

**A Leadership Guide**  
*for School Nurses and Allied Health Professionals*

*Advocacy*  
**for**  
*Vaccines*

*Developed by the NEA Health Information Network*

*Made possible by unrestricted  
educational grants from  
Novartis Vaccines and  
Diagnostics and MedImmune*



NEA HIN thanks the NEA members, school health professionals, and other members of the public health community who provided input on this publication. A particular thank you goes to the reviewers of this document.

**Kayla Jackson**

*American Association of School Administrators*

**Katherine Kany**

*American Federation of Teachers*

**Donna Mazyck**

*National Association of School Nurses*

**Sally Schlosser**

*National Association of School Nurses*

**Nichole Bobo**

*National Association of School Nurses*

**Amanda K. Martinez, MPH, MSN, RN**

*National School Boards Association*

# Section One

## Why should people get vaccinated?

Vaccines can go a long way toward eliminating infectious diseases and saving lives. School health professionals—nurses and allied health professionals—are the most knowledgeable members of the school community when it comes to understanding and advocating for vaccines. This is true both in regard to vaccines needed by students and those recommended for adults.

### How are vaccination requirements set?

At the national level, the U.S. Department of Health and Human Services (HHS) oversees vaccination. One agency, the U.S. Food and Drug Administration (FDA), regulates and licenses vaccines to ensure that they are safe and effective.

The Advisory Committee on Immunization Practices (ACIP) is appointed by the Secretary of HHS to provide guidance to HHS, specifically to the Centers for Disease Control and Prevention (CDC), on the control of vaccine-preventable diseases. The committee develops written recommendations for the routine administration of vaccines that have been found safe and effective. These recommendations include age, number of doses, intervals, precautions, and contraindications. The CDC considers these before setting the federal recommendation. This in turn is used by healthcare providers and insurers to guide vaccination practices and payments.

There are no federal vaccination requirements for civilians, but each state has legislative requirements for vaccination for children and adolescents entering public schools. State legislation also governs exemptions for medical, religious, or philosophical grounds.

School nurses and allied health professionals understand that vaccination rates need to be nearly universal to make the school community as safe from vaccine-preventable diseases as possible. Nationally, childhood immunization rates are generally high, due in large part to state laws that set vaccination requirements for children entering school and the availability of funding programs such as Vaccines for Children that cover vaccines' costs for low-income families. Health insurance companies are also increasingly including vaccination rates in their pay-for-performance measures for pediatricians and other primary care providers. However, for those vaccines for adolescents (and adults) that are recommended but not required, vaccination rates fall below the targeted levels.

Another factor in the generally high rates of childhood immunization is that programs such as school-located vaccination clinics make it convenient for parents and guardians to get their children immunized. These clinics generally have good response rates when they are offered.

There are still pockets of under-immunization and non-immunization, despite vaccines' availability from physicians, other healthcare providers, clinics, and elsewhere—and despite the CDC's vaccination recommendations. These pockets often occur among affluent and well-educated families by parents opting out of immunizing their children. This opt-out is often based on unfounded concerns about vaccine safety. There is then a break in "herd immunity" and an



*Advocacy is defined here as making an effort to influence policies and decision makers; fighting for social change; helping to transform public perceptions and attitudes; working to modify behaviors; and/or mobilizing resources for a particular cause.*

increasing opportunity for diseases like measles, mumps, and pertussis (whooping cough) to spread, sometimes significantly.

### ***How important are vaccines for adults?***

As with childhood and adolescent immunization, adult vaccination rates impact the recurrence and spread of vaccine-preventable diseases inside and outside the school community. No laws require adults in the United States to receive specific immunizations (other than for military personnel), so outreach to adults about the need for vaccinations is generally left to primary care providers and health departments. As a result, many adults may miss information about vaccines' importance and may not realize how easily they can access immunizations.

Adults' health—and even their lives—can be affected when they are not immunized against diseases such as influenza (flu), pneumonia, pertussis, shingles, and tetanus. Influenza, for example, can lead to other health complications, or mean missed workdays and pay. Vaccination is a simple, safe, and effective way to avoid such problems, and adults should make informed decisions about whether or not to be immunized. School health personnel can provide adults within the school community with the information they need to make those decisions.

### ***The role of nurses and allied health professionals in advocating for vaccination***

The National Association of School Nurses (NASN) has identified vaccine advocacy as a core function of the school nursing profession. Although school nurses are often perceived as serving only students, they, and other school health professionals, have the opportunity and credibility to advocate for a well-immunized school community, including parents and school employees.

