

THE RALES CENTER DURING COVID-19

Implications for best practices in
health and educational integration

RUTH
AND
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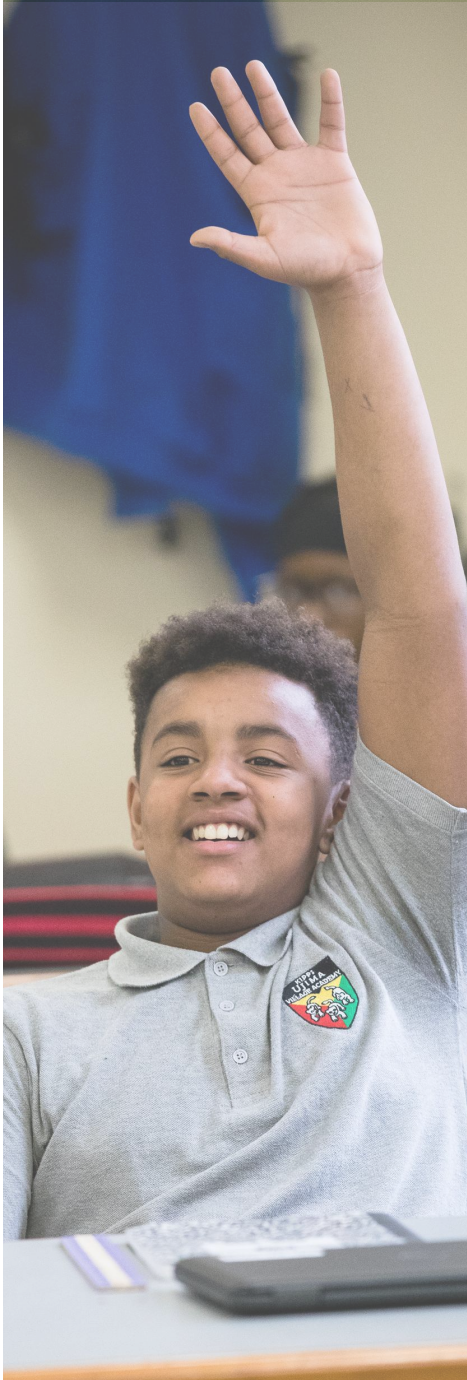
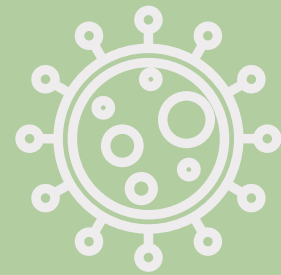
Rales
Center
for the Integration
of Health
and Education



JOHNS HOPKINS
CHILDREN'S CENTER

AUGUST 2020

REPORT OVERVIEW



The Rales Center for the Integration of Health and Education is conducting a 5-year evaluation of a comprehensive, fully integrated model of school health at KIPP Baltimore. The global COVID-19 pandemic has prompted unprecedented threats to school operations and the health and well-being of students, families, and teachers. As such, COVID-19 provides a case study of why comprehensive school health woven into the fabric of the school community is needed to promote student health, well-being, achievement and school engagement, how it can be leveraged during public health emergencies, and how innovations born during COVID-19 can advance school health after the pandemic. This report provides an overview of how the KIPP/Rales Center partnership has responded to COVID-19, focusing on three key questions:

1. What is the role of an integrated school health and education model in the era of COVID-19?
2. How can school health be used to support the health and well-being of students and staff during distance learning?
3. Which innovations and best practices developed for distance learning can translate to in-person school?

The Rales Health Center's (RHC) COVID-19-related goals, activities, and lessons learned are highlighted in four phases – Phase I: The Center's response to short-term closing in March 2020; Phase II: The Center's response to distance learning in Spring 2020; Phase III: Collaborative planning for fall distance learning and eventual school-re-entry. Finally, in Phase IV, the lens is widened to discuss the Rales Center's leadership and technical assistance in the pandemic response beyond KIPP Baltimore.



