Appendix H: Preliminary Survey Analysis

OR Public Health Response to COVID-19: LPHA Survey Preliminary Analysis: Report 2

OR Public Health Response to COVID-19: Educational Service District Superintendents Survey Preliminary Analysis

OR Public Health Response to COVID-19: School Principal Survey Preliminary Analysis

OR Public Health Response to COVID-19: School District Superintendents Survey Preliminary Analysis

OR Public Health Response to COVID-19: School Nurse Survey Preliminary Analysis

OR Public Health Response to COVID-19: LPHA Survey Preliminary Analysis: Report 2

Introduction

For this study, a survey was administered to 118 LPHA staff between August 18 and September 23, 2022. It was sent to a variety of positions within each LPHA, including Administrator, Public Health Director, PH Officer, Communicable Disease Lead, Emergency Preparedness Manager or Coordinator, Public information officer, Equity lead or liaison (if applicable), and Epidemiology lead (if applicable). Forty surveys were submitted, with one respondent being removed due to only completing the demographics section. Including one incomplete survey, a total of 39 surveys are included in the sample representing 18 LPHAs, for a response rate of 33%.

Demographics of survey respondents

Eighty-two percent (n=32) of respondents had been in their role for over six months. Of the seven respondents who had been in their role less than six months, previous positions included: Communicable Disease Investigator, Office Manager, LPHA Director, Nursing Supervisor, Public Health Program Manager, and County public health director.
Across roles, 18 LPHAs are represented in the data. Fourteen respondents selected Public Health Administrator for their role, representing 13 LPHAs.

Characteristics	n (%)
Region	
Region 1	11(28%)
Region 2	12 (31%)
Region 3	4 (10%)
Region 4	9 (23%)
Region 5	3 (8%)
Stage Involvement	
Stage 1 Only	0
Stages 2, 3 & 4	3 (8%)
Stage 3	1 (3%)
Stages 3 & 4	1 (3%)
Stage 4	2 (5%)
All 4 Stages	32 (82%)
Current Role (Respondents could select all that apply)	

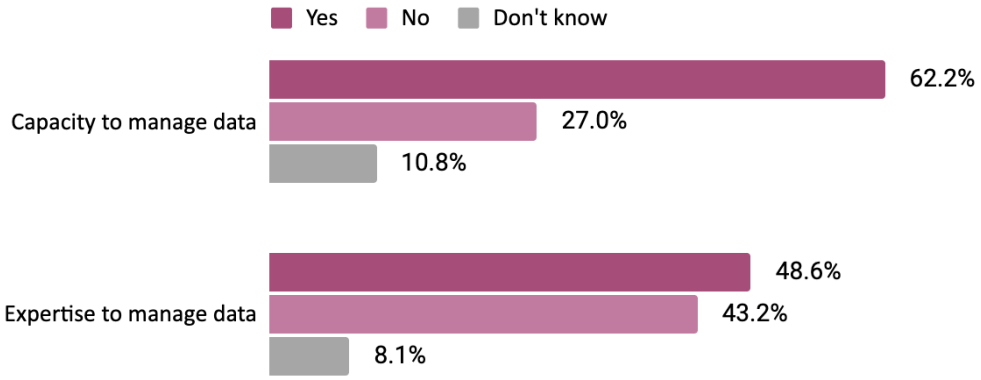
LPHA Administrator	14 (36%)
Emergency Preparedness Manager or Coordinator	10 (26%)
Communicable Disease Lead	9 (23%)
Epidemiology Lead	6 (15%)
Public Information Officer	4 (10%)
Equity Lead or Liaison	4 (10%)
Public Health Officer	3 (26%)
Other	7 (18%)

Local epidemiology capacity

LPHA capacity and expertise

LPHA survey respondents were asked if they had the capacity and expertise to manage COCID-19 epidemiological data locally. The majority of respondents felt they did have capacity, but only about half reported that they have the expertise (Figure 1).

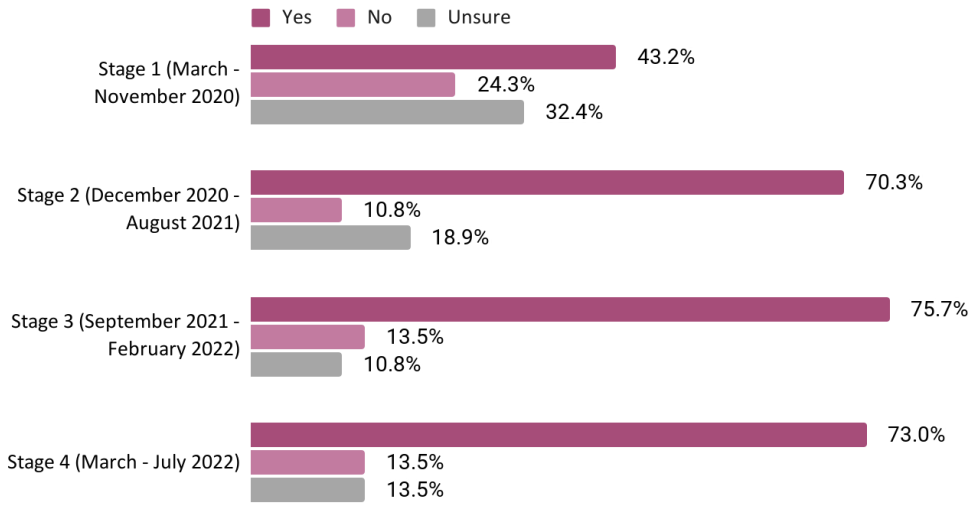
Figure 1: Capacity and Expertise to manage COVID-19 data (LPHA respondents, N=37)



Access to data

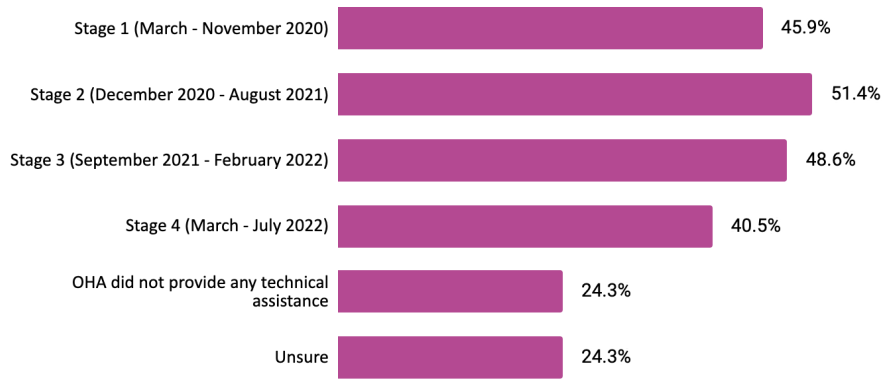
Survey respondents were asked if their LPHA had access to local epidemiological data necessary to guide decision making related to their COVID-19 response. During Stage 1, less than half of LPHA survey respondents reported that they did have the right access, but that jumped up to three quarters of respondents agreeing in Stages 2 through 4 (See Figure 2).

Figure 2: Access to local epidemiological data to guide COVID-19 decision making by stage (LPHA respondents, N=37)



Respondents were also asked if they received any technical assistance from OHA to access, understand, or utilize COVID-9 data (Figure 3). About a quarter of all did not receive any technical assurance from OHA, and another quarter did not know. Forty percent of respondents indicated that they received support from OHA during all four stages.

Figure 3: Stages during which OHA provided TA to LPHAs to access, understand, or use epidemiological data (LPHA respondents, N=37)



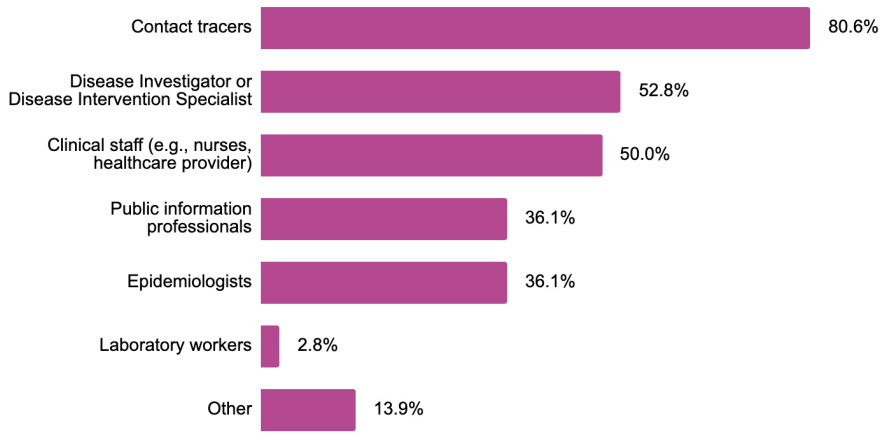
Public Health Staffing

A series of questions were asked on the LPHA survey to gain a better understanding of public health workforce challenges. Respondents reported a range of the number of employees that were hired specifically for COVID-19 response - three respondents indicated they did not hire any additional staff, and the largest number of staff added was eight new employees (reported by seven respondents). The top type of employee hired was contact tracers, as reported by 80.6% (n=29) of respondents (see

Figure 4). A little more than 50% of respondents reported hiring disease investigators, and 50% reported hiring clinical staff. “Other” responses included:

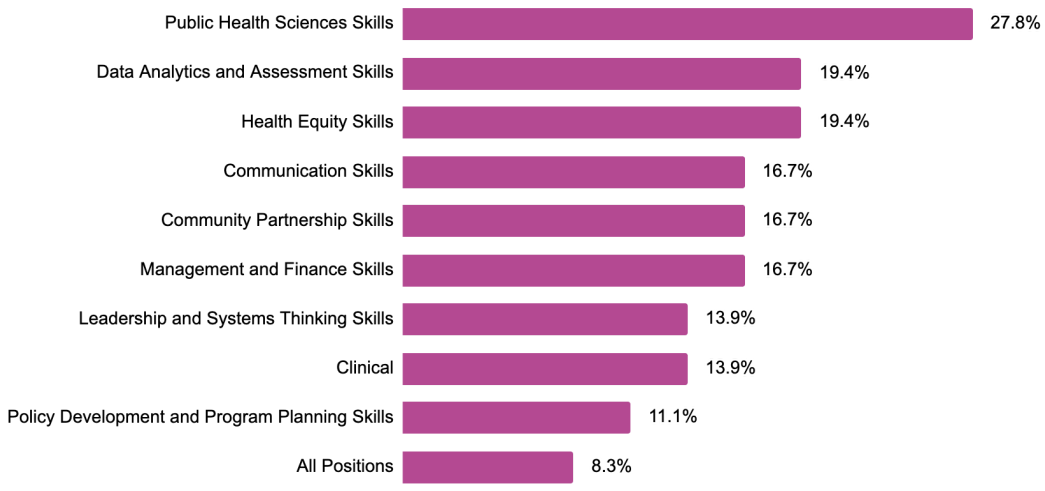
- “logistics folks in the EOC, call center staff, office assistant staff, lots of bilingual staff”
- “Case Investigators, Wrap-around services, vaccine and testing organizers”
- “logistics for all venues (huge crew to set up testing, vaccination -both mass and smaller events). Another huge need was the isolation and quarantine sites, needed lots of contracted staff to run those sites, deliver supplies to I&Q community members. Contracted with motel, cleaning. Case Management specialists to deal with the folks in I&Q, had a lot of issues and needs. Contracted with crowd management and security ppl. Call center- staffed that 7 days/10 hrs, 3-10 ppl, bilingual”
- “wrap around service coordinators”

Figure 4: Employee types hired to meet the needs of COVID-19 response (N=36)



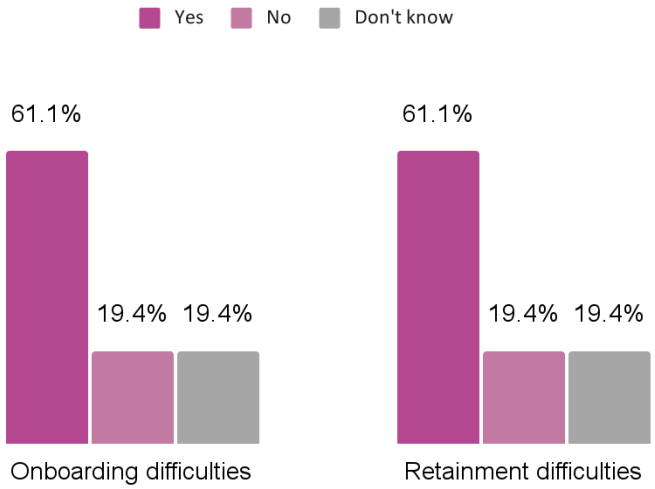
Two-thirds of LPHA respondents (n=24) reported that they had challenges with recruiting public health staff. Three respondents reported difficulty recruiting for all positions. The top skill reported as hard to recruit for was public health sciences skills (27.8%, n=10), followed by data analytics and assessment skills (19.4%, n=7), and health equity skills (19.4%, n=7) (Figure 5).

Figure 5: Skills difficult to recruit for (N=36)



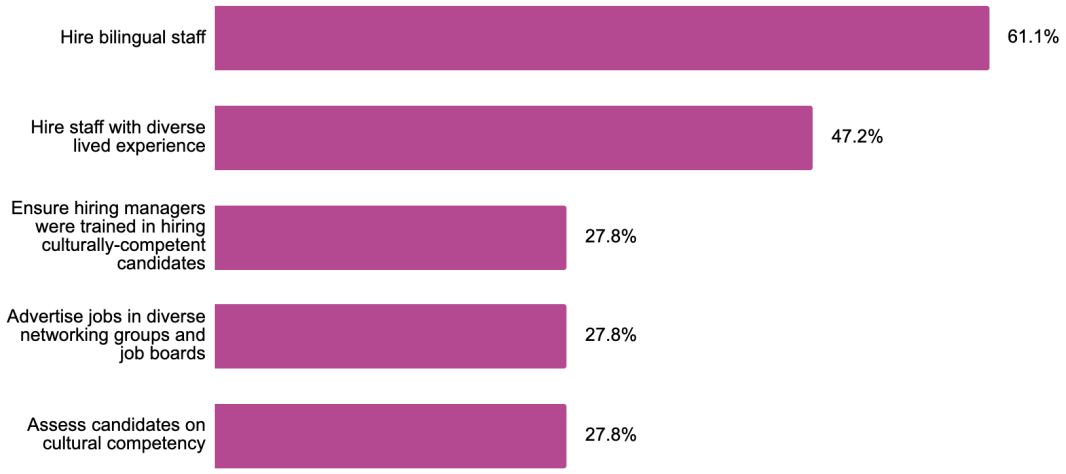
Respondents also reported whether they had difficulties with onboarding and retaining public health staff to respond to the pandemic. The majority of respondents had challenges with both.

Figure 6: Types of staffing difficulties experienced with public health staff to support COVID-19 (N=36)



LPHA survey respondents also shared what types of strategies they utilized to ensure a culturally competent workforce (Figure 7). The top strategy reported was hiring bilingual staff (61.1%, n=22), followed by hiring staff with diverse lived experience (47.2%, n=17).

