EDITOR’S NOTE
The effects of the pandemic continue to rage, and old threats are resurfacing. In this Spotlight, assess what the data says and how educators can play a part in protecting their students; begin understanding the risks for unvaccinated students; hear how other educators are handling the delicate situation of returning to in-person learning; and review a new study pinpointing the most effective mitigation steps.

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Student Health & Safety
CDC: Lags in Childhood Vaccines Could Spark Outbreaks in Other Illnesses

By Sarah D. Sparks

The Centers for Disease Control and Prevention has warned that as schools reopen, the number of unvaccinated children and adolescents could create a “serious public health threat” of outbreaks of preventable illnesses like measles and whooping cough.

Stay-home orders and other disruptions in the early months of the pandemic led to a dramatic drop in the number of students vaccinated against typical childhood diseases, the CDC found in a newly published study. While families have started to bring their children back for doctor’s visits, in many cases, it won’t be enough to recover the same level of protection for the large groups of students who will return to full-time, in-person learning this year without a major effort by schools.

In the study, the CDC tracked the doses of four kinds of vaccines given to children and adolescents in nine states plus New York City from March through May and June through September of 2020, and compared it to the doses given during the same two time periods in 2018 and 2019. It found that childhood immunizations crashed last spring, when most families had been ordered to stay home and haven’t recovered since.

That slow recovery is in large part, researchers say, because schools have not stringently enforced standard vaccination requirements as many students returned to virtual and hybrid classes. CDC guidance permitting COVID-19 vaccines to be coupled with other immunizations could allow schools to set up universal vaccination drives.

“Pediatric outbreaks of vaccine-preventable diseases have the potential to derail efforts to reopen schools for the 2021–22 academic year and further delay nationwide efforts to return students to the classroom,” researchers wrote. “Health-care systems and other social institutions are already overburdened by the COVID-19 pandemic, and vaccine-preventable disease outbreaks can lead to loss of in-person learning and further overwhelm community resources and contribute to morbidity and mortality.”

There is a downside to keeping children home

In the study, CDC researchers tracked four common vaccines, including two typically given to young children: DTaP, to prevent diphtheria, tetanus, and pertussis (commonly known as whooping cough) and MMR, to prevent measles, mumps, and rubella (also called German measles). The other two vaccines are scheduled for those ages 13-17, to prevent human papillomavirus, a common sexually transmitted disease which can cause cancer, and Tdap, a booster to further prevent tetanus, diphtheria, and whooping cough.

While these illnesses have long been held in check by immunizations, many are significantly more virulent than COVID-19. For example, the World Health Organization estimates each person with COVID-19 can spread
it to about three others. But someone with whooping cough can infect more than five others on average, and someone with measles can infect 12 to 18 other people. There have only been a handful of cases of measles or whooping cough in the United States since the pandemic started—the quarantines put in place to prevent the spread of coronavirus worked equally well on other diseases—but there was a spike in both diseases in the year before the pandemic, in part due to a longer-term trend of falling childhood vaccination rates.

That problem worsened in the first spring of the pandemic, when New York City and eight of the nine states studied passed stay-home orders, the CDC found. Compared with doses in 2018 and 2019, the number of immunizations given in March through May of 2020 against diphtheria, tetanus, and whooping cough dropped more than 66 percent among adolescents and more than 60 percent among elementary and preschool-age children. Measles vaccinations during the same time fell by more than 63 percent among children ages 2-8. And vaccinations against human papillomavirus dropped by more than 63 percent for preteens and more than 70 percent for teenagers in that period.

The United States was not alone. European researchers found a nearly 20 percent drop in measles vaccinations during spring 2020. In one study, 60 percent of parents in a nurse visiting program in the United Kingdom reported canceling or postponing their children’s vaccinations during the pandemic, in part due to fear their children could be exposed to the virus.

By September 2020, when many states had begun to allow people to come out of quarantine, more families began to bring their children in for scheduled shots, but slowly. Vaccinations against diphtheria, tetanus, and whooping cough that fall were nearly 7 percent lower for children ages 2-8, more than 21 percent lower for those ages 9-12, and down by 30 percent for teenagers, compared to the vaccinations given in 2018 and 2019. Similarly, MMR doses dipped more than 11 percent and HPV vaccinations were down more than 12 percent for preteens and more than 28 percent for teenagers.

In June 2021, the Biden administration launched a “Vaccine Month of Action” intended to encourage families to get themselves and their children 12 and older vaccinated against COVID-19 before next school year. While no vaccine now exists for children younger than 12 now, at least one vaccine manufacturer expects to have doses available for younger children sometime early in the 2021-22 school year.

States and schools are still debating whether and how to require COVID-19 vaccinations for children to return to school, but standard

![Image](https://via.placeholder.com/150)

Published on June 2, 2021

**Vaccinated Staff at ‘Exceedingly Low’ Risk of Getting COVID-19 From Unvaccinated Students**

By Catherine Gewertz

Coronavirus levels are easing in most places in the United States, and just over half the population has had at least one dose of a COVID-19 vaccine, the CDC says. But K-12 leaders still have many questions about how to reopen safely in the fall.

