

ADVANCING HEALTH CENTER & SCHOOL PARTNERSHIPS to Improve COVID-19 Vaccination Administration for Adolescents



JULY 2021

Why Schools?

Administration of COVID-19 vaccines is essential to adolescent health and the health of our nation. Vaccinating the nation's vulnerable and underserved youth is a priority of the Health Resources and Services Administration (HRSA), the National Association of Community Health Centers (NACHC), and the School-Based Health Alliance (SBHA). Serving more than 30 million Americans, health centers play a critical role in achieving this goal. Health centers offer a broad array of primary, behavioral health, and preventive care services. They serve the most vulnerable patients and reduce barriers such as cost and lack of insurance. Too many children experience persistent disparities in health care access, quality, and outcomes. By partnering with schools to administer COVID-19 vaccinations to adolescents, health centers can improve access to care, particularly for adolescents from families most in need.

Partnerships between health centers and schools create transformative results. Bringing healthcare where students spend most of their time supports student success by removing barriers including: access, lack of insurance, and parents/guardians missing work. Health centers can also partner with schools to build trust, communicate, and recruit for adolescent vaccine administration efforts at other locations: main health center sites, departments of health, health fairs, summer camps, faith-based organizations, and pharmacies.

This guide contains promising strategies, practices, and sample resources from health centers, school-based health centers (SBHCs), and schools to improve adolescent access to COVID-19 vaccinations.

Summer Opportunities

Don't lose time this summer. Your health center can work on the following:

- Build partnership with your school district
- Identify vaccine champion
- Design vaccine administration plans to launch as soon as school opens
- Communicate to get parents/guardians and students ready for your vaccine efforts
- Implement a vaccine clinic during summer school
- Collaborate with school and other community organizations to implement vaccine clinics at United States Department of Agriculture (USDA)/school meal distribution sites

Starting-up partnerships with schools?

Identify Contacts to Approach

Health centers can launch new partnerships with schools for COVID-19 vaccine administration. Consider approaching the school district's central office. The administrator of the school district (often referred to as the superintendent) has the power, authority, and holds the final level of support to sign off on needed agreement(s) between the district and the health center. Or consider approaching an individual school to identify a champion with whom to help your health center navigate approval through the district.

Messaging

Both education and healthcare want the best for children and adolescents. Positive health outcomes support improved educational outcomes by reducing or eliminating non-academic barriers to learning.

Suggested contacts to spark relationships with local school district:

- **Individual school staff**—school nurse, health technician, health education teacher, school principal/administrator, and student support coordinator.
- **Local school district office**—Director of Student Health, Director of Partnerships, Director of Student Supports, Director of School Nursing Services* (or positions with similar title).
- **Local school board**—a school board member.

Here are some considerations when crafting messages for education partners:

- Remind them of the benefits to students and educational outcomes; Healthy Students = Better Learners
- Safety for in-person learning
- Decreased anxiety for staff, students, and families
- Return to school activities such as sports and after school clubs
- Less burden on education staff with health center staff's collaboration

*This position might reside in the local department of health.

Already partnering with schools?

Partnerships with schools already exist if health centers operate an SBHC(s) or another school-based health program. An executed memorandum of understanding (MOU) or letter of agreement (LOA) should outline how students access health services at school and parent/guardian consent requirements. The health center can expand the scope of services outlined in the MOU or LOA and utilize existing relationships to increase efforts to administer adolescent COVID-19 vaccines at the school(s) with SBHCs or school-based health programs and other schools throughout the district. Use those relationships to identify a school or school district champion who can work with your health center to gain buy-in from the school district superintendent. Identify a vaccine champion from either the school, local school district office, or local school board to work with in coordinating vaccination efforts.

