



The Council on School Health

Letter from the Editors

Dear Council on School Health (COSH) Members,

The COVID-19 pandemic has had a profound impact on children and families, and has highlighted the inequities in our society. Not only have all children faced the educational disruption caused by school closures, many have also faced decreased access to food, medical and mental health services, and their usual social network of peers and supportive adults.

Now, as school districts around the country adapt to the pandemic and work to create reopening plans that are safe and feasible in their communities, COSH members play an important role in assisting and advising our patients, our education colleagues, and leaders in our healthcare system on safely reopening schools.

With this newsletter, we do not aim to provide direct guidance; for this, we refer our readers to guidance from the [American Academy of Pediatrics \(AAP\)](#), [Centers for Disease Control and Prevention \(CDC\)](#), and local departments of health. Rather, our goal in this newsletter is to share fellow COSH members' experiences and reflections, as well as highlight resources that may be useful to each of you in your work. Although the landscape of schools and healthcare is rapidly changing, we hope the themes and resources in this newsletter provide some ideas and considerations that are helpful, as health and education professionals around the country work together to support the health and well-being of children and families in the months to come.

Until next year,

Anna Zuckerman, MD

Barb Frankowski, MD, MPH, FAAP

COSH Newsletter Editors:



Anna Zuckerman, MD
Primary Care Pediatrician
Bronx Health Collective



Barbara Frankowski, MD, MPH, FAAP
Primary Care Pediatrician
Professor of Pediatrics Emerita
University of Vermont Larner College of Medicine

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The information in this newsletter is selected for its value and relation to school health and does not represent an endorsement or an official opinion or position of the American Academy of Pediatrics.

COSH NEWSLETTER

Promoting Mental Health and Well-Being for Students, Families and Educators in the 2020-2021 School Year during COVID-19

Jill Bohnenkamp, PhD

National Center for School Mental Health, University of Maryland School of Medicine

The effects of the COVID-19 global pandemic have widespread implications for the mental health of students, families and educators. Prior to the global pandemic, approximately 1 in 5 children and adolescents experienced a mental health concern in a given year (Perou et al., 2013). Children and adults across the United States have experienced significant stressors and trauma during the COVID-19 pandemic including potential illness, death of a relative or friend, hunger, abuse, neglect, eviction, domestic violence and community violence. The experience of social distancing and being home during COVID-19 may also have been traumatic for some students and educators. And those students who already have emotional and behavioral challenges may have exacerbated symptoms. Existing disparities also likely will be more pronounced and transitioning back to school, in any format, may include stressors and challenges. All of these factors are likely contributing to higher rates of mental health concerns for children, adolescents and adults.

There are many strategies that school systems can use, regardless of whether school is in-person or virtual, to bolster resilience and support the mental health needs of the entire school community. School systems can use and build upon their existing comprehensive school mental health system (CSMHS), that can provide a full array of supports and services to promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness (Hoover et al., 2019). CSMHSs are built on a strong foundation of district and school professionals, including school psychologists, school social workers, school counselors, school nurses and other school health and education professionals, in strategic collaboration with students, families, and community health and mental health partners.

Schools, districts and states/territories can assess and build on their existing mental health services and supports using free, best practice, national tools and resources on [The SHAPE System](#) and the [National Center for School Mental Health](#). These resources include supports for school mental health teaming, needs assessment and resource mapping, screening and assessment, mental health promotion (Tier 1), early intervention and treatment (Tiers 2/3), funding and sustainability, impact and trauma-responsive systems.

Given that many students, families and educators will have experienced stressors and potential traumatic experiences, it is critical to **expand activities that promote mental health and well-being for the entire school community.**

School systems can support students, families and educators by:

- 1) Promoting community-building activities, such as regular check-ins and positive routines and activities
- 2) Providing time and structure to talk about stressors and build on innovative strengths and opportunities
- 3) Building trauma-responsive principles and practices, including safety and predictability, cultural humility and equity, empowerment and collaboration, and social emotional learning, into all school practices (Dorado, 2019).

The [Playbook for School Reopening](#) mental health and well-being chapter outlines additional information about these strategies. Additional evidence-based resources to support trauma-responsive schools include [UCSF HEARTS](#), the [National Child Traumatic Stress Network](#), and the [Trauma Sensitive Schools Training Package](#). **Teaching and supporting social and emotional learning skills**, such as how to identify and regulate one's emotions, build self-confidence and recognize and use one's strengths, is a powerful way to equip the entire school community with strategies to manage

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Promoting Mental Health and Well-Being for Students, Families and Educators in the 2020-2021 School Year during COVID-19 (Continued)

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potential unpredictability and changes in the upcoming school year. Comprehensive school mental health services and supports are an essential part of ensuring that the entire school community feel safe, supported and ready to learn in the 2020-2021 school year during COVID-19.