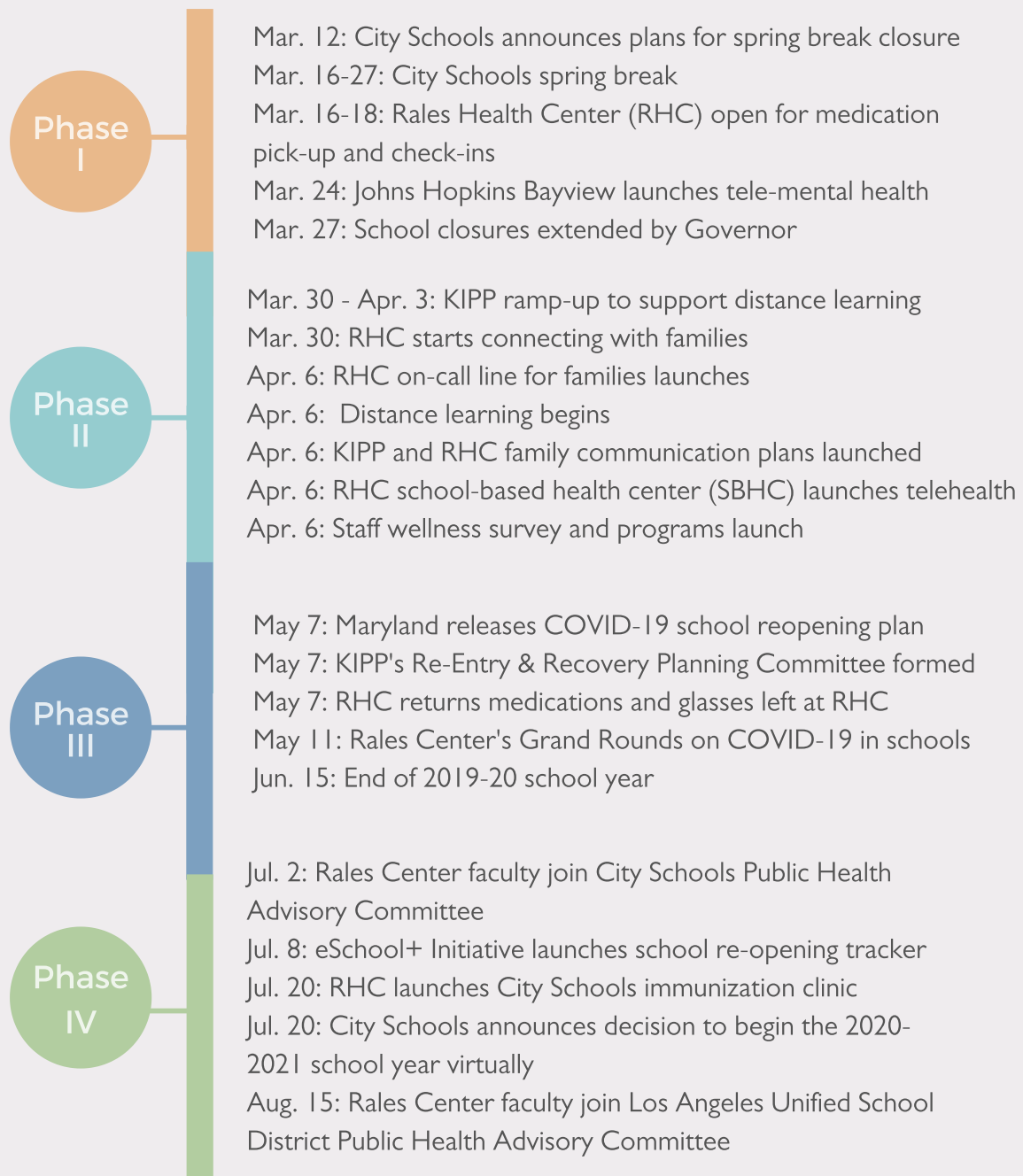
CITY SCHOOLS' COVID-19-RELATED CLOSURE TIMELINE

On March 12th, in response to the rising prevalence of COVID-19, Baltimore City Public Schools (City Schools) announced that schools would close from March 16th-27th. City Schools' spring break, originally planned for April, was shifted to coincide with these dates. COVID-19 case numbers continued to rise, prompting a statewide stay-at-home order. City Schools never reopened and the rest of the school year was conducted using distance learning.

On July 20, City Schools announced that distance learning would continue until October 30, 2020, at which point schools could potentially open in-person, depending on community disease transmission and school preparedness. A distance learning option will be available throughout the school year. A timeline of the transition to virtual learning is shown in Figure 1.

Figure 1

COVID-19 ACTIVITIES TIMELINE



phase one

RESPONSE TO SHORT-TERM CLOSURE

Phase I Goals

- Ensure students with medicines in the Rales Health Center had refills for 2-4 weeks
- Ensure students for whom RHC had been coordinating vision care and glasses had their glasses and access to vision care
- Ensure families with questions about their care or about COVID-19 could reach a nurse for answers and referrals

89%
*of high-needs
families reached*



Initially, the Rales Center's activities were oriented toward supporting students during the spring break closure. Rales Health Center (RHC) staff called every family with a medicine stored at school. RHC Staff ensured that each student had a 2-4 week supply of medications, assisted with prescription refills, and answered questions about students' health and COVID-19. A nurse on-call line staffed during school days enabled families to reach a nurse to ask additional questions as needed. RHC providers completed "warm hand-offs" of students regularly managed by the school-based health center (SBHC) to their primary care provider to ensure continuity of care. RHC staff also contacted families for whom they had been coordinating vision care to ensure that they had eye care and access to glasses during the closure.

WHAT DID WE LEARN?

- The RHC's population health approach to characterizing the health status of all students was essential when schools closed. RHC staff were able to rapidly generate lists of students with chronic conditions and/or health and social risks to facilitate additional support, outreach, and monitoring.
- A robust staffing model allowed the RHC to mobilize quickly to ensure that students had the support they needed to manage their disease during the unexpected school closure.
- There were surprisingly few calls to the RHC nurse on-call line (n=15) since families' needs were addressed proactively.

*phase two***RESPONSE TO SUSTAINED DISTANCE LEARNING****Phase II Goals**

- Work collaboratively with KIPP to devise a communication strategy tailored to students' educational, health, and social needs
- Implement a health-specific outreach strategy for students with health needs
- Launch virtual population-health education and outreach campaigns
- Coordinate family supports to expand access to WiFi, food, and healthcare, and respond to other urgent social needs
- Launch a comprehensive telehealth program for RHC SBHC patients
- Coordinate with mental health providers to address student mental health concerns during distance learning
- Pilot a virtual directly observed controller therapy (DOT) program for students with asthma
- Support students' social and emotional well-being during distance learning

Communication Strategy for All Students

KIPP and the Rales Center staff collaborated on a coordinated communication strategy tailored to students' health, academic, familial, and psychosocial needs. This strategy prioritized opportunities for connection and check-ins to promote relationship-building based on trauma-informed practices. The Rales Wellness and RHC teams partnered with KIPP to develop guidelines and resources for KIPP staff to use during check-ins, and created a social needs screening plan. Supported by the Rales Wellness Team, KIPP Harmony (K-5) developed an advisory-based communication plan that stratified students into tiers (see Figure 2). Students who were at health risk were prioritized based on information collected by the RHC (preserving students' health privacy). Contact rates were up to 77% overall and up to 89% in the highest priority tier. At KIPP Ujima (6-8), a "Family Check-In" process connected each student to a teacher or staff member for a weekly check in to assess and address family needs, update the family on student work completion, and share updates from the school.

