

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.duke.edu/margolis-center> : 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.