The NEA Health Information Network (NEA HIN) created this guide to help school nurses and allied school health professionals strengthen and expand immunization activities within their school communities. While the guide recognizes the importance of vaccines for children and adolescents, it focuses on the role that school health personnel can play in encouraging vaccines for adults. Many of the resources identified in the guide are already in place. The guide will link to those resources and provide new tools that can be adapted for use in school communities. Some information in the guide may be new, while some may be familiar. NEA HIN hopes that every school nurse or allied health professional will find something in the guide to apply in everyday interactions with members of the school community.

*A note about the terms and language used in the guide: NEA HIN recognizes that school nurses have a unique clinical role in vaccination that cannot be replaced by*

other allied health professionals. NEA HIN includes both groups as the audience for this guide since it focuses on advocacy, which is not a clinical function, and because many schools rely on allied health professionals to provide some services when school nurses are not available. A list of acronyms can be found on page 26.

## ***Vaccination advocacy in schools: opportunities for impact***

NASN recommends a school nurse-to-student ratio of 1:750. According to NASN, however, the ratio of school nurses to students varies widely across the country, from a low of 1:396 in Vermont to a high of 1:4,411 in Michigan.<sup>2</sup> Additionally, within any state, the ratio may change significantly from district to district. Whatever the ratio, however, many vaccine-related functions are common to school nurses in most districts. These include:

- ▶ Verifying student vaccine status prior to enrollment in school;
- ▶ Informing and educating parents and other caregivers, as well as students, about the required and recommended vaccines;
- ▶ Administering vaccines (as allowed) and/or referring families to healthcare providers, health departments or other locations for immunization; and
- ▶ Coordinating school responses, if/when there is an outbreak of infectious disease (including those that are vaccine-preventable).

While generally not responsible for providing clinical services to adults, school nurses and allied health professionals are well positioned to inform, educate, and advocate for adult immunization within their school communities. They can serve as role models by making sure their own vaccinations are up to date, and can advocate for vaccination with:

- ▶ their health colleagues
- ▶ other school employees
- ▶ parents, family members, and volunteers.

Some school health professionals might say that taking on this kind of advocacy role adds more work to an already full plate. However, a healthy school community can be less work than an unhealthy one, and advocating for immunization is a good way to move toward having a healthy school community. Research has shown that two major factors influence

*“Vaccines are generally considered to be the health care intervention that provides the best value. Vaccine products are known to have provided more benefit to society than expense, and they have been estimated to save society more than \$5 for each dollar spent on most routine pediatric vaccinations.”<sup>1</sup>*



adults in making immunization decisions: trust in the provider of information about vaccination and convenient access to vaccines.<sup>3</sup> School nurses and allied health professionals are trusted sources of health information by colleagues and other adults, and schools are an ideal location for making vaccines accessible to an entire school community. By capitalizing on both of these factors, school health employees can help make their schools healthier and safer places for all.

## Section **Two**

### Vaccine advocacy: some basics

#### WHY ADVOCACY?

Many adults are unaware of the immunizations recommended for them. Those who are aware of the recommendations remain unvaccinated for several reasons. Some of the most common reasons are misconceptions and fears about the purpose, safety, and efficacy of vaccines. Other deterrents include inconvenience and cost. Vaccine advocates can address such concerns while also working to make immunizations more accessible to all.

#### WHAT MAKES EFFECTIVE ADVOCACY?

Effective advocacy has an ultimate and specific goal, as well as a compelling message that will help move people to action. The ultimate goal of most vaccine advocacy campaigns is an increased vaccination rate in a defined community. Effective advocacy also has specific objectives that are designed to help achieve the goal. Finally, strategies and tactics are laid out to show how to deliver the compelling messages that have been created to advance the goal and its objectives. All these elements are assembled into an action plan that will guide the

advocate in her/his efforts. The next sections of this guide address how the components of a vaccine advocacy action plan all work together.

#### *Creating an action plan*

An action plan is a roadmap for the advocacy campaign. School nurses or allied health professionals who want to improve immunization rates within their school probably have lots of ideas about what the end results should be, but may not be sure where to start. To improve the likelihood of success, the first step should be to create an action plan. The plan will describe what is going to be done, why it is being done, when the various steps will be taken, and who will be responsible for what.

Before spending too much time developing an action plan on your own, it is important to consider who else needs to be involved. If any tasks that are to be included in the plan require participation from other people, then those people should have some role in developing the plan. The would-be advocate should ask, "Who else needs to be at the table?" A later section of this guide discusses how to create an advocacy team.

*Communication provides information.*



*Advocacy moves people to action.  
An effective campaign uses good communication for advocacy.*

## *Is it a goal or is it an objective, and why does it matter?*

The terms *goal* and *objective* are often used interchangeably, but they mean different things. For the purpose of planning an advocacy campaign the following definitions are used.



**Goals** are what the campaign ultimately seeks to achieve. The most common goal of a vaccine advocacy campaign is to increase immunization rates in a school, community, or some other defined area.

