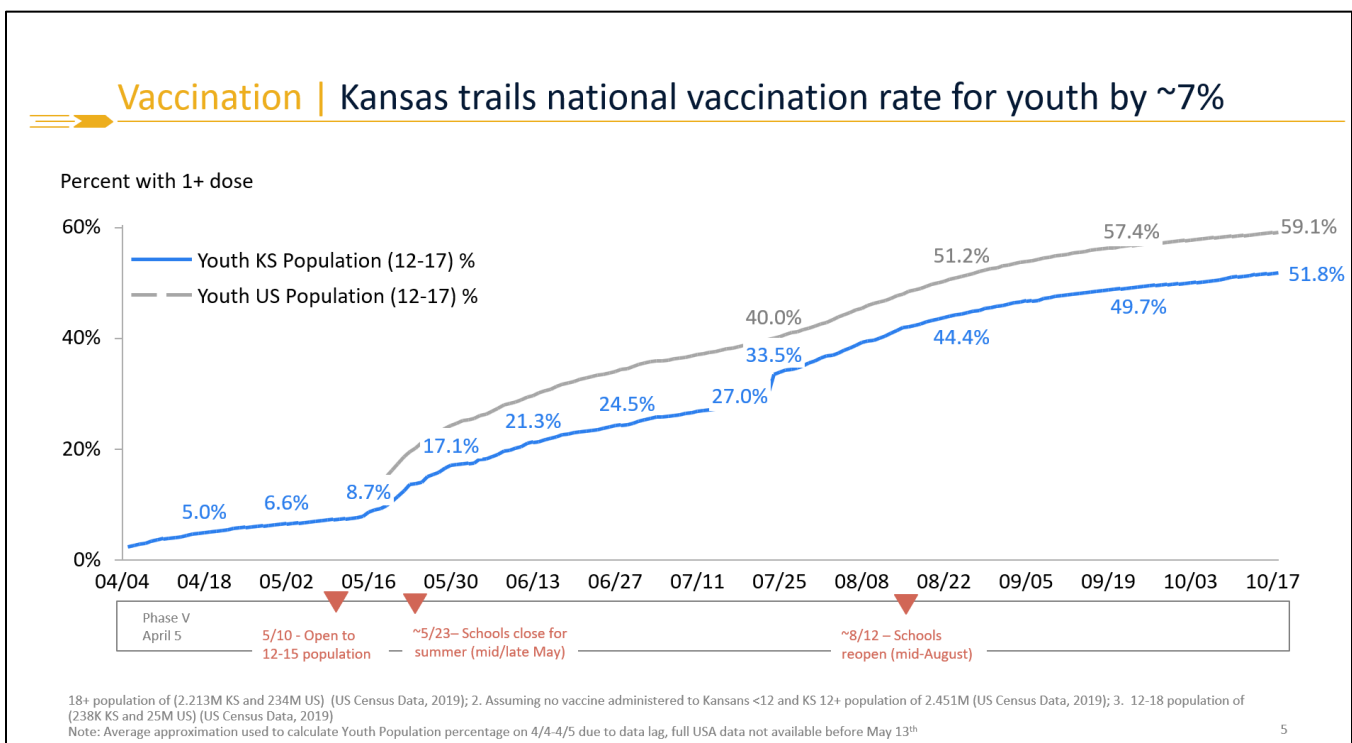


SAFER CLASSROOMS WORKGROUP
Weekly Report
October 20th, 2021

Dr. Jennifer Bacani-McKenney and Dr. Stephanie Kuhlmann, co-chairs of the Governor’s Safer Classrooms Workgroup, led the Workgroup discussion on improved case rates and fewer outbreaks in Kansas this week; the decline in educational outcomes reported by the State Board of Education; the mental health crisis in children and adolescents jointly stated by the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association; lessons learned from the 2020-2021 schoolyear; the importance of mental wellbeing as a part of overall health; and the impending approval of the Pfizer-BioNTech vaccine for five-to-eleven-year-olds.



