Building Family Confidence in the COVID-19 Vaccine: Framing Strategies for School Nurses

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Champions for School Health

Introduction

If you are a school nurse, school health services coordinator, or anyone else who talks with families about COVID-19 vaccines, you've found your way to the right place.

This toolkit offers evidence-based tips and techniques to support more productive conversations and communications about getting kids vaccinated. The resources here can equip you to build the confidence of families who have not yet vaccinated their child against COVID-19.

How to Use this Toolkit

This toolkit is designed to make it easy for you to incorporate our research-tested framing strategies into your communications. The intention is for you to incorporate the evidence-based messages in this toolkit. Consistency is key, and that comes when all like-minded advocates speak the same language.

In the toolkit, you'll find:

- Common communications traps, and how to avoid them.
- A "bridge and pivot" guide, with strategies to get conversations back on track when misperceptions threaten to derail them.
- Answers to commonly asked questions about framing itself.
- A variety of sample messages that illustrate how to use the framing strategies.

You can read the toolkit from beginning to end or use the table of contents below to skip to the section that is most relevant to your immediate communications questions or goals. The focus here is on putting the strategies to work. If you want to know more about the research behind our recommendations, check out the "Additional Resources" section at the end of this toolkit.

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Message Moves that Build Vaccine Confidence

Here is a short list of 5 key moves to keep in mind as you navigate your way through conversations with families who have not yet vaccinated their child against COVID-19.

Building confidence in the childhood COVID-19 vaccine can be hard—but clear, trust-based communication can help. Here is a short list of five key moves to keep in mind as you navigate your way through conversations with families who have not yet vaccinated their children against COVID-19.

KEY MOVE: Think about how you want people to feel after talking to you about the vaccine.

Parents and caregivers want more information about the vaccine, but they also want to feel confident they are taking good advice. In the end, families are likely to place their trust in you based on how much they think you care, not just how much they think you know. To be effective with families who aren't fully confident in the COVID-19 vaccine, take care to demonstrate care, compassion, and respect in every interaction.

See our "Messenger Mindset" resource to explore ways to manage the emotional tone of a conversation.

KEY MOVE: Engage families in ways that earn and build their trust in YOU.

A personalized, nonjudgmental "listen and learn" approach is essential to building parents' and caregivers' confidence in childhood vaccines. When we listen to parents/caregivers and respond to the specific points they make, our communications are not only more focused, they are more effective.

See our "Building Trust in the Moment" resource to learn more about motivational interviewing, a powerful technique for building trust while gathering information on health topics.

KEY MOVE: Identify the mindset(s) revealed in what families say.

To communicate effectively, we can't just think about what we will say; we need to also consider where people are coming from. When we look carefully at what people think and say about the childhood COVID-19 vaccine, we can see common patterns that come up again and again. Spotting those patterns in a particular conversation helps us understand our conversation partner more deeply and can help us maintain a posture of genuine respect for people's fears, concerns, or confusion. It also helps us decide how to respond.

See our resource **"Family Mindsets: What to Listen For"** to learn more about the common mindsets that researchers have identified.

KEY MOVE: Select and offer information that responds to the mindset you identified.

Personalizing our responses is one of the most powerful things we can do to build confidence in the COVID-19 vaccine.

When you encounter a confident mindset in the parent or caregiver, affirm it and add more detail that helps to strengthen it. When you encounter a mindset that undermines confidence in the vaccine, respond to it with a carefully matched message that speaks directly to the type of concern the person shared. If you hear multiple mindsets in the conversation, select one to focus on as a target of change.

See our resource "Moving Mindsets: Techniques for Redirecting Thinking" to learn more about helpful responses to the mindsets we all encounter frequently.

KEY MOVE: Talk about the vaccine as something that trains the immune system to recognize the virus.

There are different ways of explaining how vaccines work—and research shows that some undermine confidence in the vaccine, while others can help to build it. For example, it's better to emphasize that immunizations work with the body to maintain health than it is to talk about the vaccine as fighting against the virus. Explain that the COVID-19 vaccine works by training the body's immune system to sense and recognize this new virus, so that it can jump into action when their child comes into contact with the disease.

See our resource "Words to Watch" for more on language that can undermine confidence. Check out "Moving Mindsets: Techniques for Redirecting Thinking" to explore helpful messages and framing techniques.

