



Klamath County Public Health

Accountability ♦ Compassion ♦ Excellence
Integrity ♦ Respect

January 2021

The consideration to return to in person instruction requires holistic, comprehensive evaluation of all factors that impact the health of the community. Klamath County ranks among the lowest of Oregon counties for health outcomes as indicated in our most recent Robert Wood Johnson Foundation (RWJF) health rankings. From a public health perspective, we recognize that health outcomes are driven by a variety of factors, which we often refer to as the social determinants of health.

Health factors											
Year	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Rank	35	30	33	33	34	29	23	26	21	23	26
Health outcomes											
Rank	31	35	35	36	35	34	33	31	31	32	32

Figure 1: Robert Wood Johnson Foundation County Rankings over time. Klamath County often ranks in the bottom quarter of Oregon's 36 counties. (Source: Klamath County Public Health)

A May 2018 report by the Kaiser Family Foundation provided a nutshell definition of the social determinants of health: the conditions in which people are born, grow, live, work and age that shape health.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				
Health Outcomes					
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

Figure 2: Social determinants of health, Kaiser Family Foundation (Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, May 2018)

Public health
Considerations for returning to in-person learning

The report authors continued, “Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care.”

Education is a cornerstone experience, preparing each generation to be productive, engaged citizens.

Another area of public health significance are adverse childhood experiences (ACEs). Returning to the work of RWJF, we see: Traumatic childhood events such as abuse, neglect, and witnessing experiences like crime, parental conflict, mental illness, and substance abuse can result in long-term negative effects on learning, behavior and health. Often referred to as ACEs, these types of events create dangerous levels of stress that can derail healthy brain development, and increase risk for smoking, alcoholism, depression, heart disease, and dozens of other illnesses and unhealthy behaviors throughout life.

Preventing ACEs could potentially reduce a large number of health conditions. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential.

Together, as one community, we can prioritize the long term health of not only our children, but our community as a whole by promoting safe, stable, nurturing relationships and environments where children live, learn, and play.

Educators are one of our strongest partners to help provide these environments. Cooperatively, we must advocate for our children and our community.

An article from American Educator (Summer 2019) provides insight as to how schools and educators can help reduce ACEs and empower at-risk students:

1. Strengthening interpersonal relationships and social and emotional skills
2. Supporting students’ physical and mental health needs
3. Reducing practices that may cause traumatic stress or retraumatize students

An important consideration throughout Klamath County and in addressing the social determinants of health are economic concerns. Due to school closures, parents and guardians have had to make budgetary adjustments for childcare and other related costs. Some have quit jobs that provide much-needed income to ensure children have around-the-clock supervision, while others have been forced to leave vulnerable children home alone in order to earn a paycheck.

Advocating for the return of in-person education does not mean turning a blind eye to the risks that COVID-19 presents to adults.

A framework of tools and strategies was developed in Oregon to provide protection for the safe return to in person instruction.

Through the Ready Schools Safe Learners (RSSL) guidance, Oregon developed a plan that implements a number of social and environmental strategies to reduce the risk of transmission within schools. Increased levels of cleaning and sanitization, social distancing, having small cohorts, and the use of face coverings are all tools put in place to help provide protection not only to students, but also to school staff.