COVID-19 school metrics summary

The Workgroup reviewed the latest data pertaining to Kansas schoolchildren and discussed the importance of using the three key public health tools to keep school safely open:

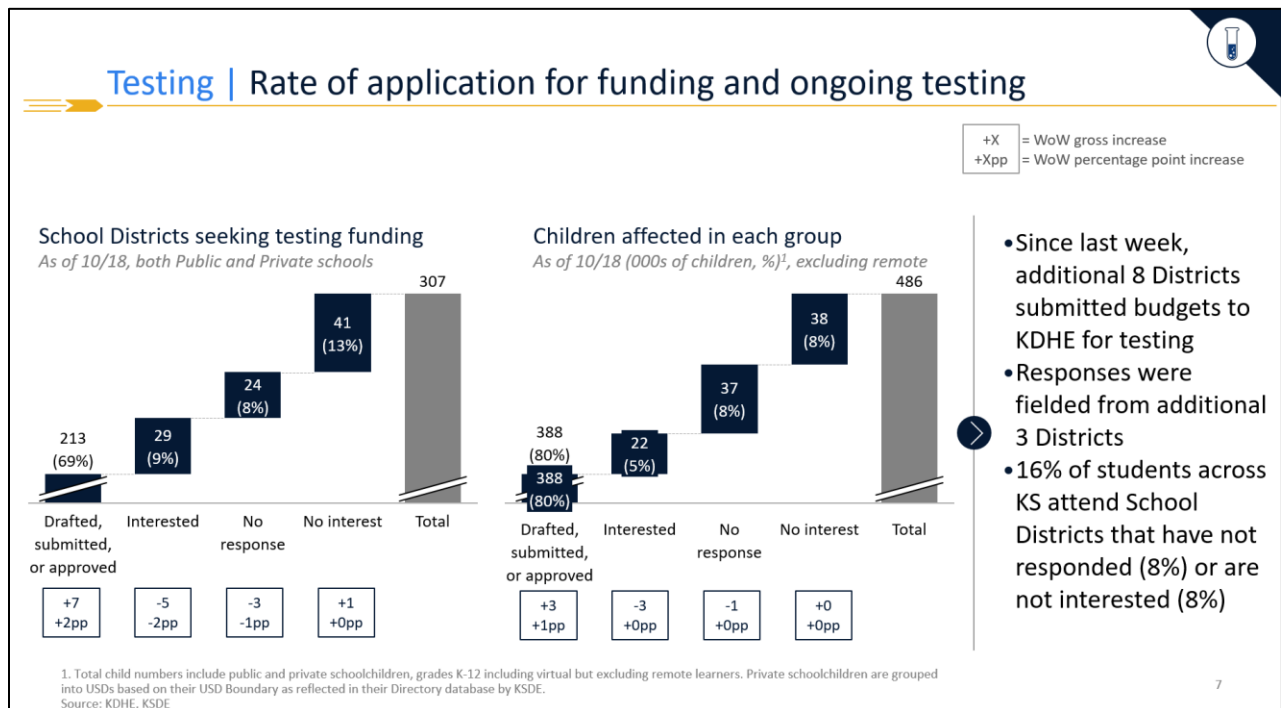
- Vaccination:** Kansas eligible youth vaccination rate (~52%) continues to trail the national eligible youth vaccination rate (~59%) by 7 percentage points. The FDA will meet on October 26 as an advisory committee on the extension of emergency use authorization of the Pfizer-BioNTech COVID-19 vaccine to 5-to-11-year-olds.

Dr. Marci Nielsen shared insights from a [recent CDC report](#) on incidence of positive tests and deaths by vaccination status. The CDC found that unvaccinated individuals have a 6.1x greater risk of testing positive for COVID-19 and a 11.3x greater risk of dying from COVID-19 compared to fully vaccinated individuals.