Figure 7: Strategies employed to ensure culturally competent workforce (N=36)

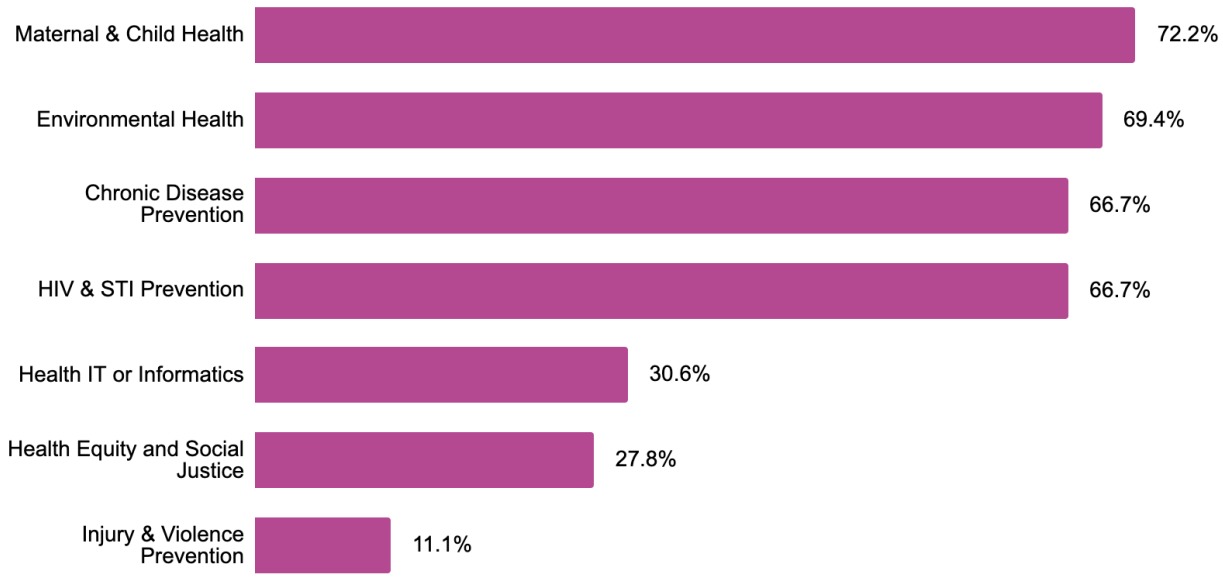


Some respondents added details in response to this question:

- “We live in a county where 98% of our county is white. I'm all for diversity. But the emphasis that is placed on this is challenge.”
- “basically we were hiring 24/7 and training new ppl constantly”
- “I do not think my department did a good job of this”

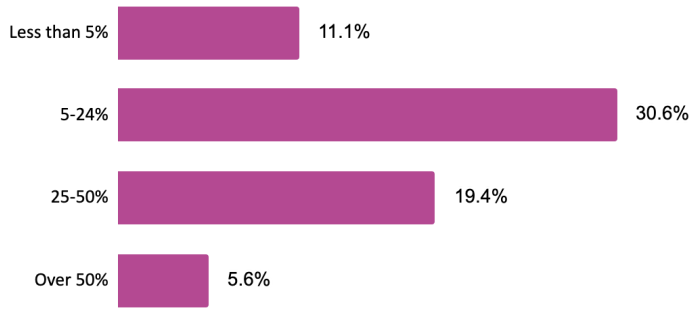
All respondents reported that their LPHA had to reassign employees from their regular duties to support the COVID-19 response (n=36). They shared what program areas they had to pull their employees from, see Figure 8. The top four programs that survey respondents reported employees were pulled from were maternal and child health (72.2%, n=26), environmental health (69.4%, n=25), chronic disease prevention (66.7%, n=24), and/or HIV & STI prevention (66.7%, n=24).

Figure 8: Programs from which employees were pulled to work on pandemic response (N=36)



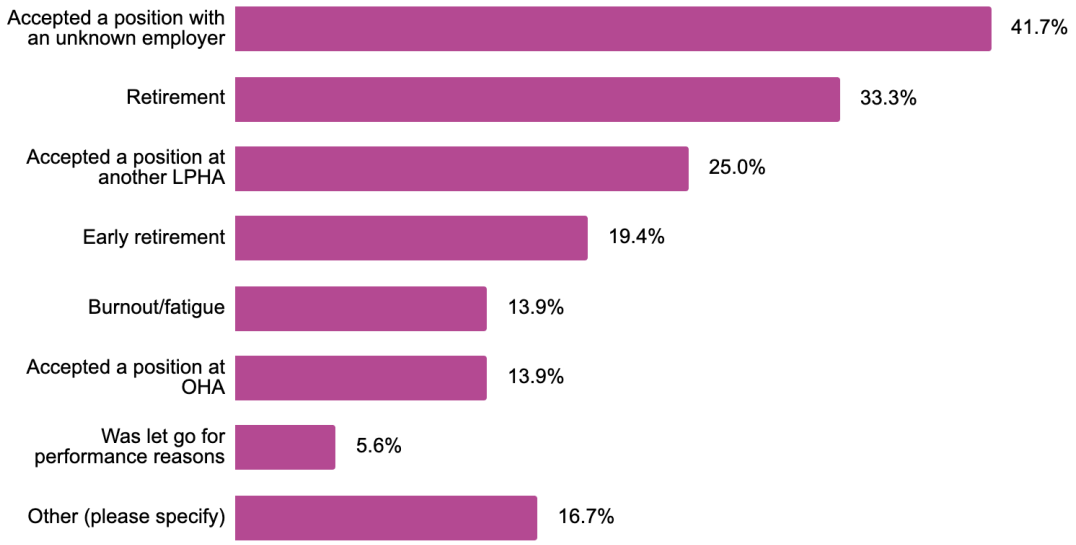
Survey respondents were asked to estimate the percent of permanent staff who left their LPHA between March 2020-July 2022. They were asked specifically not to include temporary or limited duration COVID-19 response staff. Of those who were able to answer this question, none of them reported zero staff leaving. Nearly one-third (n=11) reported between 5-24% of their staff leaving during this period (Figure 9).

Figure 9: Estimated percent of staff who left duringCOVID-19 response (N=36)



Survey respondents were also asked to share why staff left their LPHA (Figure 10). The top reason reported was that their staff accepted another position with an unknown employer (41.7%, n=15), followed by retirement (33.3%, n=12), accepted a position at another LPHA (25%, n=9), and early retirement (19.4%, n=7).

Figure 10: Why staff left LPHA (N=36)



"Other" responses to the question of why staff left between March 2020 and July 2022 were:

- "Accepted another position - other"
- "CBOs were given funding and recruited our LPHA staff at higher wages."
- "Workplace stress"
- "Personal reasons"
- "Accepted position at a City"
- "moving out of state and choosing to not work, stay home with kids"

OR Public Health Response to COVID-19: Educational Service District Superintendents Survey Preliminary Analysis

Introduction

For this study, a survey was administered to all 19 Oregon Educational Service District (ESD) Superintendents between January 24 and February 8, 2023. Eight survey responses were recorded and included in the sample size, including one partial survey, for a response rate of 42%.

Characteristics of survey respondents

Characteristics	n(%)
Region*	
Region 1	2 (25%)
Region 2	2 (25%)
Region 3	1 (13%)
Region 4	2 (25%)
Region 5	2 (25%)
Role	
Superintendent	5 (63%)
Assistant Superintendent	2 (25%)
Director of Student Services	1 (13%)
Stage involvement	
All stages	7 (88%)
Stages 2, 3, & 4	1 (13%)

*One respondent selected multiple regions so the total equals more than 100%

Emergency preparedness

ESD preparedness

When respondents were asked to evaluate their ESD's overall level of preparedness to respond to the COVID-19 pandemic, 75% (n=6) of respondents felt their district was either moderately or highly prepared; 25% (n=2) of respondents felt their district was minimally prepared. Survey respondents were also asked to reflect on how prepared their district was to transition to distance learning. Five respondents felt their district was moderately prepared, and less than half (n=3) felt they were minimally or not at all prepared.

	Individual level of preparedness	ESD's overall level of preparedness	ESD's preparedness to transition to distance learning
Not at all prepared	1 (12.5%)		1 (12.5%)
Minimally prepared	4 (50%)	2 (25%)	2 (25%)
Moderately prepared	3 (37.5%)	5 (62.5%)	5 (62.5%)
Highly prepared		1 (12.5%)	

Self-preparedness

When asked about their individual level of emergency preparedness to respond to the pandemic (e.g., knowledge, training, experience, expertise), five respondents felt that they were not at all prepared or minimally prepared, and 3 felt they were moderately prepared. Respondents reported the following as reasons for their self-assessment:

Moderately prepared:

- *"Was well aware of health response and education response during emergency or risk situations. We had internal mechanisms and protocols to immediately implement. Roll out of plans from ODE was slow for school reopening documents and protocols. Excellent working relationship, collaboration and communication with local health department."*

Minimally prepared:

- *"While I was certainly familiar with board policy related to communicable disease response, I was not at all prepared to respond to any kind of pandemic."*
- *"We had a pandemic annex plan for our EOP but no-one knew what that was going to mean!"*
- *"Took emergency and crisis response training (for major catastrophic events) in the late 1990's. Experienced in reading technical, research, and biology courses in college which prepared me to be able to read the science and data as it came from CDC, JAMA, etc."*
- *"skill in crisis management, but not in the context of health"*

Not at all prepared:

- *"I had not engaged in this activity before."*

Funding

Two respondents reported affirmatively that their ESD received COVID-19 funding from entities other than OHA, and 5 reported that they did not. Other sources of funding reported by respondents included federal funds and ESSER funds.

Survey respondents were asked to report on what types of activities they used their COVID-19 funding for. Everyone reported spending funding on Personal Protective Equipment distribution. See table below for additional ways ESDs used their COVID-19 funding.

Areas ESD used COVID-19 funding (N=7)	
Personal Protective Equipment distribution	7 (100%)
COVID-19 response planning	6 (85.7%)
Contact tracing	5 (71.4%)
COVID-19 testing communications	5 (71.4%)
Wraparound supports	5 (71.4%)
Culturally-tailored, population-specific COVID-19 communications	4 (57.1%)
School-based screening testing programs	3 (42.9%)
Combating vaccine hesitancy	3 (42.9%)
Translating federal, state or local COVID-19 communications	3 (42.9%)
Quarantine/isolation support	3 (42.9%)
Hiring new staff	3 (42.9%)
Running vaccination clinics at your school	2 (28.6%)
Other (HEPA filters, HVAC)	1 (14.3%)

Over half of respondents agreed or strongly agreed that their ESD received adequate funding for case investigation and contact tracing (n=4), one was neutral, and two respondents disagreed or strongly disagreed. Over half of respondents agreed or strongly agreed that they received adequate funding for testing (n=5), and vaccinations (n=4).

	My ESD received adequate funding for COVID-19 case investigation and contact tracing	My ESD received adequate funding for COVID-19 testing	My ESD received adequate funding for COVID-19 vaccination
Strongly Agree			
Agree	4 (57.1%)	5 (71.4%)	4 (57.1%)
Neutral	1 (14.3%)	1 (14.3%)	
Disagree	1 (14.3%)		2 (28.6%)
Strongly Disagree	1 (14.3%)	1 (14.3%)	1 (14.3%)

Respondents reported that their ESD experienced barriers to the efficient use of COVID-19 funds. Over half of respondents (n=4) identified spending requirements as a challenge. A little less than half (n=3) identified reporting requirements as a challenge, and two respondents reported hiring new employees as challenging.

Barriers to efficient use of COVID-19 funds (N=7)	
Spending requirements for funding source	4 (57.1%)
Reporting requirements associated with the funding source	3 (42.9%)
Hiring new employees	2 (28.6%)
The length of time it took to receive funds	1 (14.3%)
Reimbursement structure or model of funding	1 (14.3%)
None of these	1 (14.3%)

With the exception of Stage 1 of the pandemic, the majority of respondents were not concerned they did not have enough funding to support their community. During Stage 3, no respondent was worried about running out of funds. One respondent was unsure across all stages.

ESD worried about having enough funds to support community in the COVID-19 pandemic (N=7)				
	Stage 1 (March - Nov 2020)	Stage 2 (Dec 2020 - Aug 2021)	Stage 3 (Sept 2021 - Feb 2022)	Stage 4 (March - July 2022)
Yes	3 (42.9%)	2 (28.6%)		2 (28.6%)
No	3 (42.9%)	4 (57.1%)	6 (85.7%)	4 (57.1%)
Unsure	1 (14.3%)	1 (14.3%)	1 (14.3%)	1 (14.3%)

Epidemiology Data Access

Survey respondents were asked if they had access to local epidemiological data to guide their COVID-19 decision making. In Stage 1, only about half respondents reported that they did not have access to local data. But for Stages 2-3, all respondents felt they did have access to local data to guide decision making, and in stage all but one respondent felt they have access.

ESD had access to local epidemiological data necessary to guide decision-making related to COVID-19 (N=7)				
	Stage 1	Stage 2	Stage 3	Stage 4
No	3 (42.9%)			1 (14.3%)
Yes	3 (42.9%)	7 (100%)	7 (100%)	6 (85.7%)
Unsure	1 (14.3%)			

Respondents were also asked if they received technical assistance (TA) to access, understand, or use epidemiological data. The majority of respondents reported receiving TA during every stage of the pandemic.

ESD received technical assistance to access, understand, or use COVID-19 data (N=7)	
Stage 1	6 (85.7%)
Stage 2	7 (100%)
Stage 3	5 (71.4%)
Stage 4	5 (71.4%)

Respondents who reported receiving TA were also asked what entities they received support from. TA was provided by local health departments, Educational Service Districts, and OHA.

Entities that provided technical assistance (N=7)	
Oregon Health Authority	5 (71.4%)
Local Public Health Authority	7 (100%)
Educational Services District	5 (71.4%)

COVID-19 Response Activities- K-12

Formal Pandemic Response:

Respondents were asked when their ESD began their formal COVID-19 response in K-12 schools. The majority of respondents (62.5%, n=5) reported that they began their response the date of Oregon's emergency declaration, two respondents said they began their emergency response the date of the federal emergency declaration, and one respondent wrote in, “We started to prepare in Jan and Feb as we knew it was spreading.”

Overall Response:

Respondents shared ways their ESD responded to the pandemic in K-12 schools. All respondents reported facilitating the distribution of PPE to their school community and transitioning to distance learning.

Ways ESD responded to the COVID-19 pandemic in K-12 schools (N=8)	
Facilitate distribution of PPE to students and teachers	8 (100%)
Transition to distance learning	8 (100%)
Perform COVID-19 monitoring and contact tracing	7 (87.5%)
Develop and conduct outreach strategies specific to the needs of your school population	7 (87.5%)

Disseminate COVID-19 information to the community	7 (87.5%)
Ensure access to accurate and timely COVID-19 information in multiple languages	5 (62.5%)
Provide vaccination clinics at schools	3 (37.5%)
Other (Offered summer school outdoors, offered devices, tech support to families)	1 (12.5%)

When asked if they had to update policies to transition to distance learning, half of respondents (n=4) said they changed policies, and half (n=4) said they did not change or create new policies.

Rating of ESD's response to COVID-19 in K-12 schools:

Respondents were asked to evaluate how well they felt their ESD's response to the COVID-19 pandemic was during each stage. In all Stages, respondents rated their ESD as doing good or excellent. In Stage 1, one respondent was not working at their ESD at that time.

Rating of ESD's response to the COVID-19 pandemic in K-12 schools during each stage (N=8)

	Stage 1	Stage 2	Stage 3	Stage 4
Poor				
Fair				
Good	6 (85.7%)	5 (63.5%)	6 (85.7%)	6 (85.7%)
Excellent	1 (12.5%)	3 (37.5)	2 (25%)	2 (25%)

Rating of Oregon's response to COVID-19 in K-12 schools:

Survey respondents were asked to rate the state of Oregon's management of the pandemic response to COVID-19 in schools during each stage. Half of respondents (n=4) reported Oregon as fair in Stage 1, and the majority of respondents (n=5) rated Oregon fair in Stages 2, 3 and 4.

Rating of Oregon's response to the COVID-19 pandemic in K-12 schools during each stage (N=8)

	Stage 1	Stage 2	Stage 3	Stage 4
Poor				
Fair	4 (50%)	5 (63.5%)	5 (63.5%)	5 (63.5%)
Good	2 (25%)	1 (12.5%)	2 (25%)	2 (25%)
Excellent	2 (25%)	2 (25%)	1 (12.5%)	1 (12.5%)

Technical Assistance

All respondents reported receiving technical assistance to inform their COVID-19 response activities. A variety of entities provided TA to school districts to inform their COVID-19 response efforts. All respondents (n=8) received TA from their local public health authority and the Oregon Department of Education, and the majority of respondents (n=7) received TA from the Oregon Health Authority.

Entities that provided TA to ESDs (N=8)	
Local Public Health Authority	8 (100%)
Oregon Department of Education	8 (100%)
Oregon Health Authority	7 (87.5%)
Health Care Partner	3 (27.5%)
Local school districts	2 (25%)
Other (Oregon Association of ESDs)	1 (12.5%)

Respondents were also asked about their use of a variety of resources. All respondents reported using ODE's Ready School, Safe Learners Resiliency Framework, and OHA/ODE's Communicable Disease Guidance.

Resources utilized by ESDs (N=8)	
Ready Schools, Safe Learners Resiliency Framework	8 (100%)
OHA/ODE Communicable Disease Guidance	8 (100%)
Equity Decision Tools for School Leaders	7 (87.5%)
ODE Communications Toolkit	7 (87.5%)
ODE Individualized COVID-19 Recovery Services Guidance	6 (75%)
Oregon School Nurses COVID-19 Toolkit 2022-2023	5 (62.5%)

Communications

All respondents reported providing public health messaging through mass media communication methods. All respondents (n=7) provided information on their websites and nearly half (n=3) through social media and in newspapers.