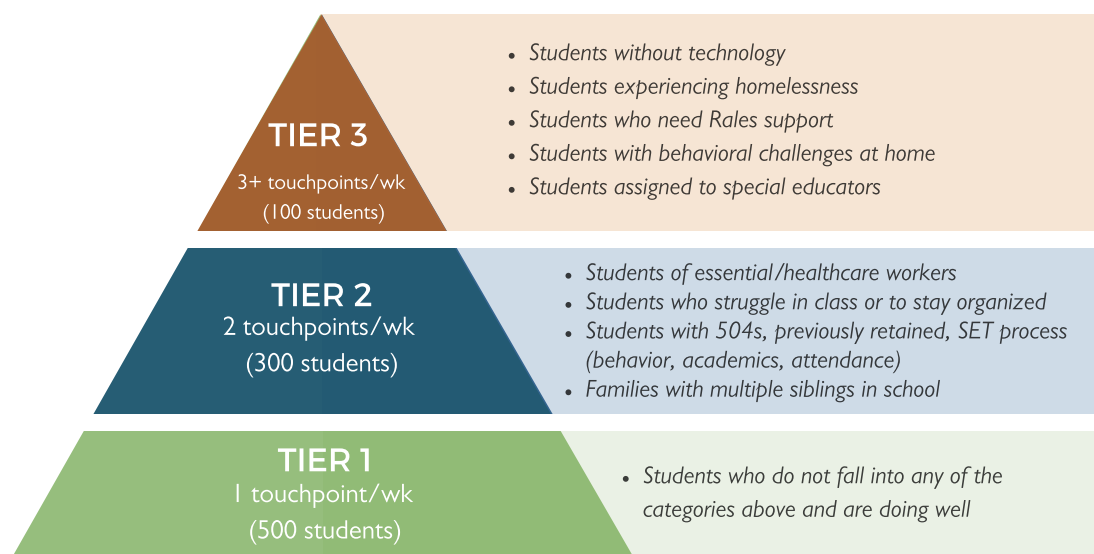


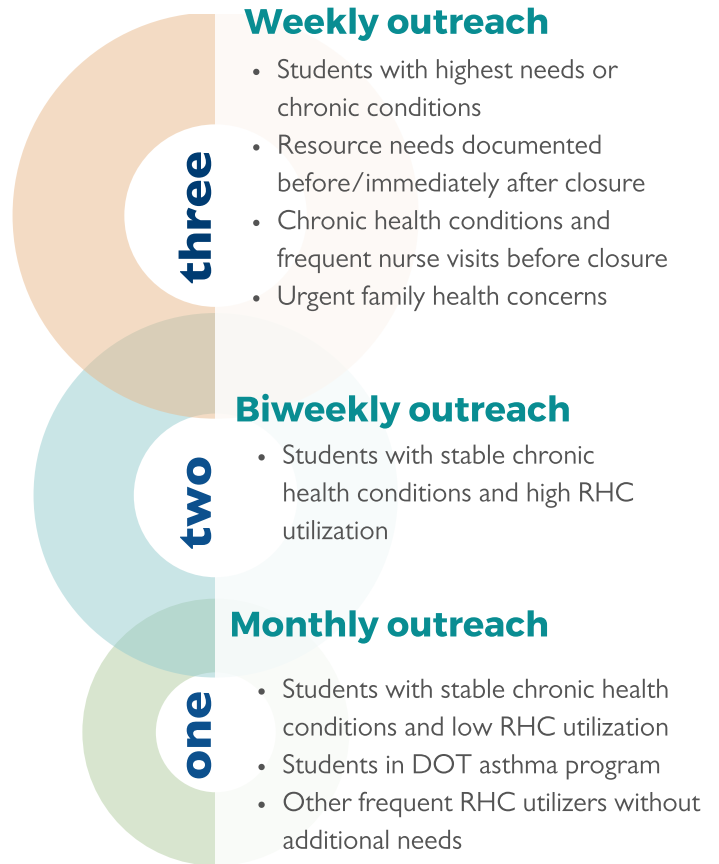
Figure 2: Illustration of KIPP Harmony's tiered communication strategy

phase two, continued

Health-Specific Outreach

During Phase II, once sustained distance learning was announced, the RHC enhanced outreach to students and families with high levels of need. Leveraging a population health approach, and in close coordination with the KIPP communication strategies described above, RHC nurses identified students with chronic health conditions, those enrolled in the asthma directly observed controller therapy (DOT) program, and those who had frequent visits to the RHC during the 2019-20 school year. The team prioritized students for outreach using a 3-tiered system. Level 3 (i.e., students with chronic conditions and resource needs documented before or immediately after the closure; chronic health conditions and frequent SHS visits before closure; or urgent family health concerns), received weekly outreach. Level 2 (i.e., students with stable chronic health conditions and high utilization of SHS) received outreach every other week. Level 1 (i.e., students with stable chronic health conditions and low SHS utilization; directly-observed asthma therapy and other frequent school nurse utilizers without additional needs) received monthly outreach. Parents could also request to be moved to Level 1 to receive less frequent communication, a system created to parallel KIPP's approach.