- Testing:** Since last week, eight additional School Districts submitted budgets for testing, bringing the total number of Districts that have drafted, submitted, or approved for testing funding to 213. An additional three Districts responded to the initial outreach offering testing support. 80% of Kansan students attend school in Districts that have drafted, submitted, or been approved for testing budgets. As with last week, 16% of Kansan students attend school where no response has been received or where the District has expressed no interest in testing funding for students. As of this week, 145 School Districts are reporting testing results to KDHE, an increase of 11 Districts week-over-week; 595 positive tests were reported across 102 School Districts.
- Masking:** Like last week, 251 School Districts / private schools are responding to KDHE’s outreach on masking policies. No incremental responses were collected this week. As a recap, 47% of Districts are implementing a policy of encouraging but not requiring masks (24% of Kansan students); 15% of School Districts have a mask requirement for all students (56% of students); 15% of School Districts have no mask policy (6% of students). 18% of Districts have not yet responded to the survey (7% of students).

There were 56 active outbreaks in KS schools as of this week; this compares to 84 active outbreaks last week. Looking at outbreak-related cases per 100,000 students, School Districts with mask requirements had 48 outbreak cases per 100,000 as of last week; School Districts with masks encouraged or no mask policies had roughly 4x the number of outbreak cases per 100,000 students, at 209 cases.

Why this matters and what this means: The Workgroup members and project specialists continue to work to support the collection of more robust data from School Districts around testing metrics, funding application statuses, and masking policies. The decrease in the number of school-related outbreaks this week is indicative of the broader trend of decreasing rates of pediatric cases in Kansas; to support the continued decline in pediatric outbreaks, schools will be encouraged to continue to implement protective measures especially as approval of the vaccine for those under 12 remains pending. The [KDHE K-12 COVID-19 Dashboard](#) remains publicly available and is updated on Mondays, Wednesdays, and Fridays to provide up-to-date information on the state of COVID-19 in schools across Kansas.



View from Schools

Eight more School Districts applied for testing funding this week and three more School Districts responded to outreach offering testing funding support; responses to outreach on masking policies saw no change since last week. Dr. Randy Watson, Zooming into the Workgroup from the meeting of the Council of Superintendents, shared information on the impact of COVID-19 on Kansan schoolkids. The implications of COVID-19 on educational outcomes are becoming increasingly apparent, helping educators identify the most troubling gaps in kids' educational experiences and informing the path forward to maximize success in the 2021-2022 schoolyear.

Topics discussed:

- Dr. Watson shared information from the State Board of Education on the metrics that have suffered since the onset of the pandemic:
 - o **Academic achievement** has declined across subjects for K-12 students in Kansas. Math achievement declined more than any subject, though literacy suffered significantly for younger children. The ACT reported that [scores have declined during COVID-19](#), indicating older children's learning outcomes have also been impacted by the pandemic.
 - o **Mental health** has suffered through COVID-19. Increased demand for pediatric mental health support has brought into relief the shortage of mental healthcare providers in the United States
 - o **Continuation of education** declined for adolescents graduating from high school during COVID-19, with fewer students choosing to pursue further education at specialty / trade schools and community colleges than in pre-pandemic years.
- Dr. Watson provided an update on activities underway to address these issues and back-solve for the decline in educational outcomes sustained during the first full schoolyear implicated by COVID-19. Among them are funding being sent directly to schools, preparatory work to support the class of 2022 pursuing further education, ~\$20M of funding being attributed to teacher training and accelerated learning, among other strategies.
- The Workgroup discussed that the strategies that must be employed to support young students who whose early education was interrupted by COVID will differ from those necessary to support older students who have had a disrupted high school experience.
- Dr. Jennifer Bacani-McKenney described her positive experience on the first days of her children's school's testing program; with the hard work of school administrators and educators, the process was seamless and low-stress for students.