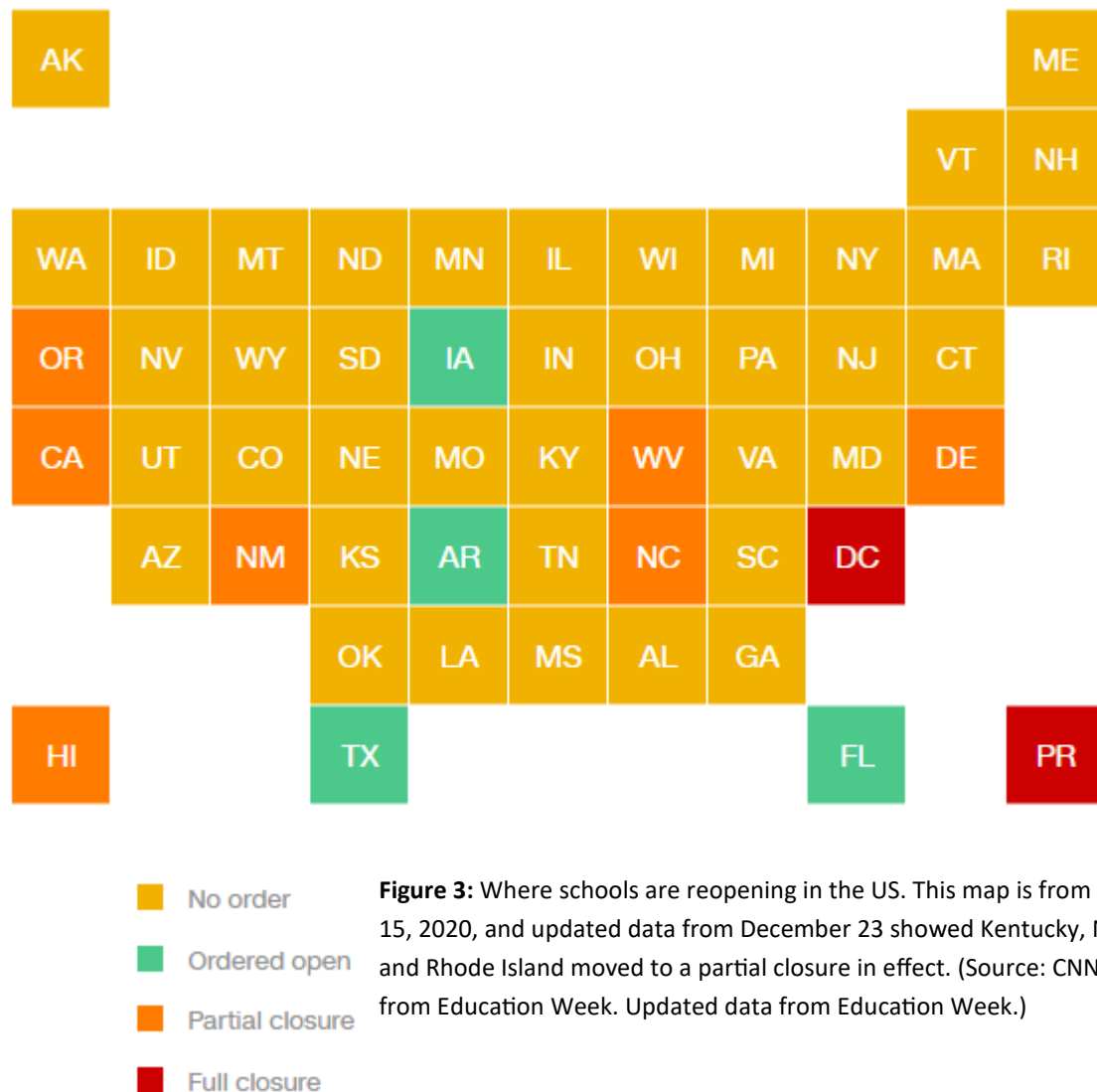


Figure 3: Where schools are reopening in the US. This map is from December 15, 2020, and updated data from December 23 showed Kentucky, New York, and Rhode Island moved to a partial closure in effect. (Source: CNN, modified from Education Week. Updated data from Education Week.)

Also included in this framework is a comprehensive response strategy. It is strengthened by the close and collaborative working relationship in Klamath County between public health and school nurses, which allows for a efficient and effective response of quarantine and isolation when cases are identified in school settings. Following these guidelines we can work together to ensure the health and safety of students and staff while also providing a safe vital environment to foster the healthy development and education of our communities youth.

Oregon’s framework incorporates the recommendations provided by CDC. The considerations for schools developed by CDC are intended to aid school administrators as they consider how to protect the health, safety, and wellbeing of students,

teachers, staff, all associated families, and communities. The following are all built in to the RSSL guidance:

1. Promoting behaviors that reduce COVID-19’s spread
2. Maintaining healthy environments
3. Maintaining healthy operations
4. Preparing for when someone gets sick

These considerations also enlist the guiding principle to “prioritize the reopening of schools as safely and as quickly as possible given the many known and established benefits of in-person learning. In order to enable this and assist schools with their day-to-day operations, it is important to adopt and diligently implement actions to slow the spread of COVID-

19 inside the school and out in the community. Vigilance to these actions will moderate the risk of in-school transmission regardless of the underlying community burden.”

CDC analysis continues: “The unique and critical role that schools play makes them a priority for reopening and remaining open, enabling students to receive both academic instruction and enable the provision of other critical services and supports. By strictly implementing mitigation strategies, schools will be able to meet the needs of their students and community, while reducing the risk of COVID-19 spread.”

The CDC also outlines a continuum of risk that details the potential list of each model of learning and implementation of proven mitigation strategies. While engagement in virtual-only learning platforms is identified as lowest risk, the model being implemented in Klamath County is identified as being at some risk. The paradigm countywide is:

- Hybrid Learning Model: Some students participate in virtual learning and other students participate in in-person learning
- Small, in-person classes, activities, and events
- Cohorting, alternating schedules, and staggered schedules are applied rigorously
- No mixing of groups of students and teachers throughout/across school days
- Students and teachers do not share objects
- Students, teachers, and staff follow all steps to protect themselves and others at all times including proper use of face masks, social distancing, hand hygiene

- Regularly scheduled (i.e., at least daily or between uses) cleaning and disinfection of frequently touched areas implemented with fidelity

When weighing the factors that impact public health as a whole, adopting the model of some risk allows the community to benefit from the mitigation of risks from COVID-19 in school settings. It also minimizes the negative impacts of continued school closures for students and families.

COVID-19 has become a part of our foreseeable landscape, and learning to live and function safely must become a priority for everyone. We must, as a community, advocate for public health.

Longitudinal studies will eventually provide insight to the impacts of COVID-19 on children, particularly the effects of school closures. Research in Great Britain has provided a brief glimpse of what future studies may show.

Oxford University released information regarding the first month lockdown in the United Kingdom related to its COVID-19 Supporting Parents, Adolescents, and Children in Epidemics (Co-SPACE) survey:

“Parents/carers of children aged 4-10 years of age reported that over a one-month period in lockdown, they saw increases in their child’s emotional difficulties, such as feeling unhappy, worried, being clingy and experiencing physical symptoms associated with worry, according to early results from the Co-SPACE study, asking parents and carers about their children’s mental health through the COVID-19 crisis.”