References for this piece can be found in the [References Supplemental File](#).

Take Away Points:

- Students and adults will return to school having experienced significant stressors and trauma
- Schools can build on their existing mental health systems using free, best practice national tools and resources
- Whether in-person or virtual, schools can promote mental health and well-being for the entire school community



COSH NEWSLETTER

Safe Return to School: Communication and Teamwork Between School Nurse and Primary Care Provider Will be the Key

Linda Mendonca, RN, MSN, PHNA-BC, NCSN, FNASN
NASN President-elect

Communication will be imperative for school nurses in providing care for their school communities. Medical homes and primary care providers (PCPs) are key stakeholders in the coordination of care for students, and establishing a clear line of communication is vital, now more than ever, as we navigate this pandemic together. **Working as a team**, with a clear line of communication, will help ensure that primary care providers and school nurses are on the same page, allowing them to:

- 1) Send clear and **consistent messaging** to parents, with accurate information based on protocols and guidance defined by local and state health departments.
- 2) Create an avenue to communicate symptoms identified by school nurses and conversely in primary care providers' offices
- 3) Streamline symptom identification, testing, diagnosis, quarantine/isolation recommendations and clearance for return to school.
- 4) Effectively **coordinate care**, which will be crucial for maintaining a safe and healthy school environment during these very uncertain times.
- 5) Ensure that students are up to date with immunizations and health supervision visits, which are important for school attendance. This has been difficult with "stay at home" orders earlier in this pandemic. Working together to communicate gaps and providing the necessary documentation is important.
- 6) Ensure healthcare providers are available to answer questions that will undoubtedly come up from the "education world" once schools reopen
- 7) Think "outside the box" to find ways to utilize technology such as telehealth may be a creative way of communicating and providing care in the school setting

In addition, **school physicians** consulting with school districts or schools are in a prime position to share their knowledge and expertise and should ensure that there are clear lines of communication and that they are available for consulting as needed. If offered, school physicians are encouraged to

accept the offer to "sit at the table" for reopening planning meetings. If not yet invited, school physicians should ask to be part of this important planning which will be ongoing even after schools reopen.

School nurses will be on the frontlines when schools reopen and are typically the only health care provider in the school setting. They will be relying on the support and expertise of students' primary care providers to best take care of the school community. Working together as a **TEAM** will be critical to help prevent the transmission of this virus to keep students healthy and safe when schools reopen.

Take Away Points:

- School nurses and PCPs must provide consistent messaging to parents
- Establish a system to communicate student symptoms and coordinate plans between the school nurse and PCP
- If you haven't been invited to "sit at the table", reach out and offer your help!

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With changes related to the COVID-19 pandemic, including school closures, the landscape and role of School-Based Health Centers (SBHCs) is changing. The two following articles provide perspectives from New York State on the experience and anticipated changes, one from a rural SBHC network, one from an urban SBHC.

SBHCs: Essential Workers During COVID-19 Lockdown

Chris Kjolhede, MD, MPH

Co-director, School-Based Health Centers, Bassett Healthcare Network

Bassett Healthcare Network serves the population of a very rural area covering nine counties in upstate New York. Most schools are small, graduating less than 100 students a year. The school districts are governed by their own Boards of Education. Economic stagnation has been present for decades and the opioid epidemic continues to ravage families and communities. Access to health care is a big issue with limited primary care providers for kids and a paucity of mental health services.

Bassett has a School-Based Health Program that includes 20 SBHCs in 16 school districts. Each site is Patient Centered Medical Home-approved by National Committee for Quality Assurance (NCQA). For many of the students in this rural area, the SBHC is the Primary Care Provider (PCP). Each SBHC has an Advanced Practice Clinician, Ambulatory Office Assistant, Mental Healthcare Clinician and access to a dental hygienist. Two pediatricians, a child psychiatrist and dentist provide back up for the sites. The SBHCs are open every day that school is in session and at least once a week during the summer. There is access via a toll-free number covered by clinicians during off hours and vacations for direction to services, prescription refills and form completions. This program serves about 7500 students each year for over 35,000 visits annually.