EST. 3 MINUTE READ



Must-Have Messenger Mindset: It's About the Relationship

Several attitudes and actions are effective at moving families toward accepting vaccines for their children.

Promoting and providing immunizations are important elements of caring for our school communities. To be effective with families who aren't fully confident in the COVID-19 vaccine, we need to demonstrate that ethic of caring in what we say and how we say it.

Studies of school nurses who were effective at moving families toward accepting vaccines for their children found several attitudes and actions that made a difference.

Think in terms of a relationship that needs to be built, not just a vaccine that needs to be administered.

To persuade families to agree to something they may perceive as risky or unproven, they need to trust your advice. They will extend or withhold that trust based, for the most part, on what they believe about your motivations—and specifically, the degree to which they think you care about them and your patients more generally.

The takeaway for vaccine messengers: It is critical to think of interactions with families as opportunities to build or maintain a sense of compassion and caring. When time is short, this becomes more important, not less.

Don't assume that "the facts" are all you need (or should need) to change people's minds

While it's understandable to want to get straight to the point of getting shots in arms, a "let's get on with it" stance is unlikely to work with families who haven't already gotten their kids immunized against COVID-19. It may take more than one conversation to move the family to the point of uptake. Make sure that your interaction makes them willing—perhaps even curious or eager—to revisit the issue with you another day.

Make it a priority to get unvaccinated families to talk.

When we draw out the thoughts of a parent or caregiver, we uncover their own commitments and values. These are much more powerful motivators than any opinion or fact we can offer. We can help move families toward vaccination (and other healthy behaviors) when we help them discover and verbalize their own reasons for taking action.

Before offering advice or guidance, ask questions that bring out families' hopes, fears, and habits about their children's health. Figure out what they think about vaccines in general and the COVID-19 vaccine in particular. (See our resource "Building Trust in the Moment" for more ideas on questions that get families talking.)

Signal that you believe the decision is theirs—and that you are there to support them, not judge them.

It's important that families know that you respect their autonomy and that you feel good about them making their own decisions. Position yourself as a collaborative partner, not an authoritative expert. Look for ways to communicate a nonjudgmental, positive stance through your words, your tone, and your actions.

Affirm the family's intentions by saying things like

I can see that you're working hard to protect the health and safety of your children.

Ask for their permission before sharing advice or information by saying something like

If you're okay with it, I could add to what you know by sharing what I've learned.

Think about nonverbal signals that you could modify to communicate equality and partnership, from the location of the meeting to the way the seats are arranged. (See our resource "Building Trust in the Moment" for more ways to reinforce family autonomy.)

Acknowledgment

This resource is based on the research of Arnaud Gagneur, a researcher in the Department of Pediatrics at the University of Sherbrooke in Quebec, Canada.

EST. 4 MINUTE READ



Building Trust in the Moment

A personalized, nonjudgmental, "listen and learn" approach is a must for building families' confidence in childhood vaccines.

One of the few proven ways to move parents from vaccine hesitancy to vaccine confidence is *motivational interviewing*. In this method, health care providers first figure out what might spark a person to make a change. Then, they strengthen that motivation by tapping into the reasons the person has already given. When it comes to COVID-19 immunization, a motivational interviewing approach helps us spot the mindsets that are driving a parent's decision-making. That helps us to provide them with information that responds to their concerns. Even though this method is called an interview, it shouldn't feel formal or one-sided. The idea is to purposefully guide a conversation through different stages. All along the way, we are continuing to build the relationship.

A motivational interview doesn't always follow a strict sequence or a straight line. That said, the examples below are presented in one sequence that might unfold naturally.

Questions to Draw Out Vaccine Motivations

When we draw out the thoughts of a parent or caregiver, we uncover their own commitments and values. Their own beliefs are much more powerful motivators than any opinion or fact we can offer. Also, a family's own values offer a very different starting point than the vaccine itself.

Asking carefully worded questions can get families talking about their priorities for their children's health. Here are some suggestions:

"When it comes to the COVID-19 pandemic and your child, what has been important to you?"

"What do you think about the advantages of vaccination in general?"

