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Commentary

When Adolescents are in School During COVID-19, Coordination Between School-Based Health Centers and Education is Key

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All aspects of life in the United States have been significantly affected by the COVID-19 pandemic. Schools were closed to promote social distancing and flatten the curve of the pandemic [1]. Healthcare facilities are fighting to preserve lives and to stay afloat; many have reduced capacity. Typically, we do not consider the complementary roles these two sectors play in adolescent's lives. As schools grapple with providing education during the COVID-19 pandemic, a public health crisis, adolescent health and wellbeing must also be considered.

Adolescents have been contending with significant changes in how to socialize safely, what “school” looks like, and renegotiating independence with parents when everyone is at home. Even in the best of circumstances, their own health and wellbeing may be compromised, given these significant stressors and potentially reduced access to healthcare [2].

Over the past 18 months, we have met with numerous individuals involved at the intersection of education and healthcare throughout West Virginia, including superintendents, teachers, counselors, and other healthcare and education providers. Based on this work, we argue that the more than 170 school-based health centers (SBHCs) in West Virginia, as well as the more than 2,500 school-based health centers in the United States serving over six million children and adolescents (about 12% of the 50.8 million students) [3], can and should play a key role in supporting adolescent health as students begin returning to school this fall, whether online or in person.

Across the nation, SBHCs provide an array of health services, including preventive and chronic care, behavioral health care, and sometimes dental and optical care. These services are provided either in or in close proximity to local schools [4,5]. The existing literature indicates that SBHC use is correlated with

improvements in overall health and increased use of preventive services [6]. Several studies have also found associations between the presence of SBHCs and decreased emergency department visits and hospital utilization [7]. Moreover, adolescents attending schools with SBHCs that provide these services have consistently been found to have more positive reproductive and sexual health outcomes [8,9]. In addition to physical health, there is some evidence that SBHCs positively influence adolescents' mental health [10].

Based on our first-hand experience and our reading of the pertinent literature, we provide several recommendations related to SBHCs that could benefit adolescent health during the return to school:

- SBHCs should adapt their delivery model in accordance with public health recommendations for social distancing, and because not all schools will reopen to in-person classes or reopen to these classes full time. SBHCs may need to have more limited hours or fewer staff. In addition, they may need to integrate telemedicine models. Many students rely on SBHCs as their primary source of health care, and closures of these programs could prove devastating for those students, particularly if they also have a chronic condition.
- In schools with functioning SBHCs, a collaboration between schools and SBHCs will prove invaluable. As schools reopen to in-person classes, they can screen students and staff for COVID-19. SBHCs also have the expertise to help draft school policy to create protocols for when a student or staff tests positive or have been exposed to COVID-19. Reopening plans should be done in coordination with health experts, such as SBHC providers and administrators, especially those who are physically in schools and ready to facilitate the reopening.
- Mental health services for students in response to potential domestic abuse or the mental strain of being isolated from their peers for months will also be crucial. Over half of SBHCs offered behavioral health services in 2016 [1]. The need for

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these services will likely be significant during the ongoing pandemic, and those SBHCs without behavioral health may consider providing this service either in person or through telehealth in places where students continue to learn from home.

- SBHCs can also be a critical part of the infrastructure to immunize students when a coronavirus vaccine is developed and approved. School-based influenza immunizations have been shown to reduce both the incidence of the flu and student absenteeism [11]. Implementing school-based immunization programs, with the support of SBHCs, could also be a cost-saving mechanism and contribute to herd immunity [12]. Schools with SBHCs should work in coordination to successfully implement an immunization program to ensure that students, staff, and in turn, the broader community, can receive the benefits from immunizations. SBHCs can also support efforts to bring students back in schedule with other vaccination recommendations.

The intersection between health care, notably SBHCs, and education has never seemed as pronounced as during the COVID-19 pandemic. Amidst the rapidly changing landscapes for both education and healthcare lie ample opportunities for better alignment of strategies to ensure that, once children return to the classroom (whether in person or virtual), all have access to a comprehensive, culturally appropriate, affordable healthcare delivery systems. This coordination will not only meet the needs of the continuing public health crisis—to ensure students can be appropriately screened, tested, and if needed, quarantined, with little unnecessary time out of the classroom—but will also ensure that students have access to primary care services when healthcare in the community is not as readily accessible.

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