



HealthLinc Community Health Center: ADOLESCENT COVID-19 VACCINATION PROGRAM IN PARTNERSHIP WITH SCHOOLS

HealthLinc Community Health Center, located in northwest Indiana, operates 11 clinics across five counties. These clinics serve South Bend, Mishawaka, Knox, La Porte, Michigan City, Valparaiso, and East Chicago. In response to the need for services in East Chicago, Health Linc opened an additional site in July 2021. The service area includes rural and suburban communities, as well as small to midsize cities. HealthLinc’s staff of 500 provides primary care services that include Family Practice, General Dentistry, Optometry, Podiatry, Chiropractic, Midwifery, Medication-Assisted Treatment (MAT), Paramedicine, Behavioral Health, Medical-Legal Partnership (MLP), and Adult and Pediatric Telehealth. The School-Based Health Alliance interviewed six staff for this case study, including the chief operating officer, assistant chief operating officer, and four clinic site directors.

Historically, HealthLinc has provided telemedicine services within two elementary schools, but due to COVID-19, there are currently no clinicians within the school. Many of the schools in their service area remained closed for the entire 2020-2021 school year.

Working with Schools

Before the spread of COVID-19, HealthLinc had limited involvement with elementary schools through their telemedicine program, providing lead testing and other limited services at the elementary school.



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When HealthLinc began to sponsor COVID registration events and vaccination clinics with community members accessing services within the school building, the schools agreed to create a Memorandum of Understanding (MOU) to delineate the responsibility and liability of each entity. The same MOU was utilized for vaccine events ranging from a local university to K-12 schools.

As COVID vaccines became available, HealthLinc developed new relationships with multiple elementary, middle, and high schools in their service area and strengthened relationships with schools already familiar with or utilizing

their services. Some of the relationships developed organically through personal connections or previous experience. For example, HealthLinc had a contact person at a Michigan City elementary school, so this individual initiated a large marketing campaign to parents/

guardians. Furthermore, this connection partnered with the district's marketing coordinator to design and schedule teacher vaccination events at elementary, middle, and high schools. In another public high school that was not previously a service site, a HealthLinc employee was a parent of students. This parent connected HealthLinc clinical staff to the school administration and advocated for a school-based vaccination clinic. The school administration became strong supporters and engaged school nurses and teachers to promote the vaccinations to the entire staff.

In preparation for the first vaccination clinics for students ages 12 and up, HealthLinc convened their clinical and administrative staff, and organized a planning session before the live event. The relevant staff members met and developed a flow chart to identify each person's role in the offsite 'clinical' setting. They created vaccinator boxes with the supplies each person would need at a

vaccination station. Over time, they could simply grab the boxes and emergency kits and attend a vaccination session. Whenever possible, HealthLinc pre-registered each individual as a patient in their medical record system, allowing individuals to seek any needed follow-up care to the vaccination. As a result of the strategy sessions, the events exceeded all expectations. At one community event, HealthLinc vaccinated 1,000 people in a single day.

For the first dose of the vaccine, HealthLinc implemented the majority of the adolescent clinics at middle and high schools as a convenience to parents/guardians. The clinics were scheduled on Saturdays to accommodate parents' work schedules. For families unable to attend school-based vaccination events, they could schedule an appointment or walk into the Michigan City primary care site. For the second dose, parents needed to bring their adolescents to HealthLinc's primary care sites. For several months, HealthLinc held 12 clinics in area schools.

The school districts provided all communications to families about the vaccine clinics through fliers sent home in backpacks, information on the school's website, and email messages. The fliers guided families to a specific phone number set up by HealthLinc staff for pre-registration to the event. In addition, HealthLinc placed fliers throughout the community at gathering places such as the local football field. School officials supported student vaccination via student ambassadors who could share their experiences.

As the HealthLinc team continued to administer clinics, efficiency improved, and they were able to match the staff and resources to the size of the event. Knowledgeable staff answered parent/guardian questions at each event. By July 2021, HealthLinc vaccinated 48,000 individuals at their multiple vaccination sites. As a result of the COVID vaccination clinics, HealthLinc significantly strengthened the relationships with each school that hosted a session. Staff believes that these relationships have enabled them to become a "go-to" contact in a way that had not existed before the COVID clinics. Before the clinics, the schools had a limited sense of what HealthLinc could offer to their students and now understand that HealthLinc can provide many more services and are a trusted community partner.