**Objectives** are actions that will be taken to achieve the goal. Often, the acronym SMART is used to help frame the objectives. Objectives should be:

- ▶ Specific
- ▶ Measurable
- ▶ Achievable
- ▶ Realistic
- ▶ Time-phased

The “SMARTer” the objectives, the easier it will be for people participating in the advocacy campaign to know what is expected of them. Once the objectives are developed, then advocates can move on to developing the specific tactics needed to achieve each objective. A SMART objective worksheet can be found in the *Resources* section of this guide.

## *The objectives are SMART, now what?*

After developing SMART objectives, the next step is to develop strategies and tactics to use in the advocacy campaign. The following section explains how to identify the right type of strategies and tactics and describes some useful tools for planning.

### Here is a sample of a goal with several SMART objectives:

**Goal:** All employees working at Anytown School will receive the appropriate adult immunizations during the 2012-13 school year.

**Objectives:**

**1.** By the end of the first workweek of the new academic year, the school health services office will provide information about the adult vaccine schedule to each employee.

**2.** At back-to-school staff orientation, each staff member will receive a letter from the district superintendent about the importance of adult immunization and about the coverage for vaccination in the district’s health insurance plan.

**3.** By the end of the first week back in school, school health services personnel and the state/local health department will offer an adult vaccination clinic at the school.



*Everyone needs good, clear information on vaccination. But information may not be all that they need!*

## ***Know your audience***

An effective school vaccine advocacy campaign can have a wide audience. The most common audience is school employees and school administrators, but it could also include school board members, parents, and local officials. The make-up of the audience will depend on the campaign's goals and objectives. No matter who the audience includes, it is important to get to know them first. This section will discuss different kinds of audiences and provide tools and resources to help learn more about them.

## ***Why don't people get immunized?***

Much research exists about why some adults don't get the immunizations that are recommended for them.<sup>4</sup> Among the reasons are:

- ▶ **Beliefs about safety and efficacy.** Many adults have seen news stories with misleading, confusing, or erroneous information about the safety and efficacy of vaccines. Much of this incorrect information focuses on what the CDC and other reliable agencies have determined to be the nonexistent link between autism and vaccination in children. Additionally, news reports of adverse events following certain vaccinations may incline people to believe that the vaccines caused the adverse events, even when there is no medical evidence to support this position. Some people may question the information provided by vaccine manufacturers and see it as self-serving. ***When planning vaccine advocacy, it is important to know something about the beliefs of the target audience. The campaign messages should take these beliefs into account.***
- ▶ **Beliefs and attitudes about the need for vaccines.** Because earlier vaccine campaigns have been so successful in almost eradicating diseases like polio, measles, and pertussis, many adults in this country have not been exposed to the serious and sometimes deadly effects of these diseases. In fact, this lack of exposure to vaccine-preventable diseases is so widespread that it has been reported that most doctors in the United States have never seen a case of measles.<sup>5</sup> For non-clinical people, this lack of exposure to vaccine-preventable diseases could mean that they don't think vaccines are needed. Other people may see themselves as "healthy" and think that they don't need to be immunized. ***When planning vaccine advocacy, it is important to understand people's attitudes toward the need for vaccines. This will help to shape the campaign's message.***
- ▶ **Access to immunization.** For some adults, lack of access to vaccines is a barrier to immunization. This lack of access can range from a lack of insurance coverage to a lack of knowledge about where or how to get free or low-cost immunization. And when such coverage is available, vaccines may not be offered at a time or place that is convenient for the individual to take advantage of it. New federal laws require insurance companies to cover all vaccines that are approved by ACIP, but many people may not yet be aware of those laws. ***The advocacy campaign can provide straightforward information about which vaccines are***

*covered, and can work toward providing vaccine programs at schools or in district offices.*

- ▶ **Knowledge about vaccines.** Even people who are generally supportive of immunization as a public health practice may not be aware of the vaccines that are available or recommended (like vaccines for pneumonia, shingles, and pertussis). Others may not be aware that some vaccines can be delivered by a nasal spray rather than a “shot.” ***Health professionals should remember that not everyone has ready access to the same immunization information that they do, and make sure that the information is disseminated throughout the school community.***

School nurses and allied health professionals often believe they have some idea about the nature of the immunization concerns of adults in their community. But good advocacy cannot rely on assumptions, so time should be spent speaking with and/or surveying the audience for the campaign in order to learn more about their questions and issues. (When doing this, be sure to respect confidentiality.)