Our experience in the School-Based Health Program during the COVID-19 lockdown was variable and driven by three main factors. First, our SBHCs were the PCP for many of our students and we wanted to be available to their families and them. Second, SBHCs are 'guests in the school' and thus we persisted in offering to open but opening was dependent on the school. Some schools had scheduled summer construction and started that work during the lockdown that precluded opening the SBHC. Lastly, we followed New York State Department of Health and Education Department, CDC and AAP guidelines whenever these existed. We only opened one SBHC per district.

One of our larger, more remote SBHCs never closed. Staff continued to see students following all of the guidelines regarding protective gear and number of individuals present in the SBHC. Students and parents were called from their waiting cars, and screened (temperature and history) prior to any visit. Our mental healthcare workers never stopped working with students; they shifted from face-to-face to telehealth methods. Since we had had telehealth up and running for other issues, adopting mental health visits was relatively easy. We used telehealth for asthma, ADHD, depression/anxiety medication checks and for selective acute visits. We also have the toll-free number that is answered every day during working hours by a nurse practitioner who directs families to a SBHC that is open near them.

We were able to avoid furloughing any staff. Some staff were redeployed elsewhere in the Bassett Healthcare Network. We encouraged staff to take vacation time or use paid-time-off to further ensure that we could keep our teams intact. As SBHCs reopened, our staff adapted to the new reality and guidelines to care for our patients. The dedicated, understanding staff and supportive Network made this possible.

Take Away Points:

- Important lessons from a SBHC Network that safely stayed open during the pandemic shutdown
- Telehealth can be very effective for mental health visits as well as medication checks (asthma, ADHD, etc)

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Looking Forward: Reshaping SBHCs to Meet the Needs of Students

Written by Anna Zuckerman, MD, based on interview with Dr Viju Jacob, MD, FAAP, pediatrician and Medical Director at the School-Based Health Program at Urban Health Plan, a large federally qualified health center (FQHC) in New York City. A summary of the interview is below, verified by Dr Jacob prior to publication.

How has the COVID-19 pandemic impacted SBHCs thus far?

When schools closed due to the pandemic, most SBHCs in New York City closed their doors to in-person visits, instead shifting to telemedicine. At the Urban Health Plan School-Based Health Program, SBHC providers and social workers have been using telemedicine to address students' social, medical, and mental health needs. Importantly, telehealth has allowed SBHC clinicians to connect with students who have moved out of the state during the pandemic, providing continuity of care. Additionally, the SBHCs have shared information about their sponsoring agency's "call center" to help school administration address individual families' concerns and questions. As not all students were signed up for the SBHC prior to the pandemic, Urban Health Plan SBHCs turned the consent form electronic so that students could still access care. Despite the shift to telehealth services, in some SBHCs, staff were reassigned to work for the SBHC's sponsoring organization or furloughed.

What challenges are SBHCs facing in adapting to their changing role?

One of the main challenges so far has been financial. SBHC visit numbers are greatly decreased, leading to decreased revenue in some clinics that are already struggling to stay afloat. Additionally, reimbursement for telemedicine visits was a challenge early on in the pandemic in New York State, as a video component was required for adequate reimbursement (and not all students have access to internet or sufficient data for video visits); while this has now changed in NYS, reimbursement remains variable across states, and it is unclear what reimbursement will look like in the future.

Looking ahead, many SBHC spaces are small, making it challenging to see patients while maintaining appropriate social distancing. Additionally, in many places, including NYC, school reopening guidance has not yet been released. This poses a challenge for planning, as SBHCs will undoubtedly need to adapt their operations based on local school reopening guidance. One challenge in NYC specifically has been that SBHC staff have not been part of the planning conversations regarding the school reopening guidance.

Additionally, coordination with students' primary care providers' (PCP) offices remains a challenge. While this was a challenge even before the pandemic, with decreasing patient numbers both in SBHCs and in PCP offices, tensions regarding SBHCs "taking patients away" may resurface, at a time when collaboration is more important than ever.

Despite these challenges, what are some areas in which SBHCs can be most helpful in the coming school year?

SBHCs will likely play a larger role in mental health service delivery, as mental health needs of students increase; with telehealth, multiple schools may be able to share mental health clinician time. One model that may be possible would be "reverse telehealth" of sorts, where students are at school in front of a computer, and the mental health clinician is remote. This may also be adapted to medical visits, as it would provide confidentiality, allow for social distancing, allow multiple schools to share clinicians, and eliminate the technological barriers that some students face.

