

RAPID REVIEW

(ARCHIVED) Equity Planning in Schools: COVID-19 Pandemic Response and Recovery

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Key Findings

- Documentation on the implementation of equity-related measures and practices for Coronavirus Disease 2019 (COVID-19) planning in schools is limited. Our search found articles that primarily framed strategies as recommendations or guidelines, and all were based in the United States (US).
- A thematic analysis of the six included records indicated that recommendations and guidelines focused on supporting students and their families within the following areas (ranked by frequency):
 - Commit to community engagement and trust building
 - Remove barriers to technology and internet
 - Strengthen mental health supports
 - Support racialized students
 - Build on culture and language
 - Increase or re-direct resources
 - Invest in outreach and clear communication, and
 - Reflect and monitor for improvement.
- Integrating equity in school planning during the COVID-19 pandemic response and recovery necessitates strong foundations in engaging families within marginalized communities about strengths and opportunities for support and room for collaboration in recovery. This includes building on key lessons from virtual learning and anticipating the long term impacts of COVID-19 pandemic on in-person/virtual learning models.

Scope

This rapid review addressed the following question: what are measures, practices and strategies to address equity in schools during the COVID-19 pandemic response and recovery period? Original search parameters were limited to implemented or evaluated interventions. The scarcity of records that fit those original criteria led to expanding the scope to include guidelines and recommendations.

The purpose of this review was to summarize documented and actionable equity guidelines and strategies that could be applied in schools within the context of COVID-19. This review is intended for decision-makers and stakeholders working at the intersection of COVID-19 planning and K-12 education (i.e. Elementary and secondary school grades, kindergarten through grade 12).

This review focused on articles and reports published between January 2011 and March 2022 and written in English to include actions prior to and during the COVID-19 pandemic. It also specifically included services in Canada and the US to increase applicability and comparability within an Ontario context.

We used the following exclusion criteria:

- Articles or reports that provided reflections or theoretical discussions without applicable or actionable strategies (e.g., commentaries)
- Articles or reports that identified existing inequities without discussions on strategies to mitigate or address inequities
- Articles that focused on post-secondary education settings (e.g., university, college)

Background

Many of the existing inequities in the social determinants of health were exacerbated during the COVID-19 pandemic¹ and the experiences of students includes the impacts of COVID-19 on their friends, family, and community members.

It is critical to note that schools have not typically been safe spaces for racialized students prior to the COVID-19 pandemic.² Scholars in this area note systemic racism in education and the ways it operates through (in)visible and insidious pathways; these include racial segregation, de-investments from schools in highly racialized neighbourhoods, surveillance and over-policing of racialized students leading to the school to prison pipeline, as well as a curriculum that was designed to indoctrinate a sense of racial inferiority and self-hate amongst young racialized students and perpetual racial trauma.¹

The addition of COVID-19 to those lived realities translated to a long list of adverse outcomes for students including: increased family stress;^{3,4} unintended harms of virtual learning;^{3,5} regression in academic and social learning;^{2,3,5} lack of access to food;^{3,5} increased vulnerability to abuse at home;^{3,5} reduction in opportunities to address mental health and wellbeing;^{2,3,5} and increased sense of isolation.³ While all students have been negatively impacted by school closures, those who experience additional barriers, such as persistently unmet needs, and those who live in under-resourced communities have been disproportionately impacted.³ The literature and feedback from communities demonstrate that layered and intersecting experiences of oppression have further magnified marginalization and mental health stressors for children and youth.³⁻⁵ For example, Indigenous communities have reported stronger adverse impacts of COVID-19 on mental health compared to non-Indigenous people in Canada.⁶

The central role that schools play in children and youth's lives and outcomes makes them central places for mitigating those impacts and addressing unintended harms of COVID-19 measures and policies. Questions around equity are now seen as key challenges facing stakeholders within K-12 education systems as they plan for the next phase of "living with" COVID-19 and its long-term impacts (e.g., wider adoption of virtual learning).² Our review addresses equity considerations and actions for consideration in supporting marginalized students and their families, and communities in COVID-19 pandemic response and recovery. This becomes particularly critical given the mounting evidence that intentional and deliberate anti-racist and equity-focused action is required to support the academic achievement, social, physical and mental wellbeing of marginalized students.^{1,7}

Methods

A rapid review was chosen as a method that facilitates responsiveness, feasibility and scope alignment. Rapid reviews are a type of knowledge synthesis whereby certain steps of the systematic review process are omitted in order to be timely.⁸

Library services at Public Health Ontario (PHO) supported the development of specific search terms and strategies for both academic and grey literature based on the review's scope and goals. The search strategies, including details search terms, can be shared upon request. The first phase was completed on February 28, 2022, with a search of the peer-reviewed literature in three databases: MEDLINE, Embase, and PsycINFO. On March 3, 2022 PHO staff conducted grey literature searches in Google Canada and three custom search engines: Ontario's Public Health Units, Canadian Health Departments and Agencies, and US State Government Websites. Based on recommendations by Library Services, the first 50 results were reviewed (per search) given that relevancy drops after the first few pages.