Why this matters and what this means:

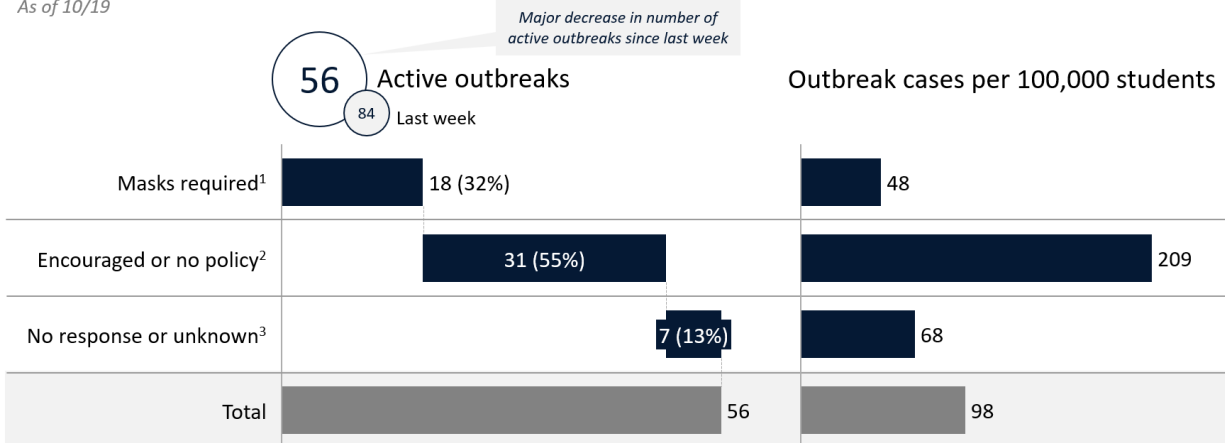
- The Workgroup's discussion reinforced the importance of a robust testing program and enforced masking policies to keep kids in-school and interacting with their peers, to allow these new programs and incremental funding to effectively benefit children this schoolyear.
- The likely impending authorization of the Pfizer-BioNTech vaccine for five-to-eleven-year-olds creates an opportunity to protect more students against COVID-19; families are encouraged to start conversations with their pediatrician or school to develop a plan to get their child vaccinated as soon as the FDA grants emergency use authorization.
- Students' social, emotional, and mental wellbeing are aspects of their overall health that schools were supporting more than was recognized before COVID-19. Implementing tactics to keep kids in-school will

help support kids' social, emotional, and mental wellbeing / development, which fell short for many kids during the 2020-2021 schoolyear.

Outcomes | Number of outbreaks vary by masking policy

Outbreak metrics by School District policy

As of 10/19



1. Includes "Mask required for all students" and "Mask required for most, but not all students", 2. Includes "Masks are encouraged but not required for students" and "No mask policy at this time for students", 3. Includes "No mask policy at this time for students" and results for private schools where policy is unknown (this week, private schools represent 5 outbreaks)

Source: KDHE

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View from Health care providers

The Workgroup discussed the [joint statement released by the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association](#) declaring a national emergency in child and adolescent mental health. Members of the Workgroup who are associated with these professional associations described the gravity of a joint statement released by these bodies and the physicians that comprise their membership.

Topics discussed:

- The Workgroup discussed the rise of intentional harm and suicidality in Kansas youths, consistent with the trends outlined in the joint statement from the AAP, AACAP, and CHA.
- Workgroup members from the medical world discussed their view on the importance of the brain as an organ like any others, recognizing emotional wellbeing as a part of overall health.
- COVID-19 has been a collective trauma, bringing to light mental health issues that sometimes existed before but have been exacerbated by the pandemic. Trauma at an early age informs outcomes later in life, impacting health issues from cardiac health to life expectancy.
- The Workgroup discussed the importance of providing kids access to mental health resources, via telehealth, in pediatricians' offices, and in schools. This will also contribute to the de-stigmatization of mental health issues.
- Dr. Kristie Clark raised the issue of limited access to mental healthcare in rural Kansas, and telehealth cannot always be the solution.
- The Workgroup discussed the importance of pediatricians and primary care physicians training to provide mental health care to their patients. This is especially critical as the state and the country work

on the mid-to-long-term goal to increase the workforce of mental health experts dealing with rising acute mental health needs .

