

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?

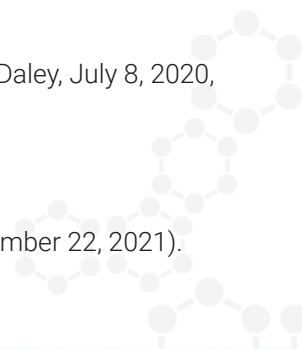
5. <https://www.nationwidechildrens.org>
Produced by Nationwide Children’s, this website contains a range of resources for parents, including:
 - Family Resources and Education
 - Health, Wellness and Safety Resources
 - Coronavirus (COVID-19) Information

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.