities and strategies as a district moves through the inevitable stages of change associated with developing and sustaining school-level vaccination clinic initiatives. The module organizes these ideas around four key phases: (a) Initial Program Design and Preliminary District and Community Outreach; (b) Development of Initial District- and School-Level Vaccination Clinics; (c) Scaling Up and Expanding Vaccination Initiatives and Programs; and (d) Ensuring Sustainability and Anticipating Future Vaccination Priorities and Needs.

### Essential Questions

- During the initial phases of program design, what should superintendents and other district leaders do to engage district and community support for student vaccination initiatives?
- What kinds of outreach and communication processes are necessary to ensure the success of initial district- or school-level vaccination clinics?
- How do successful districts scale-up and expand their efforts to maximize student vaccination rates?
- How can district leaders and staff ensure sustainability of student vaccination efforts in their learning organizations?

### Outcomes



Identify key outreach and communication strategies used by effective superintendents and other district leaders to engage district and community involvement in student vaccination initiatives.



Investigate key requirements for initial district- and school-level vaccination clinics, including options for partnerships with health agencies, physicians, and community organizations.



Analyze non-negotiable elements for successful scaling up/expansion of student vaccination initiatives in schools and districts.



Explore strategies for sustaining student vaccination efforts, including structural components for anticipating future health emergencies and pandemics.

# THE CRITICAL IMPORTANCE OF COMMUNICATION, OUTREACH, & STAKEHOLDER ENGAGEMENT AS PART OF A DISTRICT'S COMMITMENT TO VACCINATION EQUITY

Educational leaders in the field of district- and school-based vaccination clinics are advocates for sustained and open communication with students, families, and community members as part of effective vaccination relief efforts. Outreach and continuing engagement among stakeholder groups are also essential for addressing logistical issues, responding to expressed concerns and vaccine misinformation (including vaccination hesitancy), and sustaining support for district- and/or school-based vaccination services and clinics.

Experts who have worked with a variety of vaccination efforts—including school-level vaccination clinics—typically describe four interrelated phases of program design, development, implementation, and sustainability. Each of these phases requires that educational leaders keep open lines of communication with all members of the learning organization. Experienced leaders also emphasize that the district's commitment to equity is essential to ensuring achievement of the long-range goal of vaccinating all students—and ensuring the health and well-being of family members and the community.

The program development process inevitably begins with

leaders' recognition that schools must take and maintain a proactive role in promoting high levels of student vaccination. Phase One of this process includes determination of program design elements, including the range of services and locations that the district will provide to increase student and family vaccination access. Communication is critically important just as engagement of stakeholders must be multi-faceted and comprehensive. Phase Two begins the process of site-based and/or shared delivery of vaccination services, frequently involving partnerships with health clinics, pharmacies, pediatricians, and hospitals within the district. In both of these initial phases, the voices of stakeholders and the engagement of health professionals are critical elements.

Phases Three and Four require the district to scale-up and expand its vaccination efforts, especially to ensure that underserved populations have ease-of-access to health services and vaccines. Typically, the communication and outreach efforts begun in the first two phases continue, but expanded efforts must be made to ensure that equitable access to accurate and comprehensive information is disseminated in a variety of platforms, settings, and contexts. Above all else, district and school educational leaders must be

committed to sustaining and expanding existing efforts—while anticipating potential future vaccination priorities and needs as populations increase, change, and grapple with a range of health, socio-economic, and social-emotional needs.



## Communication, Outreach, and Engagement— Phase 1: Initial Program Design & Preliminary District & Community Outreach

### Essential Questions:

1. What does your data reveal about student vaccination rates? To what extent does it reveal inequities involving access and location?
2. How will you communicate the significance of this data to staff, parents, and community members?
3. Who are the key partners you can enlist in your initial efforts to address vaccination inequities in your school district?
4. How will you sustain effective communication, outreach, and stakeholder engagement as you begin the process of addressing vaccine inequities?

The initial phase of program development for school- and district-level vaccination initiatives and clinics requires a comprehensive approach to articulating the rationale, vision and mission, and guiding principles underlying this effort. Preliminary staff and community outreach must involve disseminating clear and accurate information to employees, families, and stakeholder groups in a variety of settings, formats, and media. Inevitably, this phase must also involve clear and consistent focus on addressing a range of vaccine-related misinformation, especially during these politically volatile times where social media continues to stoke fires and reinforce parent/community apprehension.

In a recent forum facilitated by the Duke-Margolis Center for Health Policy (November 17, 2021), Dr. Hemi Tewarson (Executive Director of the National Academy for State Health Policy) summarized the challenges facing educators and community leaders: “Getting children between the ages of 5-11 vaccinated can be challenging because of inadequate access to vaccination facilities, limited hours of availability, parent work schedules, and misinformation promoted by social media.”

During the initial phase of vaccination program development, communication and outreach are especially significant. Experts reinforce that a range of service providers and stakeholder groups must be part of outreach efforts, including pediatric provider offices, schools, pharmacies, and community health centers. Educational leaders must be tireless in promoting efforts to enroll, train, and incentivize pediatric vaccination providers to become a part of this effort. Additionally, targeted communication must be ongoing with parents and families, stressing the importance of vaccination in sessions presented by trusted sources (including pediatricians and individuals trained to deal objectively and patiently with parental and community members’ expressed concerns and misconceptions).

Addressing the range of confounding issues is also an essential part of this first phase of vaccination program

development, including addressing the critical priority of eliminating inequities in vaccination rates (especially in relationship to racial and ethnic inequities). In addition to equity and related community outreach, district leaders must work closely with health providers, government officials, and internal staff to deal with requirements related to vaccination logistics, storage, administrative and policy issues, and preparation and availability of staff.

Cameron Webb, Senior Policy Advisor for the White House COVID-19 Equity Response Team, emphasizes the power of social media to showcase families making decisions to get vaccinated and where vaccines should be administered. School-based clinics are emerging as a prominent and viable provider location along with partnerships involving public health clinics and other providers.