Ways to Affirm Families' Commitments to Their Children's Health

Affirmations are a key part of motivational interviewing. Highlight the values that families hold. Say something about the positive side of any actions they have already taken. Affirmations show that you notice what's strong, not just what's "wrong." This can dispel family's fears of being judged or criticized

For affirmations to work, they must be genuine and connect to what the family has shared. Depending on the context, these examples might help you affirm families:

"I can see that the health and safety of your children are important to you."

"You already have a lot of knowledge."

"I don't think you're off-base to be concerned; that makes total sense to me."

Ways to Recap What Families Have Shared

Reflective listening summarizes what you are taking from what families have shared. If you are new to this practice, it may feel awkward or artificial at first. Keep trying! It is important because it allows the family to build on or correct your understanding.

There are two types of reflective statements. Simple reflections restate what they have just said, almost word for word. Complex reflections state what you think they mean.

Simple reflection: "It sounds like you have read articles about the relationships between vaccines and long-term side effects."

Complex reflection: "What matters most to you is that your child is as healthy as possible."

Opening Lines for Sharing Vaccine Information

Before offering facts, ask for permission. When we gain our conversation partner's permission before sharing information, we gain a willing learner. Try these questions to elicit a family's agreement to hear you out:

"If you'd like, I could add to what you know by sharing what I've learned. Would that be okay?"

"Are you interested in hearing more about what I've learned as I've studied this issue?"

If the answer is "no," respect the boundary. Remember that the goal is to build a positive, trusting relationship. Don't ask why they didn't agree. Instead, re-engage the family by asking about what they have been reading or hearing about vaccination.

If the answer is "yes," offer information that strengthens their vaccine motivations or responds to their concerns. (See our resource, "Moving Mindsets: Techniques for Building Vaccine Confidence," for suggested directions.

Questions for Checking Reactions to New Vaccine Information

Once you have shared new vaccine information, double-check to see what the family has understood and what they will do with the information.

Try these questions to invite families to think aloud as they process what you have shared:

"I hope that made sense. Do you have questions or other reactions you'd like to share?"

"How does this new information land with you?"

Closing—or Returning to—the "Interview Loop"

If your interaction has led to the family feeling more confident than before, they may say they are now willing to accept the vaccine. (Well done!) Help them take the next step. Do what you can to make it as easy and convenient as possible.

If they express another concern or say that they ready yet, it can help to ask for permission to share more information or make other messaging moves that build confidence.

Acknowledgment

This resource is based on the research of Arnaud Gagneur, a researcher in the Department of Pediatrics at the University of Sherbrooke in Quebec, Canada.

EST. 5 MINUTE READ



Family Mindsets: What to Listen For

Understanding existing patterns of American thinking on vaccines can help us notice, analyze, and respond to parents' and caregivers' assumptions in a systematic and evidence-based way.

Research into patterns of American thinking about vaccines can help us do a better job of noticing, analyzing, and responding to ideas and questions we hear again and again.

Communications on social issues routinely backfire, because we have not accounted for the prior understandings and assumptions that many people bring to the topic at hand. Understanding existing patterns of American thinking on vaccines can help us notice, analyze, and respond to parents' and caregivers' assumptions in a systematic and evidence-based way.

Why Mindsets?

Mindsets are widely shared ways of thinking about a particular issue—what some might call the "pictures in our heads." We all use these mindsets to help us understand how things work, reason about why things are the way they are, and form attitudes and opinions on what should be done.

Of course we know that no two people think in exactly the same way. Each parent/caregiver has a unique constellation of values, attitudes, and beliefs that are grounded in their personal experiences and the individuality of their child. But it is also true that there are patterns in public attitudes and opinions that we can notice and understand.

Noticing how people might express different mindsets can help us become better communicators, because it can help us make sense of where others are coming from. If we can quickly identify and assess our parents'/caregivers' concerns, we can find strategies that will help us engage in more effective conversations with them about the COVID-19 vaccine.

Rather than relying on broad demographic categories that fail to capture variation within a so-called opinion group, looking at "audiences" in terms of mindsets will ground the expressed concerns and lived experiences of a wide variety of individuals—a way to respond personally yet systematically.

To start your conversations, ask questions that get unvaccinated families talking, and listen for evidence of mindsets that undermine confidence or uptake. (See our "Building Trust in the Moment" resource for ideas.) As families talk, listen for telltale signs of the mindsets described below.

