Children's Hospital of Philadelphia PolicyLab

Restoring Equity in Our City School Communities

Population Health Sciences

Date Posted:

Mar 24, 2022



Throughout the pandemic, Black, Latinx, and immigrant families have faced the most significant impacts from the COVID-19 pandemic, disproportionately suffering from the disease itself and its downstream impacts on families, households and underlying community infrastructure. Of particular importance, families of color are disproportionately represented in communities with schools that have been and continue to be least equipped to manage the COVID-related safety risks of aging infrastructure, crowded classrooms and fragile transportation systems. To walk through some of the oldest school buildings in many of our large cities, one is likely to find tight, poorly ventilated hallways, classroom windows that still do not open—if there are windows—and rooms packed with students. Far too many schools have been under-resourced or unable to deliver a well-coordinated school-based health response.

Furthermore, in the absence of sufficient staffing or reliable testing inventory during periods of COVID-19 resurgence, there has been an overreliance on prolonged at-home quarantines for exposed children and staff that has differentiated schools in under-resourced communities from schools in better-resourced areas. And therein lies a conundrum: in trying to protect our most vulnerable school communities, there has been a growing disparity in educational access with entrenched restrictions disproportionately retained in communities that have been most disrupted by teacher and student absences throughout the pandemic. This remains true, even now, as masks are optional in many locations; schools are still faced with challenges around isolation and quarantine, and the impacts are likely greatest in places that can least afford continued teacher and student absences and disruptions. So how do we break this cycle?

These growing disparities in educational access have only deepened and compounded well-documented, long-standing inequities in safety, scholastic achievement and infrastructure that have impacted our country's school communities for decades. As such, we cannot say that we must solve these issues as a contingency of recovery from the COVID-19 pandemic. It is no longer fair to assume that equity is only achieved when a school is deemed "zero risk" from COVID-19. Such a vision is no longer possible and, more importantly, no longer necessary. Instead, we must take an evidence-informed approach to COVID-19 school safety in the short-term. Simultaneously, but separately, we must use what we have learned from the resource-splitting pandemic response and garner the momentum of this moment to advocate strongly for long-term investments to redress the inequities in school funding.

What does an evidence-informed approach to COVID-19 school safety look like in this moment? By and large today, vaccinated children and adults are getting less sick from COVID-19—the illness looks more like other seasonal viruses we've managed for decades. There's also wide availability of vaccinations and boosters to all individuals over 5 years of age. This means there is no longer a reason to keep children away from school or restrict their activities during the school day.

That perspective is what ultimately informed our latest guidance for K-12 education, and likely influenced the Centers for Disease Control and Prevention's (CDC) new recommendations that were released thereafter. Our advice was simple: get vaccinated and boosted, if eligible. If you are sick, stay home, but if you are otherwise asymptomatic, come to school and continue masking during periods of high community transmission. The guidance balanced practical safety measures with avoiding unnecessary absenteeism. And most importantly, this simpler approach provided relief to the most burdened and underfunded schools, as well as the parents and caregivers who have had to miss work due to school/child care closures and quarantine requirements.

Now that COVID-19 has largely receded and the restrictions we needed last year to protect our most vulnerable and under-resourced communities are no longer necessary, a more hands-off approach can create space for schools—in partnership other community institutions—to address other challenges that families are facing. Safety alone does not fully capture the equity concerns of families at this moment—we must consider other choices families, school leaders and school staff are weighing, choices that are not uniform across communities. As school decision-makers weigh the health risks of COVID-19, they must also acknowledge the complicated relationship of school and child care to other aspects of family well-being, like the role these institutions play in employment stability for families, the role in access to other needed services and activities for children, or the role in children's mental and emotional well-being. Therefore, even as many families and communities recognize the importance of safety as fundamental to educational access, they are also weighing the need to be able to provide the basics for their children: food, shelter and clothing.

These other choices and stressors for families are what makes a return toward normal in our most vulnerable school districts now an urgent priority, even if that shift sacrifices the "zero risk" framework to which schools had become so accustomed to. Doing so does not relieve our leaders of the responsibility to address longstanding issues of infrastructure and workforce. We can and must continue to work towards quality education in healthy, safe learning environments, and we must hold accountable the public officials who are responsible for directing COVID-19 school funding toward the intended purpose of remediating these issues.

But if we are to regain our footing on equity, we must not allow our response to these enduring issues come at a cost of our public systems not being perceptive of and responsive to other family priorities when situations change, as they have now. It is no longer sufficient to equate equity only with safety. As the public health emergency recedes, equity grows if our public systems understand these tradeoffs and prioritize allowing families to balance risks and benefits for themselves.

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