Clear and consistent communication is critical, especially in light of the wide variety of misinformation disseminated by social media. Many parents, for example, are still asking if vaccinations (especially COVID-19 vaccines) are right for their children. Therefore, street-level communication in communities is critical. Educational leaders and health experts must emphasize the safety profile of vaccines—and clearly articulate data comparing the health of students who are vaccinated vs. those who are not. Parents are hearing: Is this safe? Has it been tested long enough? Leaders must make a concerted and sustained effort to answer these questions.

During this first phase, consistency, showing up, and providing a communication infrastructure—all are critically important just as a commitment to equity must be at the center of efforts to expand vaccination accessibility and services for student and families. Typically, affluent parents can get access to health and vaccination services more easily than more economically or regionally isolated individuals and families. Social media and in-person campaigns as well as information sessions must consistently stress that schools are the center of the community—and represent locations where students, families, and community members feel comfortable. Therefore, it is both logical and feasible to develop and implement school-based vaccination clinics.



## Communication, Outreach, and Engagement— Phase 2: Development of Initial District- & School-Level Vaccination Clinics

### Essential Questions:

1. Based upon initial program design and stakeholder input, what are the most viable options for district- and/or school-level clinics in your area?
2. How will you engage health service organizations, pharmacies, and government partners to support your program development efforts?
3. How will you use a range of media and resources to communicate the design and accessibility of the clinics you develop in this second phase?
4. To what extent are there areas of misunderstanding and misconception about the efficacy of vaccinations that you will need to continue addressing?
5. How will you ensure that your initial clinics address equity issues that may have surfaced in your community related to health services and vaccinations?

During the second phase of vaccination clinic implementation, it is essential for educational leaders and staff to continue efforts to keep open lines of communication with students, families, staff, and communities. As initial clinics become operational, it is especially essential that informed board of education support be fully present in alignment with family and community expectations and understandings. Perhaps most significantly, communication and engagement of participating health care, pharmacy, and related organizations must be a priority during this and future phases of clinic operations.

This second phase of communication, engagement, and outreach must continue to include a focus on the value of school- and district-level vaccination clinics and partnerships with such agencies as local pharmacies and health service providers. Additionally, ongoing focus areas must include outreach to enroll, training, and provide incentives for vaccine providers to share their expertise and services with schools and the district. Targeted communication with parents and families is also essential. Trusted sources—including highly respected voices from leaders within your various communities—are essential for this phase of program implementation.

Continuing emphasis must also be placed on the equity implications of vaccination access. Therefore, selection of initial clinic sites should involve a transparent process that whenever possible, is based upon serving first those communities demonstrating the highest level of need (e.g., maximizing parent and student access to vaccination services for families facing transportation challenges and barriers to accessing health services easily in light of location or job responsibilities). As a result, stakeholder engagement must include input from voices in various communities, including town hall forums, community outreach meetings, and the use of social media to highlight availability of vaccination services. According to vaccination leaders, it is also helpful to have local medical experts available in those meetings to answer technical and sometimes challenging questions resulting from parent and community misunderstandings and/or misinformation.

According to Dr. Deborah Greenhouse, a pediatrician in Columbia, South Carolina (Duke-Margolis Health Webinar, November 17, 2021): “We continue to rely on our whole community, including health departments, hospitals, and pharmacies. The rush for vaccinations comes in and out so we are pivoting to incorporate daily activities

related to vaccinations.” Greenhouse also emphasizes that the logistics of vaccinations require sustained communication and engagement, including addressing such issues as the resources needed to store and administer vaccinations, completion of compliance forms, and sustained sharing of ideas within the learning collaborative.

Greenhouse also suggests that leaders must anticipate inevitable resistance, citing three groups that seem to have emerged and that vaccination leaders are striving to address and engage: (1) Those who want vaccines but are not rushing to get their children vaccinated; (2) Individuals hesitant but willing to engage in the conversation; and (c) Those not willing to have the conversation. Greenhouse recommends: “We keep trying to meet people where they are. Also, we are using a variety of discussion protocols, asking, ‘Is it all right for me to share what I have learned with



you? Is it OK for me to talk with you about this and explore your concerns?' Every conversation matters."

Similarly, Dr. Alycia Meriweather, Deputy Superintendent of Detroit Public Schools, emphasizes the critical importance of sustained outreach and communication with families and community members. According to Meriweather: "Schools play a critical role in offering and promoting vaccinations to students in addition to health departments, pediatricians, and hospitals. In Detroit vaccination clinics, we offer all immunizations that are required as well as providing a space where all vaccinations can happen in partnership with local health departments. Schools are a trusted location—a place that people are familiar with and find accessible. People tend to stay close to home so vaccination clinics across town are a barrier. Schools can also partner with local health departments to offer organizational and logistics updates as well as vaccine information."

Dr. Meriweather also stresses the powerful value of student voices during this phase of implementation. She cites, for example, Detroit's Teens for Vaccines, a public information and outreach program involving teen spokespersons along with school health administrators and health clinic leaders providing information and updates about the value of vaccinations. This program has been extremely well received, resulting in what Meriweather calls "saturation" involving a range of constituents, from early adopters to resisters: "We also continue to reflect on what we can do differently as our vaccination programs are rolled out. For example, students in the 5-11 age group require different approaches than those used for high school students. By December 2021, every neighborhood high school will have a clinic, available to all students in that area."

Brandy Emily (a Nurse Practitioner in Colorado) asserts that during the implementation phase equity issues are paramount: "In our state, equity is at the forefront of our vaccine process. We have built a team of outreach coordinators on the ground working with local housing agencies and health organizations to educate and showcase resources. They are meeting people where they are, ensuring that opportunities are available everywhere, including 15 buses that provide vaccinations to all but especially for rural counties, after hours and weekends. Communities of color and essential worker locations—these are our priorities to provide walk-ups. If someone gets out of work at 7:00 p.m., we offer employers opportunities for their employees to have multiple vaccination options. School-based clinics ensure

that they have the vaccines. Smaller communities with fewer providers are also a priority."