Mass-reach communication platforms ESD used to communicate COVID-19 information (N=7)	
District Website	7 (100%)
Social media	3 (42.9%)
Newspapers	3 (42.9%)
Local news stations	2 (28.6%)
Radio stations	1 (14.3%)

Five respondents responded affirmatively that their ESD developed and disseminated COVID-19 public health messaging. These five respondents were also asked to reflect on how their district incorporated accessibility standards into their public health messaging. All respondents (n=5) reported that COVID-19 messaging was always or sometimes written in plain language and that messaging was always or sometimes available in multiple languages. Most respondents (n=4) reported that messaging always or sometimes met ADA standards, and one respondent reported that messaging never met ADA standards.

	Make COVID-19 messaging available in multiple languages	Ensure COVID-19 messaging met ADA standards	Ensure COVID-19 messaging was written in plain language
Always	20%	40%	60%
Sometimes	80%	40%	40%
Rarely			
Never		20%	

All respondents rated the Oregon Department of Education's communication during pandemic response. The majority of respondents evaluated ODE favorably, with all but one respondent (n=6) selected good or excellent. Only one person rated ODE's communications as fair.

Survey respondents were asked to rate OHA on their communication with the community about a variety of public health requirements that were implemented by stage. Note that for in-person school closure (higher ed) in Stage 1, three respondents selected "Not applicable to stage," and in Stage 2, two respondents selected "Not applicable to stage."

Evaluation of OHA's communication with the community about the following public health requirements during Stage 1 (March - November 2020) (N=7)							
	Stay-at-home orders	Prohibit public gatherings	Prohibit indoor dining	In-person school closures (K-12)	In-person school closures (higher ed)	Isolation and quarantine guidance	Mask mandates
Poor							
Fair	2 (28.6%)	1 (14.3%)	2 (28.6%)	1 (14.3%)	1 (14.3%)	2 (28.6%)	3 (42.3%)
Good	5 (71.4%)	5 (71.4%)	4 (57.1%)	6 (85.7%)	3 (42.3%)	4 (57.1%)	3 (42.3%)
Excellent		1 (14.3%)	1 (14.3%)			1 (14.3%)	1 (14.3%)

Evaluation of OHA's communication with the community about the following public health requirements during Stage 2 (December 2020 - August 2021) (N=7)									
	Stay-at-home orders	Prohibit public gatherings	Prohibit indoor dining	In-person school closures (K-12)	In-person school closures (higher ed)	Isolation and quarantine guidance	Mask mandates	Vaccine availability and priority populations	Lifting restrictions
Poor									
Fair	1 (14.3%)	1 (14.3%)	1 (14.3%)	1 (14.3%)	1 (14.3%)	2 (28.6%)	2 (28.6%)	2 (28.6%)	3 (42.9%)
Good	5 (71.4%)	5 (71.4%)	4 (57.1%)	6 (85.7%)	4 (57.1%)	4 (57.1%)	4 (57.1%)	4 (57.1%)	4 (57.1%)
Excellent			1 (14.3%)			1 (14.3%)	1 (14.3%)	1 (14.3%)	

Evaluation of OHA's communication with the community about the following public health requirements during Stage 3 (September 2021 - February 2022) (N=7)				
	Isolation and quarantine guidance	Mask mandates	Vaccine availability and priority populations	Lifting restrictions
Poor				
Fair	3 (42.9%)	2 (28.6%)	3 (42.9%)	4 (57.1%)
Good	3 (42.9%)	4 (57.1%)	3 (42.9%)	3 (42.9%)
Excellent	1 (14.3%)	1 (14.3%)	1 (14.3%)	

Evaluation of OHA's communication with the community about the following public health requirements during Stage 4 (March - July 2022) (N=7)				
	Isolation and quarantine guidance	Changes to investigative guidelines	Vaccine availability and priority populations	Lifting restrictions
Poor		1 (14.3%)	1 (14.3%)	1 (14.3%)
Fair	5 (71.4%)	4 (57.1%)	3 (42.9%)	3 (42.9%)
Good	1 (14.3%)	2 (28.6%)	2 (28.6%)	3 (42.9%)
Excellent	1 (14.3%)		1 (14.3%)	

Partnerships

Respondents engaged in many COVID-19 public health response activities with partners.

Types of COVID-19 response activities ESD's partnered on with community, education, and health organizations (N=7)					
	Community Based Organizations	Higher Education	Hospitals/Health Systems	Coordinated Care Organization	Long term care facilities
Response planning	1 (14.3%)	1 (14.3%)	1 (14.3%)	1 (14.3%)	1 (14.3%)
COVID-19 testing	1 (14.3%)	1 (14.3%)	4 (57.1%)	2 (28.6%)	
PPE distribution	3 (42.9%)		1 (14.3%)	2 (28.6%)	1 (14.3%)
Vaccine clinics	2 (28.6%)		5 (71.4%)	2 (28.6%)	
Targeted health equity response	3 (42.9%)				
Population specific communications	4 (57.1%)				
Enforcement	2 (28.6%)		1 (14.3%)		
Did not partner	2 (28.6%)	5 (71.4%)		4 (57.1%)	6 (85.7%)

Types of COVID-19 response activities ESD's partnered on with government agencies (N=7)				
	Tribes	Local Public Health Authority	Oregon Health Authority	Oregon Department of Education
Response planning	1 (14.3%)	6 (85.7%)	6 (85.7%)	6 (85.7%)
COVID-19 testing	1 (14.3%)	5 (71.4%)	1 (14.3%)	2 (28.6%)
PPE distribution	2 (28.6%)	4 (57.1%)	1 (14.3%)	3 (42.9%)
Vaccine clinics	1 (14.3%)	6 (85.7%)	1 (14.3%)	1 (14.3%)
Targeted health equity response	2 (28.6%)	4 (57.1%)	1 (14.3%)	3 (42.9%)
Population specific communications	1 (14.3%)	3 (42.9%)	3 (42.9%)	3 (42.9%)
Enforcement		5 (71.4%)	4 (57.1%)	4 (57.1%)
Did not partner	3 (42.9%)		1 (14.3%)	

ESD survey respondents developed some new relationships with partners during COVID-19 response, but had many existing partnerships pre-pandemic.

Types of partnerships for COVID-19 response (N=7)				
	Existing partnership	New partnership	Some existing, some new	Did not partner
Community Based Organizations	3 (42.9%)		2 (28.6%)	2 (28.6%)
Higher Education	3 (42.9%)		1 (14.3%)	3 (42.9%)
Hospitals/Health Systems	2 (28.6%)	1 (14.3%)	2 (28.6%)	2 (28.6%)
Coordinated Care Organization	2 (28.6%)		2 (28.6%)	3 (42.9%)
Long term care facilities	1 (14.3%)			6 (85.7%)
Tribes	3 (42.9%)		1 (14.3%)	3 (42.9%)
Local Public Health Authority	3 (42.9%)	1 (14.3%)	3 (42.9%)	
Oregon Health Authority	1 (14.3%)	2 (28.6%)	3 (42.9%)	1 (14.3%)
Oregon Department of Education	6 (85.7%)		1 (14.3%)	

OR Public Health Response to COVID-19: School Principal Survey Preliminary Analysis

Introduction

For this study, a survey was administered to Oregon School Principals between January 23 and February 10, 2023. There were 220 surveys recorded; 49 respondents were removed due to only completing less than 25% of the questions. Including 42 partial surveys (at least 25% complete), a total of 171 surveys are included in the data set. Because partial surveys are included, sample sizes may change for each data point.

Characteristics of survey respondents (N=171)

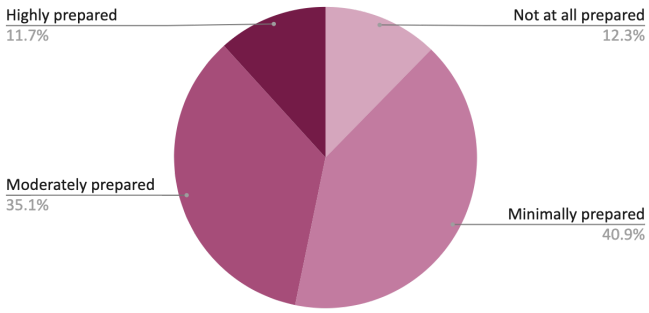
Characteristics	n(%)	Characteristics	n(%)
Region		**Role**	
Region 1	59 (35%)	Principal	129 (75%)
Region 2	31 (18%)	Vice principal	33 (19%)
Region 3	33 (19%)	Other administrative role	6 (4%)
Region 4	28 (16%)	Other	3 (2%)
Region 5	20 (12%)		
		Stage involvement	
Grades served		Stage 1 only	1 (1%)
Pre K -12	3 (2%)	Stages 1 & 2	2 (1%)
K-12	5 (3%)	Stages 1, 2, & 3	1 (1%)
Pre K-5	3 (2%)	Stages 2 & 3	2 (1%)
K-5	42 (25%)	Stages 2, 3 & 4	5 (3%)
K-6	4 (2%)	Stages 3 & 4	7 (4%)
K-8	17 (10%)	Stage 4 only	1 (1%)
6-8	37 (22%)	All Stages	152
7-12	7 (4%)		
9-12	43 (25%)		
Other	10 (6%)		
Type of school			
Public school	162 (95%)		
Charter	7 (4%)		
Other	2 (1%)		

Emergency preparedness

School preparedness

When respondents were asked to evaluate their school's overall level of preparedness to respond to the COVID-19 pandemic, 11.7% (n=20) felt that their school was highly prepared, and another 35.1% (n=60) felt their school was moderately prepared (Figure 1). A little over half of respondents (53.2%, n=91) felt that their school was minimally or not at all prepared.

Figure 1: School preparedness for COVID-19 pandemic (School Principal respondents, N=171)



Survey respondents were also asked if their school had an Emergency Operations Plan (EOP) and/or a Communicable Disease Management Plan. Half of respondents (49.7%, n=85) said that their school did not have an EOP before the pandemic but developed one after the start of the pandemic, and almost half (43.9%, n=76) said their school already had one (Figure 2). Only 6.4% of respondents (n=11) did not know about the existence of an EOP. Almost half of respondents (44.4%, n=76) said there was a Communicable Disease Management Plan in existence prior to the pandemic, and half (49.7%, n=85) created one once the pandemic began (Figure 3). Noteable, one respondent stated that their school did not have a Communicable Disease Management Plan.

Figure 2: Which of the following best describes the existence of a School Emergency Operations Plan (EOP) at your school? (N=171)

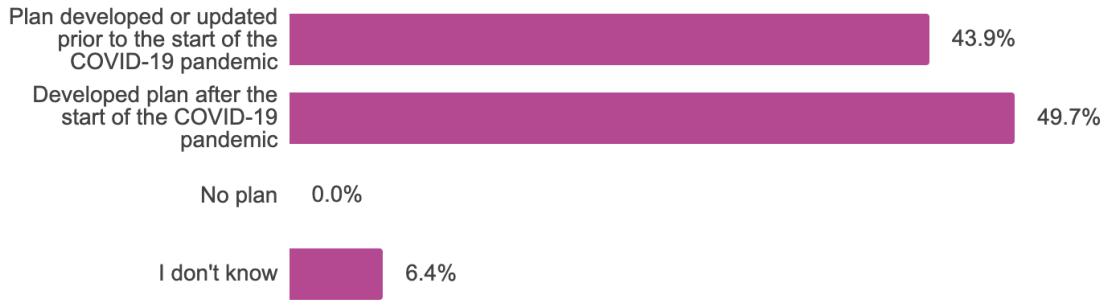
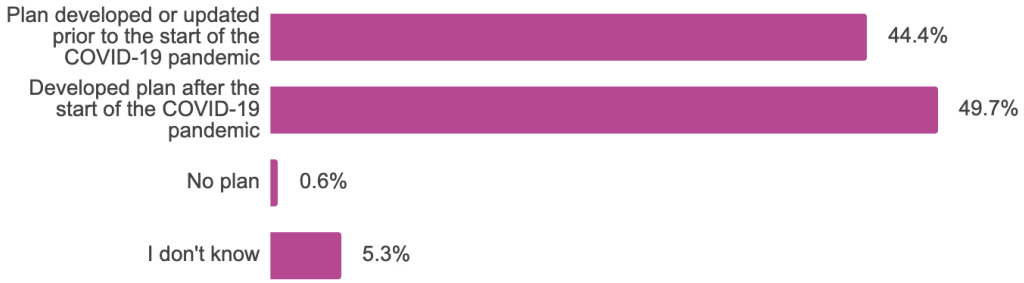


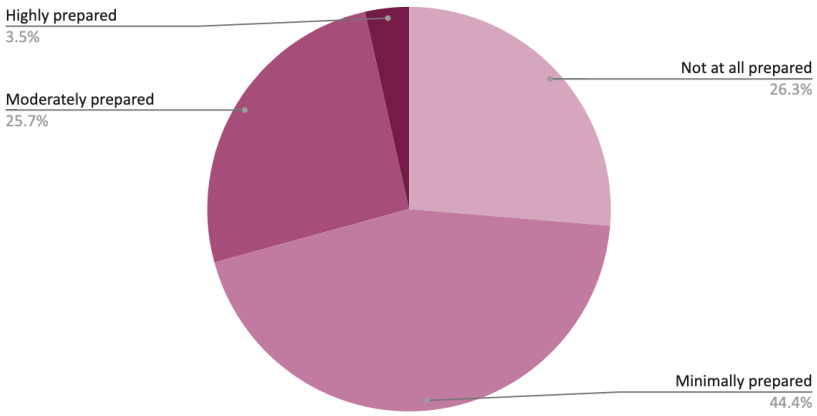
Figure 3: Which of the following best describes the existence of a Communicable Disease Management Plan at your school? (N=171)



Self-preparedness

When asked about their individual level of emergency preparedness to respond to the pandemic (e.g., knowledge, training, experience, expertise), almost three-quarters of respondents felt that they were not at all prepared or minimally prepared (70.8%, n=121). Only six respondents felt highly prepared.

Figure 4: Self-preparedness for COVID-19 pandemic (School Principal respondents, N=171)



Respondents reported the following as reasons for their self-assessment:

Highly prepared*:*

- *We were informed all along the way by our district and state officials about how to manage our schools following the most up to date guidelines. Our folks communicated well and thoroughly.*
- *I met with our county health department weekly and was involved in designing and implementing our district's pandemic plan.*
- *We had multiple trainings on proper procedures for staff and students. I also have a healthcare background so I am comfortable and familiar with the expectations.*
- *The biggest problem facing someone in a major crisis is that nobody has experience dealing with it so there is no one to lean on or learn from. After going through I feel highly prepared to be able to use that experience to have better support and outcomes if another major crisis occurred.*
- *Response to the pandemic did not require anything out of my skill set.*
- *I felt that our Superintendent and district staff did an amazing job at keeping building principals up to date with the latest information.*

Moderately prepared:

- *I have had extensive emergency preparedness training as a private citizen.*
- *We practice fire escape procedures, lock downs, lock outs, earthquake procedures, but never anything like the expectations for the pandemic.*
- *I had some emergency preparedness coming from Washington state. I was able to use a lot of that information, however there were some differences and needed to become informed on Oregon regulations.*
- *Our admin team worked with school nurse and county health department to develop our plan.*
- *My first aid trainings every year gave me a working knowledge of disease spread.*

- *The superintendent had weekly meetings between school principals and the health department and gave us specific guidance on our roles.*
- *We had a good team in place that was in a place where pivoting wasn't seen as a massive stressor. It was a challenge to set up, but the staff was ready and willing. Nooone is fully prepared for what happened, but our team moved on willingly and positively.*
- *Just finished an administrative program in May 2020. We finished during the beginning of the pandemic and part of the requirements were to create a Crisis Response Plan.*
- *We took extensive time building and implementing a plan, based on the templates and examples of others, and the knowledge and expertise from ODE and the county health department.*
- *We are a 1-to-1 district, so all my students had Chromebooks. The biggest learning curve was about learning to use Zoom and teaching families how to use Zoom.*
- *Before education I have been trained in All Risk Incident Response through the USDA Forest Service and FEMA*
- *There was a plan for moving to distance learning, how to operate in schools and plan for hybrid learning according to OHA and CDC guidance.*
- *Our school district helped us prepare for information communication, building setup, sustaining safety protocols*
- *I've been involved and even taught emergency preparedness courses for decades.*
- *I knew that there would be a lot of logistics and I was prepared for the amount of work we would need to do and the decisions that would need to be made, but I didn't have any of the materials or PPE to put an immediate plan into action.*
- *My wife is in health care and could explain a lot about the reasoning.*
- *I had already help reopen schools in Texas.*
- *10 years as a school administrator, with a focus on school safety preparedness, gave me add'l skills for this*
- *I have water, food and other emergency supplies stored. I know basic medical/emergency care and have a network of neighbors who prepare for events.*
- *We had clear hierarchy for decision making and a model for collaborative leadership. The pandemic strained our system, to be sure, but we were primed to respond well.*
- *We are always crisis prepared and we have closed the district down in November 2019 for norovirus outbreak. This was just unique.*
- *As a virtual school that has to set up and tear down learning centers each week, cleaning protocols were already in place. Also, leasing church facilities means many other systems were already in place.*
- *We had PPE, social distancing, masks, and other measures in place. We are also in a new building with adequate HVAC systems.*
- *We are one-to-one Chromebooks and our curriculum has online components, so we were able to pass out Chromebooks by appointment and teachers taught virtually from their classrooms. We were able to get exposure limiting procedures in place during the initial closure period.*
- *My special education background means I must be prepared for multiple emergencies. After many years of working with a medically fragile population, I had a heightened awareness.*
- *The constantly changing requirements and varied information made it difficult to feel highly prepared.*