Planning Steps:

After health centers build interest from a school/school district and identify a coordinator for the vaccine administration effort, consider the following steps:

- **Build a planning and implementation team** with representation of all partners: health center, school/school district, and local health department if included.
- **Consider inviting other community organizations** to support the effort, particularly to help with communications, including:
 - ◆ Local health department
 - ◆ Hospital
 - ◆ Emergency Medical Services
 - ◆ Youth-serving organizations like YMCAs, Boy & Girls Clubs, youth sports organizations
 - ◆ Faith-based organizations
 - ◆ Parks and recreation
 - ◆ Local pharmacies
- **Establish goals**, objectives, and a work plan.
- **Meet with legal counsel** from the health and education sectors for sign-off.
- **Refer to [Considerations for Planning School-Located Vaccination Clinics](#)** | Centers for Disease Control and Prevention (CDC) – legal issues section.
- **Execute new (or amend existing if necessary) MOU or LOA** among the school district, health center, and local health department if included, stating each parties' roles and responsibilities.

Concerned about having enough resources in your health center to take on this effort?

Health centers, especially smaller ones without an SBHC, may not have the resources or internal capacity to undertake a COVID-19 vaccination effort alone. Partnerships are key. Coordination may need to come from schools or local health departments.

Possible lead coordinators from these teams include:

- Director of Student Health
- Director of Partnerships
- Director of Student Supports
- Director of School Nursing Services
- School Nurse
- School Health Technician

Opportunities to Administer Adolescent COVID-19 Vaccines at School:

Other opportunities to administer COVID-19 vaccines to adolescents at school exist outside the school day.

- Sporting events
- School events (school dances, STEM nights, etc.)
- Summer school
- USDA/school meal distribution sites
- Back to school and orientation events in the fall

Parent/guardians will not be present at all of these, so health centers will need to obtain vaccine consent ahead of the event(s) and send vaccine information sheets to parents/guardians.

Communications, Building Trust, and Recruitment

Successful health center adolescent vaccine efforts at schools require culturally appropriate communication and trust between stakeholders (adolescents, parents/guardians, and school staff). Collaborating with schools on communications regarding vaccination efforts is essential. The school is often a trusted resource, particularly for the most vulnerable families. Joint vaccine events with schools can increase adolescents' and parents/guardians' comfort level and trust. Schools and school districts communicate with their entire communities daily. Their broad reach will significantly enhance your health center's recruitment efforts.

Communications vehicles

- Social media
- School website
- Robocalls
- Mass texts
- Email blasts
- Send home printed resources with students
- Posters around school building
- Announcements on school public announcement system
- Internal promotion efforts by school staff

Adolescent messaging

- Develop communications messages and resources with and for adolescents
- Adolescents trust their peers
- They influence their parents'/guardians' decisions
- The CDC developed some communication resources for COVID-19. They continue to develop additional ones, so check back for adolescent specific messaging updates.
 - ◆ [Communication Resources for COVID-19 Vaccines | CDC](#)

School staff communications

- Buy-in and support ensures successful reach and trust-building with families
- They have direct parent/guardian contact
- Instrumental in tracking those who have not returned consents
- Develop messages for school staff that help them see their essential role in your vaccine administration process
- [Customizable Content for School-Located Vaccination Clinics | CDC](#) (refer to communication to principals)

Parents/Guardians communications

- Essential for building parent/guardian trust in the COVID-19 vaccine for their adolescent
- Helps with successful recruitment and returning vaccine consent forms
- CDC developed some parent/guardian communication resources. Continue to check for additional resources:
 - ◆ [Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit | CDC](#)
 - ◆ [Communication Resources for COVID-19 Vaccines | CDC](#)
 - ◆ [COVID-19 Vaccine for Preteens and Teens | CDC](#)
 - ◆ [Customizable Content for School-Located Vaccination Clinics | CDC](#) (refer to parent section and post-clinic parent communications)

Operations and Implementation Planning

Health centers can use NACHC and CDC's COVID-19 vaccine operations guides for administering adolescent COVID-19 vaccines at schools:

- NACHC's [COVID-19 Vaccine Distribution Clinic Operations Toolkit](#)
- [COVID-19 Vaccination Program Operational Guidance | CDC](#)
- [Considerations for Planning School-Located Vaccination Clinics | CDC](#)

Operations considerations:

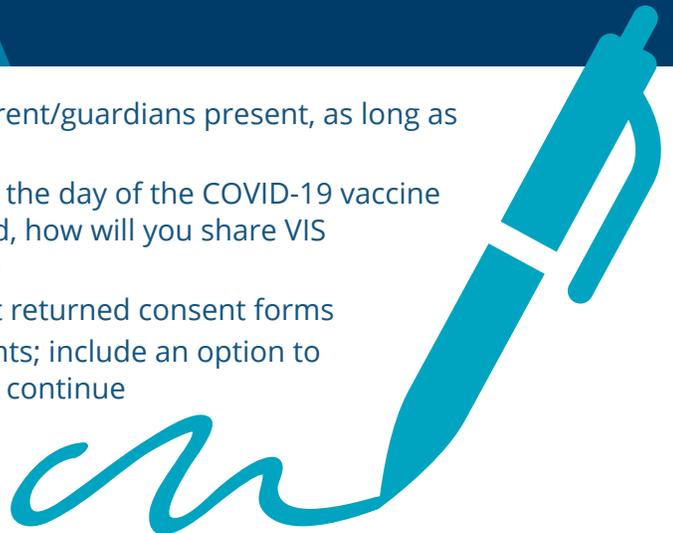
- Bringing vaccinations to where students spend most of their time—school—supports student success by removing barriers, including access, lack of insurance, and parents/guardians not having to miss work.
- Simplified scheduling in cohorts works best with students, schools, and standby scheduling to use vaccines leftover with no shows.
- Day 1 clinic can serve as pilot to enable working through any hiccups.
- School partners may want to be part of the confirmation process through their communication channels.
- Add EMS and school personnel (school nurses, school secretary, support staff, etc.) to staffing.
- Data tracking and reporting to state and national vaccine registries are the same as other COVID-19 vaccinations and should follow your state and federal requirements. When working with education, inquire about additional needed documentation.

Consider this school-based workflow:

Forethought on getting students to and from class assists in ensuring smooth clinic flow. Consider student entering through a central check-in (such as the office) for appointment verification and confirmation of signed consent forms. Student then directed or transported to the clinic. After immunization, the student goes back through the office, checks out, and goes back to class. The school secretary is often instrumental in this process.

Parent/Guardian Consents

- Vaccines can be administered to adolescents without parent/guardians present, as long as the health center obtains prior consent.
- Consider the process for verbal or electronic consent for the day of the COVID-19 vaccine clinic based on your organization's policies (i.e., if allowed, how will you share VIS sheets and obtain dual witnesses to the verbal consent?)
- Implement a system for follow-up to those who have not returned consent forms
- Use easy to read and simple paper and electronic consents; include an option to designate consent or non-consent, so the team does not continue to follow up with that family.



Opportunity for Assessments

- Use time before and after vaccination to screen for social determinants of health, risk assessments, depression, other vaccine needs, and last well-child visit.
- Ensure internal and external supports to meet the possible needs identified by screenings.
- External resources may include connection to 2-1-1 for essential community services, social services available day of vaccinations, connection with local food banks, etc.
 - ◆ <https://www.211.org/>
- Health centers may find the American Academy of Family Physician's free Neighborhood Navigator tool valuable in identifying community resources:
 - ◆ <https://www.aafp.org/family-physician/patient-care/the-everyone-project/neighborhood-navigator.html>



Sample Resources from Health Centers and Schools

The School-Based Health Alliance is continuously collecting and updating resources from schools and health centers on its website. Please go here for examples your health center can adapt for use: <https://www.sbh4all.org/resources/school-based-vaccines-and-immunizations/>

ACKNOWLEDGEMENTS

Special thanks to the School-Based Health Alliance for partnering with NACHC to produce this technical assistance document. Since 1995, the School-Based Health Alliance (SBHA), a 501(c)(3) nonprofit corporation, has supported and advocated for high quality healthcare in schools for the nation's most vulnerable children. Working at the intersection of healthcare and education, SBHA is recognized as a leader in the field and a source for information on best practices by philanthropic, federal, state, and local partners and policymakers.

There are over 2,500 school-based health centers (SBHCs) in the United States. Health centers sponsor over 50 percent of SBHCs, partnering with schools and sharing a vision for student health and academic outcomes. For more information on school-based health care visit www.sbh4all.org or email info@sbh4all.org.

Special thanks to Vija Sehgal, MD, Pediatric Provider at Waianae Coast Comprehensive Health Center (HI) for her content review and input.

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,287,500 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.