## ***What about the administrators and the school board?***

Sometimes, an advocacy effort may include influencing district or school administrators or the school board to support specific immunization activities or even the entire advocacy campaign. In this case, it is important to address issues such as costs, logistics, and scheduling. The school board and administrators may not be aware of the costs to the district (in lost workdays that must be covered by substitute teachers, for example) that can be reduced or contained by providing school employees with information about and access to immunization against vaccine-preventable diseases. They may not understand

### ***Activity***

Make a list of five things that you think influence vaccine choices among adults in your community.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***Now talk to some members of your campaign’s audience. Compare what they say to what you wrote down.***

how relatively easy it is to establish and schedule vaccine clinics, and they may not know how, as leaders, they can influence school employees to be immunized. ***Early in the planning process, school nurses and allied health professionals should talk to their district and school administrators and their school board in order to integrate their questions and concerns into the advocacy campaign.***

### ***Selling immunization: It's all about how people BEHAVE***

Social marketing is the use of marketing techniques to “sell” a social good. As with commercial marketing, the goal of successful social marketing generally is to change behavior. While a particular social marketing campaign might start with raising awareness about an issue, changed behavior as a result of that awareness is most often the campaign’s ultimate purpose. When applying social marketing to vaccination, the school nurse or allied health professional needs to ask, “What is the behavior that needs to change, and how can that change be brought about?”

The Academy for Educational Development created the BEHAVE framework to give advocates a proven social marketing process to use.<sup>7</sup> This section draws on the BEHAVE framework to assist school nurses and allied health professionals in developing and implementing their vaccine advocacy campaigns.

**Be very specific in defining the behavior needing change**, because that will make it easier to sell to it. For example, when a marketing company advertises a shampoo, the purpose of the ad is to encourage people to exhibit the specific behavior of buying it. Shampoo purchases are measurable because shampoo sales can be counted.

Sometimes, advocates find it hard to define exactly what behavior is desired as a result of a campaign. For example, school health advocates often say they want administrators “to support school health.” But “support” is hard to measure. It would be more useful to say something like “School administrators will communicate to all school staff the importance of personal immunization against the flu.” This is something that can be documented and measured. Another specific “ask” might be: “School administrators will schedule flu immunization clinics where school employees can be vaccinated at every school in the

*Did you know? One leading vaccine-preventable illness, influenza, results in 200 million days of restricted activity, 75 million days lost from work, and 22 million healthcare visits each year in the United States. Vaccination against flu can reduce the number of lost workdays by 18 percent to 45 percent.<sup>6</sup> The performance of someone who goes to work with the flu may be as impaired as someone who is sleep-deprived or under the influence of alcohol.*

district by December 31” of a particular year. The number of clinics held by that date would reflect an accurate measurement of the objective’s success.

There are many influences on behavior (see the section *Know Your Audience*, page 7). Marketers often describe these influences as “benefits” and “barriers.” Benefits are those things that matter to the target audience and that the social good being “sold” can help deliver. Barriers may prevent the target audience from behaving the way the marketer wants them to.

Marketing campaigns will emphasize the benefits and try to remove or minimize the barriers. To return to the shampoo example, some benefits that marketers might cite or convey include: cleaner hair, shiny hair, and/or sex appeal. A barrier to the purchase might be that the price of the shampoo is considered high. Marketers will try to remove this barrier through sales, coupons, or creating the perception of “value for money.” The next activity lets you apply this benefits/barriers technique to the issue of immunization behaviors. Keep in mind some of the reasons people choose not to be vaccinated (see the section *Why don’t people get immunized?* page 7). An example might be that access to immunization is difficult during the workday. Removing that barrier by setting up a school-based vaccine clinic, where school employees can be vaccinated, would go a long way to increasing the number of people who get vaccinated.

In addition to defining and addressing the benefits and barriers during an advocacy campaign, the advocate must ask questions about how the audience perceives the desired changed behavior. Some of these questions might be:

- ▶ **What is the perceived result of the behavior (getting vaccinated) and is its alternative (getting sick) acceptable?**
- ▶ **Might I be putting others at risk if I do not get immunized (colleagues, students, my family)?**
- ▶ **Is it easy to do this (is the vaccine readily accessible)?**
- ▶ **Are my colleagues demonstrating the behavior (getting vaccinated) so that there is group reinforcement to my being immunized?**

Using the example of flu immunization, most people would not describe getting a shot as particularly pleasant, but many would likely agree that it is better than getting sick with the flu. When someone gets the flu, they are not the only one affected. Others may catch it from them, or have to take on extra work if the sick person stays home.

If getting immunized can be made quick and easy (vaccination is offered at convenient locations), more people are likely to take advantage of the opportunity. And if the vaccine advocacy campaign helps create a culture in which school employees understand the importance of getting immunized against vaccine-preventable diseases, the campaign is much more likely to succeed.