Brandy Emily also stresses that equity involve regional and socio-economic issues that must be addressed: "In rural counties, where there is a great deal of vaccine hesitancy, we are making vaccines available in locations where people feel comfortable. As a result, people are very excited and receptive. Another initiative has been our Champions Promoting Equity, a program designed to distribute information resources, including partnerships with Providers of Color who are trusted in their communities. Community organizations, religious organizations, and schools are also priority locations—to be there to listen, hear concerns, and provide factual information to counter misinformation."

Finally, it is vitally important during this second phase of implementation that leaders reinforce the significance of analyzing and communicating to the public the results of vaccination clinics and related partnership health services. A range of media and forums can be used to highlight the correlation between increased student vaccination rates and the quality of physical health, well-being, and academic performance that results from equitable and accessible vaccination efforts within the district.

### **Communication, Outreach, and Engagement— Phase 3: Scaling Up & Expanding Vaccination Initiatives & Programs**

#### **Essential Questions:**

1. How will you determine if your current vaccination services require scaling up?
2. To what extent are all students and their families receiving the vaccination services they need to ensure their health and well-being?



3. Who are the key partners you can enlist in your efforts to expand vaccination initiatives and programs?
4. What are the budget, professional development, and program management issues you will need to confront as you scale-up your vaccination services?

The third phase of vaccination clinic implementation and service delivery involves two key interrelated processes: the need to sustain outreach, communication, and clarification of misinformation combined with consistent updates about the progress of existing clinics and services. These two priorities are critically important to justify and sustain expansion of vaccination efforts to new sites within the district, data that are especially critical for board members and community leaders. Educational leaders must remain highly intentional in their communication and outreach efforts while using data to justify proposed expansion efforts.

Christian Ramers of the San Diego Health Clinic, for example, stresses that as vaccination programs expand during this third phase, there will be bright spots and challenges that leaders must anticipate. He cites the growing use of creative communication and engagement formats, including district town hall formats in which medical and health experts enter schools to do Parent-Teacher Association-focused town halls. Ramers stresses that the PTA format feels comfortable to parents and functions as a safe space for them to pose questions and express their concerns.

Leaders in the field reinforce that some families do not have pediatricians so that school- and district-based clinics serve as their health providers. During this phase, partners organizations continue to play a critical role. In San Diego, for example, non-profits receiving grant funding provide swag bags with bottled water, suggestions for staying healthy, and other motivating resources to encourage parent support and comfort. Effective vaccination leaders also reinforce the necessity of expanding ideas and strategies for making the vaccination process more engaging.

For example, staff at San Diego school- and district-level clinics are now having vaccinated people write down why they chose

to get vaccinated. It is also essential to invite medical experts to join town halls and meetings (especially those trained to answer difficult questions—i.e., a cadre of people adept at digital communication). Ramers emphasizes that: “Local voice and context are critical—but we must make it easy to have these people join meetings.”

As districts expand vaccination efforts beyond initial pilot sites, the voices and perspectives of students become increasingly significant to guide and inform location choice, hours and logistics, and, perhaps most importantly, the deep significance and meaning of ensuring vaccination equity. Dr. Deborah Greenhouse, a physician and vaccination leader in Columbia, South Carolina, asserts: “I continue to see that kids get it. The incentives and prizes are great—but for children, the goal is getting back to normal—being back in school, not getting quarantined, going to the movies, etc. I want to get back to normal! The kids will get us out of this since they are not politicized yet. Children see this as their way out !”

Christian Ramers reinforces Greenhouse’s point: “I couldn’t agree more. Using people who just got vaccinated can make for incredibly powerful stories and narratives. In our region, African Americans were initially hesitant so they began a campaign highlighting minority engagement in the vaccination process. Children getting the vaccines can be models to have resistant parents get theirs.”

Communication, outreach, and engagement strategies during Phase Three must continue the process of addressing resistance and misinformation. Vaccination leaders, for example, emphasize that resistant parents and families tend to shut down conversations so it is vital to provide them with access to legitimate sources using real data. Discourse protocols are also useful in promoting active listening, requests for permission to explore feelings and barriers, and related forms of support and encouragement—and empathy expressed through “I-statements” and the creation of a safe space for discourse.

These forms of outreach may also prove useful in engaging with physicians who are resistant to vaccination administration (especially related to COVID-19). Data are critical for these doctors, including information about the number of deaths and hospitalizations resulting from lack of vaccine access. Discussions can also include comparisons of flu data to COVID, including differences in length of hospital stays resulting from both diseases. Members of the health community must be encouraged to make objective decisions, including encouragement for them to consider what their professional societies say about vaccinations and their critical value in promoting the health of their society.



Working in partnership with local health departments, school-based clinic staff are extraordinarily valuable human resources for dealing with vaccine hesitancy within schools and the district. Their expertise and experience make them ideal presenters at school board meetings. In fact, educational leaders must make use of all available resources to address the politicization of the vaccination process. Schools and district must continue to “lower the temperature” related to mandates. Sequencing should involve getting questions answered first—and then proceed with the vaccinations.

## Communication, Outreach, and Engagement— Phase 4: Ensuring Sustainability & Anticipating Future Vaccination Priorities and Needs

### Essential Questions:

1. What role will communication play in ensuring sustainability of your vaccination efforts?
2. How will you expand your use of social media and in-person outreach to engage all members of your school community in supporting your vaccination initiatives?
3. How will you maintain ongoing positive relationships with key partners in your community?
4. What will you do to ensure continuing funding in support of your vaccination clinics and outreach efforts?
5. To what extent can you anticipate strategies and processes for addressing vaccination needs and priorities that may emerge in future years?

In this unpredictable and unprecedented time, it is essential for educational leaders to sustain efforts at engaging key stakeholders in support of school- and district-based vaccination efforts. Communication, family and community outreach, and a deep organizational commitment to providing all students with required vaccinations are integral to the process of ensuring learner success. A major aspect of this process is articulating and showcasing a vision, mission, and guiding principles to justify the expense and human resource implications of vaccination clinics that should become an integral part of school district operations and fiscal management.