RHC HEALTH-SPECIFIC OUTREACH



phase two, continued

Innovation in Virtual Population Health

During in-person school, the RHC team sees more than 100 students per day. These interactions allow direct clinical care for illness and injury and opportunities for health education and student support. Recognizing that these touch points cannot be completely replicated in the distance learning environment, the RHC team began by thinking about student needs beyond clinical care (i.e. health education, mental health check-ins, reports of suspected abuse/neglect, medication guidance, chronic health condition case management) and worked to establish new ways to provide these services. For example, they reached out to teachers to offer their participation in live online class time. Nurses were highly sought-after attendees who delivered general and COVID-19-specific health education. We are not aware of any other schools in Maryland who provided health education virtually or who have engaged their school nurses in classroom teaching during school closure. RHC also created a new social media-based health education strategy including weekly “Wellness Wednesday” posts on KIPP and RHC social media channels. This format was adopted by City Schools. The RHC and Wellness Team also collaborated on “Mindful Monday” (original videos) and “Thoughtful Thursday” (original prompts for meditation/gratitude) posts. Updates about RHC services and COVID-19 were shared in KIPP's weekly Team and Family Newsletter. The Center's continued focus on prevention and education when many health agencies were focused on COVID-19 response alone is highly innovative.

A robust staffing model, strong school partnership, and a track record of population health and wellness programming allowed The Rales Center to continue to focus on prevention and promoting wellbeing during distance learning

Family Advocacy and Social Needs

The RHC clinical team and the RHC Family Advocate collaborated with KIPP student support staff to compile and disseminate resources for food and nutrition, mental health supports, childcare, and other tangible needs. These resources were also used by KIPP staff during family outreach calls. Needs that families identified were referred to the RHC Family Advocate. Common reasons families were referred included lack of internet access, mental health needs, and insurance issues. The RHC team supported families experiencing mental and physical health crises (including COVID-19 illness and hospitalization) and connected families to food resources including grocery and meal pickup, SNAP, and P-EBT. Moreover, the RHC Team assisted families in connecting to distance learning by offering home deliveries of school computers and technical assistance, and connected families with SBHC and primary care providers for urgent and routine healthcare needs.

phase two, continued

Comprehensive Telehealth Program

Before the pandemic, no SBHCs in Maryland were providing telemedicine services to students outside of school. As a Johns Hopkins Medicine enterprise, the RHC rapidly pivoted to telemedicine. The team began by offering visits to students managed by the RHC for chronic conditions (e.g., asthma, ADHD, obesity). We then expanded to seeing patients referred by school nurses or KIPP outreach calls, and to 8th graders for school transition visits. Visits were available “on the fly” for acute concerns. The RHC conducted social need and mental health screenings during telehealth visits and linked families to the Family Advocate. Providing telemedicine to our SBHC patients ensures continuity of care for children who have a high level of medical need and who often have significant barriers to accessing community-based primary care. This allows for control of chronic conditions like asthma, which can enhance engagement with distance learning and prevent emergency department utilization and hospitalization. Moreover, during COVID-19, many pediatric practices have had limited schedules and do not have access to telemedicine. Telemedicine helps to expand primary care capacity and maintain RHC engagement with students and families during the closure, ensuring that the most vulnerable students are getting access to needed care. Nonetheless, this approach is challenging and time-intensive. Significant outreach is needed to schedule and complete visits and last-minute rescheduling is common due to families’ changing schedules. Since families are not familiar with telemedicine, many initially decline such visits, later requesting appointments when primary care providers are not available.

Mental Health Needs

Baltimore City Schools’ Expanded School Mental Health Program is a partnership between City Schools and community mental health agencies to provide school mental and behavioral health services. Since 2018, KIPP has partnered with the Johns Hopkins Bayview School-Based Mental Health Program. Bayview provides two licensed therapists and offers monthly psychiatry services. This is the most comprehensive school-based mental health service in Baltimore City. Both therapists’ caseloads were full when KIPP closed. On March 24, the team shifted to telemedicine services and 97.5% of the existing caseload continued to receive services. This high participation rate is a testament to the deep trusting relationships the Bayview team has formed with students, families, and the school community.

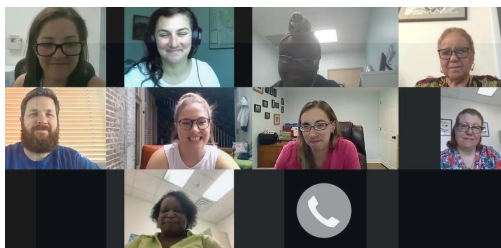
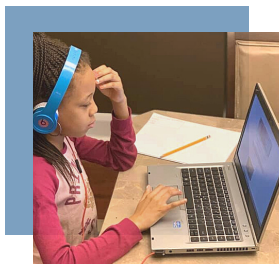
RHC was one of only two SBHC operators in Maryland offering telemedicine during the pandemic

The RHC team collaborated closely with the Bayview team on shared patient management and made referrals to Bayview clinicians. RHC and Bayview providers collaborated with the Student Excellence Teams (SET) and Individualized Education Program (IEP) teams and attended monthly multidisciplinary team meetings to ensure every child in need was receiving appropriate physical and mental health care. The Bayview team's rapid pivot to telemedicine ensured continuity of mental health care for patients served through their program. This care was critical given the mental health impact of the pandemic.

phase two, continued

Virtual Directly-Observed Controller Therapy for Asthma

The RHC's innovative asthma directly observed controller therapy program (DOT) is a pillar of the Rales team's prevention-focused approach. Students who received daily asthma controller medications in school were followed closely staff during school closure. In addition to outreach to ensure adequate medication supply and continuity of care (via RHC SBHC telemedicine visits or a community provider) students received monthly phone calls from a school nurse, at minimum. The nurse assessed adherence to medication regimens, completed the Asthma Control Test (ACT) to assess asthma control, provided education and case management, and referred to school- or community-based clinicians as needed. We are not aware of any other school settings where virtual DOT was implemented during the pandemic.



