

WELLESLEY BOARD OF HEALTH

Position Statement: Achieving Full In-Class Public School Education

March 8, 2021

The Wellesley Board of Health and the Health Department staff have reviewed the most recent national, statewide, and local data and trends in COVID-19 disease burden, the prevalence of COVID-19 natural and vaccine-related immunities, predictive characteristics of disease burden, morbidity, and mortality, and the risks and benefits of remote, hybrid and in-person learning. We have relied heavily on the advice of medical and public health experts in the field as well as the draft report entitled “Evidence Supporting School Reopenings in Massachusetts” (Harvard T.H. Chan School of Public Health and the Massachusetts Association of Health Boards - <https://www.mahb.org/evidence-supporting-school-reopenings-in-massachusetts>) for informing our position. From our review of the research and expert commentary, the following trends, statistics, and research findings support school full in-person reopening:

- The number of COVID-19 confirmed cases and disease burden measures (hospitalizations, intensive care admissions, deaths) have steadily decreased since the beginning of 2021, both nationwide and statewide.
- Cumulative COVID-19 deaths in individuals under 55 years of age account for only 2.9% of all deaths, while those 55 years and older account for 97.1%.
- Cluster analyses across 23 settings in Massachusetts demonstrate that **households** account for 97% of all transmissions, while, of the remaining 3%, **K-12 schools** account for less than 0.1% overall.
- Non-pharmaceutical mitigation efforts (environmentally optimal sanitation, ventilation, masking, hand washing, and physical distancing) can be effectively maintained in schools, as evidenced in Wellesley K-12 classes that experienced no in-classroom transmissions since the start of the September 2020-21 school year.
- In Massachusetts, 78.2 percent of individuals 75 years of age and older and 54.3 percent of individuals aged 65 – 74 have received at least one dose of the COVID-19 vaccine. Individuals 65 and older groups account for 90 percent of all COVID-19 deaths.
- Research studies have shown that social isolation and loneliness in children and adolescents are associated with an increased risk for depression, anxiety, suicidal ideation, and self-harm.
- Research has not demonstrated the superior effectiveness of three-foot versus six-foot distancing between students seated at their school desks in K-12 classrooms in preventing disease transmission or disease burden.

When evaluating any medical treatment or public health mitigation strategy's safety and efficacy, one always has to consider the negative consequences or "adverse events" attributable to the treatment or strategy. These consequences encompass containment measures, such as childcare and school closures with separation and isolation from children's social groups and friends, contact restrictions, quarantines, the loss of freedom and opportunities for movement and play, increased boredom, the discrimination against affected families, insecurity of adult caregivers with increased stress and domestic conflicts, adverse effects on children's educational opportunities and impacts on parent's employment.

From the evidence's totality, the BOH concludes that it is safe and healthier for Wellesley K – 12 school children to transition from hybrid to full in-person learning. The BOH also concurs with other public health and social work experts that there is an urgency in returning to pre-COVID-19 education and social norms while continuing evidence-based safety measures with proven effectiveness. There is accumulating evidence that the disruption and limitations of remote learning programs, whether full or partial, have an increasingly negative impact on our children's mental, social, and cognitive health and wellbeing. This coming March 17, 2021, marks the first anniversary of school operations suspension for educational purposes at all public and private elementary and secondary (K-12) schools in the Commonwealth. The scientific evidence weighing the risk and benefits of various mitigation strategies collected since the beginning of school closures supports the conclusion that full, in-person learning benefits outweigh the potential harms due to COVID-19. A return to a regular, in-person schedule could reduce negative consequences for not only school-aged children but their families, employment, and the mental, social, and emotional quality of life of our communities.

The Wellesley Board of Health and the Health Department understand the fear that some educators, parents, and students may have when faced with the idea of a larger cohort of students in classrooms, lunchrooms, and gyms. In these circumstances, standard mitigation efforts will be enforced as required by Massachusetts orders and regulations. We hope that they are reassured, as we are, by the absence of cases of student-to-student or teacher-to-student transmission in Wellesley Public Schools.

Recognizing the operational complexities, the School Department has to deal with while delivering K-12 education during a pandemic, we are committed to providing Wellesley Public School faculty, staff, and families with education and support as needed in order to safely transition to full, in-person learning, at the pace they propose. Moreover, while vaccinations are not a prerequisite for reopening schools fully in-person, vaccination of faculty and staff is strongly encouraged. Unfortunately, the virus is here to stay. We will never have zero risks in schools regarding COVID-19 or any danger, infectious or otherwise. Our stance, as outlined above, consider the profound and growing negative impact on the mental health, emotional wellbeing, development, and education of our town's youth. Now, nearly one year since schools were first closed due to the pandemic, we believe the growing risk of this negative impact far exceeds the threat from the virus.

This position statement is endorsed by the members of the Wellesley Board of Health this 8th Day of March 2021.

Shephard Cohen, MPA, Chair (2023),

Marcia Testa Simonson, MPH, PhD, Vice Chair (2024)

Linda Oliver Grape, PA-C, MPH, Secretary (2022)