PEDIATRICS PERSPECTIVES

Advocating for Children During the COVID-19 School Closures

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Nationwide closures of elementary and secondary schools due to the novel coronavirus disease (COVID-19) have severed nearly 60 million students from critical educational and health resources. As the impact of COVID-19 unfolds, pandemic-related trauma and economic instability will disproportionately impact children in poverty, who most heavily rely on school-based services for nutritional, physical, and mental health needs. Yet amid months of public health and political discourse and the passage of 4 federal relief bills, including the historically unmatched $2 trillion Coronavirus Aid, Relief, and Economic Security Act, measures to mitigate risk for educational and health disparities among children have been woefully lacking. Beyond provision of clinical and infection control guidance, the pediatric community must advocate for stronger action to ensure the educational, nutritional, physical, and mental health needs of children are met during periods of school closures and addressed during plans for reopening (Table 1).

Action is needed to offset the risk for educational losses among all children as well as exacerbated educational disparities among children in poverty. Unforeseen extended school closures can lead to lower test scores, lower educational attainment, and decreased earning potential.[1] During closures, students need reliable access to technology, a stable learning environment, and parents with the necessary time and skills to support for remote learning. Although remote learning presents a challenge for all families, those in poverty are at greater disadvantage and thus at increased risk for widening educational disparities. One in 7 children lacks home Internet access, with a twofold higher rate among low-income communities.[2] Parents in poverty are facing their own pandemic-related stressors (eg, unemployment, at-risk jobs) and may lack the time or resources to support remote learning. However, the Coronavirus Aid, Relief, and Economic Security Act provided merely $30 billion for education emergency relief, a fraction of the $500 billion requested by national education organizations, with less than half dedicated to elementary and secondary schools. No funds are specifically allocated for remote learning capacity building, universal technology access, or planning to address educational gaps after reopening. Furthermore, the effectiveness of proposed mitigation strategies for

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TABLE 1 Pediatric advocacy suggestions, tools, and resources.

	Resources
Education	
Collaborate with local school districts to guide reopening and prepare for equitable access to school-based services during future outbreaks	CDC: Interim guidance for administrators of US K-12 schools and child care programs[3] CDC COVID-19 information for schools, child care, and youth programs[4] AAP COVID-19 planning considerations: return to in-person education in schools[5]
Champion new research efforts still needed to inform reopening	Filling in the blanks: national research needs to guide decisions about reopening schools in the United States[6]
Support children with disabilities	A comprehensive resource guide about learning disabilities for the pediatric professional community and parents[7] Special education supports, New York City Department of Education[8]
Nutrition	
Contact you state SNAP and WIC offices to advocate for waiver of in-person enrollment	SNAP directory[9] WIC directory[10]
Share resources on how families can access nutrition programs	Find meals for kids when schools are closed[11]
Physical Health	
Partner with your local school nurses to assess and ensure health of students in and out of school	National Association of School Nurses[12]
Work with your local health department and stat Title V CYSHCN program to increase access to services compromised by COVID-19 closings or restrictions	Directory of local health departments[13] State Title V profiles[14]
Mental Health	
Help equip school and clinic-based providers with resources to support children's mental health needs	National Association of School Psycologists' helping children cope with changes resulting from COVID-19[15] AAP Children and Disasters: promoting adjustment and helping children cope[16] National Alliance on Mental Illness' COVID-19 resources[17] and helpline (800-950-NAMI)
Child and family safety	
Disseminate contact information	State child abuse and neglect reporting numbers[18] ChildHelp National Child Abuse hotline (1-800-422-2253) The National Domestic Violence hotline,[19] available around the clock and in >200 languages (1-800-799-SAFE)
COVID-19 response legislation	
Advocate for adequate resources for children in local and federal COVID-19 response	AAP Advocacy resources[20]

AAP, American Academy of Pediatrics; CDC, Centers for Disease Control and Prevention; CYSHCN, Chidren and Youth with Special Health Care Needs; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.

reopening (eg, classroom modifications, in-person classes for certain groups, staggered scheduling) is still widely uncertain. Additional research is critically needed to guide safe reopening while ensuring health and educational equity for vulnerable children. To offset the risk for widening disparities, we must prioritize research to plan for safe and equitable school reopening and mobilize resources for capacity building to support the continued need for universal remote public education.