The record selection process was completed by three reviewers. One reviewer screened titles and abstracts. Full-text screening was divided into two sets, with each set screened by separate reviewers. The full-text list of all relevant records was reviewed by a third reviewer to determine the final inclusion.

Data and information from the final the final list of records were synthesized and charted by two reviewers to include record characteristics (e.g., year of publication, geographic location, study design), aims, equity considerations, and impacts. Due to time constraints, critical appraisal of the methodological quality of the included records was not performed.

Note on conceptualization of 'equity':

In these records, 'equity' approaches referred to both marginalization and vulnerability, which were used interchangeably and often without a description of their distinct dynamics. Marginalized communities live with discrimination and exclusion as a result of unequal power relationships across economic, social, environmental, and political systems.⁹ They include racialized communities, unhoused persons, and people living with disabilities. Vulnerable groups are those considered to be at added risk for illness, harm, or exploitation, often due to medical or biological vulnerability, independent of historical or structural dynamics.¹⁰ They include older adults, pregnant persons, people with multi-morbidities, and children. While distinct, they can also overlap, which may add to confusion around their use. For example, older adults are at higher risk (i.e., vulnerable) for severe COVID-19 illness and also experience ageism (i.e., marginalization) in the health care system.

Marginalization draws attention to structures and social connections, while vulnerability is often approached at the individual level.¹⁰ It is important for readers to make the distinction between marginalization and vulnerability when going through this review. Action on inequities is intended to

address marginalization, which are avoidable, unfair, and unjust. Vulnerability, in comparison, refers to a condition or risk to be mitigated but cannot be avoided.¹⁰ For example, supporting students at high risk of severe COVID-19 illness addresses vulnerability, while supporting students who live in under-resourced neighbourhoods with limited access to reliable internet, addresses marginalization.

While the goal of action on inequities is to address marginalization, we did not exclude any reference to vulnerability in an attempt to keep the summary complete and representative.

Results

A total of six studies^{2,11-15} were assessed as meeting the inclusion criteria, as well as the guiding question. The flow diagram in Appendix A provides an overview of the search, retrieval, and screening process and is an adaptation of the PRISMA diagram for reporting systematic reviews.¹⁶

All records adopted an explicit focus on actions, recommendations, and guidance for COVID-19, including the return of K-12 to school (a priority at the time of the search). This search did not reveal any documented government or school board planning around equity in Canada, though we recognize that these efforts may be happening at specific school sites or documentation may not be publicly available. In the US, Li et al. found that 44 out of 51 states (86%) explicitly mentioned equity as a guiding principle or an area of concern for schools looking at adapting to post-closure and long-term COVID-19 pandemic planning. This study also found that across all states, state and city level planning was comparable in terms of equity issues being examined or addressed.¹¹ Overall, integrating equity into school plans as part of COVID-19 recovery was seen as a core responsibility for government and planning bodies.^{2,11,12,14}

Records varied in their equity focus, recommendations or guidelines, communities of interest, and document type. The information they provide falls into two categories: 1) plans and guidelines from state and school board plans;^{2,11,14} and 2) recommendations based on assessment of barriers/needs and COVID-19 inequities.^{12,13,15}

About the Records

Equity focus: Three of the records adopted a general ‘equity’ and marginalization focus^{2,11,14} with examples drawing from race, income, and housing. The remaining were focused on Black students,⁶ intersection of racial inequities and mental health,^{12,13} or disability¹⁵.

Type of document: Three records were published in peer-reviewed journals,^{11,13,15} two were published by a research/scientific association,^{2,12} and one by a state-level agency.¹⁴

Location: All documents were based in the US.

Equity Considerations: Who are We Planning for?

Three documents adopted a general ‘equity’ approach and used the terms marginalization and vulnerability interchangeably. Below is an overview of the scope of their recommendations:

- Li et al¹¹ outlined eight factors that need to be considered in schools during COVID 19: food insecurity and nutrition, homelessness, poor access to technology, living with disabilities, mental health, limited English proficiency, students at higher risk of severe COVID-19 illness, and teachers at higher risk of severe COVID-19 illness.