EdWeek asked Dr. Ashish K. Jha, the dean of Brown University’s School of Public Health, to offer guidance on navigating the next stage of the pandemic. This interview has been edited for length and clarity.

Some districts and states are cutting way back on remote learning or eliminating it altogether. From a medical perspective, do you think they’re on solid ground? Is that safe or advisable?

Yes, if they do the work that’s necessary to make schools safe. Kids 12 and over can get vaccinated. All the adults in schools should be fully vaccinated. So we’re really talking about the safety of kids under 12. At this point, I don’t think there’s any reason to worry excessively about the safety of adults who’ve all been vaccinated.

[In the] case of severely immunocompro-

Pediatric outbreaks of vaccine-preventable diseases have the potential to derail efforts to reopen schools for the 2021-22 academic year and further delay nationwide efforts to return students to the classroom.”

**CENTERS FOR DISEASE CONTROL AND PREVENTION**

immunizations against childhood illnesses like measles and whooping cough have been legally required in all states for decades, and schools have found campus-based vaccination clinics and drives can fill gaps in immunity among their populations quickly.

For school staff who have been vaccinated, how would you characterize the risk of being around unvaccinated kids?

Oh, exceedingly low. Again, we’re not talking about staff who are severely immunocompromised. That’s very, very different. But those are very small numbers of people. But if we take the severely immunocompromised people out of the conversation, for everybody else, the risk of getting infected from an unvaccinated person is very low. Especially if community transmission
levels are reasonably low, which they should be this fall. And even if [vaccinated people] end up getting infected, the chances of getting very sick are exceedingly low.

This is why the CDC lifted the indoor mask mandate for vaccinated individuals. They knew that meant that vaccinated individuals were going to be finding themselves around unvaccinated people. From a safety point of view, it’s very safe.

Thinking about the kids 12 and under who can’t be vaccinated, how much risk do you think those kids face now as communities open up and things start to function more normally?

If you have mask-wearing, and you have really good ventilation in schools, and you have all the adults vaccinated, there’s little to no risk to adults. And there should be really very little in the way of risks of spread between the kids.

I expect in most communities in the U.S., infection numbers will continue to come down. The key question for schools is, how do you make this space as safe as possible?

Schools have a lot of money [from federal stimulus funds] now, so you actually need to put in reasonably good ventilation systems. If infection levels in the community are at all high, asking kids under 12 to continue to wear masks is reasonable.

There’s some disagreement among public health experts about if infection numbers in the community get very, very low, could you get rid of masks altogether for kids under 12.

Should any of the coronavirus variants that are circulating now change the safety measures school have been using?

The variants are a real problem. We can’t ignore them. The good news so far is all of our vaccines look like they’re holding up pretty well against the variants. So for vaccinated people, I don’t think it’s going to be a huge problem.

There are two variants that I am paying a lot of attention to. One is B.1.1.7, [which the World Health Organization now refers to as] “Alpha,” and B.1.617.2, that’s now referred to as “Delta.” Both of them, by the time we get to the fall, are going to be dominant across the United States.

So it means that all of the infection-control stuff needs to be dealt with. It ups the game. You can’t not put in infection-control efforts. You can’t not do good ventilation. And if infection numbers in the community are at all high, you’ve got to have mask-wearing.

Even if most of a school’s staff is vaccinated, you still need to keep all the safety measures going because of the variants?

Yeah. And let me be very clear: If you’re talking about older kids, and the kids are vaccinated, and the staff are vaccinated, I would still focus on things like ventilation, but I would not necessarily require mask-wearing. I think mask-wearing among vaccinated people is probably not necessary. So I’m really thinking about masks for under 12.

But there’s a big-picture question of whether schools are going to require that everybody be vaccinated. If everyone in the school is vaccinated, then it’s potentially a different ball game. Then you may not need much in the way of mitigation efforts at all. But my sense is there are very few school districts, at least initially, who are going to mandate 100 percent vaccination for staff, students.

If they do, then largely you don’t need much in the way of mitigation efforts and you can have a pretty normal fall.

In places that have mask mandates, what level of vaccination in children do you think we need to reach before people can stop wearing masks inside school?

Remember that herd immunity is really about the whole community. Most of us estimate that once you get above 80 percent of the population vaccinated, you really should be in a situation where you’re going to have very little in the way of infection. And if we do get infectious outbreaks, they’re going to peter out pretty quickly.

Kids under 12 represent about 10 to 15 percent of the population. So you’re going to have to get pretty close to everybody else vaccinated if you expect something close to herd immunity without vaccinating kids under 12.

I think there’s going to be some communities that are going to achieve that, but probably not a majority. When you hit kind of that herd immunity threshold, you largely don’t need any mitigation efforts. But since I think that is unlikely in most communities by fall, until we can start vaccinating 5- to 11-year-olds, what you’re looking at is some level of mitigation for that population.
Reopening the Right Way: How to Bring Back In-Person Learning with Confidence

Right now, school leaders are working around the clock to plan for a successful and safe return to in-person learning. The WELL Health-Safety Rating is designed to empower school leaders by providing a flexible roadmap backed by evidence-based solutions as well as third-party verification. Every student, teacher, staff member and parent deserve the confidence of knowing that when they enter their school building, stringent health and safety protocols built on science have been implemented.