## Segmenting the audience: stages of change

Like commercial marketers, social marketers also segment their audience in order to change behaviors. When trying to affect health behaviors, one way to segment the audience is by using a process called **stages of change**. This process describes the steps people go through when adopting a new behavior. It is important to note that each person will move through the stages of change at her/his own rate and will spend different amounts of time in each stage. As a result, a campaign built around the stages of change process must use messages that vary according to the stage an individual happens to be in at the time.



The five stages are:<sup>8</sup>

- ▶ **Precontemplative:** People in this stage do not intend to change their current behavior in the foreseeable future, are unaware of the benefits of changing their behavior, or deny the consequences of their current behavior.
- ▶ **Contemplative:** People are aware that a change might be good, are seriously thinking about changing their behavior, but have not yet made a commitment.
- ▶ **Preparation/decision-making:** People intend to take action in the near future and may have taken some inconsistent action in the recent past.
- ▶ **Action:** People modify their behavior, experiences, or environment to overcome the problem; the behavior change is relatively recent.
- ▶ **Maintenance:** People work to prevent relapse and maintain behavioral change over a long period.

### Activity

Is the desired behavior change personally valuable, valuable to others, and/or easy?

Select an audience. \_\_\_\_\_

\_\_\_\_\_

Select an immunization behavior that you want members of the audience to demonstrate, and be as specific as possible. \_\_\_\_\_

\_\_\_\_\_

What are the benefits to them (not to you) of this behavior? \_\_\_\_\_

\_\_\_\_\_

What are the barriers? \_\_\_\_\_

\_\_\_\_\_

## Creating and delivering a compelling message

After gathering and analyzing information about the audience's beliefs, attitudes, and knowledge, the next step in the advocacy campaign is to develop and deliver the message to the target audience. There are many different strategies for delivering messages, such as

- ▶ Hosting informational sessions
- ▶ Fliers in mailboxes or pay envelopes
- ▶ Table tents in the staff lounge
- ▶ Messages on social media or school district e-communications

The choice of strategies to use for delivering the message should be based on what the school nurse or allied health professional knows about the audience. Media commercials about a product like shampoo are delivered to potential customers on multiple occasions and in multiple ways. Similarly, information about the importance of vaccination can be communicated to the campaign's audience through a variety of channels and on multiple occasions.

### Stages of Change: *Examples, as they relate to smoking*

- ▶ **Pre-contemplative:** The smoker enjoys smoking, is fine with the fact that he/she smokes, and has no thoughts of not smoking.
- ▶ **Contemplative:** The smoker knows that smoking is bad for his or her health, and thinks that, at some time in the future, he or she may want to quit.
- ▶ **Preparation/decision-making:** The smoker makes plans to attend a workshop, talk to his or her doctor, or buy nicotine gum.
- ▶ **Action:** The smoker stops smoking, but each day is a new day that takes repeated effort to remain free of smoking.
- ▶ **Maintenance:** The smoker starts to define him/herself as an "ex-smoker" and consciously works to avoid starting again.

## Activity

### VACCINATION AND STAGES OF CHANGE

For each stage of change described above, list a vaccination-related attitude or behavior that can be targeted for change.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Because not everyone will be receptive to a message about immunization simultaneously, it is wise to think about ways to deliver it over a period of time. The vaccine advocate should also look to some of the research on immunization behavior and think about how it might be applied to the present audience and situation. For example, research has found that, in clinical settings, reminders to patients can help increase vaccination rates.<sup>9</sup> In the school setting, this research could be applied to the creation of a series of mailed or e-mailed reminders about the value of getting the flu vaccine; where to get immunized; the personal, family, and professional consequences of getting the flu; etc.

It is also important to think about the trusted messengers for the selected audience. While school nurses and allied health professionals are often very trusted, there may be other messengers who can influence the audience—such as a local association president, school administrator, or a parent leader.

### ***Building the team***

For an advocacy effort to have maximum impact, it takes a group. The vaccine advocacy team can include other health professionals from the community, such as pediatricians and other primary care providers, and staff from local and state health departments. The latter are particularly important because they may be aware of disease outbreaks, vaccine shortages, and related issues that are crucial to the campaign. They can also be a source of funding and clinical support for the immunization effort.

The team should also include other school employees who are interested in and motivated to work on immunization issues. These might include health and physical education teachers, coaches, paraeducators, and others who are passionate about preventing diseases within the school community. Education Support Professionals — such as custodians, food service staff, bus drivers, and office staff — may be particularly helpful in creating and reviewing messages that are developed for their colleagues. Since many Education Support Professionals live in the school district where they work, they can also serve as a particularly good bridge for bringing the immunization message to parents, families, and others.