- The Virginia Department of Education¹⁴ identified communities experiencing existing inequities within the education system and included students of colour, multilingual students, students experiencing poverty and homelessness, and students living with disabilities.
- The National Academies of Sciences, Engineering, and Medicine² framed equity planning around communities disproportionately impacted by COVID-19: Black, Latinx, Indigenous students; low income populations; children and adults with chronic underlying health conditions; housing.

Equity Strategies

The records revealed wide variation in the presentation of recommendations and guidelines. They were reviewed for common themes, and those which appeared in at least two of the records were grouped. A more comprehensive list of recommendations and guidelines can be found in the table in [Appendix B](#).

STUDENTS & PARENTS

Table 1 below outlines recommendations and guidelines seen as critical for supporting students and families living in communities experiencing marginalization and inequities.

Table 1. Main themes and examples from recommendations and guidelines

Theme	Illustrative examples
Commit to community engagement and trust building ^{2,12,14,15}	<p>(Re)build community trust by working with Black students, families, educators, researchers, and leaders as experts in their experiences and equal partners in education.¹²</p> <p>Meet wide range of goals and support students with disabilities by adopting shared decision-making with students, families and school providers¹⁵</p> <p>Centre cultural relevancy and cultural responsiveness in family engagement, student support, and instructional practices¹²</p> <p>[Specifically for education and health leaders] Implement a mechanism, such as a local task force, that provides feedback and insights for decision-making. Include representatives of school staff, families, local health officials, and other community interests¹⁴</p>
Remove barriers to technology and internet ^{*11,13,14,15} (*family preparedness and comfort seen as critical factors for success of technology use) ^{13,2}	<p>Survey families to identify students who would benefit from additional support for accessing technological resources¹¹</p> <p>Provide list of accessible community locations with free internet access, e.g. through partners, or by allowing students to come into school (for available areas or classes) with appropriate supervision¹¹</p> <p>Plan for virtual learning beyond COVID-19 school closures as both contingency, and as a responsive and adaptive strategy for anticipated shifts in education models¹⁵</p>

Theme	Illustrative examples
	Expand focus beyond students and support and engage with families as partners in student learning ¹⁴
Strengthen mental health supports ¹¹⁻¹³	<p>Remove barriers to accessing mental health supports for students as well as the persons they are most connected to, e.g. teachers and families¹¹</p> <p>Investment in counseling, psychology, and mental health services should include action to address racial trauma and its impact on Black students and educators post-pandemic¹²</p> <p>Include social health (i.e. capacity and ability to form meaningful relationships with others) and emotional health (i.e. capacity and ability to cope with positive and negative emotions) as part of mental health supports¹³</p>
Support racialized students ^{2,12,13}	<p>Implement policies and practices to ensure Black students are receiving equitable education in a safe, welcoming, and affirming learning environment¹²</p> <p>Integrate race and historical awareness, include knowledge and teachings of racialized communities, and address both micro-aggressions and explicit racism within the education system¹³</p>
Integrate language considerations ^{2,12}	<p>Task forces or working groups should provide supports for families in languages other than English to ensure their perspectives and goals are included in decision-making²</p> <p>[For English-language teachers] Collaborate across language and content areas to meet the needs of students¹²</p>
Increase or re-direct resources ^{2,14}	<p>Explore federal and state resources around education and community health as a means of addressing financial burdens²</p> <p>“Now is the time to double down” on equity investments and prioritize funding to address known gaps¹⁴</p>
Invest in outreach and clear communication ^{13,14}	<p>Clear communications also means sharing clear expectations with teachers, students, and families¹³</p> <p>Collaborate with community partners and stakeholders and sharing key communication messages¹⁴</p>
Reflect and monitor in order to improve ^{2,14}	<p>Establish processes and accountability mechanisms to facilitate equitable implementation of plans, and monitor impacts on students from marginalized communities¹⁴</p> <p>Conduct research on COVID-19 and inequities within education to provide evidence for decision-makers; adapt as urgent topics shift²</p>

STAFF

Staff and educators were discussed in terms of their roles in implementing equity-focused actions, as well as supporting them through capacity building and training.