School leaders have a lot to think about right now. They are in a race to address the ongoing challenges brought on by COVID-19 as the school year starts, and they need a turnkey, efficient and cost-effective roadmap to address these pressing challenges holistically and comprehensively. Because it’s built on science and ground-tested across more than two billion square feet of space, the WELL Health-Safety Rating can help school leaders reopen with confidence.

What is a Healthy Building?

“Picture this: You walk into the building and perhaps the first thing that you realize is that you don’t smell a thing, because the air is cleaner,” said IWBI’s President and CEO Rachel Hodgdon when she recently sat down with BBC Weekend news for an interview that also aired on NPR affiliates throughout the U.S. She was discussing what a healthy building is and how it impacts the health and safety of the people who occupy the space.

“A healthy building addresses a whole range of opportunities to improve health, well-being, productivity and performance ranging from air and water quality, to thermal comfort, to nourishment and movement within the space,” continued Hodgdon.
Using the WELL Health-Safety Rating to Confidently Bring Back In-Person Learning

Every child and teacher should walk into a safer and healthier school when they return in the fall. The WELL Health-Safety Rating provides a streamlined approach that can help administrators reach this goal, while also reinforcing parent and community confidence.

The WELL Health-Safety Rating addresses a range of acute health threats through facility operations and management strategies to help school leaders meet immediate COVID-19 needs and to prioritize the long-term health and safety of students, staff and visitors. The rating provides an efficient and cost-effective solution for school leaders that guides, validates, recognizes and scales efforts to manage critical health and safety issues in all buildings across your district. It addresses air and water quality management, cleaning and sanitation procedures, emergency preparedness, health service resources and stakeholder engagement and communication.

At the heart of every community is a school — the places where our children learn to understand and shape the world around them, bringing families, educators, and neighborhoods together in the process. As the climate crisis intensifies, these treasured places are already suffering from the impacts. We must give schools the resources and tools to not only protect students and staff, but also to become a source of resilience and well-being for the surrounding community. By investing in sustainable food systems, green infrastructure, disaster preparedness, and more, that is exactly what our bill will do.

CONGRESSMAN JAMAAL BOWMAN OF NEW YORK

The Resilient Schools Act of 2021 would provide $40 billion for:

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Career and technical education opportunities tied into school upgrades
WELL Health-Safety Rating Success

- **336 SCHOOL BUILDINGS** across K12 and higher education currently enrolled in the program
- Fairfax County, Virginia and its **198 SCHOOL BUILDINGS AND 21 ADMINISTRATIVE BUILDINGS** achieved the rating in March 2021.
- Ohio Districts:
  - Orrville
  - South East Local
  - Rittman
  - Hawken School
- Kindercare has enrolled **2,300 LOCATIONS** to pursue the rating.
- It is anticipated that these already enrolled school buildings will have **ACHIEVED THE WELL HEALTH-SAFETY RATING REQUIREMENTS** when they reopen this fall.

The health and safety of our students and staff, as well as others who use our school facilities, remains a top priority for our district. The WELL Health-Safety seal is further testament that we are sincere in our efforts to go above and beyond to provide the safest environment possible for teaching and learning.

DR. JOHN ROZZO, SUPERINTENDENT OF UPPER ST. CLAIR SCHOOLS, one of the first districts in the U.S. to achieve the WELL Health-Safety Rating

About the International WELL Building Institute

The International WELL Building Institute (IWBI) is a public benefit corporation and the world’s leading organization focused on deploying people first places to advance a global culture of health. The WELL Building Standard (WELL) anchors a WELL ecosystem that includes WELL v2, the WELL Community Standard, the WELL Health-Safety Rating and WELL Accredited Professionals. IWBI mobilizes its community through the pursuit of applicable research, the development of educational resources, and advocacy for policies that promote health and well-being for everyone, everywhere.

Interested in learning more about the WELL Healthy Safety Rating for schools? Contact Angela Spangler at angela.spangler@wellcertified.com
Visit wellcertified.com/health-safety/
The Governor Banned Mask Mandates in Schools. This Superintendent Won’t Stop Wearing His

By Catherine Gewertz

Just after midnight on May 20, 2021, Iowa Gov. Kim Reynolds signed a law that made Iowa one of the first states with an active ban on mask mandates in schools and businesses. In an interview the next day, Mark Lane, the superintendent of schools in Decorah, Iowa, described how his school community responded to the new law.

Lane’s interview with Education Week has been edited for length and clarity.

When I woke up at six o’clock [the day the law was signed], there was an email from the deputy director of the Iowa department of education saying mask mandates were illegal. I started crafting a message to families, sitting at my kitchen table drinking coffee. I wrote a message indicating what had occurred, what that meant for us as a district. I put in a link to the CDC guidance that came out [on Saturday], saying the CDC has made it clear that they continue to recommend face masks be worn at school, and while we no longer have the ability to mandate that, I continue to strongly encourage you to do so.

