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Commentary

The CDC's Adolescent Behaviors and Experiences Survey – Using Intersectionality and School Connectedness to Understand Health Disparities During the COVID-19 Pandemic

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In March 2020, schools across the United States closed to reduce the transmission of SARS-CoV-2, the virus that causes COVID-19. As a result, youth experienced disruptions to their academic, social, and emotional support systems. In the spring and summer of 2020, high profile incidents of abject racism (highlighted by the murder of George Floyd, an unarmed black man killed by white police officers) led to racial tension, societal unrest, protests, and unprecedented levels of emotional distress among the US population [1]. School closures drastically limited the availability of services, such as meals and health services, as well as important connections to peers and supportive adults in the school setting. By late 2020, studies began to show that families with school-age youth were struggling with economic and food insecurity, with a greater burden among Black and Hispanic families and families with low income [2]. Many youths experienced poor mental health [3] and violence at home [4]. For a more comprehensive understanding of how the COVID-19 pandemic impacted student health and well-being, CDC administered the Adolescent Behaviors and Experiences Survey (ABES) among a nationally representative sample of high school students (grades 9–12) sampled through their schools January–June 2021 [5].

Salient positive results showed that school connectedness acted as a protective factor for students. School connectedness refers to the belief students may hold that adults and peers in their school care about them, their safety, and their success. Before the pandemic, connectedness had demonstrated a substantial protective impact on health and well-being during adolescence and into adulthood [6]. During the COVID-19 pandemic, students who felt close to people at school had a

significantly lower prevalence of poor mental health, persistent feelings of sadness or hopelessness, and suicidality compared to those who did not feel close to people at school [7]. Across most racial and ethnic subgroups, students who felt close to people in their school experienced less racism; however, these results were not uniform across racial and ethnic groups, and only non-Hispanic Multiracial and White students who felt close to people in their school were less likely to report experiencing racism [8].

ABES findings also highlight a pattern of health disparities and pose a question about how to best address students' needs. All youth faced adversity during the pandemic, and school connectedness attenuated experiences of racism and poor mental health, yet students of color, students who identified as gay, lesbian, bisexual, other, or questioning, (hereafter referred to as sexual minority youth [SMY]), and female students simultaneously experienced higher levels of disruption and adversity, and lower feelings of school connectedness. What these findings do not reflect, however, is that identity comprises race/ethnicity, sexuality, and sex (plus many other facets).

Intersectionality is a framework that can help parents, educators, healthcare providers, and researchers understand the full toll of the pandemic on the health and well-being of students and the role of school connectedness in providing protection. The importance of intersectionality is highlighted when we define a person by one aspect of their identity, such as 'female' or 'Black' because their identity as a person who is Black and female that is unique from being White and female or Black and male is erased [9]. Intersectionality also uses a historical perspective to explain how people who have multiple aspects of identity that have been oppressed inform the present-day context of inequality and disparities [9].

The ABES results showed that students of color and SMY students face a greater amount of adversity than White and heterosexual students. But what about the unique experiences of a Black SMY student, for example, and how do these experiences differ if that student is female or male? While the ABES findings underscore the importance of supporting schools to implement