- *I did my own research and knew that Covid was not as dangerous as our health dept. was saying. I felt fully prepared for the response that SHOULD have taken place.*
- *We had health protocols in place for other infectious diseases.*
- *We currently have a safety plan and position dedicated to the planning and implementation of the safety regulations. We train staff and practice our protocols with the students.*
- *COVID caught us all off guard. The training couldn't have come fast enough.*
- *Everything was new for me and it was a new time for many processes.*
- *I think everyone did the best they could based on the circumstances. It was hard to manage at the school level and we tried to roll with the many changes (daily) as best we could.*
- *I don't think anyone was more than moderately prepared. I was more prepared for the pandemic, but less prepared for our state governments decisions surrounding the pandemic*
- *We have strong collaboration across our District and with healthcare providers in the community, so I always felt like we were one step ahead of the curve.*
- *Our district responded quickly and appropriately. something in between moderately and highly prepared is where we were at.*
- *I was aware of tech apps and involved with teg integration. Our school was already one-to-one devices. I was also very aware with google classroom.*
- *Our district had a pretty good response and communication system to keep me up to date.*

Minimally prepared:

- *Our county was not prepared for the technology challenges of the pandemic, but I feel the health side was handled well.*
- *Our emergency preparedness focuses more on school shooter, emergency evacs and reunification, earthquakes. Things that in the past were much more likely.*
- *The emergency communication from the nation kept changing. No plans for PPE, hand sanitizer, etc... out of many needed things from the nation.*
- *Have never experienced anything like this.*
- *I was nearly completely unaware of how a pandemic could happen and the massive disruption to typical society it could cause.*
- *We had never experienced an emergency closure for any reason, so "Not at all prepared" may be more accurate. I selected "minimally prepared" due to the fact that I am fluent in educational technology and was able to adapt more quickly than some others.*
- *School I worked at was in Grant County, small county and small community. Health Department did their best as the process started but hard to be prepared for what eventually unfolded.*
- *No prior training on public health issues, but training on general crisis response as part of the admin job.*
- *I had basic training and experience in emergency preparedness, but zero in pandemic response.*
- *With all of the medicine and planning didn't think we'd ever get to a pandemic state.*
- *Information was being provided at an incredibly rapid rate, changing constantly. It made it nearly impossible to be prepared in any way for the constant guidance changing.*
- *This was unlike any situation we'd ever experienced.*

- *We have an excellent School Nurse and a School Business Manager and both have strong organizational skills. Without these two staff members we would have been not at all prepared.*
- *Only an issue because the regulations kept changing, so it was had to stay prepared.*
- *It is the first time in my professional career of 20ish years, that there was a need on this scale.*
- *To just say emergency preparedness is different than what we had to do to prepare for Covid. Emergency preparedness in general yes. To live in a pandemic long term is not the same. In looking at the questions below, there was so much more to Covid than having a Communicable Disease Plan. The long term planning for Covid is way different. Our plan helped support the process, but it required more to prepare for and stay in Comprehensive Distance learning.*
- *There was a lot that I and my colleagues had to learn regarding protocols, prevention, adapting educational instruction, seeing to social and emotional learning, etc.*
- *I had no awareness of the scale, potential duration and impact of the situation.*
- *I had an old binder that referred to response to SARS. Before being advised by the district, I knew to have science teachers give handwashing lessons to students and I cancelled evening events before the district started canceling events.*
- *I was aware of the history of some previous epidemics and pandemics, but did not have direct experience with them, nor did I have any training to do so.*
- *I had read about various pandemics, but was unclear how we, as a school or district should respond.*
- *We had never thought that something of this magnitude would ever happen, so why would I have prepared for this?*
- *I have basic training from years in working in schools, but it wasn't pandemic specific.*
- *Such an event was unprecedented for our generation of professional educators. Furthermore, it felt that the nature of the pandemic was consistently changing and mutating, thus making it very difficult to respond to. What was true in one training, changed in the next version.*
- *This type of pandemic was new for all of us and I did not have a background in responding to emergencies like this one.*
- *I knew we had a plan and knowledgeable of the district plan. Also, was working district wide on working through severe flu bug in the Fall. But the COVID response was so different and specific I was not ready for that.*
- *I received some training on emergency response protocols in a previous role.*
- *We had prepared for natural disasters.*
- *Pandemic prep was not really addressed before COVID.*
- *Some knowledge of what to do with a flu outbreak, etc...*
- *We had prior plans in place for contagious disease management in public schools - so there was some template for exclusion, etc.*
- *We did not have any PPE and had almost no experience with working with our county health department.*
- *Was anyone really ready?*
- *Had no idea what it would look like in the stages of the pandemic in terms of leadership and logistics.*
- *Although we had emergency preparedness plans - they did not include plans around a pandemic and everything included in that with masking, quarantine, distance learning, etc.*

- *I have a background in medicine and health education. I have advanced training in leadership and trauma.*
- *This was all new to everyone but I read everything that came out so I felt more prepared than others.*
- *No training.*
- *I was a microbiologist before becoming a science teacher. I have worked emergency response in the past.*
- *Some general health knowledge that made sense was utilized.*
- *Prior to the pandemic, as a district we practiced a handful of scenarios throughout the years. Fortunately, we had practiced response to communicable diseases and pandemics months prior and had a strong communication system.*
- *The state did not provide adequate time for our school to prepare. We did not have technology ready to teach in a distance format. Also, our staff was not prepared upon return for what we encountered (return to school).*
- *We had ideas of how online school might look, but found that we were not prepared for how complex that would be.*
- *My degree is in English and Education. I have training in emergency response, but it was for things like fire and reunification. I also have minimal training in conflict resolution, which was helpful.*
- *We didn't teach, love, or move this way in elementary. Many practices were meant to bring kids together and to be pandemic prepared we needed to rethink it all. Keeping them safe meant isolating and separating.*
- *We had never prepared for a pandemic. Other school safety yes, small disease outbreaks yes, not this.*
- *We are asked to think through all kinds of emergency response, and while pandemic wasn't on the list we normally think of, some of the response tools and ways of problem solving were in place.*
- *I had some basic necessities, but didn't have masks readily available*
- *Can you really be prepared? Plus the rules kept changing.*
- *I have experience working with public health in a different setting, but I needed training and guidance on disease mitigation in a school setting.*
- *Minimal training for a health pandemic.*
- *Guidance was changing frequently and communication was overwhelming.*
- *We never thought pandemic.*
- *Was anyone prepared for that?*
- *We had never experienced a pandemic.*
- *Basic Pandemic protocols were in place*
- *We had an understanding that the pandemic had started and was expected in the US. We canceled an international trip, and a cross-country trip that were traditions, but we were expecting a 4 week shut down and a return to school in April.*
- *This was something very new. We learned a lot of information in a short period of time.*
- *Working in trauma informed practices before COVID.*

Not at all prepared:

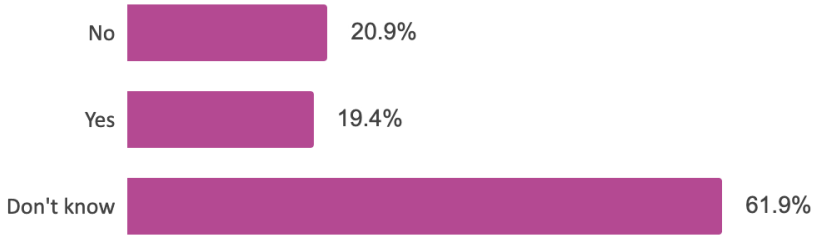
- *Shutting down a school and everything that comes with it was beyond my wildest imagination. I don't think anyone could say they were highly prepared for what we all went through.*
- *I was new to the position and had limited knowledge/experience related to the school response systems.*
- *We had no idea how to respond to a global pandemic. There was no amount of readiness as a building leader.*
- *Had never been involved in a pandemic, and lots of changing information.*
- *I felt like we had never seen anything like the response to the pandemic in March 2020 and were not well prepared to transition to online learning*
- *Was anyone prepared to the extent that we learned was needed? We have learned so much since the beginning!*
- *This was a brand new health crisis that really no one had experience in knowing how to manage.*
- *The thought that this could really happen never crossed my mind.*
- *Not prepared for a pandemic in my coursework or educational experience.*
- *I am a trained educator, not a public health professional.*
- *I don't think anyone was prepared for what COVID confronted us with.*
- *I've never been in a pandemic so I had no idea what to do.*
- *We shutdown prior to Spring Break and never returned that school year.*
- *A global pandemic that shuts down business and school nationwide is not something we routinely plan and prepare for.*
- *The significant shift from in person to virtual to hybrid had never been discussed*
- *I didn't worry about such things in the past, so hadn't prepared for this event.*
- *We were doing the best with what we had and knew but had to scramble for students and families.*
- *Never have dealt with an outbreak before. We have our emergency plans for when something happens at school.*
- *There was no knowledge of how to handle Covid 19.*
- *We came up with a plan to continue education within days of the beginning of the pandemic. But I don't think any of us actually understood the depth of the problem.*
- *The pandemic began during my first year as a principal. I felt totally lost and unsure of what to do. I felt like our district leadership communicated, but they were also unsure of what to do.*
- *I had minimal public health training, and no training at the level of the pandemic response.*
- *I was not prepared as I had no prior experience of dealing with something like this.*
- *They made stuff up as they went along and just followed other states that had the same party in leadership.*
- *Who ever thought we would close schools for an "epidemic"*
- *We were not prepared for distance learning or access to technology for students.*
- *This was a new pandemic and experience for all of us.*
- *In my lifetime, we have never gone through such a crazy time. Being prepared for a national pandemic was not on my radar, nor anyone else's in the field of education.*
- *It was not something that I had been asked to do prior in my work, short of forwarding the county recommendations and HR notifications regarding the measles vaccine. I don't think the idea of school closing down as a response to a global issue had even occurred to me.*

- *This was not an experience any of us had been through before in public education.*
- *This was not something we had ever prepared for as it wasn't part of our plans ro something we had experienced in school setting.*
- *barely knew what a pandemic was- from a history book.*
- *Because we were at the will of our Gov. leaders with no idea what was next.*
- *I have never had experience with dealing with a pandemic.*
- *Pandemic preparedness was nonexistent, seasonal flu was the norm.*
- *Our Superintendent essentially disappeared within the first few months of the pandemic closing schools and our district was without established leadership.*
- *There were too many unknowns and changes from the state to effectively know what to do*
- *I never experienced anything like this before.*
- *I was not prepared*
- *While I was comfortable with ICS, I have never operated during a public health emergency.*
- *Didn't see it coming.*
- *Something like this had never occurred and so everything felt like learning on the fly. Medical info was conflicting and due to the political climate is became hard to tell fact from fiction. What was happening with the government at a national level was infuriating and added to the complications of reacting in timely fashion.*

Funding

The majority of respondents didn't know if they received funding from any entities besides ODE. Approximately twenty percent of respondents (n=26) reported affirmatively that their district received COVID-19 funding from entities other than OHA, and 20.9% (n=28) reported that they did not (Figure 5). Other sources of funding reported included ESSER, Federal dollars, Donations from local churches and organizations, SIA funds, funds for PPE and add'l staffing, vaccine clinics and support from Neighborhood Health Center, and Local education foundation. A couple respondents reported that funding was handled at their district level, so they do not know.

Figure 5: School received funding for COVID-19 response from entities other than ODE (N=129)

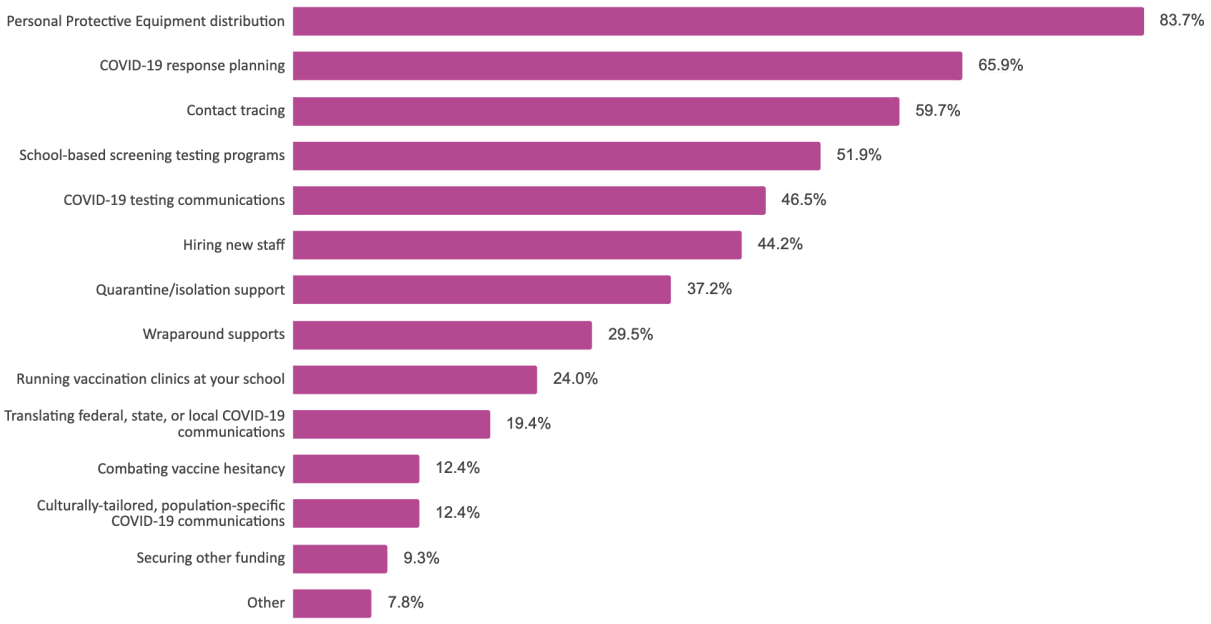


Funded activities

Survey respondents were asked to report on what types of activities they used their COVID-19 funding for, see Figure 6. Almost all respondents, 83.7%, reported spending funding on Personal Protective Equipment distribution (n=108). Two-thirds 65.9% (n=85) reported spending on COVID-19 response

planning. A little over half, 59.7% (n=77%) reported spending funds on contact tracing, and about half, 51.9% (n=67), reported spending on school-based screening programs.

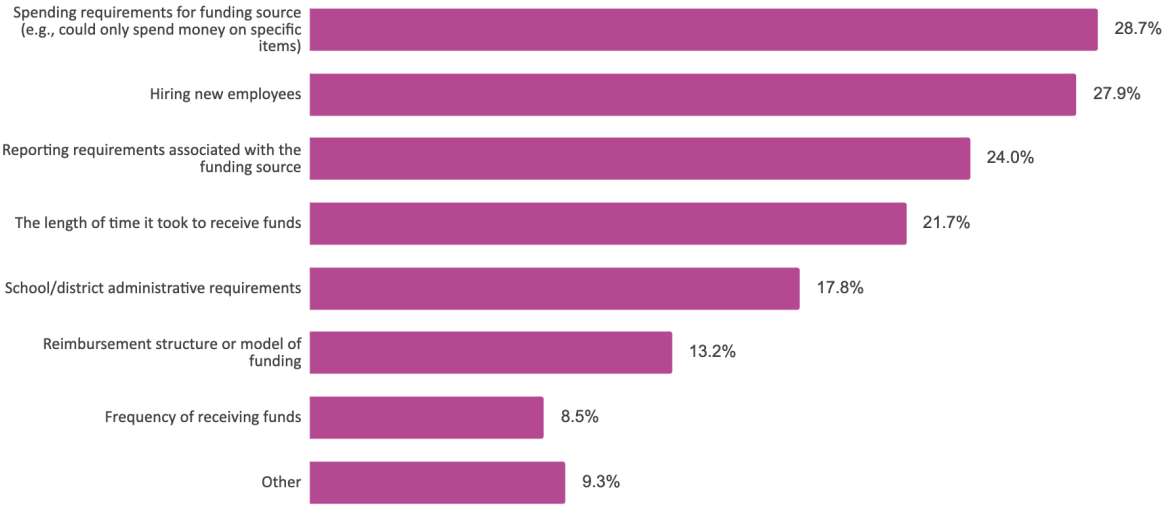
Figure 6: Areas funding was used by schools (N=129)



Barriers to use of funding

Respondents reported that their district experienced barriers to the efficient use of COVID-19 funds. The top three responses were spending requirements for the funding source (28.7%, n=37), hiring new employees (27.9%, n=36), and reporting requirements (24%, n=31). Seven respondents selected "other" and indicated they did not know because funding decisions were made at the district level. Additional "other" responses included clarity about deadlines, and needed funding to hire staff.