Once you have identified the family's concerns, select one to target for change. See our resource "Moving Mindsets: Techniques for Redirecting Thinking" to select a direction for your response.

Mindset #1: The Disease Isn't a Big Deal

Some parents/caregivers may indicate they do not consider the COVID-19 vaccine to be a priority that deserves immediate attention or action. They may express the idea that COVID-19 does not present an immediate danger or serious threat to their child, so they are not in a rush to get their child vaccinated. These mindsets take away from a sense of urgency.

People might express a lack of urgency in a variety of ways:

I just haven't gotten around to it.

My child's immune system is strong enough without it.

Children don't get all that sick with this disease.

Some might need it, but my kids don't have underlying conditions.

It doesn't stop you from catching COVID, so what's the point?

Mindset #2: I Don't Trust "Them"

Some parents/caregivers may be hesitant to vaccinate their children because they distrust the medical establishment, corporations, politicians, or the government. This hesitancy can reflect deep and legitimate concerns about these institutions, such as past and present racist practices in medicine or the profit-motivated practices of "Big Pharma." While the thinking behind these types of institutional distrust is different, for the most part, the strategies for responding to them are similar: Build personal trust. (Review our resource "Must-Have Messenger Mindset" for ways to do this.)

People might express institutional distrust in a variety of ways:

Big Pharma cares about the money, not people.

The medical establishment doesn't care about people like me.

I don't think my doctor/provider really cares about ME.

The medical establishment is racist—so I don't trust it.

This isn't something the government should be involved in.

Mindset #3: I Am the Gatekeeper for My Kid's Body

Families may sometimes reason that being a good parent involves keeping harmful substances from entering their child's body. When this reasoning is applied to the COVID-19 vaccine, people think of it as an artificial substance that, because it was made by people, might be flawed or dangerous. This mindset contrasts the purity of nature ("natural remedies" or "natural immunity") with the fallibility of humans.

People might express thinking about bodily purity in a variety of ways:

We don't like to take too much medicine.

We avoid anything artificial. We stay away from sugar and processed foods and rely on natural remedies.

I prefer natural immune boosters.

My child already had COVID-19, and their immune system fought it off.

Mindset #4: I Need to Protect My Child From the Vaccine

When making medical decisions like vaccination, parents and caregivers can understandably adopt the mindset that their primary responsibility is to protect their child from harm. When this mindset is operative, families will focus on risks and potential harms rather than the benefits of vaccines.

People might express a protective mindset in a variety of ways:

My child, my choice; this is about my rights as a parent.

To protect my child from harm, I need to avoid this vaccine.

My child is so scared of needles, getting the shot is more damaging than getting sick with COVID.

I have a child with autism, so the vaccine seems extra risky to me.

The side effects of the vaccine are worse than actually getting COVID.

This vaccine is just too new to trust.

Vaccines could cause problems in the future that we do not know about now.

I couldn't live with myself if something went wrong.

Mindset #5: I Listen to Other Sources

Parents and caregivers may reason that there are many valid sources of information on any topic, not only scientific or medical evidence. When this mindset is activated, it can lead people to question, devalue, or outright reject the scientific consensus that the COVID-19 vaccine is safe and effective.

People might express a science skepticism mindset in a variety of ways:

My research on the internet suggests that I should not vaccinate—or at least wait.

I've heard really bad things about the vaccine from people I know...

Someone I know had a bad experience after getting vaccinated.

Nobody I know is getting their children vaccinated, so I'm not sure if I will.

Once you have identified the family's concerns, select one to target for change. See our resource "Moving Mindsets: Techniques for Redirecting Thinking" to select a direction for your response.

EST. 2 MINUTE READ



Moving Mindsets: Techniques for Redirecting Thinking

Once you have identified the mindsets that are driving a family's decision-making, select one to target for change. This chart can help to guide your response.

When families indicate that they are willing to vaccinate their children, help them make or enact a plan to get it done.

Remember to stay positive and keep demonstrating that you are caring and trustworthy. Return to a technique for trustbuilding if you sense their engagement—or your empathy—starting to slip.

Family Mindset #1

"The disease isn't a big deal."

How to Move the Mindset

- Focus the family on the connection between child immunization and child development.
- With the family's permission, share more information. Say that when we keep kids' immunizations up-to-date, we
 keep them from missing out on all the things they love to do -- and need to do to stay on track developmentally.
- Let them know that immunization equips their child's immune system to spring into action quickly to protect the developing brain and body.
- Tap into other motivations, like protecting older family members.

