In-Person School During COVID-19 Must Address Needs of Underserved Communities

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Safe, in-person school during the COVID-19 pandemic requires research that involves community engagement in underserved or vulnerable areas of the United States, writes Alison Cernich, PhD, deputy director of NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) and colleagues.

Earlier studies on safety measures in schools (e.g., masking, physical distancing and symptom monitoring) were often conducted in affluent and ethnically homogeneous neighborhoods. To address health disparities during the pandemic, NIH launched Rapid Acceleration of Diagnostics – Underserved Populations (RADx-UP), which includes the Return to School Diagnostic Testing Approaches initiative. Projects from this initiative are also summarized in this special supplement of Pediatrics.

Without in-person schooling, many children miss out on social development, school-based meals, speech or occupational therapy and after school programs. Loss of such services disproportionately affects minorities, socially and economically disadvantaged children and children with disabilities or medical complexities. The return to school testing initiative addresses the needs of these communities by requiring a partnership between researchers and community members. Families, school staff and community members have communication channels to discuss testing preferences, test results and other questions with the research team.

Results from the initiative have already provided evidence-based strategies to help prevent infection, contain outbreaks, reduce the time needed for quarantine and to track viral variants in diverse school settings across the country. Ultimately, the goal of the initiative, which is coordinated with NIH, the Department of Health and Human Services and the Department of Education, is to facilitate safe, in-person learning by providing community-tailored access to COVID-19 testing and safety measures.

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