Social and Emotional Wellbeing

The Rales Wellness Team is integrally involved in promoting social and emotional learning and bringing trauma-informed and restorative practices into classrooms. During distance learning, the team reviewed and shared resources on trauma-informed approaches for distance learning and using restorative practices in a distance environment. Among the biggest threats to wellbeing during school closure are isolation and loss of connection. The Wellness Team supported ongoing opportunities for staff and students to connect and for families to engage. Some venues for creating joy via distance learning included class dance parties and interactive experiences such as “show and tell” videos.

Supporting teacher wellness during distance learning was also a priority given the enormous strain on teachers. The Wellness Team implemented a staff wellness survey to assess unmet needs. It revealed that while an overwhelming majority of respondents (96%) had engaged in some form of exercise in the 30 days prior to the survey, staff respondents were looking for additional opportunities to engage in health-related activities, especially those that would increase their accountability to exercise. The team developed virtual staff wellness challenges focused on self-care and physical activity.

phase two

WHAT DID WE LEARN?

- Being integrated into the school community before the pandemic allowed for truly collaborative approaches during the pandemic, informed by students' academic, social, and health needs, and available resources.
- Electronic health record systems allowed us to rapidly prioritize students for outreach. Many school health programs lack these systems, which makes a population health approach significantly more challenging to implement.
- During the pandemic, reaching families was often very challenging. Many parents and caregivers continued to work outside the home. Work schedules sometimes made it difficult to reach them, some did not have active phones, and some students were sent to live with others while their parent(s) continued to work.
- While frequent outreach to families is critical for monitoring student and family needs, some parents provided feedback that calls were too frequent. More communication is not always better; finding the right balance is essential.
- In general, families became less interested in support for ongoing health concerns as time went on. It will be critical to understand what parents want and need from school-based health care during extended distance learning.
- Robust staffing models were essential to accomplishing the breadth of tasks the RHC undertook to meet students' health and social needs.
- There are barriers to widespread adoption of telemedicine in SBHCs. Launching telemedicine is similar in scope to opening an entirely new practice. Moreover, these visits are time consuming to schedule and conduct.
- Teletherapy can expand access to mental health care by bringing services right into families' homes. However, original signatures are still required to consent to treatment, so some logistical barriers remain despite this virtual transition.



phase three

PLANNING FOR SCHOOL RE-ENTRY

Phase III Goals

- Collaborate with KIPP to support re-entry planning
- Increase immunization access for all City Schools students
- Support student social and emotional well-being in distance and in-person modalities
- Advocate for the Rales Health Center to remain open during school closures
- Vision a virtual version of the Rales Center fully-integrated model of school health

School Re-Entry Planning

Re-entry planning at KIPP for the 2020-21 school year has highlighted the benefit of having a health and wellness team integrated into the school community. KIPP's Re-Entry and Recovery Planning Committee consists of 12 leaders across the organization, including two Rales team members. The committee also oversees three work groups: Academic Acceleration, Social-Emotional and Family Supports (SELFS), and Health & Safety. These small multidisciplinary groups include stakeholders from across KIPP. An Advisory Committee, which includes a larger group of stakeholder representatives including parents and families, provides ongoing feedback to the Planning Committee. The comprehensive integration of a school health partner in re-entry planning is unique and speaks to the close partnership between the Rales Center and KIPP, ensuring that student health and wellness needs will be robustly considered and addressed in re-opening. This integration also allows the Rales Team to lend expertise in pediatric healthcare, parent engagement, and public health, expertise that is in high demand during the pandemic.

Immunizations to Prevent Exclusion

Nationally, pediatric immunization rates have declined due to the pandemic. However, immunization requirements are still in place for school re-entry, even for distance learning. City Schools requested that the RHC provide immunizations for non-KIPP students at the RHC. The RHC is now offering immunizations for KIPP and non-KIPP students to prevent school exclusion due to lack of immunization.

Social & Emotional Wellbeing

The Wellness Team is leading efforts to ensure that social emotional learning, trauma-informed approaches, and family supports are fully integrated into the reopening plan. Five areas of focus have been identified for the coming year: student self-awareness, discussing tough topics (trauma-informed approaches), integrating the Conscious Discipline social emotional learning curriculum into a virtual environment, establishing families as authentic partners, and grade-level culture planning. The team is identifying best practices, creating resources and materials, developing staff professional development, and designing ongoing opportunities for data collection to measure the impact of these efforts.

phase three, continued

Providing Care in Distance Learning

Historically, when school buildings are closed to students, SBHCs are also closed. However, given strains on the primary care system during the pandemic, the Rales Team has received approval to have the RHC remain open for in-person patient care during distance learning.



Creating a Virtual School Nurse's Office

RHC nurses have created a Google Classroom-based virtual nurse's office in which nurses can be available for non-urgent health questions, advice, and health education during distance education. The RHC Team is collecting feedback from parents and students about the best ways to promote chronic disease management during distance learning. A variety of remote monitoring options are being considered from video directly-observed asthma controller therapy apps to automated medication adherence and asthma control screeners. These strategies could be scaled to settings with few resources to supplement schools with little school health staffing after the pandemic.

WHAT DID WE LEARN?