What Not to Do

- Don't try to scare people into getting the vaccine by painting worst-case scenarios of the risks of COVID-19.
- Don't leave the impression that you believe the family hasn't prioritized the right things.

Family Mindset #2

"I don't trust 'them.""

How to Move the Mindset

- Position yourself as a trusted messenger and source of valued information (see "Building Trust in the Moment").
- Follow the family's lead. Respond empathetically if they raise historical examples of racism, government overreach, or corporate malfeasance, but don't bring them up yourself.
- With the family's permission, share the information that scientists have been working on messenger-type vaccines for decades.

What Not to Do

Don't imply or try to "prove" that people shouldn't be concerned about racism or government power as they
consider the vaccine for their children.

Family Mindset #3

"I am the gatekeeper for my child's body."

How to Move the Mindset

- Affirm parents for being concerned about their child's health and safety.
- Emphasize that the vaccine works with a child's immune system, introducing it to the "ABCs" of an unfamiliar virus so that the immune system can read the situation quickly when a child is exposed. This lets the immune system respond and resist as effectively as possible.

What Not to Do

- Avoid a "just the facts" strategy. Facts alone will not overcome people's deeply held beliefs about what constitutes a "natural" or "man-made" remedy.
- Avoid the phrase "natural immune system." This reinforces binary thinking about natural and artificial substances.

Family Mindset #4

"I need to protect my child from the vaccine."

How to Move the Mindset

- Emphasize that once the vaccine sends its message, it disappears from the body in days and leaves behind a smarter and stronger immune system.
- Ask the parent what they see as the benefit of vaccines across history. Follow up on their answer by emphasizing
 that vaccines are one of the best examples of how people have worked together to protect ourselves from
 dangerous diseases.

What Not to Do

- Don't ask parents to weigh the pros and cons of vaccination. The risks will always seem more tangible than the benefits.

EST. 3 MINUTE READ



Words to Watch

Sometimes, a single word can make the difference between a conversation that goes well and one that goes astray.

Use this short list of words to replace (and alternatives to embrace) to develop a vaccine vocabulary that inoculates against misunderstandings and distractions.

Replace	Embrace	Why?
Anti-vaccine, anti-vaxx, anti-vaxxers	People who have absorbed misinformation about vaccines	 Person-first language is more respectful. Pointing to the cause (misinformation) is more effective than pointing to the symptom (anti-vaccine attitudes).
Fight off the virus, our battle against the virus	Equip the immune system to recognize and resist the virus	When people think about the vaccine as a shield or weapon, they assume that breakthrough infections mean that the vaccine failed.
Herd immunity	Community immunity, protecting the whole network	 People don't like to think of themselves as part of a "herd." When things rhyme, people are more likely to believe and remember them. Comparing society to a computer network helps people think about 'virus protection' in a positive way.
Natural immunity	The body's immune system	The word "natural" might spark or reinforce concerns about vaccines being an "artificial" substance.
Vaccine hesitancy	Vaccine confidence	We are more effective communicators when we focus on what we want, rather than on what we don't want.

Bonus:

While there's no reason to avoid the word "vaccine" altogether, it is helpful to focus on the immune system's response more than the vaccine itself. In situations where many people are not yet confident in the COVID-19 vaccine, talk more about "immunization" or "equipping children's immune systems to recognize and resist the virus."

EST. 4 MINUTE READ



Key Messages

These three key messages are the main points to make with families:

- When kids stay healthy, that means they can focus on growing, learning, and thriving. We all know how fast kids grow! When we keep kids' immunizations up-to-date, we keep them from missing out on all the things they love to do and need to do to stay on track developmentally.
- Just like we make sure children start to learn their ABCs early on so they can read when they are ready, we need to
 make sure that children's immune systems start to get familiar with this new virus.
- The vaccine helps your child's immune system develop basic literacy, so it's able to quickly read the situation if your child comes into contact with the COVID-19 virus. With that early literacy, your child's immune system is equipped to respond and resist right away.

These three secondary messages can be helpful to address specific concerns. (Don't offer them proactively. Use them only to respond to questions or comments from families.)