The equity recommendations laid out by Hosford et al. (BERC)¹² were unique among the included records in their heavy focus on teachers and staff (50% of recommendations). This included providing professional development for staff and teachers on how to meet the social, emotional, and economic needs of Black students, investing in the growth and cultivation of racialized and ‘culturally-relevant’ educators, and modernizing the curriculum.¹²

The Virginia Department of Education’s¹⁴ guidelines for supporting staff focused on providing professional and instructional resources on “student engagement” and “cultural responsiveness” to support shifts in COVID-19 and learning. They also emphasize that applying an equity lens means putting particular emphasis on understanding the impacts of social determinants of health and COVID-19 on student learning.¹⁴

Addressing vulnerability, one record provided recommendations on ensuring the safety of staff who may be at great risk, or living with someone at greater risk, of severe illness from COVID-19.¹¹ Examples of actions included asking staff to consult with their healthcare provider on recommendations for work, keeping concerns that staff share private, and modifying job responsibilities to limit exposure (including remote work options were available).¹¹

A Role for Public Health

The report from the National Academy of Sciences² paid particular attention to the role that public health partners and experts can play in supporting an equitable and successful return to school. While this focus was unique to this report, it bears mentioning given the target audience of this rapid review. More specifically:

- Recommendation for educational leaders to build partnerships between school boards/districts and public health officials in areas such as monitoring data on community spread (e.g., who is most impacted), embedding equity in planning, and making decisions on mitigation strategies (e.g., assess unintended harms or impacts).²
- Recommendation for public health bodies to ensure they provide easily accessible health expertise, with special attention to school districts that have historically had limited access to resources, health-related supports, or relevant resources.²

Tools

Three of the records shared a number of tools that can be adapted across other jurisdictions and are outlined in [Table 2](#). They may be beneficial to decision-makers, school boards, and public health partners in equity-focused planning and conversations within COVID-19 realities.

Table 2. Tools outlined in records

Record	Resource/Tool	Page
A. Li; M. Harries; L. F. Ross (2020) ¹¹	Checklist: Key equity components in return to school/recovery COVID-19 planning	44.e3
National Academy of Sciences (2020) ²	Checklist: Template for forming a school board's COVID-19 working group/task force, including membership and major action items. This approach focuses on integrating community expertise and perspectives.	46, 47
Virginia Department of Education (2020) ¹⁴	<p>Toolkit- "Return to School Planning Equity Audit"</p> <p>Template for assessing the integration of equity principles in a number of areas around planning and implementation (5 or less questions per area):</p> <ul style="list-style-type: none"> • Plan development (e.g. "Did we conduct a needs assessment of our community to inform our planning?") • Cultural competence (e.g. "Does our plan reflect that we value diversity? (think school culture)") • Meeting student needs (e.g. "Does our plan include providing support for students' social and emotional needs?") • Student and family engagement (e.g. "Does our plan include built in processes for ongoing evaluation of family needs?") • Communications and community engagement (e.g. "Does our plan specify established channels of community with community partners?") • Instruction (e.g. "Does our plan specify supports and instructional strategies to meet the needs of English Learners (ELs)?") • Resource allocation (e.g. "Does our plan prioritize the needs of marginalized students and vulnerable student groups?") 	127-130

Discussion and Conclusion

Documentation is limited on implemented or evaluated plans of the integration of equity following the transition from remote and virtual learning to in-person learning and ongoing COVID-19 recovery. The absence of documented precedence on implementation creates a critical knowledge gap that could create barriers to action.^{2,11} Not surprisingly, the need for research and monitoring was identified as a common recommendation for this work.^{2,14} Nevertheless, the records show that several government and research bodies (in the US) have put forward recommendations based on extensive community consultations and can therefore provide a solid foundation for implementation.^{2,11,14}

A strong theme that emerged both as a stand-alone equity strategy as well as a cross-cutting theme in all six records, was the importance of meaningfully engaging students, families, and their community members and centering their perspectives in any planning. Experiences in Canada demonstrate that respecting communities' expertise and capacity to lead paves the way for significant accomplishments. Indigenous self-determination, leadership, and knowledge were successful in minimizing COVID-19 infections¹⁷ and implementing vaccination campaigns,¹⁸ particularly when compared to non-Indigenous communities. Black-led partnerships around vaccinations have also shown to improve outreach and increase confidence in vaccinations for Black communities.¹⁹ It is essential for education and health leaders to focus on re-building trust through engagement and collaboration.^{20,21} This rapid review demonstrates the various forms of meaningful engagement and collaboration as equal partners, such as a working group, a task force, collaboration with a community partner, and clear and open communication.