The educational and healthcare leaders showcased in this module all agree that long-term investment in student vaccinations is a critical part of a “Whole Learner” approach to education. It is essential that schools and districts commit to providing support and services that will ensure the physical well-being and positive growth and development of all students. In addition to the obvious need for challenging, differentiated, and engaging academic experiences for every learner, schools and district must become nexus points for maximizing all students’ access to health services involving required vaccinations.

In effect, the COVID-19 pandemic has launched a new era in United States public education. The traditional industrial model of an education focused strictly on academics is no longer viable. The crisis we have all experienced during recent years necessitates that educators embrace a new model or paradigm for learning, including a growing emphasis upon student and family engagement and a deep and abiding commitment to key principles of equity and excellence. This commitment entails educators’ working closely with a range of partners to ensure that underserved students and families have access to the range of health services they need.

Therefore, this fourth phase of school- and district-level vaccination clinic implementation represents a multi-faceted approach that involves the following outreach, communication, and community engagement processes:

- **Outreach:** Sustained outreach to and support from board members and other district leaders to ensure that the district’s vaccination efforts are sustained both financially and operationally.
- **Prioritization:** Continuing reinforcement by district leaders and staff of vaccination services as a key priority for the district.
- **Partnerships:** Cross-institutional partnerships involving health service organizations and agencies, local pharmacies, healthcare providers, and government leaders that reinforce sustained access to required vaccinations, human resource delivery agents, and the infrastructure required for maximum efficiency and family access to district- and school-based vaccination clinics.
- **A Multi-Media and Multi-Venue Approach:** Ongoing use of multiple social media and in-person platforms to address parental concerns, misinformation, and the need to ensure that all members of the community understand the value of vaccination clinics aligned with school operations.
- **Project Planning to Ensure Vaccination Prioritization:** Integration of vaccination services into school improvement plans and district strategic plans.
- **Program Evaluation (Formative and Summative):** Comprehensive data analysis and interpretation (with accompanying synthesis documents to communicate findings and conclusions) to maintain timely and productive quality control measures. It is essential that district and school leaders commit to providing data to express correlations between increased vaccination rates extending from clinics and their impact upon student achievement and well-being.

Finally, no one is a Nostradamus capable of predicting the future. That said, educational leaders must ensure that increasing student vaccination rates become a priority in their district—and that efforts to provide easy access to vaccinations remain a priority in their efforts to promote equitable conditions for all learners. It is especially important that health service leaders and support personnel work

closely with central office and school-based administrators to understand and address the following:

- **Interpreting Current Trends and Patterns:** Initial effects of school closings and distance learning resulting from the pandemic and other issues affecting student attendance.
- **Making Predictions Based on Trend Lines:** Analysis of trend lines involving key health issues related to vaccination, including staying informed about data related by the National Science Foundation, CDC, and local as well as state health agencies.
- **Health Leadership Teams:** Maintaining a health leadership team that has representatives from the district as well as local health providers and health service providers who can advise about current trends and respond to future scenarios and possibilities—including revision of existing programs and practices to make vaccination services more readily accessible and efficient for all students, families, and staff.

Qualities of effective leaders during this fourth phase of vaccination clinic implementation include a range of skills and dispositions, including:

- **A Commitment to the Concept of Communities of Practice:** Creating and sustaining student vaccination sites in schools and districts requires that collaboration be a hallmark of the process. Like-minded individuals must work together as a community to identify overcome obstacles, barriers, and impediments to ensuring that all students and their families have easy access to required vaccinations.
- **Understanding the Importance of Student Vaccination Rates as a Problem of Practice:** An effective Community of Practice approaches educational challenges as a collaborative opportunity to work through and resolve impediments and deficiencies in the focus area on which they are collaborating. The fundamental problem in this case is alleviating inequitable vaccination access and promoting higher levels of vaccination rates within a district. The theory of action underlying this process is that with expanded school- and/or district-level access to vaccination services, students and families will increase their willingness and ability to access all necessary vaccinations to ensure student health.
- **Being a Proactive Change Agent:** Great educational leaders are proficient change agents. They recognize and respond to the inevitable levels of knowledge and usage associated with the change process as individuals and groups move from initial information acquisition to growing levels of buy-in and support. Ultimately, this change process can lead to institutionalization of vaccination efforts—and sustained financial and operational support for vaccinations as a district priority. Effective leaders and their staffs work closely to ensure

that ongoing professional learning, community outreach, and clarification of misinformation can occur to sustain the vaccination change process.

- **Staying Data- and Information-Driven While Addressing the Social and Emotional Needs of Stakeholders:** Finally, effective educational leaders reinforce the importance of using formative and summative assessment and program evaluation data to monitor the progress of initiatives such as district- and school-level vaccination clinics. They are tireless in supporting staff to identify trends and patterns, use data-driven interventions and supports to make clinics more efficient and equitable, and have ongoing conversations with staff and stakeholder groups about the implications of potential future trends and patterns involving health care and vaccination-related priorities that may arise in the future.



# Resources Related to Promoting Staff & Community Outreach and Engagement

This module provides resources that can be used by educational leaders and their staff to ensure effective outreach to district staff and community members as superintendents and other district staff facilitate efforts to promote student vaccination rates. The module includes:

**01**

Recommendations and scenarios from leaders of school- and district-level vaccination clinics describing the process they used to ensure ongoing and effective outreach and support involving district staff and community members

**02**

A planning guide summarizing key benchmark points related to staff and community outreach during predictable phases of implementing student vaccination clinics, including initial design and development, piloting, expansion, and sustainability

**03**

An annotated list of potential resources for use by study groups and action research teams engaged in addressing the issues involved with parent and family hesitation and/or delay in vaccinating children

Like every module in this toolkit, Module Five concludes with a self-reflection questionnaire for educational leaders. This one focuses upon key issues and priorities leaders should consider in sustaining effective outreach to and communication with staff and community members as part of district efforts to increase student vaccination rates.