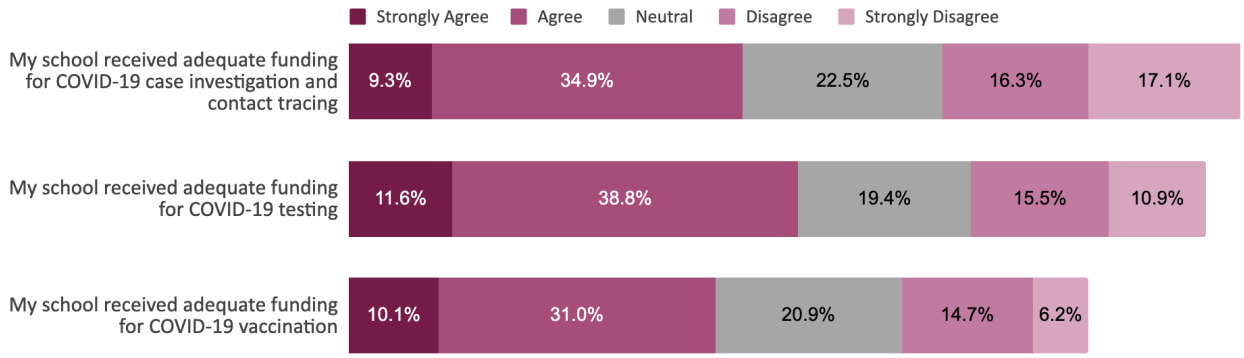
Figure 7: Barriers to efficient use of COVID-19 funds (N=129)



Adequate funding

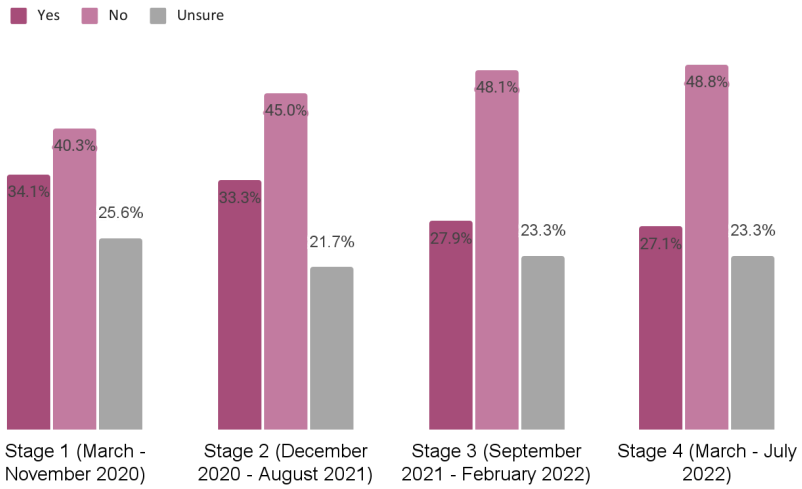
School principals were asked if they received adequate funding for a variety of COVID-19 response activities, see Figure 8 for all responses. Approximately 44.2% (n=57) respondents agreed or strongly agreed that their school received adequate funding for case investigation and contact tracing and a third (33.3%, n= 43) disagreed or strongly disagreed. Half of respondents (50.4%, n=65) agreed or strongly agreed that their school received adequate funding for testing and 26.4% (n=34) disagreed or strongly disagreed. Less than half of respondents (41.1%, n=53) agreed or strongly agreed that they had enough funding for vaccinations, and 20.9% (n=27) disagreed or strongly disagreed- and 17% (n=22) said they did not engage in vaccinations. Note that responses to each activity do not equal 100% because these represent all responses except for "N/A, My school did not engage in these activities."

Figure 8: Adequate funding for COVID-19 response activities (School Principal respondents, N=129)



Respondents were also asked if they ever felt their district did not have adequate funding to support their community in managing the pandemic. Less than a quarter of respondents did not know the answer to this question across all stages (17%, n=22) (Figure 9). About a quarter of respondents were worried across all stages that they would run out of funding (21%, n=27).

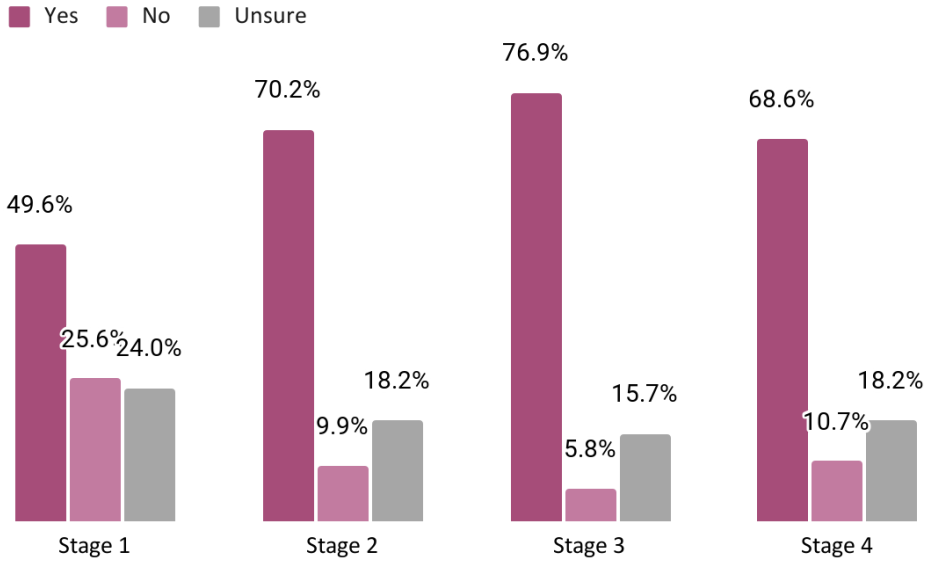
Figure 9: Did school worry if they would continue to have enough funds to support community in managing the COVID-19 pandemic (School Principal respondents, N=12



Epidemiology Data Access

Survey respondents were asked if they had access to local epidemiological data to guide their COVID-19 decision making. Between 50-75% of respondents felt they had access to data across stages. The highest number of respondents reporting they did not have access to local epi data was in Stage 1 (25.6%, n=31) . The highest number of respondents reporting they had access to local data was in Stage 4 (76.9%, n=93).

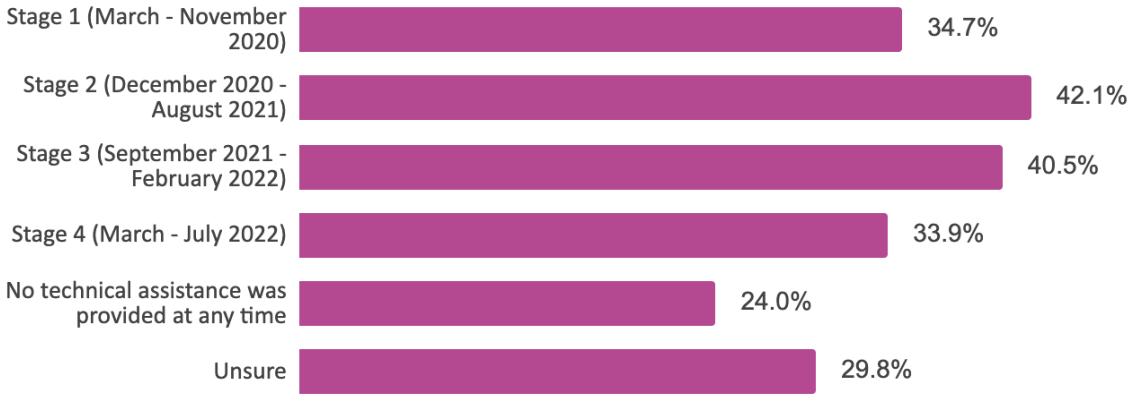
Figure 10: Access to local epidemiological data to guide COVID-19 decision making by stage (Principal respondents, N=123)



Data TA

Respondents were also asked if they received technical assistance (TA) to access, understand, or use epidemiological data. About a quarter (n=29) reported not receiving any TA at any time, and about a third did not know (n=36). Thirty-three respondents reported receiving TA during every stage of the pandemic.

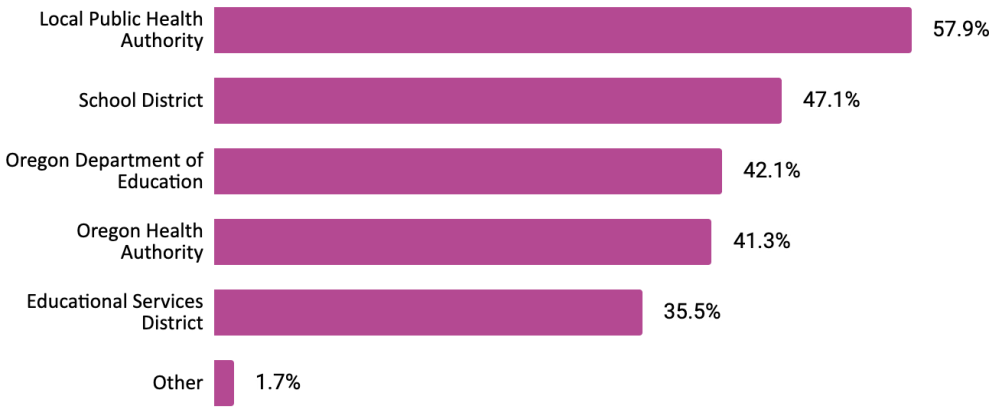
Figure 11: Stages during which schools received TA to access, understand, or use epidemiological data (N=59)



Organizations providing TA

Respondents who reported receiving TA were also asked what entities they received support from. TA was provided by local public health authorities, school districts, ODE, OHA, and Educational Service Districts (Figure 12). One respondent included a comment in "other," indicating they received TA from OHSU.

Figure 12: Entities that provided TA to school to access, understand, or use epidemiological data (Principal respondents, N=121)



COVID-19 Response Activities

Formal Pandemic Response:

Respondents were asked when their school began their formal COVID-19 response. The majority of respondents (86%, n=147) reported that they began their response the date of Oregon's emergency declaration (Figure 13). Two respondents said they began emergency response when there were cases in their school community, and two respondents reported starting the date of the federal emergency declaration. Thirteen respondents said they did not know. Seven respondents selected "other," their write-in responses are included below.

Figure 13: When school began formal COVID-19 response (N=171)

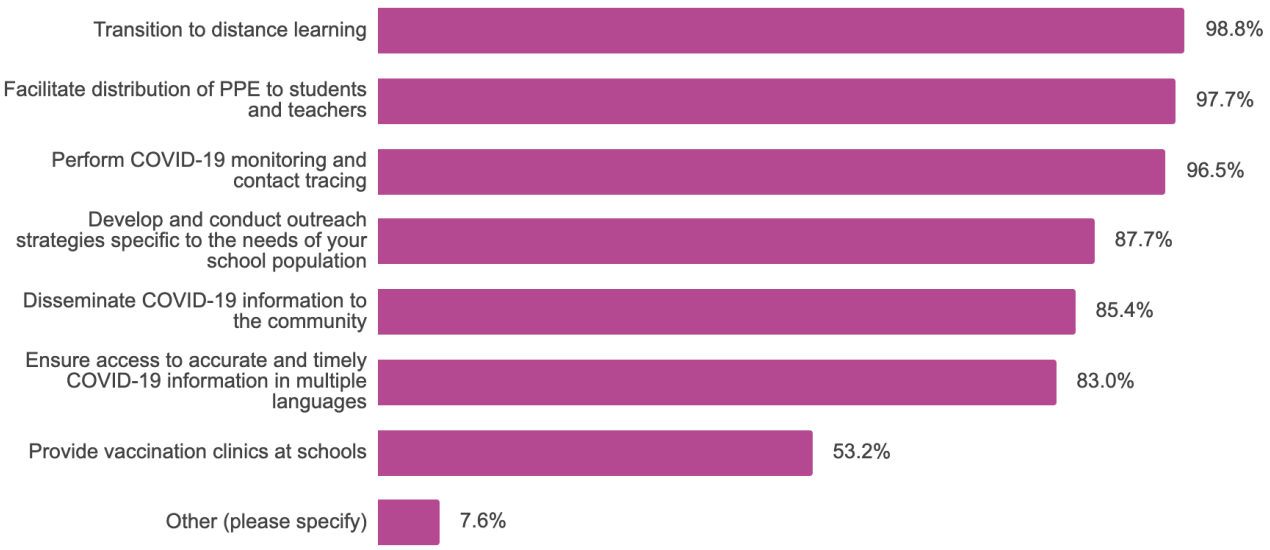
- *March 13, 2020 was the first day I was involved. I don't remember what the date of Oregon's emergency declaration.*
- *Our district staff had one of the first cases in Oregon which kick started our response.*
- *Two weeks after Oregon's emergency declaration.*

- *We initially chose to extend Spring Break for an additional week before any cases in our school community.*
- *We moved in unison with our district and state, but started considering options prior to the March closure.*
- *We were two weeks later from Oregon's emergency declaration, as we were gaining information from the state.*
- *When it became apparent that this could develop into a pandemic. Before any government declaration.*

Overall Response:

Respondents shared ways their school responded to the pandemic, see Figure 14. Nearly all respondents (98.7%,169) reported transitioning to distance learning and facilitating the distribution of PPE (97.7%, n=167). Most respondents (n=72) also reported performing contract tracing and monitoring (96.5%, n=165).

Figure 14: Ways that school responded to the COVID-19 pandemic (N=171)



Thirteen respondents selected “other,” their responses are listed below.

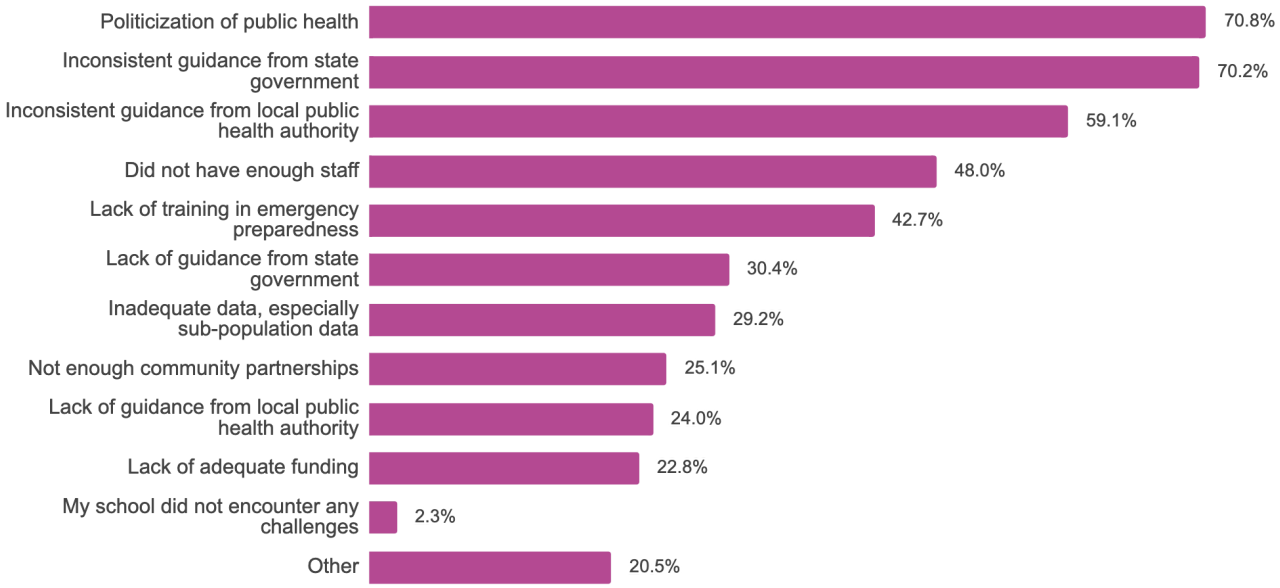
- *conduct covid testing at school, delivered emergency food supplies and meals*
- *Family outreach nights on zoom. PD for teachers and parents on distance learning.*
- *meals to students even when not in-person*
- *Met ongoing nutritional needs*
- *numerous video updates and Q/A sessions*
- *Pathetic leadership at the state level.*
- *Provide a ton of support to the community that also endured a major wildfire in 9/2020, had students in the building 11/20 to receive distance learning as there was no internet infrastructure in the area. We used hot spots.*
- *Provided communication support and guidance to many smaller districts.*

- *Provided food assistance, school supplies and school packets at the beginning, internet access, hotspots etc*
- *Provided the opportunity to all district employees to have access to vaccination during work hours.*
- *purchased wi-fi hotspots for families to insure students had access to education.*
- *Reformatted in person instruction, athletics, activities, professional development, etc, once back in person.*
- *You name it.*

Challenges and Barriers to COVID-19 response

Prinicipals were asked to select which challenges that hindered the effectiveness, scale, or quality of their school's response. The top response selected was the politicization of public health (70.8%, n=121), followed by inconsistent guidance from state government (70.2%, n=120), and then inconsistent guidance from local public authority (59.1%, n=101) (Figure 15).