We had kids who showed up [at school that day] very excited that no more masks, no more masks. And we had kids that were afraid that people were not going to be masked. We had staff who were afraid. More of the older students came to school without their masks on. At our elementary buildings, most students still had their masks on. There was one student who told another student, hey, you don’t have to wear that mask anymore, and attempted to reach up and grab it off their face. There were some kids waving their masks [in the air] on the buses, like, woo-hoo, we’re excited.

I received one email from a parent saying Governor Reynolds was right. And I’ve received at least 20 saying I’m so disappointed this happened. In our district, we’ve [had a mask mandate since last summer] and we’ve been so consistent in our communication that people know where we stand. I think there is sentiment out there in the community that this is a celebratory thing. And they know that it would be just sort of rubbing our faces in it [to say something about the new law]. And, you know, we’re all “Iowa nice” here. We don’t do that to each other.

There were a number of Iowa school districts that suspended mask-wearing well before yesterday. It’s become such a political thing in our state. I mean, I have friends who are superintendents who over the last couple of months have needed to ask law enforcement to be at board meetings for crowd control because of people coming to make public comments [to] get these masks off our kids. I’m just grateful that that isn’t how it’s been in Decorah. Yesterday was the first time I have felt like my mask is a political statement. Because our legislature and our governor had said it’s not necessary, and I was standing up and saying I think it’s OK.

From the first day of school through today, we’ve had 32 positive staff cases, all fully recovered and working, and 133 positive [student] cases [out of a total of 1,600 students]. All 133 fully recovered and able to be back in school. And the number of students that at some point had to quarantine was significantly higher than 133.

Iowa passed a law in June 2020 that meant students had to be in face-to-face learning at least 50 percent of the time. So we had students in the building 50 percent of the time and then working remotely 50 percent of the time for the first five weeks of [his] school year. [We used] the mitigation strategies, social distancing in their classrooms, wearing masks.

Right around October 1, 2020, we brought students back 100 percent. It got to about mid-November, and that’s when things really started to get challenging, just the number of people needing to quarantine. As we got to about Thanksgiving, we were struggling really to have enough adults to provide adequate supervision. We limped into Thanksgiving break. We planned a full week of remote learning the week after Thanksgiving. It was a really hard time here in Iowa, with high positivity rates. We came back after winter break 100 percent face to face, and we have been ever since.

The first place I arrived [Thursday] was one of our elementary buildings because we had already had a scheduled staff meeting. I walked in with my mask on, and over about a 10-minute period, the staff made their way in, and every single staff member had their mask on. We discussed the things that we needed to discuss, and then I expressed my disappointment with our legislature and with the governor signing the bill, my deep appreciation for what our teachers have done this year, and the fact that they were wearing their masks. And as I looked around the room, sharing those thoughts, there were people tearing up, and I teared up a little bit myself. It’s been an incredibly stressful year for people.

It was very important for teachers to have
That conversation in their rooms, that things have changed today, and you have a choice about wearing your mask or not. I know a lot of our teachers talked about why they were going to wear their masks, that it was about caring for other people, and safety in their classrooms. In my message to staff that morning, and in my message to parents, I said that whether a child decides to wear a mask or not, they’re not going to be teased, they’re not going to be pressured. That’s not how we treat people in our schools.

I got a phone call from a parent, frustrated that a teacher had said to students in a classroom, if you don’t wear your mask, you’re going to get COVID, and that scared the students. And I said [to the parent], I completely understand that, and we’ll address that. We continue to strongly encourage mask wearing because it’s the CDC recommendation, and it’s the option that’s rooted in science rather than politics. But we shouldn’t use scare tactics to get kids to do that.

We had a 7th and 8th grade concert last night, and I went to make sure that things went well. Almost 70 percent of our parents came in wearing their mask. And of the 7th and 8th graders on the stage performing, 60 to 70 percent wore their mask. I went home just really, really proud and thankful for the community that we serve, that parents made the choice to walk into our facility and put their mask on.

When I got home last night, I asked my 5th grade son [who is at greater risk from COVID-19 because he has Type 1 diabetes], how’d it go today? He said it was fine. And I said, did you wear your mask? And he said, yep, I did. And I said, did anybody say anything to you? And he said, one person said, why are you wearing your mask? And I said, handled that well, I’m proud of you.

I do worry. I have a staff member who’s pregnant, who was very despondent and very concerned about exposure to students throughout the day. I have a student who lives in a mobile home with grandparents who have respiratory issues. Those grandparents, I feel like they trust us enough to send their grandchild to [school], and that when that child comes home, it’s going to be safe to give him a hug, or sit next to each other on the couch and read a book together. I have a teacher, he and his partner moved an elderly parent to Decorah during this school year.

I’ve received emails and calls from families that aren’t sending their kids back to enjoy the last few days of school with their friends because of this. And they’ve [said] thank you for what you’ve done this year, what your teachers have done, but we’re not comfortable sending our kids back to school.

Published on February 16, 2021

What Educators Should Know About Digital Self-Harm During Hybrid and Remote Learning

By Mark Lieberman

As educators continue to plow through the challenges of keeping school going during a pandemic, they should be looking out for signs of students engaging in digital self-harm, researchers say.