- The Workgroup discussed that when COVID-19 first began to spread, it was treated with a flu model; rather than cleaning and disinfection of surfaces, masks should have been the focus to improve early outcomes. Dr. Marci Nielsen referred to the book published by former FDA commissioner Scott Gottlieb on the early handling of COVID-19 and lessons for the future.

Why this matters and what this means:

- The mental health crisis experienced by children reinforces the need to implement protective measures in schools to mitigate the risk of kids returning to remote learning, where they do not receive all the forms of support that schools provide.
- The Workgroup discussed that providing children with mental healthcare during a time of acute need must be a team effort between all child touchpoints and advocates.
- Sharing their perspectives as parents, the Workgroup discussed that keeping kids mentally well is a critical aspect of their overall wellbeing and expressed concern over rising rates of intentional harm and suicidality, a byproduct of the challenges and uncertainties created by COVID-19.
- The Workgroup members from the medical community encouraged School Districts and School Boards to keep their masking policies implemented even as pediatric case rates decline in Kansas to enable children to continue the in-school learning that has proven critical for their development.

Updates from last week:

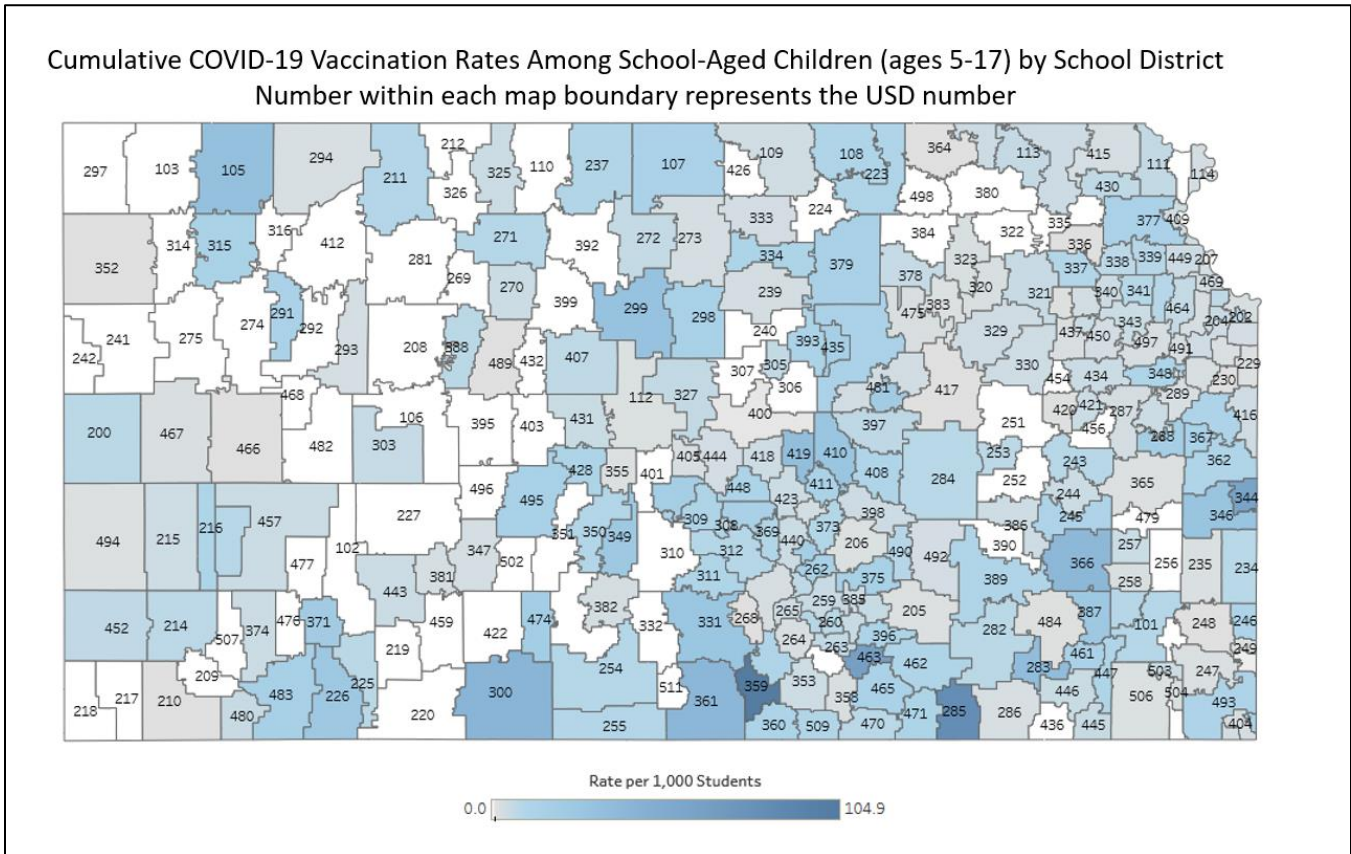
This week, the Department of Education released a report entitled [Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs](#). The report outlines the ongoing challenge of mental health maintenance among children in the United States and the challenges that have precluded a comprehensive solution. The report also covers recommended actions and strategies that apply at the federal, state, and local level to address the “mental health crisis” that has been exacerbated by COVID-19. The conversation prompted by the DoE’s report relates to the Workgroup’s discussion last week around the importance of mental and emotional wellbeing of Kansan schoolchildren and the changing behaviors noted by educators as children return to in-person learning and cope with the uncertainties of learning in this time.