Figure 15: Challenges that hindered the effectiveness, scale, or quality of COVID-19 response (N=171)



"Other" responses included:

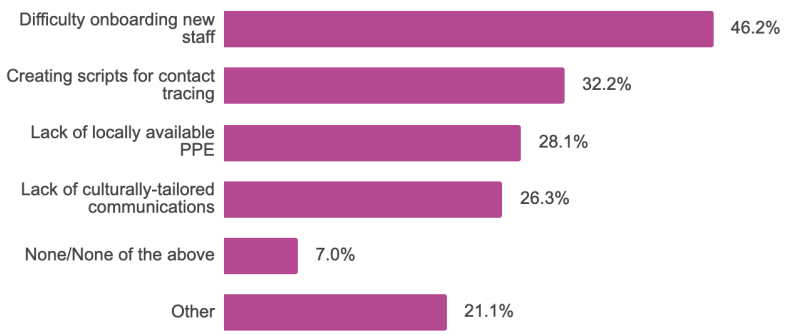
- *Beyond inconsistent guidance, the guidance changed so frequently that we were in the midst of one plan and then had to "pivot" with little to no notice.*
- *Closing schools was amongst the worst decision Oregon's government has made since 1859. Everyone involved in this move needs to admit their fault and be held accountable as a first step to restoring public trust.*
- *Community frustration that Oregon took a harder line than neighbors to the East of us. "How can they be back at school but we cant?", "How can that state be pretty much open but we still have restriction? " "Our numbers are not any better than states with more relaxed rules."*
- *Community response to the use of masks and move to online learning.*

- *COntract Tracing was confusing and often contradictor between the schools and health department. I believe they just did not have enough people for the demands.*
- *Did not have staff with the correct skill sets, i.e. social workers, public health professionals, nurses, communications managers, data analysts, contact tracers. Also, just time, there was not enough time to respond adequately.*
- *Feeding students in rural areas*
- *I selected "inconsistent" but the biggest problem was the rapidly changing environment and changes to protocols*
- *Inconsistency would describe any challenges that we faced. Inconsistency is what I believe made a divide in many communities and politics was the main theme.*
- *inconsistent Federal guidance*
- *inconsistent implementation of guidance at a district level*
- *It became political and data did not matter*
- *Lack of anyone willing to say this is the rule...lack of overall leadership to FORCE action.*
- *Lack of internet access to every student's home.*
- *Lack of local control*
- *Mandates created lack of trust in public education*
- *Many changes had to be made on really short notice.*
- *Mis-information and issues at the federal level.*
- *Needed greater guidance around technology and rural schools.*
- *Our rural location hindered some of our responses.*
- *Our school district is in Linn County and my school is in Benton County. There were inconsistencies between counties that were difficult to navigate at times.*
- *Our state's response was horrible. We essentially prevented students from education. It didn't matter how well we did distance learning, it was wholly inadequate for our most vulnerable students.*
- *Reaching students and families who did not want to be reached. Mental health of staff, students, and parents.*
- *So many challenges, but not necessarily related to the challenges listed above.*
- *Staff training / preparedness on technology platforms*
- *The burden of contact tracing fell entirely on extremely limited admin staff. We needed a FT contact tracer but did not receive one.*
- *The local health dept appeared overwhelmed in the earliest stages, though likely through no fault of their own.*
- *The rate at which adjustments were made at both the state and county levels was hard to manage. The frequency of adjustments in RSSLs was a challenge.*
- *The rules changed frequently making it hard to communicate and enforce. Each time a new rule happened, the information would get to us before we got official guidance from local public health and then district office so we sometimes felt we were following old guidance while waiting for everyone else to catch up.*
- *The way the county was used to measure increase or decrease of Covid19 was difficult to believe as we had little issues in our community but were held to the County numbers.*
- *There was never enough time to feel like we were doing a good job and very little feedback that we were (even when we were doing our best)*

- *Trying to invent processes and procedures on the fly.*
- *Wildfire of 9/2020 was the biggest issue*

The top barrier identified to being able to respond to the pandemic was difficulty onboarding new staff (46.2%, n=79), followed by creating scripts for contact tracing (32.2%, n=55). About a third of principal survey respondents also identified a lack of locally available PPE (28.1%, n=48). Additional "Other" barriers written by respondents included:

Figure 16: Barriers to response to the COVID-19 pandemic (N=171)



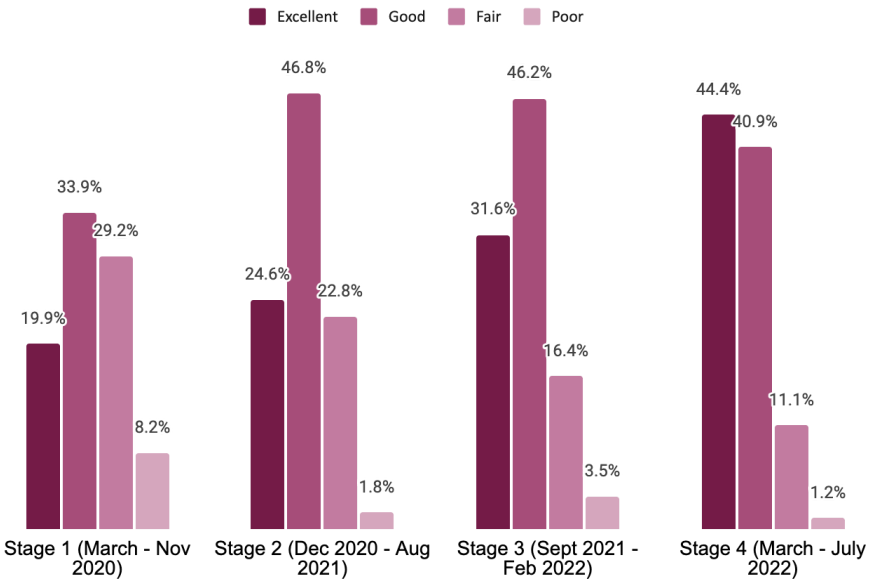
- *At the start PPE was an issue. When we returned I felt prepared with PPE.*
- *Changing scripts for contact tracing, isolation, and quarantine.*
- *Community buy in. Split political stances.*
- *Constant change in rules and regulations causing us to pivot constantly on our plan.*
- *Contact tracing and tracking in schools was a challenge at first. I would be on the phone for hours communicating close contacts and receiving information from families about their exposure. Not until we created a system did I feel we were managing the pandemic.*
- *Difficulty supporting families who were absent from online school*
- *Enough Physical space to distance, lack of staffing*
- *extremely difficult to secure substitutes*
- *Following the constantly changing decision making of state leadership that was implemented based on political party affiliation.*
- *Inconsistent and ever-changing communication*
- *inconsistent enforcement of current regulations in order to maintain instruction (in a pandemic don't use words like "to the best of your ability" either we need to do it or not.*
- *inconsistent implementation of guidance at a district level*
- *Increased distrust of public schooling*
- *Lack of a general level of staff. Negative impacts of the pressures of the pandemic.*
- *Lack of covid tests, see response to previous question, lack of availability of mental health professionals, lack of training in digital learning*
- *lack of time and staff to create new plans for every process*
- *Mis-information; unwillingness on staff and community part to follow guidelines;*
- *No functioning local health care*
- *Our town was split 50/50 with believing in covid/mask wearing*
- *Public and social turmoil with mistrust of others*
- *public buy-in by parents and some staff*
- *Spanish speaking translation and staff*
- *Staff exclusion due to vaccination policy at district level (strict interpretation of state guidance)*

- *Staff not willing to come to work/ afraid/ wanting to stay home*
- *Staff shortages*
- *Staff to handle the sheer volume especially when students were involved in activities/athletics/and back in person. Tracing all the potential contacts was time consuming and we needed an added FT staff to do this well.*
- *State mandates that did not consider/prioritize the long-term harm done to children.*
- *Stress management for staff*
- *Student access to all the other services that schools provide- Mental health, food, community, in person learning.*
- *Students scattered across the west coast as a result of wildfire*
- *Supplies for community members and parents trusting that nothing bad would happen if they admitted their family had contracted COVID, but the stigma outweigh being honest.*
- *Teachers familiarity with technology*
- *testing accessibility*
- *We live in an area that had strong thoughts about Covid 19 that did not align to what the State was doing. Thus, our families were barriers.*
- *we reduced the barriers ourselves*
- *Willingness of teachers to be engaged and effective in executing mandates.*

Rating of school response to COVID-19:

Respondents were asked to evaluate how well they felt their school's response to the COVID-19 pandemic was during each stage. Respondents felt their school did better as they progressed through each stage. At Stage 1, 53.8% (n=92) of respondents felt that their school did good or excellent, and by Stage 4, 85.4% (n=146) felt that their school did good or excellent (Figure 17). Note that responses in each stage do not equal 100% as respondents could also select “I was not involved in COVID-19 response in my school during this stage.”

Figure 17: Rating of school's response to COVID-19 during each stage (N=171)



When asked to expand on why they rated as their school as they did, the following comments were provided:

- *Again, we were prepared, but struggled through the many changes that occurred during the pandemic. There was often no script for anyone to follow.*
- *As an admin team we were making the decision with the most upto date information provided and were very supportive of one another. Our staff was also very supportive and would give us input as they they were able to at staff meetings.*
- *As we adjusted to this new reality, we became more effective. The challenges was when we returned to full person school in Sept. 2021. The guidance from the state and county seemingly changed on a daily basis. We would make plans to have lunch inside, and then receive guidance from the county that our plan was not allowed, so we had to pivot on a moment's notice. The only seemingly consistent thing was the inconsistency of the days.*
- *At every stage, our district was slow to create opportunities for access that were allowable under state law (ex: limited in-person instruction, flexibility in non-vaccination accommodation, etc.). The impact was significant restrictions in access that students at-risk needed.*
- *Because we survived.*
- *By stage 3 and 4, we had had enough time to prepare. However, by late sate 3 and stage 4, our community was actively rebelling against our health measures and it became extremely difficult if not impossible to enforce the mask mandate, amongst other measures (eg. social distancing, not coming to school when COVID positive, etc.)*
- *Can you really be great when people are dying but students need to be educated?*
- *During each stage we spent considerable time and energy to engage families and students.*
- *Education professionals in my school rose to the challenge given the constraints presented that included contradicting policies across various levels of government and jurisdictions.*
- *Every school did their best. No school was good at this. Even though the district I was in was likely ahead of the game when it came to working with local public health, many barriers and the lack of willingness to understand decisions were being made as a result of science resulted in school response challenges.*
- *Given the circumstances, early in the pandemic I think our team had an exceptional response to the constant changes that were taking place during the process.*
- *Good enough, I guess.*
- *Had some gaps in our systems we needed to address.*
- *I believe our school did a wonderful job overall in how we handled the pandemic, with what we were given. Policies and regulations were cumbersome, inconsistent, and very frustrating to work with. Creating more time away from the real work of connecting with kids and making sure that they were being taken care of. Inconsistent rules and policies, also led to wasted money and resources. Rules and policies also seemed to be very divisive creating HUGE divides within our communities, school officials were forced to inforce poor policies and left them hanging to deal with the public. This was evident in school board meetings that were divided.*
- *I believe we did the best we could in the situation. Our staff stayed positive and were available for students and families.*
- *I feel as a district we did above and beyond expectations to serve our students and families.*
- *I feel we did a fine job.*

- *I feel we did as good of a job as possible and better than most of our in district surrounding schools. We provided extensive support and guidance to our staff at every stage despite the often inconsistent and evolving guidance from ODE and the state.*
- *I feel we followed advice and dictates from the state and county leadership. The rough part was being attacked locally for decisions made at higher levels.*
- *I felt like at each stage, once we got our feet under us, we handled the stage to the best of our abilities.*
- *I felt like our school did well at each stage. Living in a rural area, we continued to struggle with internet.*
- *I think we did a good job throughout the pandemic, given the circumstances.*
- *I think we did a really good job at my school and we actually followed what was expected and mandated by us to do and there were no protests or opposition to our COVID responses at my high school.*
- *I think we did really well. We followed state and local guideline and updated policies and procedures to respond appropriately.*
- *I think we did the best we could given the circumstances.*
- *In the beginning, we literally was learning on the fly. It was not easy.*
- *It felt like we were always one step ahead, thanks to our District leadership and collaboration with community partners.*
- *It took us all a while to feel confident being around a large number of people. We were not always prepared to support contingencies.*
- *It was fair because it felt like we shuffled kids back into schools like nothing had occurred. Sure we had safety measures in place but little to address mental health of students and staff. We pushed standardized tests back on people and had*
- *It was very challenging, but overall we met the varying needs of most families.*
- *Lots of changes to make with short notice; sub shortage when we reopened and cases were still high*
- *Many of our students come from families who choose not to wear masks or vaccinate, and many chose to exit public education. Once mandates lifted and choice was restored, we increased enrollment without incident of increased disease.*
- *Most staff stepped up and did their very best and more. It was also done carefully, thoughtfully and with as much transparency as possible.*
- *Once we got staff and students rolling we just kept on going*
- *Once we went through Stage 1, if felt like my job became making and revising plans, information was changing monthly and procedures were being rewritten and revised constantly*
- *Our district was listening to the most up to date information from scientist and doctors.*
- *Our school and district leadership team did a good job responding to the health requirements and recommendations while still maintaining structures and systems that supported students and their education - as well as activities (such as graduation)*
- *Our school community quickly formed teams to address the needs of students and families. We adopted new policies to monitor the health of our students and staff and center equity in academic policy decisions.*
- *Our school's response was the same as others in Oregon but not due to our control. We had no control. So, this is not reflective of our school, but the state.*

- *Our staff did an absolutely amazing job with what we had to work with.*
- *our superintendent at Umatilla SD was a super star!*
- *plans developed by group to include major stakeholder perspectives*
- *PPS led the way in regard to creating processes and policies for the rest of the state. We worked with national experts, OHSU, OHA, MESD, CDC and many others to help lend voice from the education perspective and was able to pivot quickly when changes occurred.*
- *Public health became an effort to balance politics with actual safety. OHA and local health department*
- *Public schools do not have the expertise or capacity to manage pandemics. This should be the responsibility of the health care system.*
- *Rural Oregon had completely different guidelines that would go into effect, or that the area did not deem appropriate because of location.*
- *Speaking with other schools and their issues, I feel like our community and school handled it quite well.*
- *Staff were prepared and supported all along the way. District communication was clear and appropriate at each stage.*
- *Stage 1 felt like total chaos, stages 2 and 3 felt like we were making pivots often and it felt like whiplash.*
- *Stage 1: no pre-planning occurred, to my knowledge. We were in complete "reaction" and design as we go mode but did the best we could. Stage 2: same as stage one. Stage 3: completely unprepared and unsupported in the politicalization of the pandemic and the vitriol we received from many families while trying to enforce guidelines. Additionally, the surge of variants affected our staff so deeply that we could barely cover classes. This scrambling and inconsistency caused significant learning lose. It seemed as though our district was fully committed to remaining open for in person learning despite the insanely impactful challenges of having so many staff out ill without available substitutes. Stage four: we continue to be underprepared and understaffed for the emotional and behavioral concerns students are exhibiting like due (at least in part) to the learning and socialization loss of remote and hybrid learning.*
- *Stage 1: our school did not have a plan; nor did we do much to immediately adopt a sustainable educational model.*
- *Stage 2 was a challenge because of the enforcement of specific rules in RSSLs (at the middle level).*
- *Stage everyone was scrambling due to the constant change in regulations. Stage 2-4 We were able to develop a plane that enabled all students equal access..*
- *Sweet Home just was in a constant state of reaction, very frustrating as a staff member.*
- *The most challenging year was when we were back in school full time, but had to enforce social distancing, and contact trace in a high school.*
- *Updated information and learned many things along the process*
- *We adjusted to each stage and made our school fit the regulations.*
- *We all did the best we could.*
- *We all improved over time. Our school district ensured that everyone worked together through each stage.*
- *We aren't big enough to have a centralized response and much of the work fell on a few.*

