Bright Spots to Support Back-to-School Health During COVID-19

Population Health Sciences

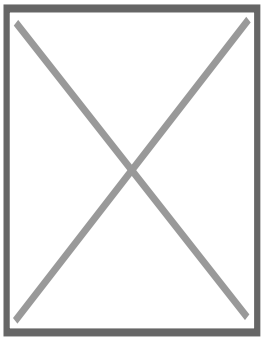
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Editor's Note: This post is part of this year's "Back to School" series in which our experts discuss the need to support the health and well-being of youth as they return to school, while also recognizing the unique challenges presented by COVID-19. Amid this landscape, PolicyLab also recently released Guidance for In-person Education in K-12 Educational Settings, offering recommendations for how schools and families might navigate the upcoming school year. For more, follow our hashtag #PolicyLabGoesBacktoSchool on Twitter.

From shifting routines to virtual learning, children and families have faced many challenges related to returning to school amid a changing pandemic landscape. Over the past year, we've discussed the acute impact on children's health, including how this period of transition has affected mental health across key developmental stages and the critical need to get food to children who were no longer receiving meals in educational settings.



However, alongside the many changes that came about as a result of and to address these challenges, there were also several positive developments that uncovered new opportunities to support children's health and well-being at school. Based on their research and clinical experiences, we've asked three of our PolicyLab experts to discuss what we've learned from the pandemic so far about improvements in telehealth, sleep, and respiratory illness and asthma, and how these lessons could help enhance care for children going forward.

While going back to school this year may still feel different and even uneasy for some, we hope that we can continue to uncover bright spots that will further improve care for children, strengthening the connection and coordination between the people and places that support youth as we look beyond the pandemic.

How Telehealth Can Keep Child Care Teams Connected – Kate Wallis, MD, MPH

As children return to school this fall, some after an extended period outside of the classroom, it is more important than ever that all of the people tasked with keeping children safe and healthy communicate easily and often. Luckily, the COVID-19 pandemic saw increased use of telehealth, which can promote communication between all members of a child's care team—physicians, educators, counselors, therapists and caregivers.

As a developmental-behavioral pediatrician who cares for many children with special educational needs, I have seen firsthand the potential for telehealth to promote increased communication and care coordination. Recently, I scheduled a telehealth visit with one of my patients during a meeting of the child's educational team. From the screen of my patient's mother's phone, I was able to participate and help advocate for increased special education therapies that this child with autism spectrum disorder requires. Given the high toll of the pandemic on children's mental health and on children with special needs, the need is even more urgent for professionals who spend the most time with the child to share frequent updates on their progress and needs with medical professionals.

Throughout the pandemic, providers have seen the power of telehealth to transform care. However, the potential for telehealth to promote care coordination remains largely untapped. As children return to school, we have the opportunity to use virtual communication modalities–with appropriate privacy precautions in place—to promote patient-centered, holistic care that incorporates the perspective and expertise of all team members.

How Shifting School Start Times Can Benefit Adolescent Sleep Health – Ariel Williamson, PhD, DBSM

Sleep and well-being are closely linked, and with the stress of the pandemic, many children have experienced increased sleep difficulties and behavioral health concerns. At the same time, the pandemic has revealed some important information about optimal sleep schedules, especially for adolescents. Teens typically struggle to get enough sleep on school nights due to a "perfect storm" of biological changes (a shifted circadian rhythm, or body clock) and social factors, including early school start times. Because of this, the American Academy of Pediatrics and other national organizations have recommended that high schools start no earlier than 8:30 a.m.

When schools moved to virtual instruction during the pandemic, some youth may have experienced sleep benefits from later school start times. For example, when interviewed about the impact of COVID-19-related school changes on sleep, adolescents reported longer and better-quality sleep, as well as less daytime sleepiness, compared to when following their typical, earlier school schedule. Another study of Italian youth found that across ages, bed and wake times have shifted later during the pandemic, however, adolescents are the only age group in which sleep disorders have not increased.

Taken in the context of a growing evidence base for the positive impacts of delayed school start times, improvements in adolescent sleep during the COVID-19 pandemic may help caregivers, educators and policymakers better understand the importance of aligning school start times with adolescents' delayed sleep schedules. As teens go back to in-person learning and earlier school schedules, families may benefit from learning more about advocacy efforts to adjust school start times as a method to improve adolescent health.

How Lessons Learned During the Pandemic Could Improve Asthma Control for Children – Chén Kenyon, MD, MSHP

In the first few months of the pandemic, my team published a report showing a dramatic reduction in emergency department (ED) visits for asthma (76% below historical levels!) at Children's Hospital of Philadelphia (CHOP), a finding that was replicated at several other pediatric centers. That trend continued, and by years end, there were half the number of ED visits at CHOP in 2020 compared with prior years. Factors that may explain these

dramatic reductions include heightened precautions among children's caregivers, such as increased use of preventative medications – at least initially, reduced exposure to outdoor environmental triggers, and lower burden of other circulating respiratory viruses.

Consensus is converging on the last reason, lack of other circulating respiratory viruses, as the main cause of these historically low rates. Given the effectiveness of mask-wearing in preventing transmission of respiratory viruses, children with asthma who wear masks properly in school this year should have continued protection against viral infections and exacerbations. And importantly, our research has also shown that asthma is associated with a *lower risk* of hospitalization when children acquire COVID-19. Other studies have demonstrated similar findings, suggesting that children with asthma may actually be protected against severe disease if they acquire COVID-19, which could help ease some caregivers anxiety about sending children with asthma back to school in person. Based on what we know, we certainly recommend this!

Kate Wallis
Kate Wallis
MD, MPH
Faculty Member
Ariel A. Williamson
Ariel A. Williamson
PhD, DBSM
Faculty Scholar
Chén Kenyon
Chén Kenyon
MD, MSHP
Faculty Member