Community immunization coalitions ([www.izcoalitions.org](http://www.izcoalitions.org)) represent another potential source of support for the vaccine advocacy campaign. These coalitions often include health departments,

### **Special Alert: Global Awareness**

Immunization advocates should be aware that many people travel internationally. Students, their families, and school employees may travel to and from countries where they are exposed to vaccine-preventable diseases that are not present in the United States. When people have not been vaccinated against those diseases, they are vulnerable to contracting them. Recent measles outbreaks have been traced to unvaccinated children coming into contact with people who have arrived from another country that does not have measles immunization requirements that are similar to those in the United States.<sup>10</sup>

Vaccine advocates should work with health departments, parent groups, and community leaders to help people who are traveling abroad understand their risks and how to reduce them.

*When engaging with non-health professionals, it is important to ensure that they understand the need to respect individual choices. Some people may choose not to get vaccinated due to a health condition that precludes them from doing so or as a religious preference. Vaccine advocacy should be done in ways that are respectful of privacy and do not bring undue pressure on individuals.*

local nonprofits, healthcare providers, hospitals, and vaccine company representatives. Some also include school health personnel. These voluntary, community-based groups can provide information on disease trends and vaccine availability, and referrals to other resources.

### ***Workplace/school vaccine clinics***

Since significant credible research has identified lack of access as one of the major barriers to adult immunization, many of today's efforts to increase vaccination rates involve offering a variety of accessible opportunities. These include providing vaccines in non-traditional settings such as community centers, pharmacies, grocery stores, and work sites. The American Association of Occupational Health Nurses has identified workplace-located vaccine clinics as a key way in which employers can support immunization.

With school-located vaccination clinics emerging as a promising strategy for child-immunization, it also makes sense to look at schools as sites for adult vaccination. Depending on state and local

laws, school nurses may be able to administer vaccines to their colleagues or may be able to coordinate clinics where health department staff or health care providers carry out the immunizations. While allied health professionals cannot administer vaccines, they can play an important role in coordinating these efforts, in advocating for them, and in marketing them to the school community.

### ***Paying for immunization***

Health insurance coverage for vaccinations varies by carrier and by state. However, for individuals who have updated health insurance policies that incorporate new healthcare laws, any immunization recommended by ACIP must be covered without cost when obtained in-network. Details about these laws may be found under the heading "preventive services" at: [www.healthcare.gov/center/regulations/prevention/recommendations.html](http://www.healthcare.gov/center/regulations/prevention/recommendations.html).

Understanding the target audience and specifics of district health insurance



policies will help to address potential barriers when creating campaign messages.

### ***Collective bargaining and contracts***

In school districts where staff are represented by a union or an educational association, the union or association can be an important partner in vaccine advocacy efforts. Local and state union staff can provide information on how to include vaccine-friendly policies in employment contract language.

Contract language related to immunization falls into several categories. Language in one category covers access to diagnostic testing, immunization, and/or medications designed to protect employees from job-related disease risks. This might include access to the Hepatitis B vaccine for those at high risk of blood-borne pathogen exposure. Another type of language addresses access to and coverage of voluntary vaccination for non-job-related disease risks (such as shingles). In this type of language, the school district covers immunization costs and makes immunizations available to employees. Other contractual language may stipulate that employees are offered comparable opportunities for receiving immunization as those offered to students. For example, the district might provide access to a school-located clinic where immunizations against flu would be provided for both students AND staff. (Please see the *Resources* section of the guide for more information on model contract language, pages 22 – 23.)



## Section **Three**



### Conclusion

A fully immunized school community is one that protects children as well as adults. It is a community where fewer days of school or work are lost to illness. It is one in which children and school employees are less likely to be exposed to and contract potentially life-threatening diseases. It is one in which adults can access the vaccines they need to stay healthy and productive. By employing the advocacy strategies described in this publication, and by accessing the resources it provides, school nurses and allied health professionals can make a significant difference in the health and well-being of the school communities in which they serve.

NEA HIN is proud to represent school nurses and allied health professionals nationwide and to support them in becoming stronger leaders and advocates for vaccination. For more information visit our website at [www.neahin.org/vaccines](http://www.neahin.org/vaccines).



# Section Four

## Resources

### Worksheet 1

#### CHECKLISTS FOR SETTING GOALS AND OBJECTIVES

#### Sample Goal:

To increase flu immunization among school employees of Anytown school district by 20% over the previous year.

GOAL	Yes	No
Does it specify an expected result in reducing a particular health problem?		
Is a target population identified?		
Is it a declarative statement?		
Is it free of jargon?		
Is it short?		
Is it concise?		
Is it easily understood?		
Is it stated in positive terms?		
Does it provide a framework for objectives and strategies?		

#### Sample SMART Objectives:

By December 15, 2012, all employees in the Anytown school district will have received a list of flu immunization clinics in their own or nearby communities.

By December 15, 2012, staff from Anytown school health services and the Anytown Health Department will hold a flu immunization clinic in which adults can participate at one of the Anytown schools.