- *We became more knowledgeable as we progressed through the various stages.*
- *We developed a plan in accordance with state guidelines, implemented that plan, and adjusted as needed.*
- *We did our best and most ll staff participated in getting things out to our students and families and took care of them the best we could.*
- *We did the best we could do with the resources and the information. Distance Learning was a challenge but is was for all involved. .*
- *We did the best we could to follow guidance of ODE. Not a lot of room for decision-making on our part.*
- *We did the best we could with the information and data we had at that moment.*
- *We did the best we could with the resources we had and based on what we knew. Our students and staff stayed healthy.*
- *We did the best we could!*
- *We did the best we could.*
- *We did the very best we could, given the circumstances.*
- *We followed and implemented guidance as directed by ODE and the state; there was sometimes conflicting information.*
- *We got better as time went on and restrictions were lifted. At the beginning it was murky and we weren't sure we were following guidance. We were learning everything on the fly and it was a slog.*
- *We got better over time. I think the contact tracing was a whole job for school staff on top of the newly hired employees. At times I felt like a contact tracer more than an instructional leader.*
- *We had a clear plan and followed it. We were supported throughout.*
- *We had clear direction and were focused on getting students back in the classroom as soon as possible.*
- *We had district guidance on what to do.*
- *We had many changes to our SOPs, but we implemented all of them*
- *We had the BEST school nurse and business manager.*
- *We had the resources. We burnt out our staff*
- *We had tremendous community pushback to enforcing the health regulations, and that presented many problems.*
- *We had weekly meetings all year long to update the needs of our school and students.*
- *We have a great staff who work together.*
- *We have a small school and everyone was "on board" for doing whatever was necessary to keep educating students.*
- *We have continued to display initiative, partnership, creativity, resiliency, and resolve for our students and families.*
- *We learned a lot about how to manage and operate our school as the pandemic went on. We improved our response and communication*
- *We used a common sense approach and put kids first while following all the guidelines*
- *We were able to have in-school instruction throughout the pandemic and we were some of the first to reopen in person instruction fully.*
- *We were able to provide academics to our students and did not see an outbreak within our building that caused a disruption to services provided to students. aa*

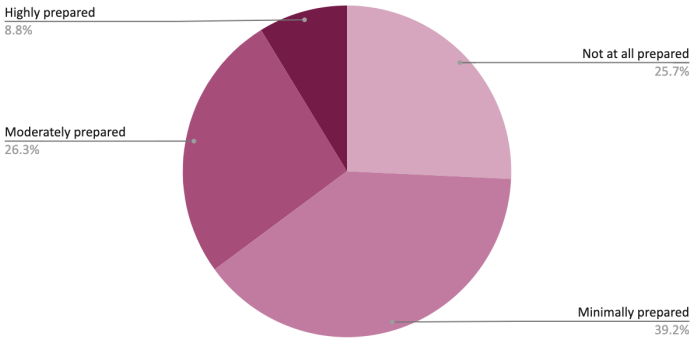
- *we were already using online learning*
- *We were initially quite unprepared and didn't know what we didn't know. As the pandemic progressed we got much better and more prepared in dealing with the numerous issues we were confronted with.*
- *We were kind but clear. We pulled together to create a consistent message from district office, to each building, and to our staff. It has to be done together or it is impossible.*
- *We were more in a position to react than strategically respond.*
- *We were not prepared for the emotional and social damage that was created*
- *We were the first school in Multnomah County to bring students back in March of 2021. We did have students on campus in January of 2021 for LIPI. In March we used a hybrid model to operate.*
- *We were totally ill-equipped to respond to student mental health needs in State 3 and 4, and also unequipped to build the systems for the contact tracing that was being required of us.*
- *We work as a team to ensure understanding and clarity for each stage.*
- *We worked hard to stay with in the expectations handed down from ODE while providing the best opportunities for student learning, mental health, etc.*
- *We worked very hard with our local health department, families and district employees.*
- *While our initial response was slightly delayed due to our rural location, my district/school was able to develop a plan which allowed us to serve our students in our buildings very early. This helped us communicate with our stakeholders early in the response process.*
- *While we may not have known what to do at first- once we did have guidance we followed it exactly.*

Transition to Distance Learning

Preparedness for distance learning

Survey respondents were asked to reflect on how prepared their district was to transition to distance learning (Figure 18). About a third of respondents (35.1%, n=60) felt their district was moderately or highly prepared, and about two-thirds (65%, n=111) felt they were minimally or not at all prepared.

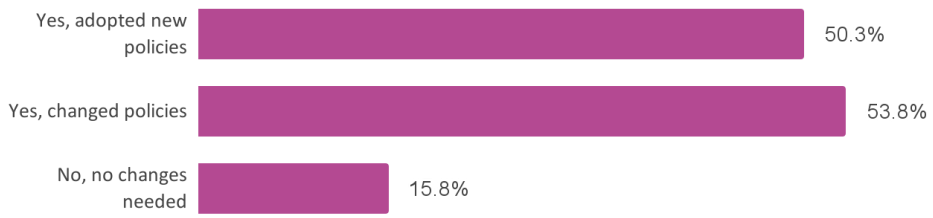
Figure 18: School preparedness to transition to distance learning for educational instruction delivery (School Principal respondents, N=171)



Distance learning policies

When asked if they had to update policies to transition to distance learning, almost half of respondents said they changed policies, and one third said they created new policies (Figure 19). Note that four respondents selected both options for yes, so the total equals more than 100%.

Figure 19: Abrupt closure of schools and resulting transition to distance



Respondents were asked to rank aspects of the transition to distance learning from most challenging to least challenging (Figure 20). Technology infrastructure was identified as the most challenging aspect, followed by platforms or systems to manage distance learning. Training and preparedness of teachers in distance learning methods and delivery, and training and preparedness of students in using distance learning technology was pretty evening ranked as the 3rd and 4th most challenging aspects.

Figure 20: Ranking of most to least challenging aspects of transitioning to distance learning (N=171)

Survey respondents were also asked to evaluate the effectiveness of their school's delivery of distance learning (Figure 21). About three-fifths of respondents (59.5%, n=72) evaluated their delivery of distance learning as fair or poor, with the remaining two-fifths (40.5%, n=49) evaluated it as good or excellent.

Figure 21: Effectiveness of school's delivery of distance learning (N= 121)

Public health system response

Survey respondents were asked to rate the state of Oregon's management of the pandemic response to COVID-19 in schools during each stage. The majority of respondents rated Oregon as poor or fair in all four stages. The state of Oregon was rated worst in Stage 1, with over two-thirds of respondents selected poor or fair (68.6%, 48) (Figure 22).

Figure 22: Rating of state of Oregon's management of the COVID-19 response in schools during each stage (N=171)

When asked to expand on why they rated as Oregon as they did, the following comments were provided:

- *A lot of moving pieces.*
- *Adequate and timely communication*
- *Again it became political and we stopped focusing on data to support the issues.*
- *Again, I don't think anyone could prepare for what we went through. Nobody did it well, but we all learned as we were going. It was also frustrating that throughout the US, we were hearing different things and different states were handling their schools way different than Oregon. My school is high poverty, so having them at home was not a positive thing. And, many did not have internet, and our hotspots were recalled. So, it was very hard and frustrating.*
- *All part of the state were directed differently based on percentage on cases. This left several rural communities students out of the building for a much longer time period than heavier populated area of the state.*
- *As more information became available, better guidelines were published and shared with the community.*
- *As time progressed, I believe OR did the best possible with regards to the shifting statistics and community spread. Communication was clear, although dynamic, during this time.*

- *At each stage, there were challenges with information constantly changing. I appreciated the ODE meetings so administrators would have the most up-to-date information that would impact our schools.*
- *At times it seemed we were being overly cautious and extended the closure longer than it needed to be. With that said, hindsight is 20/20 and at the time it was difficult to predict how the pandemic was going to impact our future.*
- *Based on the negative impact on student learning we should have reopened sooner.*
- *Closing schools disproportionately harmed our most vulnerable student populations, exacerbated achievement gaps, caused massive increases in teen depression, anxiety and suicidality and irreparably harmed a generation of kids. Shame on everyone behind these decisions.*
- *Confusing and changing guidelines. Lack of centralized resources that were helpful.*
- *Don't believe the state was fully transparent with the data and how it affected kids. Unions had too much say in whether schools opened or not.*
- *Every changing direction was difficult to keep up with. The HUGE amounts of paperwork for tracing was challenging to manage. Policies were not clear and concise. Policies did not seem to take into consideration barriers some districts have with technology and internet access for district learning. Policies pushed forward with a generalized agenda around SEL that seemed like a one size fits all direction instead of understanding what districts were already doing for student well being. Re-opening was much too slow especially at the secondary level.*
- *From my perspective, it never felt like a firm decision was made--the goalposts were constantly moving.*
- *From my perspective, Oregon (and many other states) response focused largely on flattening the curve and curbing hospitalizations (which are both important), but did not give adequate weight to the well-being of children. Higher priority should have been given to keeping schools open and allowing the virus to run it's course with reasonable accommodations to those most vulnerable.*
- *Hindsight is 20/20*
- *Hindsight is 2020 but I don't feel like the impact of policy was considered prior to policy changes.*
- *I appreciated the response to a real threat to our health and to think that by July of 22' everything was fine is asinine. We need and continue to need more money for mental health and food/shelter insecurity.*
- *I believe everyone did the best they could with the information and knowledge at the time. I do believe as a state we could have returned to in-person school at an earlier and not be controlled by fear.*
- *I believe in each stage there were decisions made out of haste and with political agendas. At no point, did it feel like decisions/mandates made sense or worked in unison. This created inconsistencies and lead to lack of confidence in District leaders for our communities.*
- *I believe inconsistent messaging and political divides created undue barriers. Oregon seemed to take further precautions, extend the pandemic requirements, and over step mandates in many areas compared to other states across the nation.*
- *I believe our state handled this pandemic to tightly and it contributed to the high stress of politics.*

- *I don't know what I don't know. Things could have been clearer or more timely. I think everyone did the best they could.*
- *I don't now what to say. We were asked to be the social distance police, but students weren't doing that on their own. It was just a tough position for all.*
- *I give the state credit for its initial response. I can't imagine how difficult it must've been to decide to not only close schools, but the majority of businesses. However, the longer into the pandemic we went the more the state made ambiguous, illogical, hypocritical, and untenable rules and policies. Forcing school leaders to play rule enforcer for the state created a lot of hostility with community members. Partnerships that took a long time to curate were destroyed quickly. Living in a smaller community and being forced to follow the same rules as a location with much denser population and quicker disease spread never made sense.*
- *I know we were doing the best we could with the information we had at the time. But shutting down schools totally was a huge mistake.*
- *I put good on stage one in that no one knew what was going on when COVID first hit, and nationwide we had no choice with what information we had but to shut down, but as we moved into stage two and three, it became apparent that our response was tied to political lines and we took way extreme levels, which at times were very inconsistent, and with little notice for schools to make the adjustments. Even as districts/states across America and Oregon showed that we could come back safely Oregon still took extreme measures keeping kids away from schools. We talked heavy about equity, but keeping kids away from schools only created more of an educational gap between the haves and haves not. People with money hired teachers, or created learning pods. Parents with no money or had to work, were not able to do so. What we see now are the haves and have nots. My little country school did well with the kids that we had, but what I see from other schools, and kids moving in are huge holes in their education. I am vaccinated, but how Oregon rolled out the mandatory vaccination hurt the workforce, and I believe violated a person's personal medical rights thus creating a more tense climate on an already hard situation. Oregon talks about being bipartisan, but their response only created more of a divide. I am very pro schools and unions, and like to be very optimistic and supported every policy that came my way, but to say that Oregon handled this well, I can not in good conscience say we did. No one in ODE, COSA and OEA showed leadership to protect kids from the emotional damage that was brought by the very most extreme measures taken and rolled out by OHA. As someone who does not vote party lines, felt that Oregon lawmakers made this political and about them and in the meantime divided our communities and districts. Next time try listening to ALL/both sides of the aisle, not just the one that has the majority by 2%. The state was divided and instead of finding the middle you chose to go extreme left. SAD.*
- *I question vaccinating school staff before the elderly.*
- *I realize everyone was doing the best they could, and also felt the information was contradictory, mandates changed frequently, solutions were mandated with little to no support to actual implement the mandates (a disconnect with what the state felt was best with the logistics required in school) and a polarization that continues to disrupt learning today.*
- *I think everyone was doing the best they could given an unfortunate political climate.*
- *I think everyone was doing the best they could. It was very difficult to enforce the mandates that were coming down. I am not sure the people making the mandates understood what actually happens in a high school.*

- *I think that politics got in the way at a federal level and it made decision-making hard at the state level.*
- *I think that we could have had at least K-5 students back in school a lot sooner than we did. The guidance was inconsistent and often didn't make any sense. It still doesn't make sense to have a vaccine requirement for our volunteers. Both vaccinated and unvaccinated contract COVID. It would be better to just screen for illness.*
- *I think the State of Oregon should have given schools more local control. And, many of the rules that were coming down from the State, did not make common sense. There were so many things that were conflicting. It was very frustrating!*
- *I thought the investigation was poor at the beginning. However, I do believe the political issues got in the way from beginning to to the reopening.*
- *I wish we had let students return to school, and for longer periods of time, sooner.*
- *In general dissemination of information was poor. It felt indecisive and ambiguous. As an administrator who was on a steep learning curve with everything that was occurring and working in an area where my school was the center for everything - food, tech distribution, vaccination site, etc there was a lot put on me. It felt like every big decision came out right before a break - winter break, spring break, so in essence giving admin who were working around the clock, NO BREAK, and adding an intense amount of pressure to us. As a public emergency the things we had to do were not things that could be added to a list. They were things that needed to get done right away. So the timing of new directives felt like little consideration was given to the folks to had to lead those directives. On top of that, I am educator. So much of what I was asked to do should fell in the laps of health professionals. We always get asked to go above and beyond but this was really pushing it.*
- *In reflection, I think we went too far, for too long and were too slow to come back to normal. We still have restrictions on volunteers. Local districts were purported to have autonomy to make local decisions but this wasn't really the case.*
- *Inconsistent guidance ranged from "the state decides everything" to "the local community decides everything" which increased the politicization of education during the pandemic and encouraged inconsistent use of resources*
- *Information was different from day to day and often contradictory, we had to make abrupt changes from day to day with little guidance, etc. It was unrealistic to have school staff "police" parents and other adults with compliance - including masks, distancing, sanitation, etc. It was also unrealistic to expect staff to keep adapting and adjusting to new guidelines. The state's response unnecessarily burdened families, staff, students - the entire community.*
- *Initially the response was decisive, but over time, their seemed to be inconsistent guidance.*
- *It felt like the expectations were written by someone who hadn't ever run a school.*
- *It felt like the state got tired of being the "bad" guy, and just pushed things off to districts to handle. Leaving us all to fend for ourselves. In small communities, there is a lot of comparing one district to another, as leaders chose different methods.*
- *It was an emergency. You can't be perfect doing anything for the first time. Under the circumstances, it was not bad.*
- *It was difficult to find out where we could get tested and vaccinated. There were very few options at the beginning of the pandemic.*