# Recommendations & Scenarios from Health Field Leaders

**Directions:** Once again, insights and recommendations from experts in the field of student vaccination are a powerful tool for promoting communication and engagement among district and community stakeholders. Use the following brief summaries from health leaders in communities from throughout the United States, all of whom have extensive experience in developing and sustaining effective student vaccination clinics. Guide questions include:

- What are the key insights and recommendations presented in each summary?
- How do these insights and recommendations apply to your current district or school?
- To what extent are the ideas that these health field leaders present replicable in your learning organization?
- What steps or processes are necessary to overcome barriers or issues involving student vaccination rate declines in your district or school?

1. **Alyssa Goodwin (School Physician in Maine):** Dr. Goodwin works as a school physician at Martens Point (ME) Healthcare and is responsible for health advocacy, serving as school-based physician, and liaison to school nurses. She works closely with the Maine Health-Mid-Coast Community Hospital, which she says: “has been an amazing partner in this process.” Goodwin describes the communication and outreach process as an extension of the importance of communication advocacy partners who drive this initiative.

“We have,” she emphasizes, “a new superintendent who has a strong interest in the school department’s role in the community of Brunswick, Maine. I developed in my role organically, taking over the school physician role and meeting one to two times a month with district leadership, including the assistant superintendent and school nurses. We discuss policy, issues impacting student health in general, and the need to put medical information in the hands of educators. Mine is an advisory role defined by the school board.”

In Brunswick, there was not a refugee population until recently. Previously, the patients were seen at the hospital. As a result of the new vaccination efforts, the district’s role now includes reviewing documentation as needed, talking about needed resources, quarantining, and other priorities. The district’s new superintendent has been able to come in and tap into established resources, resulting in an effective communication process involving public health issues affecting the district—a focus area that can be very politically charged.

Goodwin concludes: “In upstate Maine, there are pediatricians or family practice physicians who could serve in this advisory role. These are doctors that people know and trust. If the superintendent chose someone who is in the community and is trusted, this helps him or her to meet vaccination goals and other healthcare outcomes for students. Now that everything is so mobile, there are pediatricians that could offer mobile clinics.”

2. **Health Leaders in Kennett School District # 39, Missouri:** Communication and outreach are critical for a successful school-level vaccination clinic. The district started with a partnership with the local health department with an initial kindergarten focus. Initially, health workers would visit buildings to be on-site for one or two days during the week. This partnership proved especially critical since health department employees had the relevant records to ensure that the child was immunized and could start school on time.
3. **Vaccination Experts in Anchorage School District, Alaska:** Outreach, engagement, and communication are a critical part of improving vaccination rates in the district. Anchorage requires elementary parents to be present during vaccinations. It also now uses Parent Teacher Conferences to emphasize the value of flu and other vaccinations. Staff members use pick-up and drop-offs at schools as opportunities to encourage vaccinations. As an example, one school nurse has integrated vaccination opportunities into school health fairs. This is especially useful at the secondary level since many students walk—and parents and families are accessible at events like the health fair.
4. **Health Experts in Palm Springs Independent School District, California:** The district’s partnership with BORREGO Health and other partners ensures that communication and outreach to parents and community members are maximized. The clinic typically takes care of outreach, including calling parents and handling signature forms by parents. Nurses also help at publicizing options available to families. The district also sends a letter highlighting clinics that families can access. Early planning is essential. Social media is also essential to family and community outreach. For example, the district uses its Communications Coordinator to create flyers and Facebook publicity. These resources are sent to all families.

# A Planning Guide for Staff & Community Outreach

**Directions:** As district leaders facilitate discussions and action steps for student vaccination clinic development, planning teams can use the following guide to reflect on key components of this process. A recurrent essential question should be: How are we sustaining communication and engagement among staff and community stakeholder groups as we address the issue of declining vaccination rates?

## 1. Gathering and Communicating Essential Vaccination-Related Information:

- Review your existing documents, publications, and communication media related to recommended vaccines for children and adolescents in your school or district.
- Determine the extent to which easy-to-access information is available about vaccination trends in your school or district, including subgroups showing declines or issues.
- Design print and electronic publications highlighting for staff and the public the consequences of vaccination noncompliance.
- Explore with leadership teams and community organizations issues involving vaccine hesitancy in your community.
- Form study teams responsible for synthesizing current information and research concerning models for district- and school-level vaccination initiatives and clinics.
- Work with local health agencies and governmental organizations to determine available interventions and potential funding sources for your proposed vaccination efforts.
- Begin to develop and articulate a strategic plan for addressing issues related to vaccination rates within your district, including communication plans for disseminating information.
- Ensure that student perspectives and voices are a part of your initial and ongoing communication and engagement efforts.

Priority Area	Deliverables	Persons Responsible	Delivery Date

**2. Building Board of Education, Staff, and Community Support:**

- Use one-on-one, small group, and public board discussion opportunities to build board support for school- and/or district-level vaccination initiatives, including emphasis on public health consequences of declining rates.
- Communicate a range of potential funding sources to board members to begin development and sustain implementation of vaccination initiatives and clinics (e.g., operational monies, grants, federal recovery money, federal and state vaccination funding).
- Employ a variety of media and platforms to communicate key information and issues related to student vaccination rates and models for increasing them (e.g., multi-channel communications to parents and students through school bulletins, newsletters, texts, phone calls, door-to-door outreach, summer meal programs, sports physicals, and back-to-school events).
- Use focus groups and community discussion forums to explore issues related to vaccine hesitancy and resources to reinforce the efficacy of required vaccinations.
- Interview a range of staff and community groups to elicit a profile of strategies and measures to improve vaccine compliance—and remove barriers to students and families accessing health services.
- Consider creative options for expanding vaccination efforts, including back-to-school and opening day vaccination options (with extensive outreach and communication to parent and community groups).
- Make certain that the diversity of languages and cultures evident in your district or school are a major consideration in the design and dissemination of information resources and tools.