There was also a recognition that planning around remote and virtual learning has to remain part of planning, even with return to in-person school. One of the impacts of COVID-19 may be the expansion of virtual learning in the long term, and research shows that access to technology is just one of the barriers to engaging students in virtual learning. Others are barriers that families face outside the school grounds including poor communication about expectations, limited engagement, and little support in building their comfort and capacity to participate in varied modes of education.^{2,13} Additionally, the shift to virtual learning significantly added to parents' responsibilities such as monitoring, motivating, instructing, and organizing. Parents shared a number of supportive strategies that schools can adopt, including building relationships with them outside reactionary (i.e., crisis) contexts, providing parents with feedback, and developing a process for them to ask questions or share challenges.²²

The final list of eight equity themes for students and parents were varied but not necessarily comprehensive, as most records had specific recommendations that were not identified by others (see [Appendix B](#) for a more detailed list by record). This highlighted the absence of a common framework or a standardized approach for doing this work, which was also noted in multiple records that reviewed existing re-opening plans.^{2,11} This means that we may continue to see variation in what 'equity' means. The articles in this review considered both marginalized and vulnerable groups, and this distinction is critical for decision-makers to note at the outset to ensure that our equity focus goes beyond vulnerable populations and includes and centres marginalized communities.

Implications for Practice

What an ‘equity’ approach means: Committing to equity in schools necessitates reflecting on the barriers and experiences of marginalized communities in the education system, particularly from a power-analysis lens. In practice, that means prioritizing communities most significantly impacted by COVID-19 and exacerbated inequities for supports and outreach. In Ontario, data showed racialized communities to be consistently and disproportionately impacted.²²

Community leadership as a foundation: Strong and meaningful relationships with students and parents are the foundation of equal partnerships and key to integrating an equity lens in COVID19 pandemic and recovery. Marginalized communities are the experts in their own experiences and can provide impactful direction on how schools and health stakeholders can implement supports around the main themes in this review- e.g., mental health supports, support for parents, communication, etc.

Supporting families through supporting staff: For a comprehensive picture on how to support families during the pandemic, consider the role that staff and teachers have (and will) play in shaping students’ experiences. In plans for recovery and addressing COVID-19 harms, this approach is consistent with including an internal organizational focus on the availability of safe spaces, the lived experiences and representation among staff, particularly for racialized communities, and efforts for accountability on equity to families and staff/teachers.

Virtual learning, here to stay? There is a need for continued planning around virtual learning. It will be important to identify key lessons from the first years of the pandemic, plan ways to mitigate the challenges of future virtual learning, and address long-term impacts.

Limitations

Limitations include that our results found articles in the US-only context. As a result, we need to reflect on ways that some of these strategies can be adapted to a more local Ontario context. The scarcity of literature on implementation or evaluation is another reflection of the limited documentation on this topic. As a result, the potential discrepancy between guidance and implementation is often unidentified. We also acknowledge that this review is limited to documented efforts and would miss community-driven work that has not been shared publicly due to many reasons including resources, exclusionary research and publication processes, and mistrust of academic institutions.²³

The records also widely varied in terms of methods (survey, document reviews, stakeholder consultations), which made it challenging to compare recommendations and guidelines and make linkages. Some literature only focused on remote and virtual learning strategies and recommendations.

It is important to particularly note the absence of any explicit analysis around Indigenous students and communities in the literature. The pandemic demonstrated the strong leadership role that Indigenous youth can play in adapting and supporting their community in COVID-19 (particularly through social media and virtual events).²⁴ However, growing food insecurity, shrinking employment opportunities, limited access to elders, and limited opportunities for kinship and gatherings (e.g., ceremonies) were part of their COVID-19 experiences.²⁴ It becomes necessary to follow the lead of those communities in understanding where and how we should focus our support efforts.

