

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



SCHOOL-BASED
HEALTH ALLIANCE
The National Voice for School-Based Health Care



NATIONAL ASSOCIATION OF
Community Health Centers®

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Why Schools?

Administration of COVID-19 vaccines is essential to pediatric and 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 29 million patients across the country, 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 children and adolescents, health centers can improve access to care, particularly for children and adolescents from vulnerable and underserved families.

Partnerships between health centers and schools create transformative results. Bringing healthcare to a school or school-related setting where students spend most of their time supports student success by removing barriers to care including, parents/guardians missing work to attend medical appointments with their children. Health centers can also partner with schools to build trust, communicate, and recruit for child and adolescent vaccine administration efforts at other locations like health center sites, departments of health, health fairs, camps, malls, libraries, parks and recreation sites, 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 child and adolescent access to COVID-19 vaccinations. This December 2021 version is an update of the July 2021 guide, following the most recent federal guidance regarding COVID-19 vaccination use for children ages 5-11.

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

Parents/guardians, educators, and healthcare workers all 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, school counselor, and student support coordinator.
- **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.

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

Here are some considerations when crafting messages for education partners:

- Remind them of the benefits to students and educational outcomes; Healthy Students = Better Learners
- Care provided in a familiar environment for younger children
- Fewer school days or class time missed
- Safety for in-person learning
- Decreased anxiety for staff, students, and families
- Return to school extracurricular activities
- Less burden on education staff with health center staff's collaboration

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. Utilize existing relationships to increase efforts to administer pediatric and 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 with whom your health center can 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, local health department, and other partners.
- **Consider inviting other community organizations** to support the effort, particularly to help with communications, including:
 - ◆ Behavioral health providers
 - ◆ Emergency Medical Services
 - ◆ Faith-based organizations
 - ◆ Hospital
 - ◆ Local health department
 - ◆ Local pediatricians and pediatric care providers
 - ◆ Local pharmacies
 - ◆ Parks and recreation
 - ◆ Public libraries
 - ◆ Youth-serving organizations like YMCAs, Boy & Girls Clubs, youth sports organizations
- **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 party's 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:

- Behavioral Health Providers
- Director of Partnerships
- Director of School Nursing Services
- Director of Student Health
- Director of Student Supports
- Public Health Nurses
- School Counselors
- School Health Technicians
- School Nurses

Opportunities to Administer Pediatric and Adolescent COVID-19 Vaccines at School

Other opportunities to administer COVID-19 vaccines to children and adolescents at school exist outside the school day, including before school, after school, and during non-traditional school hours.

- Sporting events
- School events (school dances, STEM nights, etc.)
- Summer school or alternative schools
- USDA/school meal distribution sites
- Back to school and orientation events

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 child and adolescent vaccine efforts at schools require culturally appropriate communication and trust between stakeholders (children and 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 child, adolescent, 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

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

Younger children messaging

- Explain why vaccines are important in a calm, direct manner
- Remind them this is the best way to keep them safe and healthy against COVID-19
- If they are afraid of getting the shot, ask them "why" or "what have they heard about the shot"
- Use clear, fact-based responses
- Assure them that it is OK to be afraid of a shot but that you will be with them the whole time
- Bring a favorite toy or stuffed animal to the appointment to help the child soothe
- Explain that they are helping others stay healthy by receiving the shot
- Avoid statements such as "because you have to"

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](#)

Parents/Guardians communications

- Essential for building parent/guardian trust in the COVID-19 vaccine for their young children and adolescents
- 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](#)
 - ◆ [Customizable Content for School-Located Vaccination Clinics](#) | [CDC](#) (refer to parent section and post-clinic parent communications)
 - ◆ [How to Talk about COVID-19 Vaccines with Parents and Teens](#) | [HHS](#)
 - ◆ [COVID-19 Vaccine for Children and Teens](#) | [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)

Operations and Implementation Planning

Health centers can use HRSA and CDC's COVID-19 vaccine operations guides for administering child and adolescent COVID-19 vaccines at schools, along with other technical assistance guides from trusted resources:

- [NACHC's COVID-19 Vaccine Distribution Clinic Operations Toolkit](#)
- SBHA's Adolescent COVID-19 Vaccination Program in Partnership with Schools Case Studies:
 - ◆ [Coos County Family Health Services](#)
 - ◆ [HealthLinc Community Health Center](#)
 - ◆ [Mosaic Medical](#)
- [COVID-19 Vaccination Program Operational Guidance | CDC](#)
- [CDC's Pediatric COVID-19 Vaccination Operational Planning Guide](#)
- [CDC's COVID-19 Vaccines for Children and Teens | CDC](#)
- [Considerations for Planning School-Located Vaccination Clinics | CDC](#)
- [HRSA Action Checklist for COVID-19 Vaccinations for Children Ages 5-11](#)
- [AAFP's COVID vaccine information page and booster dose comparison table](#)

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 of clinic can serve as a 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 partners, inquire about additional needed documentation they may need.

Consider this school-based workflow:

Forethought on getting students to and from class assists in ensuring smooth clinic flow.

- For adolescents, consider student entering through a central check-in (such as the office) for appointment verification and confirmation of signed consent forms. The adolescent is then directed or transported to the clinic. After immunization, the adolescent goes back through the office, checks out, and goes back to class. The school secretary is often instrumental in this process.
- For younger children, consider how the students get to and from the clinic and who can verify the child's identity against a signed consent form (such as school staff with an existing relationship).
- Ensure that all procedures follow school safety protocols and are developed with/approved by the school administration, as well as communicated to school staff.

Parent/Guardian Consents

- Vaccines can be administered to children and adolescents without parent/guardians present, as long as the health center obtains prior consent. However, at times, parents/guardians prefer to be present, especially with younger children.
- Consider non-typical school hours to provide an opportunity for those parents/guardians who desire to accompany their child or adolescent.
- Consider a verbal process that addresses low literacy or language barriers for obtaining consent.
- Consider verbal or electronic consent process 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.
- Provide incentives for completion of consents (including school staff and students).



Opportunity for Assessments

- Use the time before and after vaccination to screen for age-appropriate 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/>

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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.