SBHCs will also likely continue to play an important role in adolescent care, as they serve as a confidential point of healthcare access. Additionally, in NYC, many adolescents use their SBHCs for reproductive health services, including access to long-term contraception, a need which is unlikely to change.

SBHCs may also play a larger role in administering immunizations, as well as possibly COVID testing in the future (if testing platforms evolve that do not require full PPE). At each of their schools, SBHCs will likely be at the forefront of creating and carrying out protocols of screening and procedures if a student screens positive or develops symptoms while at school. It is also interesting to imagine that with telemedicine, SBHCs may be able to provide continuity of care for students who may need to move out of state temporarily due to family circumstances during the pandemic.

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Looking Forward: Reshaping SBHCs to Meet the Needs of Students (Continued)

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Do you have any words of advice for clinicians working in SBHCs?

SBHC staff need to find ways to work with school districts and state health departments, to have a seat at the table as decisions are made regarding school reopening guidance and policies. Additionally, SBHCs need to continually work on ways to better communicate with and collaborate with PCPs; there needs to be a clear message that for many students, SBHCs provide an additional essential point of contact with the healthcare system, and now, more than ever, we need as many points of contact as possible for students. Improved collaboration with PCPs, and an increased role in decision making, would allow SBHCs to better advocate for the health and safety of their patients.

Take Away Points

- SBHCs are essential for points of healthcare access for students during this pandemic, and may need to rely on telehealth to safely meet students' mental health and medical needs
- SBHCs face multiple challenges, including financial issues, which need to be considered
- SBHC need to continue to find ways to collaborate with local PCPs, school districts, and health departments



COSH NEWSLETTER

Planning for Students with Complex Medical Needs: Supporting Families and Schools

Nathaniel Beers, MD, MPA, FAAP

Washington, DC

As we prepare for the start of the new school year, there are several challenges ahead for our patients with medical complexity and their families, including when and how to return to school when schools reopen. These are hard decisions for them and pediatricians play an important role in helping them think about their choices.

Planning is a critical part of process. Together with patients, families, and school staff (including school nurses), pediatricians need to start early in discussing what the real risks are for individual students based on their medical needs, as well as the school's capacity to provide care. This is unlikely to be one conversation, but rather an ongoing dialogue that will change over time as more information about how the school will serve students becomes clearer.

The primary goal of these early conversations is to understand the risks for the patient and their family, so that the family can make a decision that works best for them and their child. The other goal is to help the school identify accommodations that may be required to allow the child to return to school or to receive appropriate services if the child is unable to return in person. All decisions about whether to return to school or not will have risks and benefits, and the goal is help minimize the risks in the setting the family feels will be best for their child.

Children and adolescents with medical complexity should have individualized health plans (IHP) in addition to the individualized education program (IEP) they may need. Each of these should be reviewed and updates should be made based on the student's current medical status as well as new recommendations on how to safely provide care, such as masking and protective equipment recommendations for aerosol generating procedures from the CDC. It is also critical that the conversation includes a frank discussion about what the additional requirements will be for the school nurse or staff who have been supporting the child in the past. With all the changes in schools, staff are being redeployed to support other tasks and it is critical to ensure the child's needs will be adequately met or that additional staffing will be provided to do so.

For children and adolescents with IEPs, they have likely had gaps in services that they require. Part of returning to school or staying home will require determining how to make up for missed services and to provide appropriate supports for those students unable to attend in person. Pediatricians can play an important role in referring patients for therapy services where the lack of services from school is putting their health or development at risk.

In all of these discussions, it is important to remember that every medical condition does not place a child at higher risk for COVID-19, nor does every family have the same resources or tolerance for risk. Our job during this period is to help alleviate anxiety for students, families and schools while also identifying the challenges or risks that may exist in various settings, in order to help families make the most informed decisions for their children.