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Innovations, Promotion, and Promising Practices

- HealthLinc deployed a variety of methods to assist students and their families in obtaining the vaccine:
- At some middle school vaccination sites, the school created a festival-like atmosphere, inviting food trucks or food was provided, along with music, vendors, raffles, and games as a motivation.
- One elementary school vaccination site was successful based on its access to a primary bus line and the school partnership with a minor league baseball team, the South Bend Cubs. Participants could enter a raffle to win box seats and tickets to a baseball game. Although only five people pre-registered for the clinic, 80 people attended and were all vaccinated.
- As part of their partnership with HealthLinc, the South Bend schools provided transportation to HealthLinc sites so that students and parents could receive vaccinations throughout the summer.
- Staff gave buttons to adults and adolescents that received the vaccine and these buttons were unexpectedly popular. Residents of a local homeless shelter proudly wore their HealthLinc buttons.
- HealthLinc committed to meeting residents where they are/were to offer vaccinations—in schools, community settings, housing centers, and farms where migrant workers reside. Federal COVID funding allowed HealthLinc to buy vans to transport the “go team,” a group of staff hired during COVID, to meet people in the most advantageous settings.

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Challenges

- The HealthLinc teams encountered challenges as they mounted a campaign to vaccinate individuals in the communities. HealthLinc needed to redesign their consent forms for the COVID vaccinations. It was outside their usual scope of activities to have a minor consent to services without a parent present. The modified consent stated that an adult would be present with the adolescent at the time of vaccination, but that adult might not be their parent/guardian. At one event, the superintendent of schools communicated to parents/guardians that they must be present for the vaccination of their children aged 12 – 15 years.
- HealthLinc received the Pfizer vaccine much later in the spring, which was not conducive to completing both doses at school before the end of the school year. This was a significant challenge that limited their ability to start the first dose and presented a transportation challenge over the summer with trying to get adolescents back to receive the second dose.

- Many parents/guardians had questions about COVID-19 and the vaccine; HealthLinc provided a great deal of general education to families. Parents/guardians questioned if their child needed the vaccine if they already had a COVID infection. And some people were hesitant to vaccinate due to upcoming sports events or the prom; concerned that their child might become ill from the vaccine and would be unable to attend the events. However, as an incentive, some schools communicated that only vaccinated students would be permitted to attend the prom.
- Initially, CDC guidance stated that adolescents receiving the Pfizer vaccine could not have any other standard immunizations within two weeks of the COVID-19 vaccine. At the time, the guidance delayed many adolescents from receiving the COVID-19 vaccine. The guidance has since changed, allowing both required school immunizations and the COVID-19 vaccine at the same visit.

Future Plans

As schools prepare for a return to school, the HealthLinc team scheduled multiple Back to School events for July and August. Capitalizing on National Health Center Week, they planned pop-up vaccination clinics to coincide with community events. Some of these events will feature no-cost sports physicals, which draws many students and will enable HealthLinc providers to encourage youth ages 12 and up to receive the COVID-19 vaccine. The events are an opportunity to provide education about the vaccine and the coronavirus while addressing concerns expressed by parents and students. Food, music, and a bounce house create a festival-like atmosphere that draws in the entire family.

HealthLinc utilizes front desk staff and their Call Center to contact parents/guardians of 12–17-year-old established patients, helping them schedule school-required well-child visits and encouraging them to receive the COVID-19 vaccine during the same visit.

Upon vaccine authorization for youth less than 12 years of age, HealthLinc will develop plans to target the younger population. HealthLinc will begin by conducting email

and text campaigns to established patients, followed by a community-wide vaccination effort. HealthLinc staff reached out to daycare settings, Boys' and Girls' Club programs, summer school programs, summer camps, and other youth-focused programs and partners.