- (Concern: Previous case) I believe it's a good idea to have your child immunized even if they have already had a case of COVID-19. It's a little like keeping anti-virus software on a computer up to date. Just because you handled a virus previously doesn't mean you can't get it again. Vaccinations help your child's immune system stay up to date, so that they keep their focus on growing, learning, and thriving.
- (Concern: mild side effects) I believe it's a good idea to have your child immunized even though they may have a sore arm or feel a little tired or unwell the next day. Those are signs that your child's immune system is learning to read and recognize this new virus. They will soon be up and ready to get back to all the things kids love and need to do as they grow and learn.
- (Concern: Time/inconvenience) My advice is to make it a priority to have your child immunized against COVID-19.
 It's a little like keeping anti-virus software on a computer up to date. It only takes a few minutes to install the software when things are running well. But once a virus gets into a system, it takes a lot more time to deal with the problem.
 Plus, any time anyone gets the virus, there's a risk it can spread throughout the whole network. I'm happy to help you check this one off the list!

EST. 3 MINUTE READ



Responding to Vaccine Deniers in Public

Most resources in this toolkit are designed for building a family's vaccine confidence without a public audience. Different strategies and techniques are required for conversation with a vocal vaccine denier in front of a public audience. ('Vaccine deniers' refers to a small subgroup who have a very negative attitude towards vaccination and are not open to a change of mind no matter the scientific evidence.) This document offers basic guidance for this distinct situation.

- Know your limits. To communicate effectively in a public setting that includes eloquent vaccine deniers and/or journalists, a health spokesperson needs more than vaccine knowledge and basic communications skills. Do not agree to participate in a planned public discussion if you have not had media training and experience.
- Set your intention strategically. In a public setting, your goal isn't to convince the vocal opponent that they are wrong. It is to inoculate the audience against the vaccine denier's misinformation. Put another way: remember that the broader public is your audience, not the vocal vaccine denier.
- It is not just what you say, but also how you say it. Keep calm and demonstrate respect for your opponent as a fellow human being even though you disagree. Don't come off as if you are on the attack.
- Demonstrate active listening. Show the audience that you are listening to the denier and thinking through their arguments. Respond to topics that are raised rather than reciting prepared points.
- Be clear that you are on the side of children. When the audience senses your emotional intelligence, they give your medical expertise more weight. Use phrases like "our children" and "the children I care for every day."
- Prepare key messages and keep things simple. See the toolkit resource, "Key Messages" to select the main ideas that
 you want the audience to hear an remember. Avoid complex terminology that could confuse your audience.
- Prepare for the vaccine denial strategies that you will surely encounter. Vocal vaccine deniers rely on a
 recognizable set of faulty arguments and deceptive persuasive techniques. Check out the World Health
 Organization's resource "How to respond to vocal vaccine deniers in public" to learn to recognize and respond to
 these predictable arguments.

Acknowledgment

This resource is based on guidance from the World Health Organization's publication, "How to respond to vocal vaccine deniers in public."

Recommended Resources



You can learn more about FrameWorks research on vaccine communications in these resources:

https://www.frameworksinstitute.org/publication/what-the-americanpublic-thinks-about-vaccines-and-how-framing-can-help/

https://www.frameworksinstitute.org/publication/communicatingabout-vaccination-in-the-united-states-a-frameworks-strategic-brief/

https://www.frameworksinstitute.org/presentation/communicatingabout-vaccinations-in-the-united-states/

https://www.frameworksinstitute.org/publication/reframing-theconversation-about-child-and-adolescent-vaccinations/

These toolkits also offer sound advice and evidence-based communications tools:

https://madetosave.org/

https://covidcommunityresources.org/

https://www.paho.org/en/documents/how-respond-vocal-vaccine-deniers-public-best-practice-guidance

About This Toolkit

The National Association of School Nurses offers this toolkit as part of the Champions for School Health project, which aims to increase confidence in and access to pediatric COVID-19 vaccinations. Champions for School Health is created in partnership with the Institute for Educational Leadership and with the financial support of Kaiser Permanente.

This toolkit was designed and written by the FrameWorks Institute, a nonprofit that conducts social science research to understand and solve important communications challenges. FrameWorks' research on childhood vaccine communications was conducted in partnership with the American Academy of Pediatrics.

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