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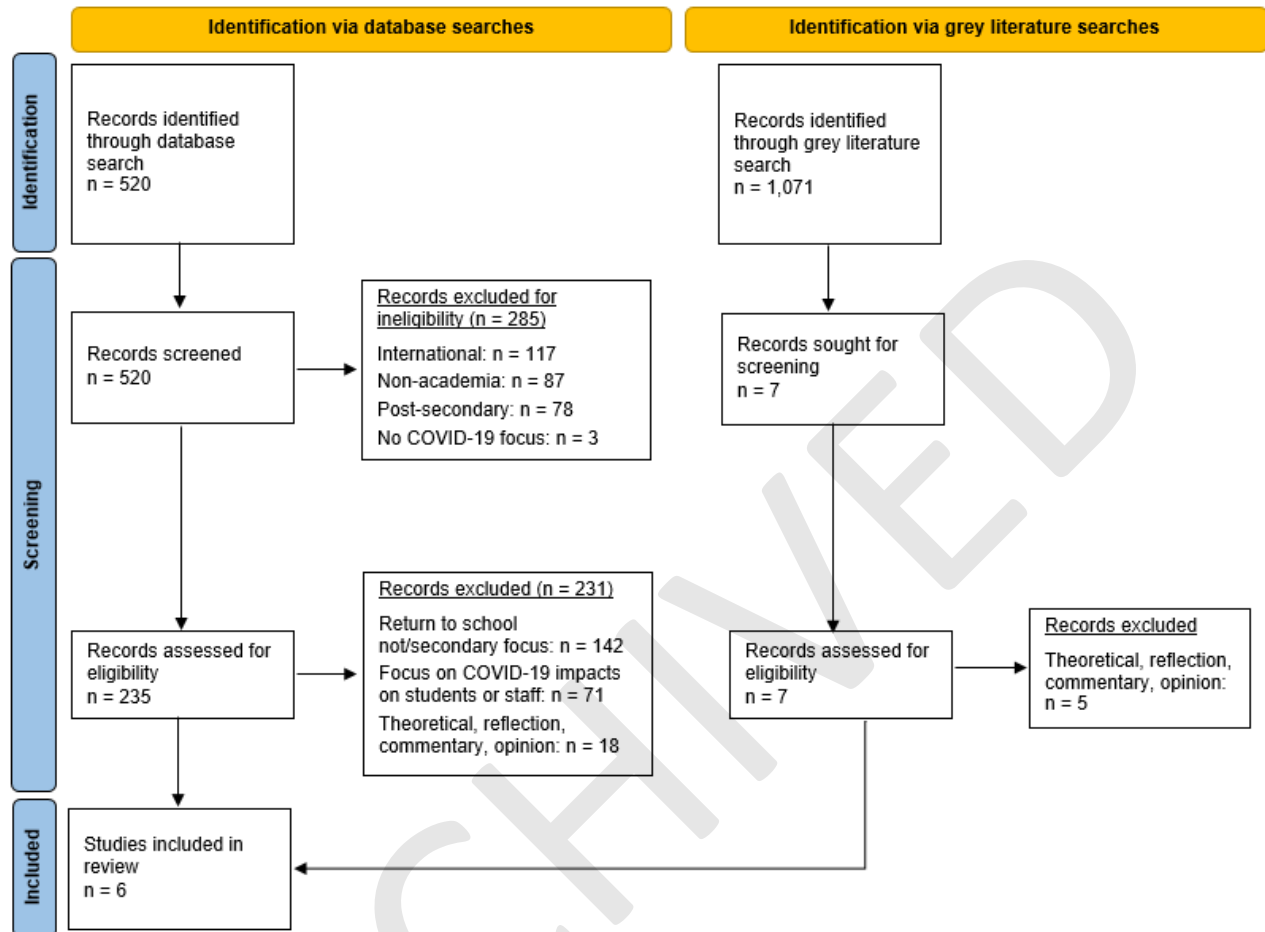
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Appendix A



Adapted from: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71. Fig 1, PRISMA 2020 flow diagram template for systematic reviews. Available from: <https://doi.org/10.1136/bmj.n71>. License: CC BY 4.0 For more information, visit: <http://www.prisma-statement.org/>

Appendix B: Summary of Recommendations by Record

School reopening during COVID-19 pandemic: Considering students with disabilities

Community focus: Students living with disability

Authors: J. E. Brandenburg; L. K. Homan; S. D. Apkon; A. J. Houtrow; R. Rinaldi; M. G. Sholas (2020)

Study design: Literature Review and qualitative interviews

Recommendations:

1. Review and revise learning plans to ensure that all reasonable accommodations are made, including supports related to student safety during COVID-19 pandemic. E.g. changes to emergency evacuation procedures, transportation, and medical care at school.
2. Parents should help prepare young students, students with cognitive impairment, and students with behavioral or sensory difficulties for return to school by practicing COVID-19 measures (e.g. masks) and explaining why these measures are important
3. Help optimize safety of children who have behaviours that don't permit them to wear PPE or are not able to express if they feel with measures such as maintaining a "pod" or "bubble" of adults working with them, doing regular testing
4. Wear clear masks that show wearer's lip movements for those with hearing impairment
5. Provide in-person therapy when possible
6. Have an adult escort students who use mobility devices to support use of PPE and adapt learning areas for needed distancing
 - Consider students' respiratory issues and have a designated place for receiving support; train staff on basic respiratory procedures.
7. Review and revise learning plans to ensure that all reasonable accommodations are made, including supports related to student safety during COVID-19 pandemic. E.g. changes to emergency evacuation procedures, transportation, and medical care at school.
8. Parents should help prepare young students, students with cognitive impairment, and students with behavioral or sensory difficulties for return to school by practicing COVID-19 measures (e.g. masks) and explaining why these measures are important
9. Help optimize safety of children who have behaviours that don't permit them to wear PPE or are not able to express if they feel with measures such as maintaining a "pod" or "bubble" of adults working with them, doing regular testing
10. Wear clear masks that show wearer's lip movements for those with hearing impairment
11. Provide in-person therapy when possible

12. Have an adult escort students who use mobility devices to support use of PPE and adapt learning areas for needed distancing
13. Consider students' respiratory issues and have a designated place for receiving support; train staff on basic respiratory procedures.