Take Away Points

- Help families weigh risks and consider choices when planning for this school year
- Work with the school nurse to identify additional accommodations that may be needed
- Anticipate alternative services that may be required for students unable to attend school in person

COSH NEWSLETTER

Food, Yet Another Issue From COVID-19

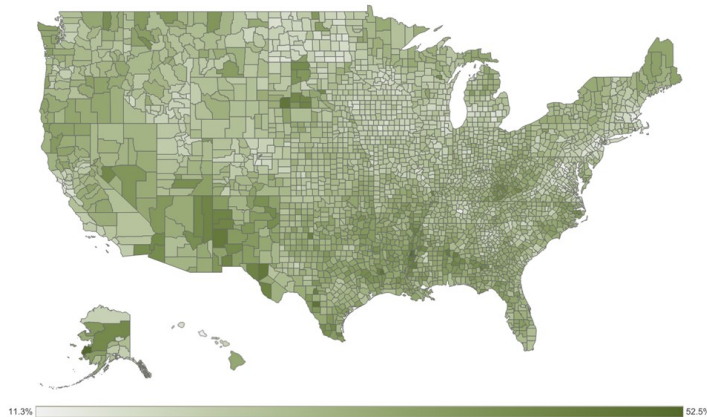
Marti Baum, MD, FAAP

San Bernardino, CA

During the last several months, the Coronavirus pandemic has overwhelmed pediatric offices and the families that they serve. Families have been struggling to manage their work environments and school education for their children while isolating and self-distancing at home. Many states are now looking at a further increase in stress for families with an increase of cases reported by the Centers for Disease Control and Prevention (CDC).

Data resource repositories throughout the states are reporting increasing requests for food assistance. [Feeding America](#), reported in June, documents an increase from 11 million to 18 million children with food insecurity. An interactive map is available, to reference state and county values, and shows some areas in the country with an almost 100% increase in food insecurity.

2020 Projected Child Food Insecurity Rate



feedingamericaaction.org

With increasing numbers of families in poverty and in need of resources, we have a unique opportunity to engage proactively with our families. This communication is critically important as some communities are considering implementing educational classes on-line at least for the beginning of the school year. What this means for our families is that the school “free and reduced lunch programs”

will be adjusted to “drive by pickup” or stations designated within school districts and counties.

One recommendation in this changing environment is to **just “assume” that there is a food insecurity or added nutrition risk** at the well child or sick visit. We know that this could be a concern next month when they are not in your office! At the end of every clinic visit, there is an opportunity to provide information for the families that cover resources in three areas:

- 1) How would they receive food **today**? Do you have a pantry in your clinic? Is there a resource nearby your clinic that is accessible for your families, or somewhere they receive food for their children today?
- 2) What is a resource that is accessible for them during the **next few weeks**? Consider sharing information for social resources from data repositories such as 211, [Aunt Bertha's Social Care Network](#), or [Now Pow](#), for linkages to food resources and other social determinants.
- 3) What is a **sustainable program** that is available? Applications are required for state and federal funding, such as Supplemental Nutrition Assistance Program (SNAP) and WIC, but will keep families within reliable systems for food insecurity, and reduce stress for the families.

In addition to food insecurity, once students return to school in-person, it will be important to consider the issue of food allergies. With social distancing being instituted in schools, some cafeterias are closing with meals being eaten in the classrooms. Children with food allergies will need special consideration for safety. Some will bring their own lunches, might be “further isolated” for safety, and be in the care of a teacher that might be uncomfortable in these situations. Excellent resources are available and updated at <https://www.allergicliving.com/2020/05/25/covid-19-and-food-in-the-class-what-allergy-families-need-to-know/>.

Whether in-person or not, for millions of children, schools play an important role in ensuring that students have access to food in a way that is feasible for their families and safe for

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Food, Yet Another Issue From COVID-19 (Continued)

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them. As school reopening plans are created and implemented, considering this important role that schools play in students' nutrition will be of paramount importance.

Take Away Points

- Schools play an important role in students' nutrition, whether they are present in-person or not
- Consider ways you can address food insecurity in your office
- Remember to address safety considerations for your patients with food allergies as they return to school with different eating arrangements

Resident Perspective: The Great Magnifier

Amanda Calhoun, MD, MPH

Psychiatry Resident, PGY-2, Yale School of Medicine, Albert J. Solnit Adult/Child integrated residency track

Children, like all of us, are in the midst of two pandemics: COVID-19 and racism. While the former may be new, the latter is far from it, and both are intertwined. Schools indeed have an important role to play, but aside from the question about whether and when to safely reopen schools, an equally important question exists: How are schools planning to address the trauma that children have faced from this pandemic, particularly Black children? And are they prepared to address the trauma of the medical system itself? On a systems-level, COVID-19 has shined a spotlight on cracks in a racist medical system that many Black Americans did not trust even before the pandemic hit. And for good reason. Historically, the U.S. medical system is riddled with heinous atrocities and experimentation on minorities, including children.^{1,2,3} A growing evidence base documents differential treatment of patients based on race, with a recent study confirming that Black children are more likely to be undertreated for their pain.⁴ Studies have shown that Black patients are less likely to be referred for medical testing⁵ and COVID-19 appears to be no exception. Preliminary data already suggests that Black Americans may be six times less likely to receive COVID-19 testing compared to white Americans with similar symptoms.⁶ In addition, a myriad of heartbreaking anecdotes shared by the Black families of COVID-19 victims discuss the ways in which their loved ones were treated inequitably in the medical system.⁷⁻⁹