A published study led by a Florida International University researcher found that 1 in 10 students in the state said in a 2019 survey that they had cyberbullied themselves in the past year. Research on this specific type of cyberbullying remains thin, but efforts are underway to expand understanding of the issue.

Justin Patchin, professor of criminal justice at the University of Wisconsin-Eau Claire and co-director of the Cyberbullying Research Center, believes educators should know more about digital self-harm so they can be on alert for it and perhaps even help contribute to broader understanding of how it works and how it might be prevented.

Education Week asked Patchin to explain what we know so far about digital self-harm, and how educators should address it during a period when much more schooling than usual is happening online.

The following telephone interview was edited for length and clarity. (For more on digital self-harm, read Patchin’s blog post on the topic.)

What does this phenomenon look like?

It can happen on any platform. The earliest examples that we saw were on anonymous social media apps like Ask.Fm that encourage you to be anonymous, and don’t require you to be your real identity. The way the platform works is you have a profile, anonymous people ask you questions, when you reply they show up only in your feed. You could ask yourself why are you so stupid, why are you so ugly, etc. To be sure, somebody could set up a fake Instagram profile or fake Snapchat profile and use it to target somebody else or use it themselves. It’s basically when somebody anon-
y monumentally makes hurtful comments or threats towards themselves in a public venue so that others can see it.

How did you first learn about this problem?

We became interested in this problem five or six years ago when we had heard a couple of examples of situations like this. In one high-profile situation, a 14-year-old girl in England had killed herself. One of the causes of that suicide was cyberbullying that had happened on a particular social media platform. When the authorities investigated, most of the hurtful messages that were being sent to her originated from her own computer, from her own bedroom. She had sent the messages to herself.

We had been studying cyberbullying among adolescents for probably a decade at that point, and we hadn’t considered that students would send hurtful messages for themselves. We looked around [to see] if anybody had done any research on it. There were a couple of blog posts speculating, but that was about it, so we decided to do it ourselves. We figured it would be a pretty rare phenomenon.

In 2016, we surveyed 5,500 12 to 17-year-olds across the U.S., and included a couple of questions in that survey about if students had posted something hurtful about themselves online. To our surprise, we found the numbers were higher than we expected. Five or 6 percent of kids had done this. Boys were slightly more likely to do it than girls.

Among the kids who had done it, we asked them to tell us why they did. Most of the reasons given were what you’d expect: for attention, to see if anybody would help them, to see if anybody would do anything about it. Some said they did it because they were bored, or to be funny. More boys said [they did out of boredom or to be funny] than girls, which might explain the sex difference there.

We replicated that study in 2019 and essentially found some of the same things, but we haven’t had a chance to publish those data.

What causes kids to engage in this kind of behavior?

We know some of the variables that are correlated, but we don’t know if x causes y. We know kids who participated in digital self-harm were significantly more likely to also have depressive symptoms, also participate in physical self-harm, also to have attempted suicide. We don’t know which came first. This is the ultimate question. Do kids get depressed, and then they post negative things online, or physically hurt themselves? Is it part of a constellation of things that happen at roughly the same time? There’s definitely a lot we still don’t know about those behaviors.

What effect might the pandemic be having on this behavior?

We’re trying to collect data in the next couple months, and hopefully we can include some of these questions. We know that kids are online more. Potentially that creates more opportunities for them. The other concern about remote learning, we’ve heard examples where students haven’t had access to resources at school such as school counselors or psychologists or school social workers. If a child is dealing with some issues, they are depressed, maybe they don’t have somebody that they can talk to because of remote learning. Therefore it might be a lot more difficult for them.

We study cyberbullying more broadly, and there’s a lot of speculation now about whether cyberbullying has increased. There’s no clear data, but there are some people that have reported seeing more reports of cyberbullying. We did see a little bit of an uptick early on, especially as particularly young kids were given access to technology they maybe didn’t have before. On the other hand, we know from our research over the last decade that most adolescent cyberbullying is connected to school relationships or even school bullying. If kids aren’t at school they’re not having those disagreements. We’ve had kids who have said remote learning is better for them because they don’t have to deal with bullies at school.

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What can be done to prevent digital self-harm?

It is hard for a teacher or a parent to get to the bottom of this. From the standpoint of their role whether as an educator or a parent, if they learn about a child being cyberbullied, they need to investigate. They need to talk to the kids involved, report it to the website or app. If it is particularly bad, egregious, if there are threats of physical harm, it will be flagged by these apps. The apps can identify this pretty easily. Whether they’ll share that with you is a different question. They’ll share it with law enforcement, which is unfortunately where we often find out about these things, if there’s a pretty serious incident.

What we’ve found is, it doesn’t really matter who is doing the cyberbullying. You need to provide resources to who’s experiencing it. Whether you’re doing it to yourself or someone else is doing it to you, our goal should be to help you. That might be very practical things like showing you how to block a person from your account, collect evidence, report it to the apps. But maybe it is a cry for help or you do need some kind of counseling or other assistance.

Schools should open up an opportunity for students to report to them if they’re being mistreated in a way that affects the school environment. Whether having some online reporting mechanisms or a particular person that people can turn to, but then hopefully having some resources in the school whether through a counseling department or school psychologist who’s trained in online abuse behaviors.
Masks, Tracking, Desk Shields: How Much Do School Measures Reduce Families’ COVID-19 Risk?