OBJECTIVES	Yes	No
<p>Is the objective SMART?</p> <ul style="list-style-type: none"> <li>▶ Specific (who makes up the audience, who will be carrying out the activity, and what result is expected?)</li> <li>▶ Measurable (how much change will occur?)</li> <li>▶ Achievable (can the objective realistically be accomplished, given current conditions?)</li> <li>▶ Realistic (does it address the scope of the health problem and are the outlined steps reasonable?)</li> <li>▶ Time-phased (is there a timeline indicating when the objective will be met?)</li> </ul>		
Does it relate to a single result?		
Is it clearly written?		

Select an audience.

---

---

What is the immunization-related behavior you want the audience to take?

---

---

---

What are the benefits to the audience of taking the action?

---

---

---

What are the barriers to the audience of taking the action?

---

---

---

What messages will you use with this audience?

---

---

---

What strategies will you use for delivering the messages?

---

---

---

What else do you need to do to help this audience take action?

---

---

---

More information on the BEHAVE Framework, <http://www.globalhealthcommunication.org/tools/54>

## I. Sample Letter to Superintendents/Administrators

Dear School Administrator (*replace with the name and/or title*):

We all know that healthy kids do better in school. We also know that healthy school staff do better at work. They are less likely to miss school days and are more likely to be able to be active in school and community events. Immunization is a critical part of being healthy. Whether it is the flu shot or a shingles vaccine, adults need their vaccines too. On behalf of (*insert your organization's name here*), I am writing to request support for our (*insert school year or season*) adult immunization campaign.

As part of our effort to ensure that all eligible adults have access to the vaccines they need, we are requesting your support for the following activities:

- 1. *Insert information here***
- 2. *Insert information here***
- 3. *Insert information here***

Your support is critical and greatly appreciated. I will call your office to request a time to talk about this work and answer any questions you may have. In the meantime please feel free to contact me at (*insert phone and email*).

Sincerely,

**(*Insert name, title, and organizational affiliation*)**

## II. Model Contract Language

### *Immunization*

Contract language concerning immunization usually focuses on the process of receiving medical testing to keep a person's body from being susceptible to diseases. One of the more prevalent approaches is to develop language that makes immunization a voluntary option for employees. In addition, contract language tends to provide the following protections and common themes:

- ▶ The school district covers the cost of immunizations for staff.
- ▶ The school district provides opportunities for staff to receive immunizations.
- ▶ School employees receive the same opportunities for immunization as students.

The following are affiliate model language and collectively bargained language samples showing these approaches:

### Sample 1:

---

#### **EMPLOYEE IMMUNIZATION**

In the event of the occurrence of any communicable disease in a school, a local certified/licensed health officer under WAC 248-101-220 may exclude employees who are deemed susceptible to or exposed to the disease. Neither the district nor the certified/licensed health officer can compel an employee to be immunized prior to or after the outbreak of a disease. Employees will suffer no loss of pay and/or any other benefits if they are prohibited from working as a consequence of an outbreak of a communicable disease. The district will pay the full cost for any employee who agrees to be immunized prior to, during, or after the outbreak.

***Bargaining Note:*** Some employees may have religious objections to being immunized and others may suffer severe allergic reactions that could potentially be fatal, so they should have the option to refuse.

## Sample 2:

---

All personnel, certificated and classified, employed in the school district who work with a student population that includes students with profound mental and/or physical impairments who have previously resided in an institutional setting; and who are thereby determined to be at risk for developing a Hepatitis B infection shall be offered, at no cost, immunization with Hepatitis B vaccine.

Other employees, certificated and classified, who work with students that behave aggressively or have special medical problems that may expose contacts to their blood or body secretions, may request and receive, at no cost, immunization with Hepatitis B vaccine.

Employees who are determined not to require or who have not requested pre-exposure immunization, who become involved in an incident with the presence of blood or other potentially infectious materials must report the incident to the Personnel Office immediately following the incident. If full immunization is recommended by a physician, the series shall be offered at no cost to the employee and shall start within 24 hours after the incident.

## Sample 3:

---

### **IMMUNIZATION AND/OR INOCULATION PROGRAMS**

Any immunization or inoculation program offered to students by the District shall be made available on the same basis to employees covered by this Agreement.

### III. Vaccine Pledge Form

#### ***Vaccine Pledge (Version 1)***

Protect yourself and those around you — get a flu vaccine.

I pledge to get my flu vaccine.

I pledge to get my flu vaccine and take a co-worker with me.

I pledge to get my flu vaccine and take my family to get theirs.

I have already received my flu vaccine but will encourage my friends and family to do so.

Name: \_\_\_\_\_

School \_\_\_\_\_

#### ***Vaccine Pledge (Version 2)***

I recognize that vaccines are a safe and effective way to protect the health and safety of myself, my family, and my community. I recognize that personal health promotion and disease prevention are essential to my role as an employee in the school environment, and that vaccines are an important element for doing that.

