



**CASE STUDY**

## **Coos County Family Health Services (CCFHS): ADOLESCENT COVID-19 VACCINATION PROGRAM IN PARTNERSHIP WITH SCHOOLS**

Coos County Family Health Services (CCFHS) is a federally qualified health center (FQHC) located in rural northern New Hampshire, populated by 15,000 people. The organization hosts three clinical sites, a dental clinic, and a domestic violence and sexual assault program. With a staff of approximately 30 clinicians and additional ancillary staff, CCFHS provides medical, behavioral health, and dental services to area residents. Ken Gordon, CEO, was interviewed about their adolescent COVID-19 vaccination program.

Historically, CCFHS consulted with local public school nurses and special education staff on various medical health issues, behavioral health, and attention deficit disorder evaluations. They also provided immunizations, school physicals, and health information to students and families; CCFHS is the only primary care provider in the region. CCFHS staff—a pediatrician and nurse practitioner—provide care to most young people in the area.

### **Working with Schools**

In March 2020, as COVID-19 began to spread across the nation, community leaders recognized the need to start coordinating efforts among area healthcare providers, school superintendents, hospital staff, and other key stakeholders. At the suggestion of the school superintendents, CCFHS organized a virtual community meeting to initiate communications. A unique feature of the area is two large prisons that



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employ a significant number of residents. Recognizing the potential for COVID-19 to affect inmates, employees, and their families, staff from the two prisons also participated in the community meeting. The relationships built or strengthened during these meetings provided community benefits that lasted beyond the initial planning discussions.

During the summer of 2020, CCFHS and school staff developed protocols to offer COVID testing and contact tracing to students and their families. Initially, CCFHS

offered COVID testing in an outdoor tent.

Later that fall, the demand for testing of school-aged youth increased significantly. As winter set in, CCFHS moved the testing site to a construction trailer.

As vaccines became available to adolescent-aged students, CCFHS scheduled two vaccine clinics over one week.

Each clinic was four hours in the evening to enable students

and their families to attend, with clinical staff from CCFHS and the local hospital administering vaccinations.

The school promoted the vaccination clinics to families through social media, emails to parents/guardians, and flyers sent home in backpacks. Before the sessions, the CCFHS Chief Medical Officer and CEO met with elementary and middle school students via Zoom to answer their questions and provide accurate information. In addition, a CCFHS pediatrician and the school superintendent met with parents/guardians via Zoom to engage them in information sessions about COVID. Approximately 35 families participated in each Zoom session. Throughout the two four-hour vaccination clinics, 150 adolescents received the COVID vaccine.

To streamline the scheduled vaccination sessions, CCFHS encouraged parents and guardians to electronically register students in the state's COVID registration system, the Vaccine & Immunization Network Interface (VINI), before the scheduled vaccination sessions. Most parents/guardians gave consent electronically in the state's system before the clinic; for those unable to register before the clinic, access to consent through VINI was at the site with assistance from CCFHS staff. CCFHS staff believe that offering the option of pre-registration and registration at the time of vaccination contributed to higher vaccination rates.

One of the most significant innovations that developed from the partnership between CCFHS and the school system was utilizing a shuttered elementary school as a vaccine distribution site. Although the school was closed, the building was maintained and had the space and infrastructure needed to vaccinate many adolescents. The "mothballed" school enabled the design of a clinical setting that provided a good workflow for the health care staff. It was accessible to families and offered adequate parking, appropriate clinical space, and the technological infrastructure to support connectivity for electronic health records. As of June 2021, CCFHS vaccinated approximately 50% of students aged 12 and older in their service area.

### **Innovations, Promotion, and Promising Practices**

Throughout the pandemic, CCFHS deployed a variety of methods to engage students and their families, including:

- CCFHS Pediatric staff were present at the vaccination site to calm worried parents/guardians and youth and share information about COVID-19.
- The organization's Chief Medical Officer and CEO met with elementary and middle school students via Zoom to answer their questions and provide accurate information.
- As trusted community members, the schools publicized the vaccination events through social media, school email, and flyers sent home in backpacks.

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- Students created artwork to thank healthcare workers displayed throughout the school building during adult vaccination clinics.
- A CCFHS pediatrician met with the superintendent and parents/guardians virtually to talk about COVID and answer questions about the virus and the vaccine.

### Future Plans

Based on the successful utilization of a shuttered elementary school as a vaccine distribution site for adolescents (and ultimately many parents/guardians), CCFHS will continue its partnership with the school district to prepare for additional COVID-19 vaccinations before the next school year. If vaccines for children younger than 12 years are approved, they will utilize the elementary school space to sponsor pediatric clinics.

### Key Lessons Learned

Federally Qualified Health Centers can partner with schools in their service area to increase vaccination rates among adolescents. Coos County Family Health Services

emphasized the following key points as important lessons learned from their experience:

- Build relationships with community entities before you need them to address critical health issues.
- Reach out to school staff and partner with them—this is mutually beneficial. The FQHC provides health expertise to the school. The school has expertise in information-sharing and program promotion to students and families.
- Information and resource sharing are critical to the success of an adolescent COVID-19 program.
- Convening a group of community stakeholders was essential and positive. Open candor allowed for identifying problems with activities related to COVID and encouraged the group to offer mutual support.
- The relationships formed in response to the pandemic will help the community to address other pressing health issues in the future. The group will more easily collaborate, problem solve, and move forward.

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