

Project Overview: *Monitoring School COVID-19 Prevention Strategies*

To make informed decisions, public health, schools, and elected officials need timely, actionable, and school-specific data to help successfully prevent the spread of the COVID-19 virus in K-12 settings and to make sure schools can open for in-person learning and stay open safely. The CDC Foundation, in partnership with Deloitte Consulting and with technical assistance from the Centers for Disease Control and Prevention (CDC), has launched the *Monitoring School COVID-19 Prevention Strategies* project to collect data on school prevention strategies and impacts of COVID-19 on the social, mental and physical health of the school community.

Data were collected from 1,842 K-12 teachers, 4,039 parents of K-12 students, and 576 K-12 principals and vice-principals via cross-section web panel and sector surveys between March 2 and April 15, 2021. This summary outlines high-level findings and includes results that are statistically significant ($p > .05$). To assess COVID-19 vaccination intentions, respondents were asked to indicate their plans for a COVID-19 vaccine and were grouped into the following categories:

- Vaccine hesitant (I do not plan to get a COVID-19 vaccine)
- Undecided (I have not yet decided)
- Vaccine adopters (I have already received a COVID-19 vaccine, or I plan to get a COVID-19 vaccine when it is my turn)

Key Findings



PARENTS

- Although most reported being vaccinated, **20% of parents are vaccine hesitant and 19% are undecided** about COVID-19 vaccination.
- While most parents agreed that a COVID-19 vaccine reduces the “risk of getting sick” and is important for “people at higher-risk”, **some questioned its effectiveness.**
- Almost **50% of parents** reported that they **would be more comfortable** with their child attending in-person school once **teachers and staff are vaccinated.**
- Among parents of school-age children, the following characteristics were independently associated with being vaccine hesitant: **non-Hispanic Black, under the age of 40, and household income < \$50k.**
- Parents unwilling to have their child tested regularly for COVID-19 at school for in-person learning had **8 times greater odds of being vaccine hesitant** than those in favor of testing.



TEACHERS

- **Most teachers (82%)** reported that they have **already received a COVID-19 vaccine or planned to** get it when it is their turn.
- Nearly **half of teachers** believed that COVID-19 vaccination **does not prevent them from potentially spreading the virus to others.**¹
- Almost **75% of teachers would feel comfortable** returning to teach in-person once vaccinated.
- **Female teachers** and teachers living in the **Southern** region of the U.S. had **2-3 times greater odds of being vaccine hesitant** than their peers.



PRINCIPALS

- **Nearly all principals (89%)** reported that they had **already received a COVID-19 vaccine or planned to** when it was their turn.
- **Over 50% of principals reported they would be comfortable** with children attending in-person school when many of the school district’s teachers and staff are vaccinated.
- Some principals reported that they **didn’t feel COVID-19 vaccination prevents them from potentially spreading the virus to others.**²
- Nearly 75% of principals reported they would likely permit **mobile vaccination units on school grounds**, and 73% would permit the health departments or another community organizations to **regularly test staff and students.**

¹ Research still underway at time of survey distribution to better understand how well COVID-19 vaccines keep people from spreading the virus

Public Health Opportunities and Actions

There are several opportunities that can be used to improve COVID-19 vaccination in K-12 settings and ultimately create safer in-person learning environments that can protect the overall health and educational outcomes of students. Opportunities moving forward include:

- **Better tailor communication and education** to parents as well as specific groups of teachers and school staff, taking local context and socio-demographic factors into consideration.
- **Continued efforts to get all teachers and staff vaccinated** will be critically important heading into the 2021-2022 school year.
- **Teachers and schools can help promote evidence-based information** and overcome perceived barriers to getting vaccinated, including providing mobile vaccination units on school grounds.
- **Conduct modeling of prevention strategies among student populations** to address that some teachers and staff may not be vaccinated, and that some students are not age-eligible for a COVID-19 vaccine or may not be vaccinated.

Based on vaccine related findings in this report, there are several ways that schools and their partners can act and improve vaccine confidence and uptake:

Communication and Education

- Schools and trusted people (e.g., vaccinated teachers) can provide evidence-based information and messages tailored to their unique school population and local context (to help overcome misinformation and barriers).
- Provide clearer rationale and benefits of vaccination in school-based settings and for student outcomes overall, especially as guidance changes.
- Coordinate and reinforce messages coming from schools with other sources such as school districts, Department of Education, CDC, and other state, local, and national organizations.
- Reemphasize that vaccines are offered at no cost (and that proof of insurance is not required) as this was still a major perceived barrier.

Vaccine Delivery and Resources

- Continue exploring schools and other community sites (e.g., churches, community centers) for pop-up vaccination sites to reduce barriers around access and mistrust.
- Promote existing resources already tailored to school settings, such as [CDC vaccine toolkit](#).
- Continue to prioritize vaccinations for teachers and staff, and consider more tailored efforts to remove perceived barriers for groups experiencing higher likelihood of vaccine hesitancy (e.g., female teachers in the South)

Further Research

- Conduct and promote additional research on populations experiencing higher rates of vaccine hesitancy (e.g., under 40, lower income) to understand specific motivators, myths and misinformation influencing vaccine hesitancy.

Notes and Limitations

- Due to the cross-sectional design, analysis cannot determine causal relationships due to temporality bias.
- Panel participants may not be representative of the populations of interest (all parents or teachers) which affects the generalizability of results.
- As all surveys were collected through a web-based platform, results from individuals with limited or no internet access may be under-represented.
- As results are based on self-reported data, biases such as self-selection, social desirability, and misclassification may impact findings and limits the generalizability of results.
- Post-collection data processing, cleaning (to ensure responses are in line with skip and logic patterns), and imputation (to correct for incomplete item responses) were conducted on the cross-sectional web panel survey data.
- Multinomial regression was used to obtain odds ratio estimates.
- A multipurpose Iterative Proportional Fitting (IPF) procedure was used to calibrate individual-level weights.