By Sarah D. Sparks

While relatively few schools experienced widespread outbreaks during the pandemic, the return to full-time, in-person instruction will inevitably increase students’ exposure to the coronavirus. But the number and kind of protections schools put in place now can make a big difference in the risk that those students will bring the illness home to family members, according to a study published last month in the journal Science. Even as more adults and older students become vaccinated, the study suggests no one safety measure will be a silver bullet when it comes to preventing COVID-19.

“When we talk about the risks from in-person schooling, our tendency is to think about it in terms of risk of transmission in the classroom,” said Justin Lessler, the lead author of the study and an associate professor of epidemiology at Johns Hopkins Bloomberg School of Public Health. “But really there are a whole host of activities that go along with in-person schooling, including the transport to and from school. All of the ancillary activities can have as much impact on transmission as what’s going on in the classroom. So when we think about school, we should be thinking about the whole picture.”

President Joe Biden and more than a half-dozen state leaders have pledged that all schools will return to full-time, in-person instruction by next school year. Yet evidence is building that reopening classrooms could increase the risk of COVID-19 to individual students’ families. One RAND study found families of schoolchildren attending in person had a 3 percent higher rate of illness per 10,000 cases, while a separate University of Kentucky study linked 12 percent of Texas COVID-19 cases and 17 percent of deaths during the two months of the study to the timing of schools reopening in the state.

The Science study also found significant risk for families of children who returned to in-person instruction. After adjusting for county-level spread of the virus and other county- and individual- background factors, the researchers found that living in a household with a child who attended school in-person full time was associated with 1.38 higher odds of illness per 10,000 cases, while a separate University of Kentucky study linked 12 percent of Texas COVID-19 cases and 17 percent of deaths during the two months of the study to the timing of schools reopening in the state.

The Science study also found significant risk for families of children who returned to in-person instruction. After adjusting for county-level spread of the virus and other county- and individual- background factors, the researchers found that living in a household with a child who attended school in-person full time was associated with 1.38 higher odds of developing COVID-like symptoms (such as a fever with shortness of breath, coughing, or difficulty breathing); 1.21 higher odds of losing their sense of taste or smell (another symptom associated with COVID-19); and 1.3 higher odds of having a positive test for SARS-COV-2, the virus that causes COVID-19.

And the link between living with a child attending in-person school and COVID-19 was strongest at older grade levels, and was smaller but still significant for families of children who attended school in person part time, rather than full time.

“The biggest surprise was just the sheer magnitude of the impacts. Remember, we’re not looking at an increase in risk among the children themselves here; we’re looking at the increase of risk of the family members,” Lessler said. “Seeing a 20 [percent] or 30 percent increase in the odds of reporting outcomes associated with COVID among family members of kids, is a scope that is, I think, bigger than we expected going into it.”

The researchers surveyed data from more than 600,000 families across the country whose children attended 130,000 schools using different strategies to prevent the spread of the coronavirus which causes COVID-19, including:

- teacher masking,
- student masking,
- daily symptom screenings,
- restricting the entry to school,
- creating extra space among students and staff, preventing people from sharing supplies,
- keeping the same students together in cohorts,
- reducing class sizes,
- ensuring students have the same teacher throughout the day,
- closing the cafeteria,
- closing the playground
- barring in-person extracurricular activities
- using physical desk shields or separators,
- holding classes outside, and
- having students attend part-time.

Because the study surveyed families on the mitigation measures at their schools, it did not include some major infrastructure measures, such as installing new heating, ventilation,
and air conditioning systems to increase indoor air quality or changing building-level sanitation protocols.

The researchers found no single mitigation strategy eliminated the risk of moving to in-person schooling, but families whose children attended schools that collectively implemented seven or more strategies had no greater risk of illness than families whose students did not attend school in person.

And some strategies did seem more beneficial than others. Daily symptom screenings for those coming onto campus (with those found to be sick staying home), teacher masking, and stopping extracurricular activities were associated with the biggest drops in the risk of family members developing COVID-like symptoms or having a positive COVID-19 test. By contrast, closing playgrounds seemed to have no effect, and using physical desk shields to separate students in the classroom was associated with a higher risk of later illness among family members.

“The teachers I’ve talked to have stressed that desk shields can really have pretty big impacts on how they interact with students; like, if you have to interact with students around that barrier, you might go closer, there could be other behavior changes” that might raise infection risk, Lessler said.

He also noted that the physical barriers could change the air flow in a classroom in ways that keep viral particles in the air longer. However, he said the study did not find any evidence that would conclusively point to why desk shields had the effect they did, and noted that because fewer schools overall used the desk shields without also using many other interventions, their effectiveness would need to be tested separately.

Community, staff vaccinations remain key

While the study found teachers’ risk of contracting COVID-19 or having COVID-like symptoms rose when they moved from virtual to in-person instruction, their risk rose no more than it did for those in other professions, such as health-care and office workers.