Topics discussed:

- The Workgroup discussed the way that Kansas is working to implement some of the solutions outlined in the DoE’s report, including:
 - o Hiring additional counselors and social workers
 - o Working with community mental health centers to provide services during school hours
 - o Hiring “intervention specialists” to work one-on-one or in small groups to fill learning gaps
 - o Upgraded curriculums for academic coursework for “social-emotional learning”
 - o Retention incentives to encourage teachers to return for the school year
 - o student advocates and middle and high schools
- Dr. Marci Nielsen shared that aid averages \$2,400 for Kansan students; Kansas has received >\$1.1B in federal pandemic aid and the mental health needs of students / staff remain a major priority

Why this matters and what this means:

- To take full advantage of these new programs, Kansas children need to be able to attend school in-person. As shown in the 'Outcomes' data presented at the Workgroup's meeting, schools with masking policies are experiencing fewer outbreaks per-capita than those without. School Districts and School Boards are encouraged to implement and maintain masking policies to keep kids in-school.
- The Workgroup touched on the continued relevance of the K-12 COVID Dashboard in helping families understand the status of COVID-19 in their district in real-time.



The Safer Classrooms Workgroup will meet next on October 27, 2021. The meeting will be livestreamed on the Governor's YouTube channel.

Workgroup members:

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|-------------------------------------|------------------------------------|
| <i>Stephanie Kuhlmann, MD</i> | <i>Rhonda Hutchison, BSN, RN</i> |
| <i>Jennifer Bacani-McKenney, MD</i> | <i>Kimber Kasitz, BSN, RN</i> |
| <i>Jen Brull, MD</i> | <i>Vernon Mills, MD</i> |
| <i>G.A. Buie</i> | <i>Kelli Netson, Ph.D</i> |
| <i>Lindsay Byrnes, MD, MPH</i> | <i>Kevin Riemann</i> |
| <i>Kristie Clark, MD</i> | <i>Manuel Solano, MD</i> |
| <i>Allen Greiner, MD, MPH</i> | <i>Margaret Thompson, RN, ARNP</i> |
| <i>Dena Hubbard, MD</i> | <i>Randy Watson, Ed.D, MS</i> |