Priority Area	Deliverables	Persons Responsible	Delivery Date

### 3. Sustaining High-Yield Engagement and Communication Strategies:

- Continue to elicit the voices and perspectives of staff and community members as you process with the development and implementation of your strategic plan for increasing student vaccination rates.
- Integrate issues and information related to student vaccinations and district- as well as school-based services as part of ongoing professional development, including back-to-school workshops, school improvement planning sessions, and related adult learning.
- Ensure that disaggregated data are available and used to ensure that a range of student groups are addressed in your vaccination efforts, including disaggregation of data involving race, ethnicity, community, students with disabilities, and English Learners.
- Make certain that student vaccination information and outreach are a sustained part of annual operations rather than “one- or two-shot” efforts that occur sporadically during the year.
- Make certain that school-based staffs—including leadership teams—are fully aware of available resources and services involving student vaccinations.
- Take every opportunity to share with community groups, including encouraging community leaders to support your efforts at improving student vaccination rates.

Priority Area	Deliverables	Persons Responsible	Delivery Date

#### 4. Engaging and Sustaining Long-Term Commitment:

- Ensure that funding for vaccination initiatives, including district- and/or school-based vaccination clinics, continues to be included in your operating budget.
- Revisit on a regular basis data related to student vaccination rates, including student sub-groups and communities where enhanced communication, partnerships, and community support may be necessary.
- Investigate and implement a range of strategies for providing families the resources and transportation required for accessing vaccination services.
- Be creative about hours and dates when vaccination services are available, including sustained partnerships with community health service agencies and government offices.
- Revisit the key information involving the importance of vaccinations as well as issues of vaccine access and hesitancy as board and staff turnover occurs.

Priority Area	Deliverables	Persons Responsible	Delivery Date

# Suggested Resources for Staff & Community Outreach

The following resources provide suggestions and strategies for reinforcing effective communication and outreach related to building support for student vaccination efforts at the school and district level. These can be used as study group reading selections, supporting resources for action research teams, and tools for use by Communities of Practice engaged in addressing declining student vaccination rates as a problem of practice.:

- 1. Immunization in the United States: Recommendations, Barriers, and Measures to Improve Compliance—NCBI:** <https://www.ncbi.nlm.nih.gov/pmc>: This article emphasizes the need for clear communication about the importance and long-lasting impact of required vaccinations for children. As a result of the availability of vaccinations, most vaccine-preventable diseases that had been health threats for centuries have experienced a dramatic decline in mortality and morbidity. This publication (produced by the CDC) emphasizes the following:
  - A Synthesis of Recommended Vaccines for Children and Adolescents
  - Data Concerning Vaccine Coverage in Children and Adolescents
  - Public Health Consequences of Noncompliance
  - Issues Related to Vaccine Hesitancy
  - Recommended Measures to Improve Compliance
  - Community and Government-Based Interventions
  - Additional References to Evidence-Based Interventions to Address the Challenges of Ensuring High Levels of Vaccination Rates
- 2. Innovative Strategies for Leveraging Schools as COVID-19 Vaccination Sites—Margolis Center for Health Policy:** <https://healthpolicy.duke.edu>: To support leaders in developing effective, school-located vaccination strategies, the Duke-Margolis Center for Health Policy (in collaboration with AASA, the COVID Collaborative and Council of the Great City Schools, National Rural Education Association, and Rural Schools Collaborative) developed this issue brief. It features examples of innovative district-level approaches for engaging families and increasing vaccination efforts (emphasizing COVID-19 vaccines). The brief synthesizes representative case studies as well as communication strategies, outreach efforts, and policy issues that educational leaders should address to promote increased student vaccination rates. Key takeaways include:
  - Leadership Matters
  - Build on Existing Partnerships
  - Offer Vaccination Alongside Other School Programming and Activities
  - Use Data to Understand Disparities and Needs
  - Have a “No Wrong Door” Approach (i.e., Holding Regular Multi-Channel Communications with Parents, Students, and Community Members)
  - Elevated Trusted Community Voices
  - Streamline Processes Where Possible
  - Consider Partnerships or Incentives to Encourage Participation
  - Empower Students to Communicate with Their Peers About Vaccines
- 3. Children and COVID-19: Strategies and Partnerships for Vaccination (Wednesday, November 17, 2021, 4:30 p.m.-5:30 p.m.):** <https://www.aasa.org>: This WEBINAR (facilitated by the Duke-Margolis Center for Health Policy) is a part of the AASA Leadership Network series. It discusses how state officials, pediatric providers, schools, community clinics, and other partners are working together to build vaccine confidence, engage parents and communities, and ensure that vaccines are available to children ages 5 to 11 in places that are safe, convenient, and trusted. Highlights include:
  - A Discussion with White House Officials About the Issue of Declining Student Vaccination Rates
  - Presentations by Pediatric Providers and Leaders from Community Health Centers
  - Planning and Partnership Strategies
  - Addressing Logistical Challenges to Vaccinating Children

4. **Duke Margolis Center for Health Policy Recently Published Vaccination Resources:** <https://www.> : This center offers a rich set of resources involving School-Located Vaccination Sites. Recently published materials include the following:
- FAQ for School Leaders: Successful Strategies for Vaccination in School Settings: <https://www.healthpolicy.duke.edu>
  - Infographic: COVID-19 Vaccination for Children Under 12: How Schools Can Prepare to Be Vaccination Sites: <https://www.healthpolicy.duke.edu>
  - Infographic: Communication Strategies for Promoting COVID-19 Vaccination in Schools: <https://www.healthpolicy.duke.edu>
  - AIM's School-Located Vaccination Clinics Toolkit: <https://www.healthpolicy.duke.edu>
  - Innovative Strategies for Leveraging Schools as COVID-19 Vaccination Sites: <https://www.healthpolicy.duke.edu>



# End-of-Module Self-Reflection Questionnaire

**Directions:** As an educational leader, use this self-reflective questionnaire to explore the following essential question: How well do you understand key outreach strategies to promote staff and community outreach as part of your efforts to increase student vaccination rates? Use the following rating scale to assess your current level of knowledge, skill, and understanding of key issues related to this issue:

4= I have a clear understanding of the strategies and importance of staff and community outreach during all phases of student vaccination clinic design, implementation, and sustainability.

3= I understand this issue and have begun strategic efforts to engage staff and community support for developing and sustaining student vaccination clinics in our district.

2= I am beginning to understand the significance of this issue, but I have not worked with staff to address it.