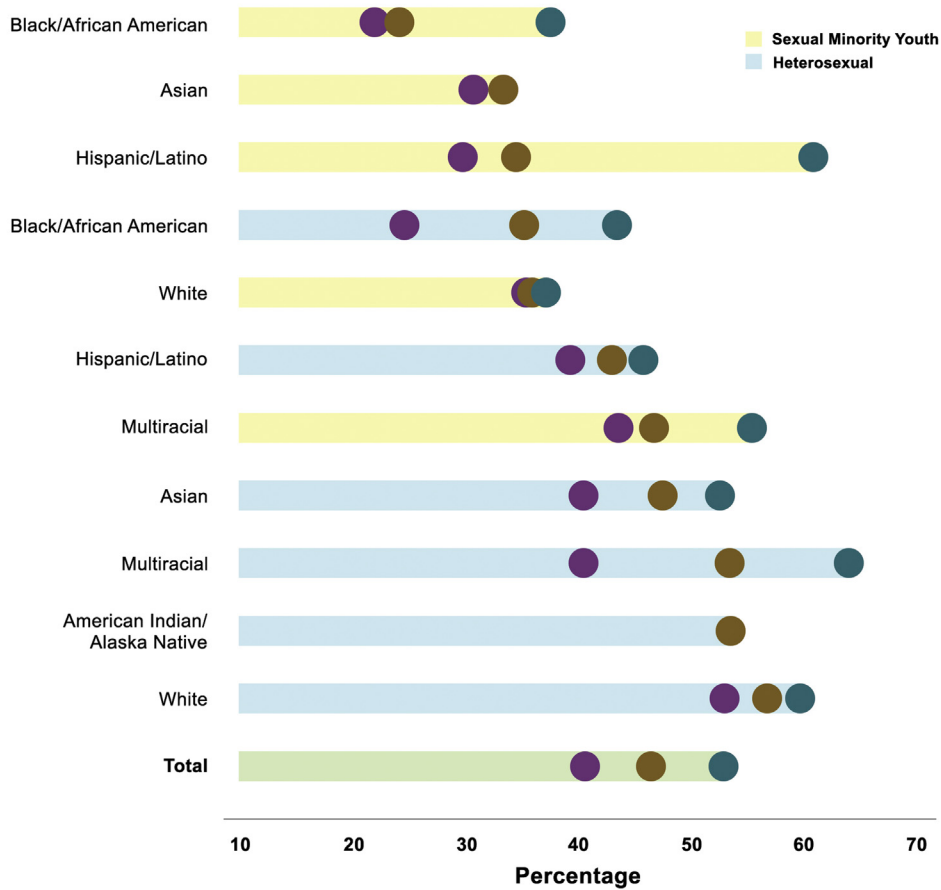
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Percentage of **overall**, **female**, and **male** students who feel close to others at school, by group membership — Adolescent Behaviors and Experiences Survey, United States, 2021



1) CDC’s Adolescent Behaviors and Experiences Survey includes a nationally-representative sample of high school students surveyed January–June 2021.
 2) Results for students where n<30 are suppressed, including results for: all students who are Native Hawaiian/Pacific Islander of any sex and sexual identity, Asian male SMY students, American Indian/Alaska Native SMY students, and American Indian/Alaska Native heterosexual students.

strategies to improve school connectedness, an intersectional perspective is helpful in understanding differences in youth’s feelings of connectedness so that all youth are thoughtfully considered in these strategies.

The infographic (Figure 1) displays data from ABES on school connectedness delineated by intersectional identities that incorporate demographic group membership of race/ethnicity, sex, and sexual identity. Among all students, less than half felt connected to others at school during the pandemic. School connectedness was lowest among Black SMY (25%) and was significantly lower than the estimate for students overall. Black female SMY students felt the least connected of any group (22%). It is not coincidental that Black female SMY students also hold three group memberships that have been oppressed: their race, their sexual identity, and their sex. Holding multiple memberships in oppressed groups clearly leads to more negative outcomes and indicates a need to examine our data and practice from those intersecting perspectives.

We know that increasing the safety and supportiveness of school environments works to improve school connectedness and that students who feel connected have improved health and well-being. Strategies to improve school connectedness include

providing professional development to educators on classroom management and inclusiveness, having student-led organizations in schools to support youth, enumerated antiharassment policies with enforcement, and establishing youth development programs [10]. We know less about how to apply an intersectional perspective within these strategies to bolster the supportiveness of all students and its effectiveness. For instance, how does a youth development program focused on serving students of one group membership, such as SMY, incorporate the needs of other oppressed group memberships, such as students of color? Reports that provide advice on how to implement an intersectional perspective in schools include ‘Let Her Learn: A Toolkit to Stop School Push Out for Girls of Color’ from the National Women’s Law Center (2016), and ‘The State of Education: Equity Considerations for Asian American, Immigrant, American Indian, and Dis/abled Students’ from the Great Lakes Equity Center (2015), but overall, more programs and interventions that use an intersectional perspective in health interventions need to be conducted and disseminated [11–13]. Our data suggest that disparities and inequities could be more significantly addressed by employing those perspectives to improve adolescent health and well-being.

These data represent a call to action to take an intersectional perspective when we seek to understand and address the impact of the COVID-19 pandemic on young people. The COVID-19 pandemic has affected all students, but the experiences of disruption and adversity have not affected all students equally. Taking an intersectional perspective can contribute to solutions that work for students whose experiences have functionally been erased by living at the intersection of multiple oppressions [9]. When we prioritize strategies that make improvements among students who feel the least connected to school, it will ensure that all students feel more connected to the school.

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