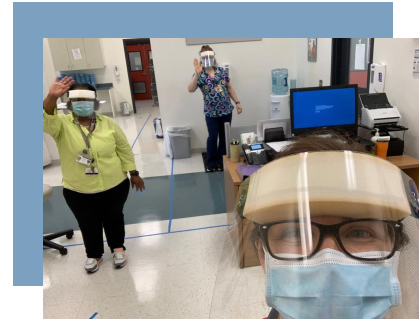
- The partnership between the Rales Center and KIPP has allowed us to integrate clinical and public health expertise with educators' deep understanding of topics such as scheduling, student support, and operations. Together, we have built model protocols and guidance that have been shared with other schools and districts to support re-entry planning.
- Collaborative work on social emotional learning and trauma-informed approaches before the pandemic has paid dividends during the pandemic when this content is urgently needed.
- SBHCs are a critical supplement to the public health infrastructure when public health and primary care resources are taxed; their role will likely grow as the pandemic continues.
- Having SBHCs open when school buildings are closed could substantially enhance continuity of school-based care; we have learned this is feasible.
- When students return to in-person school, school-based providers will be central to overseeing screening for COVID-19 symptoms and managing school exclusion and re-entry. SBHCs will play an important role in distributing a COVID-19 vaccine. Longstanding national school nursing shortages will limit the ability of nurses to serve these core public health functions.
- Strategies such as distance-based social and emotional learning curricula and virtual school nursing services could help expand the reach of integrated school health into settings with constrained resources after the pandemic.

phase four

WIDENING THE LENS: LEADERSHIP AND TECHNICAL ASSISTANCE BEYOND KIPP

Phase IV Goal

- Partner with stakeholders to promote public health and support safe school re-opening locally, nationally, and internationally.



COVID-19 Incident Command

The RHC SBHC team has been participating in the Johns Hopkins Ambulatory Operations Incident Command COVID-19 Response (CART) team. This has allowed the RHC to both inform and be aligned with best clinical practices for COVID-19 across the institution, bringing the best possible care into schools. The RHC team has been integrally involved in developing policies and procedures for COVID-19 screening, testing, care, and patient education that are used in the RHC and across Johns Hopkins Children's Center ambulatory practices.

The eSchool+ Initiative

The Rales Center extended its reach through critical partnerships. The Rales Center and the Consortium on School-Based Health Solutions came together with partners from the Johns Hopkins School of Education and the Berman Institute of Bioethics to focus on equity in school re-opening in the context of COVID-19. Amongst other activities, the eSchool+ Initiative created a web-based tracker for state school re-opening plans. It was tremendously popular and influential, yielding more than 245,000 page views, 261 online mentions, 175 broadcast mentions in outlets that reached an estimated audience of 6.4 million (Appendix A).

Johns Hopkins University's Anchor Strategy Workgroup on Community Engagement

The Johns Hopkins Anchor Strategy Workgroup is an initiative of the Johns Hopkins President's Office charged with supporting community efforts to respond to the pandemic. Rales Center faculty have brought critical expertise in parent and community engagement to this group. Whereas parent engagement activities have traditionally relied on in-person activities, now the focus has shifted to webinars and Facebook Live. These virtual approaches require parents to have access to technology and related technical skills. In addition, the need to communicate with families about technology, distance learning and engagement, and supporting their child's long-term educational success has increased, making accessible strategies for parent engagement all the more critical. The Anchor Strategy Workgroup has worked to facilitate and refine low-tech parent town halls that use phone calls with a text option for questions. The Workgroup is now testing a variety of engagement strategies with families in Baltimore that require varying levels of resources for families and schools (Table 1).

*phase four, continued***TABLE I DISTANCE OPTIONS FOR ENGAGING FAMILIES**

	Technology Requirements	Resources Needed to Host
Low Tech Town Halls	Phone and texting abilities	Conference line and a Poll Everywhere audience response system account
Webinars	Device with keyboard and internet access	Web conference platform (e.g. Zoom) with webinar feature/account access
Web Meetings	Device with keyboard, camera, and internet	Web conferencing platform (e.g., Zoom)
Social Media (SM) Presentation	Device with keyboard, camera, internet, and SM	Web conferencing platform (e.g., Zoom)

Baltimore City Public Schools

Rales Center faculty serve on the Baltimore City Public Schools Public Health Advisory Group. They have worked closely with City Schools leaders to develop screening and exclusion protocols for COVID-19, testing algorithms, and evidence-based recommendations about public health mitigation strategies (i.e., masking, physical distancing, handwashing, ventilation, cohorting students, transportation). The work at KIPP has directly informed our efforts to support all City Schools.

Other Technical Assistance

The Rales Center has served as a critical clearinghouse for expertise related to the pandemic. The team has provided guidance, support, advice, and technical assistance for stakeholders around the world. Entities with which we have consulted are included in Appendix A.

Media and Press

The Center has been committed to disseminating information about the pandemic and school re-entry. See Appendix A.

SUMMARY

The 2020 COVID-19 pandemic has created unprecedented challenges for school operations and for the health and well-being of students, families, and teachers. Pandemic-related school closures have highlighted the critical role of health and educational integration in responding to student and staff needs. At the same time, COVID-19 has driven innovation in a number of domains of school health, including the way we deliver services and the regulations that govern our work.

The pandemic provides a case study of why comprehensive, integrated school health is needed, how it can be leveraged during public health emergencies, and how innovations born during COVID-19 can improve school health after the pandemic.