As an employee at \_\_\_\_\_ I pledge:

- I will receive all of my ACIP recommended adult vaccinations before entering work in the school environment.
- To review ACIP recommended vaccines with a healthcare professional before entering work in the school environment.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Additional Resources

## IV. Adult Vaccine Record

<http://www.immunize.org/catg.d/p4030.pdf>

<http://www.immunize.org/catg.d/p2023.pdf>

## V. CDC Adult Vaccine Screening Form

[http://www.pkids.org/files/pdf/adult\\_vac\\_scrn\\_gen.pdf](http://www.pkids.org/files/pdf/adult_vac_scrn_gen.pdf)

## VI. How to Organize an Adult Vaccine Clinic

[http://www.immunize.org/guide/aovguide\\_all.pdf](http://www.immunize.org/guide/aovguide_all.pdf)

## VII. Partnering for Success: How Health Departments Work and How to Work with Health Departments

[http://www.chronicdisease.org/resource/resmgr/school\\_health/cdchhdwbrochureweblogo.pdf](http://www.chronicdisease.org/resource/resmgr/school_health/cdchhdwbrochureweblogo.pdf)

## VIII. Links to Other Vaccine Advocacy References

### a. NASN

i. <http://www.nasn.org/toolsResources/immunizations>

ii. <http://www.nasn.org/toolsResources/seasonalinfluenza>

### b. CDC

i. <http://www.cdc.gov/vaccines/default.htm>

ii. <http://www.cdc.gov/vaccines/campaigns.htm>

iii. <http://www2c.cdc.gov/ecards/index.asp?category=202>

iv. <http://www.cdc.gov/vaccines/ed/courses.htm>

---

## Acronyms

**ACIP**, Advisory Committee on Immunization Practices

**CDC**, Centers for Disease Control and Prevention

**FDA**, Food and Drug Administration

**NASN**, National Association of School Nurses

**NEA HIN**, National Education Association Health Information Network

---

## References

- <sup>1</sup> Armstrong E. P. (2007) Economic benefits and costs associated with target vaccinations. *Supplement to Journal of Managed Care Pharmacy*. 13(7) S12.
- <sup>2</sup> National Association of School Nurses. Healthy children learn better: School nurses make a difference. Retrieved from [http://www.nasn.org/Portals/0/about/press\\_room\\_faq.pdf](http://www.nasn.org/Portals/0/about/press_room_faq.pdf)
- <sup>3</sup> Larson H. J., Cooper L. Z., Eskola J., Katz S. L., Ratzan S. (2011). Addressing the vaccine confidence gap. *The Lancet*. 2011: 378(9790): 526-535.
- <sup>4</sup> Ibid.
- <sup>5</sup> Knox, R. (April 5, 2010) Measles resurgence tied to parents' vaccine fears. Morning Edition, National Public Radio. Accessed from <http://www.npr.org/templates/story/story.php?storyId=125570056>
- <sup>6</sup> Council of State Governments. *Talking Points: Adult Immunization*. Accessed from [http://www.healthystates.csg.org/NR/rdonlyres/E79C7200-6852-4711-A918-FFE9204AC18C/0/AdultImmunizationTP\\_final2wrefs.pdf](http://www.healthystates.csg.org/NR/rdonlyres/E79C7200-6852-4711-A918-FFE9204AC18C/0/AdultImmunizationTP_final2wrefs.pdf)Talking Points and Adult Immunization April 10, 2012.
- <sup>7</sup> Jimerson A., Rosenbaum J., Middlestadt S., Schneider A., Strand J., Mitchell P., Schechter, C., Bender J., French J. Applying the BEHAVE framework: A workshop on strategic planning for behavior change. Accessed from <http://www.globalhealthcommunication.org/tools/54> February 14, 2012.
- <sup>8</sup> Ibid.
- <sup>9</sup> Task Force on Community Preventive Services. Recommendations to improve targeted vaccination coverage among high-risk adults. *American Journal of Preventive Medicine*. 2005: 28(5S) and Community Preventive Services Guide. Accessed from <http://www.cdc.gov/vaccines/recs/rate-strategies/adultstrat.htm>
- <sup>10</sup> Centers for Disease Control and Prevention. (April 8, 2011) Measles imported by returning travelers aged 6-23 months, 2001-2011. *Morbidity and Mortality Weekly Report*, 60(13);397-400. Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6013a1.htm?s\\_cid=mm6013a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6013a1.htm?s_cid=mm6013a1_w)
- <sup>11</sup> Larson et al.





1201 16TH STREET, NW, WASHINGTON, D.C. 20036 | [www.neahin.org](http://www.neahin.org)