

Improving Student Vaccine Compliance through Requirement Optimization

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Context & Approach

BACKGROUND

Post-COVID declines in vaccine compliance and rising exemption requests increased risk in residential campus settings. Complex requirements and access barriers contributed to these gaps. A concurrent measles outbreak in the local county reinforced the urgency of prioritizing immunization compliance at the institutional level.

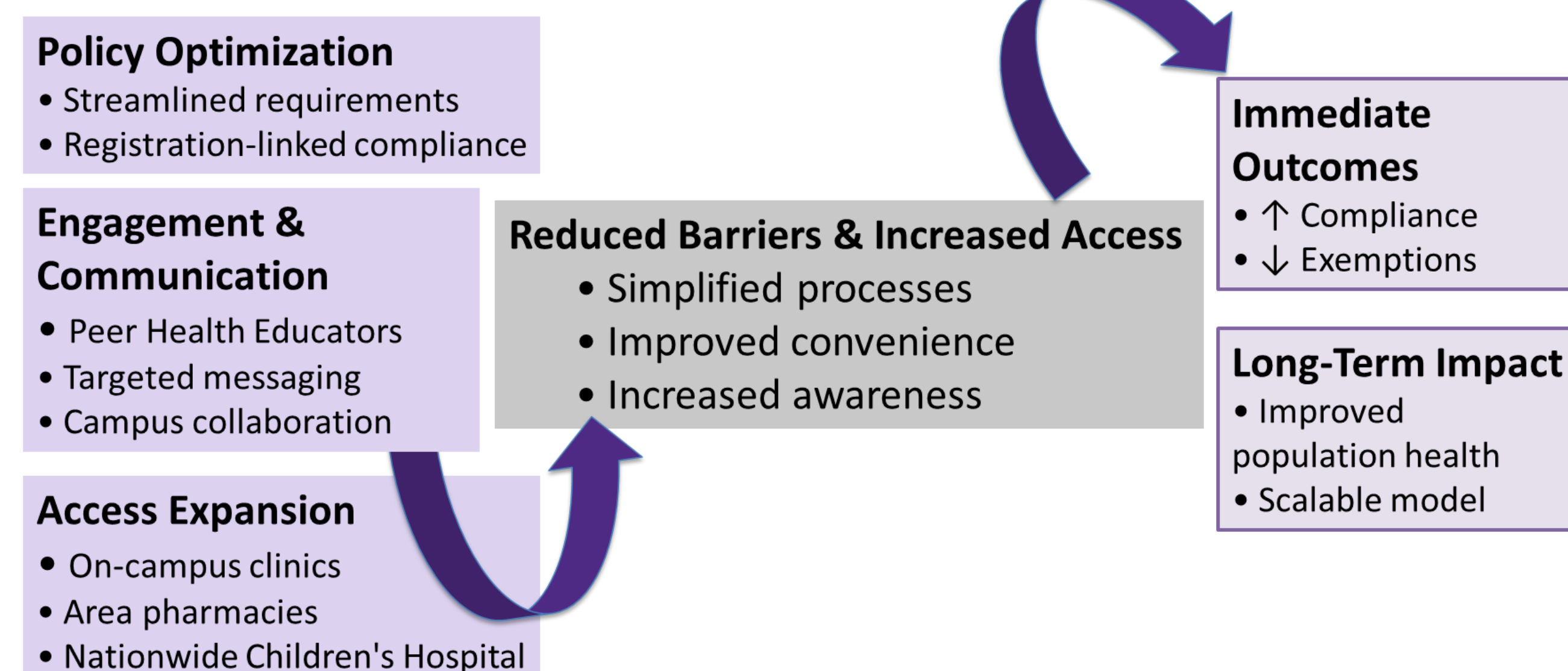
MODEL / APPROACH

In response, this initiative applied a public health prevention model integrating policy, access, and behavior change to improve immunization compliance. A health equity lens guided efforts to reduce financial, logistical, and informational barriers. Data-informed decision-making and cross-campus collaboration supported implementation.

PROGRAM DESIGN

A multi-component strategy streamlined vaccine requirements by shifting select vaccines (HPV, influenza, and COVID-19) from required to recommended status, linking compliance to course registration, and expanding access. On-campus clinics were implemented in partnership with Nationwide Children's Hospital, with additional access through local pharmacies. Cross-campus collaboration supported communication and student engagement.