COVID-19 Pandemic

CONCLUSIONS

The role of an integrated school health and education approach in pandemic response:

- The importance of school health, including school nursing and school-based health centers has never been clearer. Health professionals who are integrated into the school community work collaboratively with educators to identify students with academic, psychosocial, and health related risks, and to meet their needs.
- Integrated school health allows for school-based providers to be trusted sources of information about disease risk and prevention strategies at a time when mistrust and misinformation are prevalent, particularly in historically marginalized communities.
- A population health approach, which aims to evaluate and address the needs of every student using a “whole-child” framework, is essential to rapidly identifying, prioritizing, and intervening with students with health and psychosocial needs during a pandemic.
- Integrated school health approaches bring trusted and accessible public health and clinical expertise into decisions about school closing and re-entry. This expertise is not typically available to schools. Many schools have been left to identify this expertise on their own at a time when capacity is most limited.

Supporting health and well-being during distance learning:

- The Rales Center has continued many of its clinical and wellness functions during the pandemic. This was made possible by our robust staffing model and by the fact that our staff were not redeployed (as was the case for many school health providers who are part of public health agencies). The team worked to identify new ways to deliver health and wellness services. These approaches are, however, substantially more time intensive than traditional school-based health.
- Among the biggest threats to wellbeing during school closure are isolation and loss of connection. Virtual wellness programs can support ongoing and regular opportunities for staff and students to connect and for families to engage in enrichment activities.
- Guiding principles and frameworks designed to promote positive school culture (i.e., social emotional learning, trauma-informed and restorative practices) during in-person school can be carried over to the distance learning environment.

COVID-19 Pandemic

CONCLUSIONS

Best practices and innovations developed for distance learning that can translate to in-person school:

- Telehealth and teletherapy can expand access to health services and allow for more continuity of care when schools are closed during breaks and over the summer.
- Using school-based health centers as “hubs” for required immunizations can help prevent school exclusions due to noncompliance and increase immunization rates.
- Certain protocols and procedures put in place to reduce COVID-19 infection risk could be modified going forward to reduce other common infections that lead to substantial student absenteeism, including the common cold and influenza.
- Social media-based health education and wellness campaigns are an important and student-centered way to expand access to health education and are a helpful complement to in-person strategies.
- Parent and community engagement strategies that allow parents and guardians to participate and engage remotely without the use of specialized technology or tech knowledge can support family engagement post-pandemic.
- Virtual approaches to staff wellness can be used to expand participation and access among participants with multiple competing personal and professional time constraints after the pandemic.



consultation, technical assistance, education & press

APPENDIX A

Technical Assistance and Consultation

Council of Chief State School Officers (CCSSO)

- Drs. Johnson and Marshall met with the CCSSO to discuss strategies for getting evidence-based public health and safety guidance into the hands of school decision-makers.

KIPP National

- Dr. Connor has provided technical assistance and feedback to the national organization and other KIPP regions regarding health and safety procedures in school re-entry planning. In particular, she has provided guidance on protection of vulnerable populations.

Anne Arundel County Department of Health (MD)

- Dr. Johnson met with the agency leaders to discuss metrics for school re-opening, modeling strategies, and testing algorithms.

Success Academy

- Drs. Johnson and Connor met with Success Academy Leadership about health and safety planning for school re-entry and shared materials created for KIPP that outline evidence-based practices.

Rhode Island Department of Health

- Dr. Connor participated in a consultation call with the Rhode Island Health Commissioner, Superintendent of Schools, Governor's Office Staff, and others to provide feedback on the state's proposed approach to monitoring metrics for school opening and closure.

Henderson Hopkins School (MD)

- Drs. Connor and Marshall are providing consultation on student and staff screening protocols, face coverings, and viral testing procedures for students and staff. Henderson Hopkins has also expressed interest in collaborating with the Wellness Team on SEL during distance learning.

Los Angeles Unified School District (LAUSD)

- Drs. Johnson, Connor, and Marshall are members of the LAUSD re-opening public health advisory committee chaired by Superintendent Austin Buettner, which includes the nation's largest school-based viral testing program.

Office of the State Superintendent of Education (OSSE)

- Dr. Marshall worked with OSSE, DC Public Schools, Children's National Hospital, and Child Trends on an effort to address chronic absenteeism through data sharing between schools and pediatric providers.

Baltimore City Public Schools (City Schools)

- Drs. Johnson, Marshall, and Connor are members of the Baltimore City Schools Public Health Advisory Committee on re-opening.

Harlem Lacrosse (MD)

- Dr. Marshall consulted with the sports-based youth development program on their return to play protocols for the summer.

Roland Park Elementary Middle School (MD)

- Dr. Marshall coordinated a parent session on decision making around return to school and supporting students' social emotional health through that decision.

Colombian Ministry of Education

- Drs. Johnson and Connor are providing technical assistance to the Colombian Ministry of Education regarding public health metrics to monitor during school re-opening.

Selected Rales Center Media and Press Related to COVID-19

HuffPost.com | July 9, 2020

[Meet The Generation Changed By Lockdown](#). B Marshall is quoted.

WKZJ (TV) | July 17, 2020

School re-opening. S Johnson is interviewed live.

Romper.com | July 17, 2020

[Should I get tested for Coronavirus? Here's what parents need to know](#). S Johnson is quoted.

MPR News with Kerri Miller | July 21, 2020

[Should school reopen this fall?](#) K Connor is interviewed live.

USA Today | July 22, 2020

[Day cares welcome mask-wearing toddlers as parents struggle to 'make best decision' in COVID-19 world](#). K Connor is quoted.

New Republic | July 23, 2020

[Here's what it would take to re-open schools safely: A deep dive into what the research says about the question on every parent's mind](#). S Johnson is quoted.

Motherly | July 33, 2020

[All your questions about kids and face masks answered](#). S Johnson is quoted.

St. Louis Educators: Covid Conversations | July 27, 2020

[Keeping Students and Staff Healthy](#). K Connor is interviewed.