On an individual level, it is estimated that 1 in 3 Black Americans know someone who died from the virus,

compared to a significantly lower average of non-Black Americans.¹⁰ Even watching the news, which continues to report the substantially higher risk of death from COVID-19 for Black individuals,¹¹ exposes Black children to repetitive trauma. What can schools do to conscientiously and compassionately discuss COVID-19? Schools should validate that the Black community has indeed been disproportionately affected by this virus. Teachers must be careful with the language used to describe COVID-19 and not fall prey to intellectualization. After all, COVID-19 statistics are more than numbers. For many Black children, they represent human lives lost, many of them their own family members. Schools should implement plans to ensure that Black children are monitored for mental health warning signs and are given the space to collectively grieve for their family, their friends, and their community. Finally, schools should refrain from conceptualizing COVID-19 as the "great equalizer" and start thinking of it as the "great magnifier" of structural racism.

References for this piece can be found in the [References Supplemental File](#).

Take Away Points

- Black children and their families have been disproportionately affected by the pandemic
- Schools can address the trauma and compassionately discuss COVID-19

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Additional Resources

Guidance Documents

- [AAP: COVID-19 Planning Considerations: Guidance for School Re-entry](#)
- [CDC: Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#)

Additional Resources:

- [Schools and Childcare Programs: Plan, Prepare, and Respond](#) - Additional resources from the CDC
- [Social Stories for Young and Old on Covid 19](#) - One of many amazing resources listed in the AAP Guidance above
- COSH Listserv - Do not forget the COSH listserv, where many COSH members are asking questions and sharing ideas about issues related to the pandemic and school reopening!
- The [School Based Health Alliance](#) has hosted a number of webinar series over the past several months, all of which have been recorded and are available free of charge on the SBHA website. Two webinar series are highlighted below:
 - **The Path Forward: Re-Imagining Primary Care During and Beyond the Pandemic** envisions how school-based health centers can continue with improved health care for students by including more telehealth options in the areas of primary care, behavioral health, and tele-dentistry. This series also includes webinars on racial inequities, and highlights the youth perspective.
 - The **Well-Being Series** has webinars for families, students and educators. One webinar teaches essential skills for suicide prevention for families. Student Life Skills to Survive & Thrive During COVID-19 & Beyond teaches students the basics of emotional regulation and specific skills such as mindfulness. A 4 part series on educator wellness supports resiliency skills, self-compassion, and building a practice of gratitude.
- [Pediatricians Say Children Should Return to School. Are They Out of Their Minds? Article by David Hill](#)



Join the Council on School Health

Children spend 7 hours a day, 170 days a year in school. Learn how to make a greater impact on school-age children by taking a more active role in surrounding schools and districts!


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- Training on different aspects of School Health as they pertain to patients and communities
- Mentorship with members who advocate and create policy around School Health
- Updates on COSH activities and school health issues emerging around the country
- Connection to a greater team specializing in School Health through COSH e-bulletins
- Networking with colleagues through COSH Listserv discussion email list
- Opportunities to contribute to [COSH policy statements](#), educational programming, and other COSH projects

Dues are \$30 for Fellows, Specialty Fellows, Corresponding Fellows, Seniors, Candidates, and National Affiliates; \$0 for Fellowship Trainees, Residents, and Medical Students.

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Liaison, National Association of
School Nurses

COSH Workgroup Leaders

Anna Zuckerman, MD
Newsletter Editor

Barbara Frankowski, MD, MPH, FAAP
Newsletter Editor

AAP Staff

Stephanie Domain, MS
Senior Manager, School Health
Initiatives
schoolhealth@aap.org

Heather Stob
Child Safety, Health and Wellness
Specialist
Newsletter Designer

WE WOULD LOVE TO HEAR FROM YOU!

Do you have any feedback for us on this newsletter? Any ideas for future COSH Newsletter themes? Are there additional perspectives you would like us to include? Would you like to contribute to the COSH Newsletter in the future? Please let us know!

azuckerman@montefiore.org
barbara.frankowski@uvm.edu