Integrated Strategy to Improve Vaccine Compliance



Implementation & Data

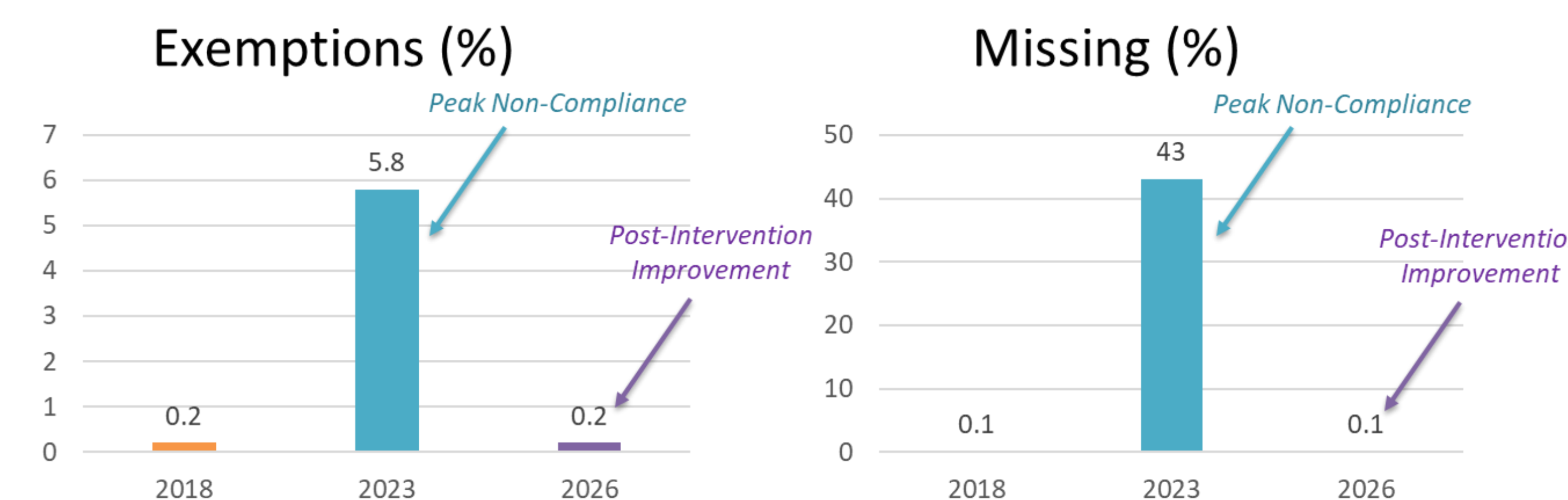
IMPLEMENTATION

Updated requirements were operationalized by linking compliance to course registration through holds for non-compliant students. Targeted, multi-channel communication (email, portal messaging, peer outreach) prompted completion of outstanding requirements. On-campus clinics with Nationwide Children's Hospital and local pharmacy partnerships expanded access. Portal-based tracking enabled efficient identification and follow-up.

EVALUATION METHODS

A secondary analysis compared undergraduate cohorts before and after implementation. Outcomes included rates of students needing vaccines or missing documentation and exemption requests, assessing the impact of streamlined requirements and expanded access.

Immunization Compliance Trends Across Student Cohorts



RESULTS

Following implementation, students needing vaccines or missing documentation decreased from **43% (2023) to 0.04% (2026)**. Exemptions decreased from **5.8% to 0.2%**, indicating improved alignment between requirements and student follow-through. Integrated, data-informed strategies were associated with substantial improvements in immunization compliance.

ACKNOWLEDGEMENTS:

Denise Filler Administrative Coordinator, Lori Shuler, APRN-CNP, Nationwide Children's Hospital & Megan Lydon Kenyon Alumna (Peer Health Educator; Senior Project on Vaccine Compliance)

Implications & Next Steps

IMPLICATIONS

Streamlining vaccine requirements and expanding access improves student compliance. Integrating policy, access, and communication produces stronger outcomes than single interventions. This model offers a scalable approach to improving immunization adherence in higher education.

EQUITY IMPACT

Shifting select vaccines to recommended status and expanding access helped reduce financial, logistical, and informational barriers. On-campus clinics and community partnerships increased convenience, supporting more equitable access and improved overall compliance.



Vaccination clinic implemented on-campus in partnership with Nationwide Children's Hospital

FUTURE STEPS

Ongoing monitoring will assess the sustainability of compliance gains over time. Efforts will expand peer-led education and outreach to further support student engagement. The model may be applied to additional preventive health initiatives to strengthen population health outcomes on campus.

KEY TAKEAWAYS

- Streamlined requirements improve compliance.
- Access & convenience drive student follow-through.
- Integrated, data-informed strategies are effective and scalable in college health.

Kenyon College prioritizes the health of the entire campus community by requiring/recommending immunizations for all students. Our vaccine guidelines align with guidelines from the American College Health Association (ACHA) and the Advisory Committee on Immunization Practices (ACIP), as published by the U.S. Centers for Disease Control and Prevention (CDC).

This study was determined to be IRB exempt.

RESOURCES