Black education in the wake of COVID-19 & systemic racism toward a theory of change & action

Community focus: Black Students

Author(s): S. Douglass Horsford; L. Cabral; C. Touloukian; S. Parks; P. A. Smith; C. McGhee; F. Qadir; D. Lester; J. Jacobs (2021)

Study design: Recommendations-based report

Recommendations:

1. Protect and defend the rights of Black students to receive an appropriate and equitable education in a safe, welcoming, and affirming learning environment.
2. Invest in counseling, psychological, and mental health services and supports to address racial trauma and its impact on Black students and educators post-pandemic.
3. Provide professional development to teachers and school leaders on how to meet the social, emotional, and academic needs of Black students.
4. Modernize curriculum, pedagogy, and assessment to develop the academic ability of all students and prepare them for civic life by teaching the truth.
5. Invest in the preparation, cultivation, and mentoring of culturally relevant educators who are called to the profession and endorsed by the families they serve.
6. Restore and rebuild community trust by engaging Black students, families, educators, researchers, and leaders as experts and equal partners in education.

School mental health providers' perspectives on the impact of COVID-19 on racial inequities and school disengagement

Community focus: Racialized students

Author(s): T. M. Jones; A. Williford; M. S. Spencer; N. R. Riggs; R. Toll; M. George; K. Becker; S. Bruick (2022)

Study design: Qualitative analysis- Survey

Recommendations:

1. Support students' and families' basic needs
2. Increase focus on social and emotional health
3. Enable equitable access to technology
4. Implement clear communication and expectations

Reopening k-12 schools in the era of Coronavirus disease 2019: Review of state-level guidance addressing equity concerns

Community focus: General- 'equity'

Authors: A. Li; M. Harries; L. F. Ross (2020)

Study design: Scoping review

Recommendations:

Three to four examples of 'best practices' per theme

1. Food insecurity and nutrition

- Deliver meals even if schools are closed
- Communicate with families about meal services and options
- Forge partnerships with community organizations offering meal services
- Use all methods of receiving free and reduced applications (online, mail, in-person)

2. Homelessness

- Consider prioritizing these students for in-person instruction
- Deliver meals through buses parked in areas convenient for homeless families
- Consider transportation needs if schools are open

3. Poor (or lack of) access to technology

- Secure funding for devices
- Give assignments that can be completed without technology
- Provide technological support, including opportunities for parents

4. Living with disabilities

- Assess learning loss from school closures
- Provide accessible routes of communication for individuals with visual or hearing impairments
- Prepare for scenarios in which physical distancing is not possible (eg, consider enhanced PPE for staff)
- Ensure access to general education peers

5. English language learners

- Provide signs and messaging in alternative formats if they cannot be understood by students whose primary language is not English
- Assess academic losses incurred from school closures
- Provide remote learning support for students (eg, through translation services) and consider professional learning opportunities on teaching English learners remotely

6. Mental health support

- Provide families or staff with community mental health resources
- Conduct mental health screenings or check-ins for students and staff
- Provide professional learning opportunities related to compassion fatigue, mental health first aid, and trauma-informed practices

7. Students at higher risk of severe COVID-19 illness

- Consider providing an online learning option
- Provide opportunities to interact with peers even if they do not attend classes in person (e.g., by recording classes live)
- Ask students/families to consult with their healthcare provider on recommendations

8. Teachers at higher risk of severe COVID-19 illness

- Consider providing a telework option
- Modify job responsibilities to limit exposure risk
- Ask staff to consult with their healthcare provider on recommendations for re-entry

Reopening K-12 schools during the COVID-19 pandemic: A report from the National Academies of Sciences, Engineering, and Medicine

Community focus: General / Broad - 'equity'

Author(s): National Academy of Sciences (2020)

Study design: Guidance-based report

Recommendations:

1. **The decision to reopen:** Districts should weigh the relative health risks of reopening against the educational risks of providing no in-person instruction. Prioritize in-person instruction in grades K–5 and for students with special needs who would be best served by in-person instruction.