Selected Coverage of the eSchool+ School-Re-opening Tracker

Politico | July 8, 2020

[New Hopkins tracker you'll click constantly](#).

Newsweek | July 8, 2020

[Johns Hopkins Unveils Tool Allowing Parents to See School Reopening Plans](#).

Miami Herald | July 8, 2020

[Wondering how schools will reopen amid the pandemic? Experts roll out tracker for that](#).

WJZ – CBS Baltimore | July 9, 2020

[Johns Hopkins University Launches School Reopening Guide Website](#)

The Week | July 9, 2020

[Johns Hopkins has helped launch a helpful website to track school reopening plans](#)

Boston Herald | July 9, 2020

[Johns Hopkins launches tracker for school reopening plans amid coronavirus](#)

WJZ Baltimore | July 9, 2020

[Johns Hopkins University Launches School Reopening Guide Website](#)

WLJA | July 9, 2020

[Johns Hopkins launches interactive map for analyzing school reopening plans nationwide](#)

WBAL TV | July 9, 2020

[Hopkins Launches K-12 school reopening policy tracker](#)

WJAR | July 9, 2020

[RI hits all marks, MA falls short in Johns Hopkins school reopening analysis](#)

Nevada Department of Education | July 9, 2020

[Nevada's School Reopening Framework Receives High Marks in Initiative Led by Johns Hopkins University](#)

Newser | July 9, 2020

[Johns Hopkins Releases New Tracker](#)

Selected Coverage of the eSchool+ School-Re-opening Tracker (con't)

The Daily Record | July 10, 2020

[Hopkins Researchers Give Maryland High Marks in School Resumption Plans](#)

News AKMI | July 10, 2020

[Johns Hopkins Launches New Tracker For School Reopening Plans](#)

Huff Post | July 10, 2020

[Johns Hopkins Launches New Tracker For School Reopening Plans](#)

Barrons | July 10, 2020

[At Stake in Reopening Schools: 'The Future of the Country'](#)

Newsbreak | July 10, 2020

[Johns Hopkins launches tracker for school reopening plans amid coronavirus, Massachusetts lacking in 4 categories](#)

Yahoo Life | July 11, 2020

[Johns Hopkins University Creates Tracker To Help K-12 Schools With Reopening Plans](#)

The Journal | July 15, 2020

[Johns Hopkins Launches K-12 School Reopening Policy Tracker](#)

Webinars

May 11, 2020 | [COVID-19 and Schools: The public health case for closing schools and where we go from here](#). Pediatric Grand Rounds. Johns Hopkins University. S. Johnson moderator, T Cheng and K Connor panelists.

July 22, 2020 | [eSchool+Initiative webinar: "School-based healthcare in the era of COVID-19."](#) S. Johnson moderator and K Connor panelist.

August 11, 2020 | [The back to school debacle: Spotlight on fears and facts](#). Scary Mommy Live Event. K. Connor is a panelist

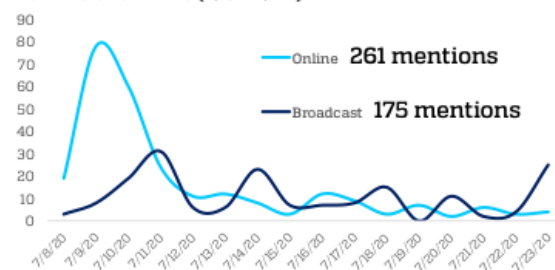
August 12, 2020 | [Education Writers Association, "So, is it safe to open schools?"](#) S. Johnson is a panelist.

Selected Coverage of the eSchool+ School-Re-opening Tracker

The eSchool+ Initiative & School Reopening Policy Tracker have generated high-profile coverage and substantial exposure

Online Coverage Analysis

Volume over Time (7/8 - 7/23)



Estimated TV audience:

6.4 Million¹

News Article Engagements:

> 3 Thousand²

Notable Coverage

Date	Headline/Broadcast	Outlet/Media	Engagements
7/8	Exclusive: New Hopkins tracker you'll click constantly	Politico	1.3k
7/13	What Experts Think About Reopening Schools	Healthline	735
7/11	Johns Hopkins Launches New Tracker For School Reopening Plans	HuffPost	733
7/8	Johns Hopkins Unveils Tool Allowing Parents to See School Reopening Plans	Newsweek	150
7/23	Back to school? Most major schools are heading toward online class as COVID-19 cases spike	USA Today	105
7/18	America's News Headquarters	Fox News	N/A
7/20	Good Morning America	GMA	N/A
7/8	Fox News at Night With Shannon Bream	Clip Unavailable	N/A

Top Tweets

Govener Sisak @GovenerSisak
Yesterday, @NevadaReady's school reopening framework was highlighted by the eSchool+ initiative led by @JohnsHopkins for meeting 11 of 12 academic and operational criteria. I am so proud of the work done by @NVSupt and the NDE team.

292 engagements

Ashley Guller @AshGuller - Jul 10
@JohnsHopkins is tracking and analyzing school reopening plans for each state. I see @NevadaReady's initial guidance fits all the marks, while @GMA's SchoolT11 falls short in four categories. What all of this means...

92 engagements

Library Journal @LibraryJournal - Jul 10
NEW Research Resource: Johns Hopkins Launches Reopening Policy Tracker For K-12 Schools [ow.ly/h3Uj50AuJ80](#)

14 engagements

Nevada Ready! @NevadaReady
In case you missed the Press Release from yesterday! Nevada's School Reopening Framework Receives High Marks in Initiative Led by Johns Hopkins University. [ow.ly/h3Uj50AuJ80](#)

92 engagements



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