We must advocate for children with disabilities. Thirteen percent of public students have a disability requiring an individual education plan, with nearly twofold higher rates in low-income communities.[21] Of children with mental and behavioral health needs, 80% rely on school-based services. School closure means loss of critical resources for children with disabilities, including engagement with specialized educators and structured learning environments. Parents of children with high learning needs are unlikely to be equipped with resources to maintain remote learning. To offset worsening educational disparities in this population, we must prioritize strategies to safely resume in-person education for children with disabilities and advocate for resources to support expansion of assistive technologies for home (eg, tools for visually or hearing impaired).

Improved access to the nutrition programs that serve 35 million children living in poverty daily, typically provided through schools and child care centers, remains critical. Initial legislation included limited provisions to increase flexibility to maintain school-based meal distribution and for family nutrition programs, including Supplemental Nutrition Assistance Program (SNAP) emergency allotments and Pandemic-Electronic Benefit Transfer, the grocery voucher

program intended to offset loss of school meals. However, despite these efforts, access to adequate nutrition among children in poverty remains insufficient, with only 11% of newly unemployed families reporting access to "grab-and-go" meals.[22] Researchers of an April 2020 survey found that 35% of households with children <18 years old are now food insecure, a twofold increase compared with 2018.[23] Prompt funding is required to further expand meal access, SNAP, and the Special Supplemental Nutrition Program for Women, Infants, and Children benefits for children in poverty.

Action is needed to address the physical and mental health effects of the COVID-19 crisis among children and offset the potential for widening health disparities among those in poverty. Children now face diminished access to health care because of loss of school-based services, increasing parental unemployment, loss of health insurance, and avoidance of health care settings. School-based health centers provide primary and preventive care for >6 million students and disproportionately serve children from low-income and rural families. Although many school-based health centers are offering telehealth visits, they are unlikely to have the full capacity to meet ongoing health needs and many children in poverty lack access to the required technology. To improve health care access for children, we must advocate for resources to ensure universal telehealth technology access, expand outreach strategies (eg, mobile units, home visits), and expand Medicaid and the Children's Health Insurance Program, including reduced enrollment barriers.

Finally, we must address the psychological impact of this crisis on children. Collective trauma events have short- and long-term implications, including posttraumatic stress, anxiety, and behavioral disorders.[24] Children in poverty are particularly vulnerable because of underlying psychosocial stressors (eg, home instability) and developmental and behavioral disorders. Youth in unstructured environments with low parental monitoring have increased likelihood for sedentary activities, including screen time, as well as unintentional injuries and engagement in risky health behaviors. Social distancing coupled with increased economic stress in vulnerable households increases risk for domestic violence and child abuse and neglect.[24] Since the pandemic began, there have been isolated reports of increased child abuse severity; however, numerous states are reporting an ominous decrease in reports to child protective services, thought to be related to underrecognition.[25] Educators, school social workers, and counselors are an important source of emotional support for students and often the first to observe warning signs of a mental health crisis or unsafe situation. As mandated reporters, they also play a crucial role in early recognition and intervention. During school closings, however, educators are limited in their ability to offer emotional support, observe warning signs, and intervene for children at-risk. We must work with school and community leaders to create and disseminate innovative methods for remote engagement with at-risk students, guidelines for recognition of warning signs, and indications for intervention, such as in-home visits for further assessment and crisis hotline and child protective services referral.

The COVID-19 school closures pose an imminent threat to child health and wellbeing, particularly for those living in poverty. Recent legislation has focused primarily on economic recovery while neglecting adequate protections for children. Public health experts urge preparation for a second COVID-19 wave as well as future pandemics. Thus, we must prioritize research and careful planning to guide safe and equitable plans for school reopenings and advocate for development of a universal remote public education system and additional supports for children with disabilities. Action is also needed to expand vital nutrition programs, including meal distribution, SNAP, and Special Supplemental Nutrition Program for Women, Infants, and Children, Medicaid, and Children's Health Insurance Program to improve health care access. Resources are needed to support remote and in-person outreach strategies to reach at-risk children. As pediatric leaders, we must advocate for strategic immediate and long-term response efforts to offset the deleterious impacts on children due to reduced access to vital school-based resources.

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ABBREVIATIONS

COVID-19: coronavirus disease
SNAP: Supplemental Nutrition Assistance Program

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