2. **Precautions for reopening:** Provide surgical masks for all teachers and staff, as well as supplies for effective hand hygiene for all people who enter school buildings.
3. **Partnerships between school districts and public health officials:** Local public health officials should partner with districts to assess school facilities to ensure that they meet the minimum health and safety standards, develop a protocol for monitoring data on the virus, participate in shared decision-making, and design and deliver COVID-19–related prevention and health promotion training to staff, community, and students.
4. **Access to public health expertise:** Ensure that districts have access to the ongoing support from public health officials that is needed to monitor and maintain the health of students and staff.
5. **Decision-making coalitions:** Develop a mechanism, such as a local cross-sector task force, that allows for input from representatives of school staff, families, local health officials, and other community interests to inform decisions related to reopening schools.
6. **Equity in reopening:** Take into account existing disparities within and across schools. Across schools, plans need to address disparities in school facilities, staffing shortages, overcrowding, and remote learning infrastructures. Within schools, plans should address disparities in resources for students and families
7. **Addressing financial burdens for schools and districts:** Governments should provide significant resources to districts and schools to enable them to implement the suite of measures required to maintain individual and community health and allow schools to remain open.
8. **High-priority mitigation strategies:** Districts should prioritize mask wearing, providing healthy hand hygiene solutions, physical distancing, and limiting large gatherings. Cleaning, ventilation, and air filtration are also important. Creating small cohorts of students is another promising strategy.
9. **Urgent research:** The research community should immediately conduct research that will provide the evidence needed to make informed decisions about school reopening, mitigation strategies, equity, marginalized communities, and safe operation.

Recover, redesign, restart 2020: A comprehensive plan that moves Virginia learners and educators forward

Community focus: General- 'equity'

Author(s): Virginia Department of Education (2020)

Study design: State level guidance

Recommendations:

1. **Centre Equity:** Evaluate whether your plan will improve or worsen disparities between student groups and establish measurable equity goals that are informed by your diagnostic data. Consider conducting a Return to School Planning Equity Audit.
2. **Reflect:** Establish processes and accountability levers to facilitate equitable implementation of your plan and mitigate unintended disparate impacts and consequences. Monitor the impact of your plan on underserved groups, including students of color, multilingual students (ELs), students experiencing poverty and homelessness.

3. **Strengthen relationships:** Ensure family engagement, student support, instructional approaches, assignments, and learning opportunities are culturally relevant and culturally responsive. Consider implementing protocols to ensure that strategies and initiatives have been evaluated through a cultural and economic competency lens.
4. **Outreach:** Devote adequate resources to outreach, communication, and family engagement, in multiple languages and through multiple channels to ensure that the most vulnerable families have access to information and understand expectations of students. Identify community partners and stakeholders and empower them with information in support of your communication efforts.
5. **Prioritize:** Prioritize access to learning loss recovery programs/interventions for students who are disproportionately impacted by learning loss during school closures. Before mandating participation and attendance in these programs, evaluate unintended consequences and disparate impact. (i.e. students in low-income families, students whose families have been impacted by unemployment, those whose parents are essential workers, students with disabilities who have struggled to get services remotely, students whose families have been disconnected from school during the school closure, and English learners).
6. **Mitigate:** Identify and mitigate barriers to student participation for reasons outside of the student's control (i.e., caring for younger children, housing instability, health concerns, transportation, adult support).
7. **Reframe:** Examine discipline/student code of conduct policies to mitigate against bias and embed safeguards to evaluate student trauma manifesting through behaviors. This is especially important for marginalized student groups disproportionately impacted by exclusionary discipline policies.
8. **Support staff:** Provide professional development and instructional resources to school leaders and teachers related to "student engagement" and "cultural responsiveness" to support their delivery of remote and virtual learning instruction. Particular emphasis should be placed on facilitating understanding of the impacts of social determinants of health, poverty, unemployment, and cultural values on student learning post COVID-19 closures.
9. **Close the distance:** Access to devices and the Internet alone are not sufficient to ensure delivery of high-quality virtual learning that is available and engaging to all students. Prepare multiple delivery modes for remote learning, avoid an over reliance on technology to facilitate student engagement in learning, and ensure adequate support for families to be partners in student learning.
10. **Double down:** Now is the time to double down on equity investments. Examine the use of federal stimulus (CARES Act) funding to address equity gaps (small class size, technology, access to early learning). Prioritize funding to meet the needs of English Learners, students with disabilities, undocumented students, and students living in poverty.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Rapid review: equity planning in schools: COVID-19 pandemic response and recovery. Toronto, ON: Queen's Printer for Ontario; 2022.

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Public Health Ontario

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