That risk declines even more, of course, for teachers who are fully vaccinated against the virus. By the latest federal estimates in March, a third of schools with an 8th grade and nearly that many schools including a 4th grade had given 60 percent or more of their teachers at least one dose of COVID-19 vaccine. In many communities, teachers have been vaccinated faster than the general population.

“What is needed will depend a lot on how much disease there’s out there in the community,” Lessler said. “I think vaccination is going to bring cases way, way down by the fall, but … no one wants to bring COVID home to a grandparent who maybe wasn’t successfully vaccinated. There may be reason to consider some mitigation measures in place perhaps permanently.”

For example, while schools likely will eventually bring back extracurricular activities, he said, contact tracing and daily symptom checks may be worth keeping even after the pandemic is fully under control.

“Even if it’s not COVID, even if it’s the flu, you could argue that that it’s something important a school should be considering doing in the future,” he said.

## Additional Resource

Reimbursements to schools for pandemic-related purchases

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### OPINION

Published on March 31, 2021

**What We Know About Suicide During the Pandemic (and What We Don’t)**

Preventive services must be rooted in sound research

By Marisa Marraccini

We don’t yet understand the effects of remote learning on student mental health. As parents, educators, mental-health professionals, and researchers, we must distinguish among projections of risk (what we think might happen), current practice (what is actually happening), and our next steps (what we think should happen next). It is not a foregone conclusion that remote learning will have overall negative effects. This story is still being written.

During the COVID-19 pandemic, a number of risks associated with suicide may be elevated—including social isolation, barriers to care, access to lethal means, and personal and economic loss. Over the past year, there have been numerous reports related to suicide risk, including some heartbreaking incidents of death. School communities must recognize warning signs for suicide, provide preventative services, and link kids to care.

These efforts must be rooted in what we know to be true about suicide. First and foremost, this means focusing on how suicide is preventable and how suicide-related thoughts and behaviors are treatable. This also means acknowledging the complexity of suicide, which relates to multiple factors (environmental, biological, and psychological risk) and cannot be attributed to any single factor.

A recent article published by the American Medical Association indicates that, while real-time data about suicide are not available in many regions, emerging data in several countries do not yet provide any evidence that overall deaths as a result of suicide have increased since COVID-19 first appeared. Estimates by the Centers for Disease Control and Prevention from last summer do suggest an increase in suicidal ideation among young adults, signifying the potential for increased...
distress in this age group and underscoring the importance of connecting individuals to care. Suicidal ideation, however, is not a strong predictor of suicidal behavior or death due to suicide, and multiple evidence-based treatments are available for individuals with risk for suicide.

Although there are reports that suggest increased proportions of emergency-department visits for mental-health treatment or suicide-related behaviors in youth during the pandemic, this increase appears to be the result of a lower frequency of emergency-department visits overall. In fact, the actual numbers of visits for mental-health crises appear comparable to prior years. Until more data become available, it remains unclear if there have been changes in severity and intensity of mental-health crises. However, because seeking help is associated with suicide prevention, the rise in emergency-department visits could also reflect an ongoing commitment by caregivers toward treating serious mental-health concerns.

Schools play an important role in identifying risk for suicide, linking young people to care, providing comprehensive suicide-prevention programs, and facilitating social connections among youth. Schools also harbor known risk factors for suicide, including negative social interactions, bullying, and academic stressors. Thus, whether remote learning increases or decreases, suicide risk likely varies from child to child.

As a school psychology researcher and professor, I study how schools can play a key role in suicide prevention. With the shift to remote learning, I have focused on understanding how schools can best continue to enhance suicide prevention in youth. I have also been closely following how the media has covered the shift to distance learning. Many reports convey messages that reflect negative outcomes as though they are final and unchangeable. Critically, there have been multiple, unfounded claims that rates of suicide are increasing or linked to remote learning. This is deeply concerning as it paints a false picture of a situation that remains uncertain.

Over the past few months, my colleagues and I have been surveying and speaking with school support professionals who are employing creative strategies to support suicide-prevention efforts and continue to connect with kids. I am hopeful about the potential for these remarkable professionals to have a positive effect on our youth. Some of these strategies, which are based on findings from my own research funded by several federal and private sponsors and other existing research, include:

- Prioritizing connections with and between students. Allot nonacademic time for students, for example, asking students to answer fun discussion questions in smaller breakout rooms.
- Integrating social and emotional learning into student and professional-development curricula.
- Using multiple methods for reaching out to students. Consider emailing, calling, texting, video conferencing, and conducting home visits.
- Offering counseling services, with a protocol for ensuring parents are available for sessions.
- Providing information and resources to students and families, including suicide-prevention hotlines, crisis text lines, and community-based resources.
- Learning about the warning signs and risk factors for suicide and how to connect students to care.
- Establishing clear protocols for in-school and community-based referrals, virtual risk assessments, adapted safety planning, and emergency services such as mobile crisis.
- Checking in with students, families, and colleagues regularly to identify ways to improve these approaches over time.
- Practicing self-care and staying connected with your colleagues.

The shift to distance learning will have consequences, but we must continue to distinguish among reports of what can happen, what is happening, and what should happen. We need to tackle ongoing concerns of inequity and psychological distress, while being careful not to assume the worst. If we remain open to the possibility of multiple effects from remote learning, we won’t miss opportunities to reinforce and celebrate the successes of our children, even in the midst of a pandemic.