1= I am just becoming aware of this issue as a problem of practice, and I need to do much more work in understanding and addressing it.

- \_\_\_\_\_ 1. I can articulate the stages of development and implementation of a district- or school-based vaccination clinic (SLV) and provide a rationale to key stakeholder groups for creating one or more clinics.
- \_\_\_\_\_ 2. I can identify significant partners in our community and region that can be instrumental in supporting our development of SLVs.
- \_\_\_\_\_ 3. I can clearly and succinctly express to my leadership team the importance of improving student vaccination rates and the significance of our district becoming part of vaccination clinic efforts.
- \_\_\_\_\_ 4. I can articulate to my board and district leaders the action steps I would recommend to begin and/or expand our current work with vaccinations of students.
- \_\_\_\_\_ 5. I can articulate an outline of my vision and guiding principles for beginning, implementing, and sustaining school-based health services, including required vaccinations.
- \_\_\_\_\_ 6. I have a plan for identifying and enlisting the support of district staff to realize my vision for SLVs in our school system.
- \_\_\_\_\_ 7. I understand key strategies and related communication processes proven successful in promoting parent, family, and community support of SLVs.
- \_\_\_\_\_ 8. I understand the importance of being responsive to inevitable stages in the change process, including my role as a supportive and intentional change agent.
- \_\_\_\_\_ 9. I have a plan for accessing and sustaining the use of funding sources (both operational and cross-partnership) to develop and sustain SLVs in my community.
- \_\_\_\_\_ 10. I can articulate a range of social media and in-person platforms for communicating and sustaining the engagement of key stakeholder groups and families as we develop and sustain SLVs in our district.

# MODULE SIX

## From Getting Started to Sustaining the Journey: A Comprehensive Planning Guide for Ensuring Vaccination Equity & Student/Family Access to Vaccination-Related Health Services

### An Introduction to the Theme, Issue, or Problem of Practice

This module provides a comprehensive planning guide for superintendents and other district leaders committed to ensuring vaccination equity. It provides suggestions and a planning grid for the four key phases of vaccination clinic development: (a) Initial Program Design and Staff/Family/Community Outreach; (b) Development of District- and/or School-Level Vaccination Clinics; (c) Scaling Up and Expanding Vaccination Initiatives and Programs; and (d) Ensuring Sustainability and Anticipating Future Vaccination-Related Priorities and Needs. The planning matrix includes performance indicators for each of the four phases of program implementation as well as space for indicating artifacts and deliverables, individuals responsible for leading each phase, data collection and evaluation of outcomes, and a timeline for each key component.

### Essential Questions

- What are the key components associated with each phase of developing district- and school-level vaccination clinics?
- What should district leaders consider during initial stages of program design and outreach?
- How can educational leaders ensure that initial vaccination clinics are well designed and sufficiently resourced to meet the needs of students and families?
- What do successful leaders do to scale up and expand initial vaccination initiatives and programs?
- How can educational leaders use data and related information to anticipate future potential vaccination-related priorities and needs in their district?

### Outcomes



Identify four key phases of vaccination clinic program development.



Ensure that all required components are in place during initial implementation of district- and/or school-level vaccination clinics.



Analyze requirements for scaling up and expanding initial vaccination clinics to ensure that all students and families within a district are served.



Use data and related information to predict potential vaccination-related issues and needs in a specific learning organization.

# The Power Of Strategic Planning and Continuous Improvement In Promoting Increased Vaccination Rates For All Students



This strategic planning and continuous improvement planning template provides space for users to identify the following for each of these four phases:

1. Long-Range Goals
2. Key Performance Indicators
3. Artifacts and Deliverables for Each Performance Indicator
4. Individuals Responsible for Ensuring Achievement of the Actions and Work Products Generated for Each Performance Indicator
5. Tools and Processes for Data Collection and Program Evaluation Processes for Each Performance Indicator
6. Timeline for Each Performance Indicator (Including Due Dates)

This AASA/Merck Vaccination Toolkit concludes with a comprehensive template for educational leaders to use as a guide for the multi-stage process of developing, implementing, and sustaining district- and school-level vaccination clinics. Although variations and additions to this template are an essential part of any continuous improvement process (based upon district resources, goals, and priorities), this version can be a useful professional development tool for identifying the “non-negotiable” components of effective clinic implementation.

This toolkit strategic planning template is organized around the four identifiable stages of program development emphasized throughout the document:

- **Phase 1:** Initial Program Design and Preliminary District and Community Outreach Related to Communicating the Importance of High Levels of Student Vaccination Rates
- **Phase 2:** Development of Initial District- and/or School-Level Vaccination Clinics, Including Location, Budget Support, Technical Logistics (e.g., Vaccination Storage), Personnel, and Community Outreach
- **Phase 3:** Using Performance Data and Community Stakeholder Feedback to Determine Areas in Which Vaccination Clinics Should Be Expanded to Increase Accessibility for All Students and Their Families
- **Phase 4:** Ensuring Sustainability and Anticipating Future Vaccination Priorities and Community Needs



# Long-Range Goal #1:

## Develop Initial Program Design & Conduct Preliminary Staff, Family, & Community Outreach

Artifacts & Deliverables	Individuals Responsible	Data Collection & Evaluation of Outcomes	Timeline (Including Final Due Date)
Performance Indicator # 1: Articulate your district's rationale, vision and mission, and guiding principles for developing one or more school-based or district-level vaccination clinics.			
Performance Indicator # 2: Disseminate clear and accurate information about vaccination status of your students to staff, parents, and community members.			
Performance Indicator # 3: Develop a plan to address misconceptions and misinformation within the community that may be producing vaccination hesitancy.			
Performance Indicator # 4: Form a vaccination design team, including healthcare professionals, district staff, and representatives from key organizations (e.g., hospitals, pharmacies, clinics, government).			
Performance Indicator # 5: Develop and distribute for staff and public reaction and recommendations a comprehensive overview of your vaccination design principles and related organizational logistics.			
Performance Indicator # 6: Review proposed design proposal to ensure that it addresses key equity issues, including assurances that issues related to geographic isolation, socio-economic status, transportation issues, and other parental concerns are efficiently addressed.			
Performance Indicator # 7: Ensure that all relevant stakeholder groups are actively involved in the design process, including Board of Education support for funding and design specifications.			