Based on their success in providing more than 51,000 vaccinations to date, HealthLinc has gained widespread recognition as a major community health provider. Half of the individuals vaccinated were not established patients before the community vaccination clinics; many people had heard of HealthLinc but were not aware of their array of services. The vaccination clinics offered an opportunity to publicize their sites and services, resulting in outstanding praise and gratitude from community members. They sent thank you cards, flowers, provided lunches for staff members and told their friends about the vaccines and HealthLinc.

Challenges and Key Lessons Learned

HealthLinc staff involved in vaccination efforts stated that working with adolescents was a great experience and varied greatly from their experiences vaccinating the elderly. For the elderly, the vaccinations gave hope and an opportunity for staff to promote HealthLinc's story and services during the 15-minute waiting period after the shot. In contrast, vaccination for students was about returning to their life—they wanted graduation ceremonies, sports, proms, and interactions with their friends. Some schools in the area operated virtually for the entire 2020-2021 school year, and HealthLinc used that restriction as an educational opportunity when they spoke with students, explaining that the vaccine would allow everyone to get to the other side of the pandemic without worry about quarantine. They found this was a considerable incentive among youth, with no cost attributed to it. HealthLinc staff found that “the gift of their lives back” was more important to the 12-17 year old adolescents than any other age group.

Operationally, HealthLinc returned to the same schools several times and found that their efficiencies improved each time. They focused on improving the registration process and reducing wait times by ensuring adequate staff were on site. HealthLinc learned that pre-registration was critical; even paper registrations were entered into their

system before the vaccination sessions whenever possible. They also learned to better gauge how many vaccines to administer in a given timeframe based on attendance and the number of available staff. Initially, the scheduled sessions were too long, and the staff were underutilized. At other sessions, HealthLinc underestimated the number of attendees in the allotted time and were understaffed. After a few events, they improved their time management.

HealthLinc staff learned the importance of communicating to patients scheduled for vaccination and electronically broadcasted the documentation needed during the visit, including pre-registration and insurance cards. To organizations attempting to undertake mobile vaccination clinics, HealthLinc recommends: get to know the allotted space, learn what is off-limits in the space, confirm available school equipment (tables, chairs, etc.), and identify additional resources or people. As the number of vaccination sessions increased, HealthLinc staff learned that planning and communicating about details avoided critical problems such as lack of electrical power or wi-fi. They found it imperative to have frank conversations about all aspects of the event, particularly since different schools may have additional requirements about who can come into the building. It is also important to discuss FERPA and HIPAA and the information shared before the event.

At an early clinic session intended to vaccinate school staff, the teachers in the district were all required to travel to one school to be vaccinated. HealthLinc staff created an efficient workflow to accommodate teachers who traveled to the school during a classroom break. Although each teacher had a scheduled appointment time, the situation proved challenging. This experience demonstrated that requiring teachers to travel to one site was not most effective.

With learned experience, a HealthLinc team now goes to the school in advance of the session and conducts a site visit. Ultimately, HealthLinc purchased tables and chairs, created a clinic in a box, and purchased wi-fi and hotspots for connectivity.

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Leadership Support

The staff emphasized the critical importance of executive leadership support for mobile vaccination clinics. Traditionally, HealthLinc staff did not operate outside their clinic walls, and a physician or nurse practitioner was only on-site at a fixed location. The Chief Operating Officer (CEO) and members of the senior leadership team recognized the need to support the development of new programs to meet residents' needs during the pandemic. They began by creating teams that had not previously existed as staff positions within the health centers, determined the legality of providing services offsite, identified financial support for this set of operations, and created policies and procedures necessary to accommodate the remote work force.

The CEO worked tirelessly to distribute daily communications to ensure staff were continuously informed about changing guidelines and priorities. The daily communications helped staff focus on efforts to provide testing and vaccinations to the community. HealthLinc's strong operations' leadership staff recognized the importance of adapting to challenges to make a difference in the community. Strong leadership from the CEO, senior team, and operations members helped the staff live their mission every day. They proved a trusted community partner and encouraged other health centers to do the same in their states. HealthLinc staff emphasized that this has been a challenging year, and the staff are incredibly stressed, but their patients and the community energize them.