Marisa E. Marraccini is an assistant professor of school psychology in the School of Education at the University of North Carolina at Chapel Hill. Her research aims to promote child and adolescent mental health in the context of school settings.

### Warning Signs Associated With Suicide

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide

### If someone you know exhibits warning signs of suicide

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

SOURCE: American Foundation of Suicide Prevention
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School Reopening Requires More Than Just Following the Science

By Susan Moore Johnson

Educators must also rely on professional expertise and insider knowledge of schools. The maxim “follow the science” has guided education policymakers over the course of COVID-19. Emerging findings about the benefits of masks, the need for regular testing, and the risks of airborne virus transmission have informed and transformed mandates for local schools. Still, many of the decisions that schools must make as they reopen for in-person learning rest on incomplete or contested science. Think about the questions on which scientific consensus has shifted in the past year: Are 3 feet of distance between desks enough or must there be 6? Do young children wearing masks still put adult staff members at risk? Is daily deep cleaning of classrooms really worth the cost? Educators can only “follow the science” so far.

Researchers have issued quantitative estimates of “learning loss.” Though important for public policy, they offer little guidance to teachers and administrators as they decide what to do next in their school. Similarly, resuming standardized testing is unlikely to tell teachers what they need to know about where their students stand academically and what they will need moving forward. If educators are to address their school’s challenges effectively, they must begin by understanding them. To do so, they must rely not only on science but on their shared professional expertise and insider’s knowledge of their school.

Every school is different. If reopening means more than solving problems of space, ventilation, and safety, then school-based educators will first need to make sense of the trying times and then tailor their responses to their students’ current academic, social, and mental-health needs. Whatever their school’s goals—a return to normalcy or a vigorous pursuit of a new kind of schooling—teachers and principals must take careful stock of where they’ve been throughout the pandemic and where they are, before deciding where to go and how to get there.

Worthwhile school-based inquiries are not simply the sum of individual reflections or survey responses. Rather, they require sustained, candid conversations that engage teachers and administrators schoolwide in understanding how they and their students experienced and responded to the challenges of remote or hybrid teaching. If educators are to move forward together and develop a coherent recovery and development plan for their school, they will have to take into account the losses, gains, and lessons of the past year.

First, teachers must understand their own experience and that of their colleagues. What did they learn about their strengths, weaknesses, and preferences, as well as those of their peers? How well did their instruction work for them and their students? How did they assess students’ learning, give feedback, and provide extra help? Did they discover effective ways to teach online that might be incorporated into future hybrid and in-person instruction?

Second, how have students fared, and what will they need as they return to school? What did online learning reveal about their interests, learning styles, and need for social interaction? Are there patterns of difference in students’ experiences by race, ethnicity, gender, or family income? What might teachers do to build (or rebuild) a positive school culture as they and their students return after more than a year of isolation? How can the school approach short-term decisions, such as which students are promoted and longer-term revisions of their curriculum and instruction?

Third, after online or hybrid instruction, what do parents expect of the school, and what role do they hope to play in their children’s learning? As one district administrator told me, parents and teachers “have literally been observing each other in their own homes.” Have these observations enhanced or frayed relationships between the school and families?

Given these and other pressing questions, what can principals do to support thoughtful review of the past and informed planning for the future? They must ensure that the urgency to comply with mandates and resume normal routines does not shut down efforts to candidly take stock of past practices and reimagine new, better, more equitable ones. A teacher mentioned she was grateful for the online team meetings that her school held throughout the pandemic. But her principal recently cautioned, “Don’t get used to them,” because when in-person school resumes, there won’t be enough time. In addition to protecting time for review and planning, school leaders should regard teachers as partners, soliciting their views and integrating those ideas into school-wide perspectives and plans.

Teachers, too, must step up. After months of isolation and self-reliance, some will be inclined to retreat back to their classroom rather than invest in their school’s process of review and planning. But if a school’s collaborative work is to inform and serve staff, students, and parents, all teachers must be engaged. For when teachers contribute their perspectives...
and explore alternative responses together, they are better prepared to design and refine a successful plan. Because a school’s students will move through the school from class to class and grade to grade, schoolwide approaches should be coherent, though not lockstep.

What is at stake? Obviously, the foremost concern is students’ well-being and learning. However, schools should also recognize the threat of unexpected disruption caused by teacher and administrative turnover. Many staff members will have weathered more than a year of stress, disappointment, loss, and even public scorn. As the school year ends, they will decide whether or not to return, resign, or retire. Meanwhile, new teachers who have missed an induction process may doubt that their school is the right place for them. If teachers know through experience that they can rely on their colleagues for support and learning, that their views are valued and their suggestions heard, schools can avoid unnecessary turnover. And, as teachers’ joint work pays off, their success with students will enhance their satisfaction and fuel their ongoing commitment.

Susan Moore Johnson is the Jerome T. Murphy Research Professor and the director of The Project on the Next Generation of Teachers at the Harvard Graduate School of Education. She is the author of Where Teachers Thrive: Organizing Schools for Success (Harvard Education Press, 2019).
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