# Long-Range Goal #2:

## Develop & Implement Initial District- & School-Level Vaccination Clinics

Artifacts & Deliverables	Individuals Responsible	Data Collection & Evaluation of Outcomes	Timeline (Including Final Due Date)
<p><b>Performance Indicator # 1:</b> Ensure that communication lines with key stakeholder groups remain open and active, including continual attention to areas of vaccine hesitancy and/or misinformation.</p>			
<p><b>Performance Indicator # 2:</b> Collaborate with district staff and external partners (e.g., health agencies, hospitals, pharmacies, government agencies) to build the infrastructure to support the implementation of initial district-level and/or school-based vaccination clinics.</p>			
<p><b>Performance Indicator # 3:</b> Select the site(s) that will house the vaccination clinic and ensure that internal staff and external partners and stakeholders support the selection of that site (including sensitivity to placing sites in high-needs areas in which residents may lack easy access, transportation, or funds to make use of other health services).</p>			
<p><b>Performance Indicator # 4:</b> Work collaboratively with staff and partners to ensure that the necessary space, vaccination technology, vaccinations, and personnel are available to ensure effective opening(s).</p>			
<p><b>Performance Indicator # 5:</b> Ensure that appropriate and comprehensive professional training is implemented for all personnel involved with the clinic(s), including a focus on reporting issues, data management, and physical plant issues such as vaccine storage.</p>			
<p><b>Performance Indicator # 6:</b> Develop and implement a quality control process to collect and analyze emerging data and make appropriate modifications to the vaccination clinic(s) as needed.</p>			

## Long-Range Goal #3: Scale Up & Expand Vaccination Initiatives & Programs to Ensure Equitable Access for All Students & Families

Artifacts & Deliverables	Individuals Responsible	Data Collection & Evaluation of Outcomes	Timeline (Including Final Due Date)
<p><b>Performance Indicator # 1:</b> Develop and communicate to staff, families, Board, and stakeholder groups an analysis of data and outcomes of the initial phase of SLV operations, including areas of achievement, impact upon vaccination rates for all students, and identified areas for modification, enhancement, and/or expansion of vaccination clinics and services.</p>			
<p><b>Performance Indicator # 2:</b> Use initial summative evaluation results and feedback from stakeholders to determine locations and services that are needed to ensure that all families have ease of access to vaccination services.</p>			
<p><b>Performance Indicator # 3:</b> Based upon this analysis, determine if and where additional vaccination clinics should be developed and implemented, including locations, range of services, required budget and personnel, and operational requirements (e.g., storage, space locations, communication and outreach issues, etc.)</p>			
<p><b>Performance Indicator # 4:</b> Collaborate with community partners and internal staff to develop and implement your expanded vaccination clinic sites and services in alignment with your initial Phase 2 policies, processes, and procedures.</p>			
<p><b>Performance Indicator # 5:</b> Continue to ensure that ongoing progress monitoring and data analysis are used to ensure quality control of expanded vaccination clinic sites.</p>			
<p><b>Performance Indicator # 6:</b> Expand efforts to use multiple platforms to publicize the availability of vaccination services in your school district, including use of social media and in-person platforms to showcase the importance of vaccinations and diminish the impact of misinformation.</p>			

## Long-Range Goal #4:

**Ensure Sustainability of Systemic Vaccination Clinics &  
Anticipate Future Vaccination-Related Priorities & Needs**

Artifacts & Deliverables	Individuals Responsible	Data Collection & Evaluation of Outcomes	Timeline (Including Final Due Date)
<p><b>Performance Indicator # 1:</b> Continue to integrate the importance of increasing and sustaining high levels of vaccination rates for early childhood and adolescent students in your district into your district strategic plan, school improvement plans, and central office outreach to school staff and community members.</p>			
<p><b>Performance Indicator # 2:</b> Sustain and expand your efforts to promote cross-institutional partnerships with relevant agencies and organizations (e.g., your School Board, health providers, pharmacies, government agencies).</p>			
<p><b>Performance Indicator # 3:</b> Expand staff focus on addressing emerging issues related to the change process in schools and the district, including helping a maximum number of individuals to move from information to action to renewal as they engage in support for district vaccination efforts.</p>			
<p><b>Performance Indicator # 4:</b> Use a range of sources (e.g., CDC, National Institute of Health, local health agencies and service providers) to monitor current and potential disease outbreaks and epidemics/pandemics that may potentially affect your school district.</p>			

## Some Final Thoughts & Acknowledgments

We are grateful for the contributions and input provided us during the development of this AASA/Merck Vaccination Toolkit. Specifically, we wish to honor the amazing district leaders and health service providers who were tireless in offering ideas, recommendations, and anecdotes about their experiences with developing and implementing school- and district-level vaccination clinics.

Without question, we are all living in extraordinary times. As this toolkit reflects, schools and districts are being asked to provide unprecedented services to their students in light of the recent pandemic—and what it has revealed about the need to move from an antiquated industrial paradigm of education toward a new paradigm that addresses the needs and development of the Whole Learner.

We sincerely hope that the suggestions, strategies, and resources provided in this toolkit will expand exponentially superintendents' commitment to the ideas of site-level vaccination clinics. Although never an easy process, these clinics can play a vital role in promoting the health, well-being, and equitable conditions that all students need to grow and prosper.

Finally, we would like to express our deep appreciation for the following individuals and organizations supporting the development of this toolkit resource:

1. The MERCK Foundation (MSD Inventing for Life), AASA's funding partner for the development and distribution of this vaccination toolkit.
2. Sasha Pudelski, Director of Advocacy, AASA, The School Superintendents Association
3. John L. Brown, Writer and Researcher-in-Residence, AASA, The School Superintendents Association
4. Morton Sherman, Associate Executive Director of the Leadership Network, AASA, The School Superintendents Association
5. The Millennium Group International, responsible for graphic design of this document