- *It was unprecedented. Everyone was doing the best they could. But everyone was unprepared. Too much was put on school leaders during the 21-22 school year. We were not public health professionals but were forced to be anyway.*
- *It was very frustrating getting inconsistent messages across counties in Oregon - depending on the local health authority, etc. Especially in relation to required (and recommended) health protocols for class and athletics. The fact that we still require 5 day quarantine and vaccinations for employment are ridiculous*
- *Its difficult to adopt policies state wide with out being authoritative.*
- *Looking back and comparing states that did not shut down, I believe the state kept us in lock down to long. The effects on students will take years to overcome.*
- *Looking back, it is hard to believe how restrictive things were. I always felt the state was looking out for our best interests and made the best decisions they could at the time.*
- *multiple changes that did not consider where schools were in the year, abrupt, seemed at times responsive to outside pressure rather than actual safety for students and staff*
- *No one knew what was happening and Oregon was ridiculous in their mandates and responses. I disagree with the majority of the way Oregon handled this entire situation.*
- *No one was prepared for the situation. It was difficult to know (even now) what was the correct decision and what was not. The constant changing of rules and guidelines was ineffective and generated distrust.*
- *not prepared for shut downs. this community did not buy the hype and was not supportive of our requirements*
- *Not sure what else could have been done to alleviate all of the stressors that came up (staff shortages, lack of physical space in schools, etc.)*
- *ODE clearly spent substantial time to provide clear and thorough guidance to districts and schools. While it wasn't always clear, it usually was.*
- *Once the relatively low risk to children was apparent, the mandates (including teacher vaccinations) should have been lifted immediately.*
- *Oregon seems to have been among the most strident of state governments in their commitment to keeping students out of schools and/or imposing unrealistic mask mandates that drove a wedge through the community. It may be hindsight, but it appears to be the case that keeping kids out of school for as long as we did has caused irreparable harm to their educational and socio-emotional development and the spread/infection/death rates in Oregon were not significantly better than states that took a flexible approach.*
- *Oregon's response was criminal. Never have we done more to harm our most vulnerable learners.*
- *Oregon's response was far too restrictive. The damage done to our students (and families) not being in regular school with regular activities was far worse than any damages done by the virus to our communities. When you look around the country, being shut down as long as we were compared to other states did not significantly produce any greater protection from the virus or lower the risk of death. Unfortunately, Oregon's desire to lead the country in these restrictions will have dire consequences for youth and communities for years to come.*
- *Politicized, socioeconomically insensitive to poor, rural, politically conservative communities.*
- *Same as before: excellent communication and resources.*
- *Schools were closed too long.*

- *See above*
- *The expectations to partially reopen were too difficult to follow and this lead to a lot of absences in students.*
- *The further we got into the pandemic, the more political the issues became and the less we "followed the science". My favorite example is allowing athletes to wrestle in the 20-21 school year, but not allowing them to shake hands after the match. Really? Show me science behind that decision.*
- *The initial response seemed excessive. Yet, I do acknowledge that there were many unknowns at that time.*
- *The initial response was warranted and understandable. The following response was a detriment to our students and our communities. We will be recovering for years to come.*
- *The number of changes made to the guidelines (and the initial lack of guidance for remote learning) made it extremely difficult to implement. If guidance changes every few months, the school system is put under intense stress to create new plans, schedules, and systems to implement those guidelines. The mandates passed nearly broke our staff and our system in those early stages. Later, when the guidance stopped changing so frequently, we went back to in person instruction, and unenforceable mandates (e.g. indoor masking) were relaxed, it became more manageable.*
- *The state came out as decisive and clear on the importance of shut-down. As the pandemic evolved, inconsistent and misaligned policies at the state level undermined that message. In addition, lack of local community engagement by state officials caused significant polarization at the community level and left local districts and ground level administrators and staff in the cross-hairs.*
- *The state had a lot on their plate to try and manage response in schools along with everything else.*
- *The State of Oregon overreacted to this. School should have continued as usual.*
- *The State of Oregon placed zero importance on the daily interactions of children. For a state that is so focused on social justice and programs for the underprivileged, they failed to see that this is the population that was most negatively effected by sending them home everyday.*
- *The state of Oregon's role was too large. Local decisions should prevail on opening or closing schools. The state can provide information and offer guidance. We were operating under a state of emergency for too long.*
- *The state provided the guidance and support, from which each District had the opportunity to develop their local plan.*
- *The state put the school system in a difficult position politically. It will take years to rebound from the repercussions.*
- *The state refused to look at the mental health impact on everyone and shut down quickly. It was too long and didn't differ from states that stayed open.*
- *The state was similar to the nation - we didn't have all of the information we needed in order to act quickly. We got better over time and continued to act in a conservative manner, which I believe helped us weather COVID better than other states.*
- *The state was trying to figure things out and making continuous changes as needed and as we all learned more about what needed to be done: Fair to Good over time.*

- *There was little leadership or direction from the state in the early stages. It got progressively better, but there continued to be challenges. I think ODE did a relatively good job in providing guidelines and leadership, but other agencies weren't as coordinated.*
- *There was too much inconsistencies in what we were supposed to do. Things were changing daily based on complaints. There was too much "One size fits all" mentality at the beginning and then all of a sudden it was "well if you are a county this size..." Too much state control, not enough local.*
- *There were constant changes that often times put schools in the middle of a politically charged climate.*
- *There were times we felt we didn't understand why we were implement various rules such as the color system for closure, when we never followed the rule and remained open.*
- *They did the best they could with the information they had available at the time.*
- *This was an unprecedented time. There were things the state did well by getting information out and taking action, but over time there were mixed messages that were not received well in our community which made it difficult to enforce unpopular policies. I felt schools took a hard hit for having to be the face of the response for many people.*
- *Timely, but then we had to wait for how it would be interpreted by our district*
- *Too many inconsistencies. There was no warning. Many times we found out what was going on when the public did. Causing stress on the schools. It was too chaotic.*
- *Too many mixed messages, we'd get something you'd asked for in place only to get new requirements shortly thereafter. We were never able to get something in place to see how well it worked before we had to change it.*
- *unclear and shifting guidance at the start, things got better as we all developed protocols*
- *Way too much flip flopping, changing procedures and requirements.*
- *We all struggled to lead in a time of struggle, deep fear, emotional distress and stress.*
- *We are all so different in our school situations that closures should have been handed over for local control.*
- *We are still unpacking the damage to our youth. The emotional, social set backs. The dysregulation, challenges with interpersonal skills, deficits in grit, knowledge. We needed our students all back on campus much sooner!*
- *We did not provide added staffing for contact tracing and communication. and we kept kids out of school and/or isolated from teams/activities/teachers/coaches way too long.*
- *We did our best and tried to improve and grow at each stage*
- *We do what we can with the information given. Hindsight is 20/20*
- *We were closed when there were virtually no cases in our communities locally for too long, then opened back up with many cases instead of preparing schools and allowing those that wanted to be in person, do so. Our children were traumatized and we will be living with these consequences for years to come.*
- *Where were the adjustments when the numbers were taking out 30-50% of our students and staff? We were so careful before and then when we had TONS of people VERY sick...very poor response and support from state and local agencies.*
- *While I know everyone was doing their best, I feel as though the state was caught flat footed, changed protocols too quickly and without clear guidance, and left individual schools to dealing with the vitriol of the families who didn't agree with the mitigation strategies we were tasked with*

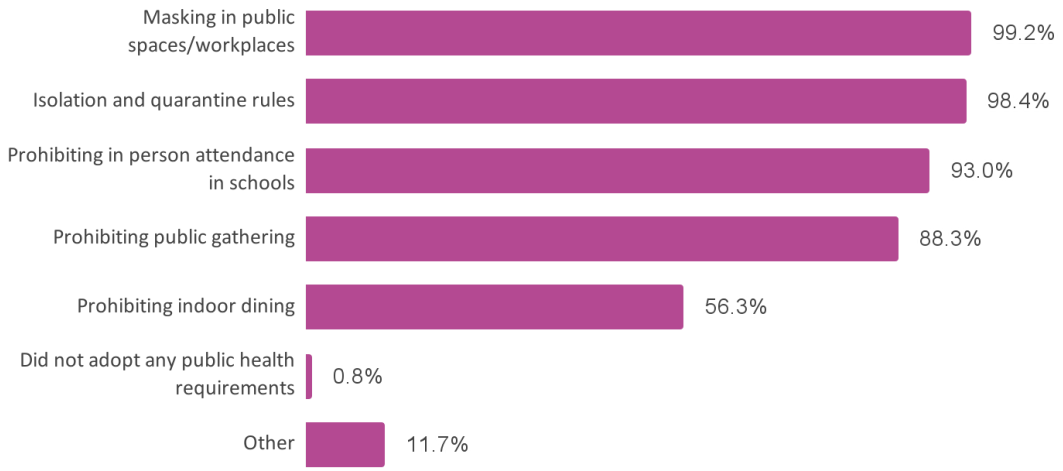
implementing and enforcing. Additionally, I don't believe schools were/are funded enough for staffing during all stages of the pandemic.

- *While I realize that it was an emergency management situation, some of the expectations that were set forth by the state of Oregon were very difficult to comply with in our rural setting. In addition, we are located near a state border and the "rules" were completely different across the border, which made it difficult to get our families on board with the restrictions early on.*
- *With what we know now we could have reopened sooner.*

Public health requirements

Survey respondents were asked if their school adopted any public health requirements to reduce the transmission of COVID-19. Nearly all respondents reported adopting masking requirements (99.2%, n=127) and isolation and quarantine rules (98.4%, n=126) (Figure 23). Many respondents also reported adopting requirements prohibiting in-person school attendance (90%, n=119), and prohibiting public gatherings (88.3%, n=113). One respondent reported that their school did not adopt any public health requirements.

Figure 23: Public health requirements that schools adopted (N=128)



"Other" responses included:

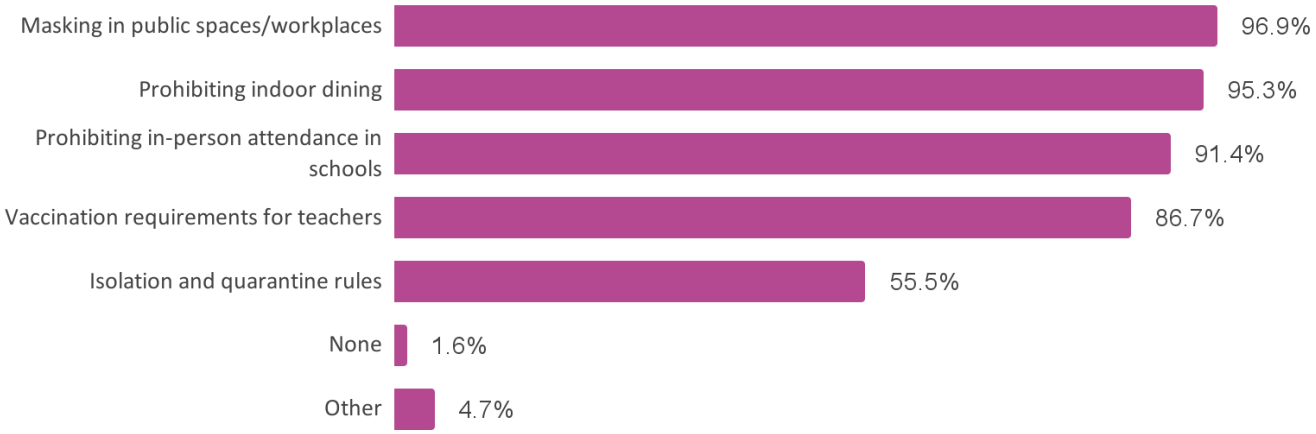
- *All OHA and ODE guidelines along with recommendations from LPHA*
- *As a district we followed all mandatory guidance put out in tool kits.*
- *Cohorting*
- *Dismissed unvaccinated workers*
- *Distancing requirements*
- *Limiting athletics/activities and then numbers of fans allowed at events.*
- *Physical Spacing, athletic and activity limitations/outdoors,*
- *School followed state guidance, could not enforce expectations of students and individuals outside of school*
- *Social Distancing*
- *Social distancing at all times indoor and outdoor.*
- *social distancing, cohorting, improved hygiene*

- *staff vaccination requirements*
- *using guidance for distancing indoors/outdoors was required*
- *vaccine mandates for employees*
- *We adjusted our dining to meet ODE requirements, but could not accommodate outdoor dining in our weather.*

Enforcement

Respondents were also asked to share what public health requirements they enforced. When asked which policies adopted by the school were enforced, nearly all respondents reported adopting masking requirements (96.9%, n=124), prohibiting indoor dining (95.3%, n=122), and prohibiting in-person attendance in schools (91.4%, n=117) (Figure 24).

Figure 24: Public health requirements that schools adopted that were enforced (N=128)



"Other" responses included:

- *dismissed unvaccinated workers*
- *Distancing requirements*
- *Limited in-person attendance*
- *Social distancing*
- *social distancing*
- *We did most of these - but only because ODE/OHA required it.*

When asked which policies adopted by local or state government were enforced by the school, nearly all respondents reported adopting masking requirements (99.2%, n=127) prohibiting public gatherings (98.4%, n=126) and prohibiting indoor dining (94.5%, n=121) (Figure 25). "Other" responses included:

- *dismissed unvaccinated workers*
- *Distancing requirements*
- *Limited in-person attendance*
- *Social Distancing*
- *Social Distancing*

Figure 25: Public health requirements that local or state government adopted that were enforced by school (N=128)

Some strategies that were effective in increasing compliance with public health mandates included school leaders modeling behaviors (75.8%, n=97) and targeting messaging (71.9%, n=92) (Figure 26). Twelve respondents (9.4%) reported that punitive measures were effective at increasing compliance.

Figure 26: Strategies that were most effective for schools in enforcing public health mandates (N=128)

A few "other" responses included:

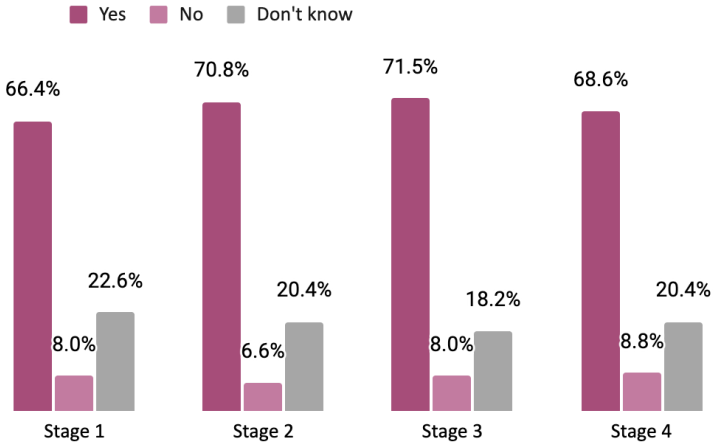
- *all of the above worked for some students/families, but nothing worked for students/families who disagreed with the public health mandates on political grounds*
- *Blamed requirements on the state; let people know that this was not a locally made decision*
- *Continually setting the expectation*
- *Educating families on the need*
- *extraordinary heavy lifting done by educators in the communication of masks = in person school*
- *Guest list at games*
- *having expectations that were not optional*
- *Isolation areas - parent pick up if students would not follow building guidance.*
- *Mask mandates were a nightmare to enforce*
- *Monitoring by all staff for student compliance - No persons allowed in buildings except students and staff.*
- *Must were not very effective. The majority of our community did not support the strategies or us as we tried to enforce the mandates.*
- *None. the entire response was an abject failure to students- the ones we are supposed to serve. Students were sacrificial lambs to the agenda of the NEA, OEA and state govt.*
- *Nothing was effective. It was too political drove a deep wedge in our community.*
- *Respecting and accommodating choice (home-based as option, face shields versus masks*

- *The message was "We have to do this to return to in-person teaching." Which is what our community wanted.*

Technical Assistance

More than two-thirds of respondents reported receiving technical assistance to inform their COVID-19 response activities, and less than ten percent saying they did not receive TA. See Figure 27, below.

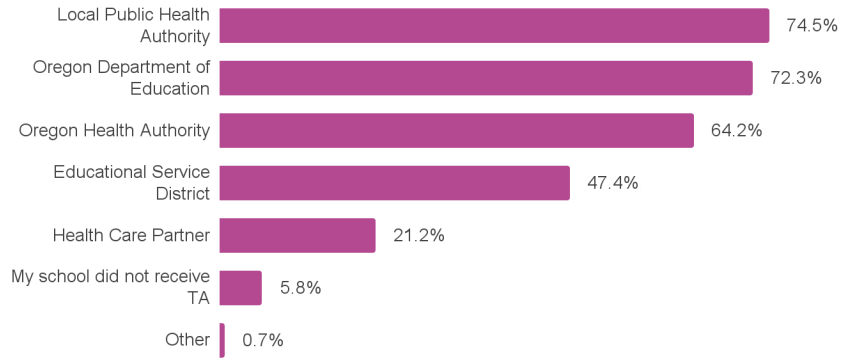
Figure 27: Percent of schools that received technical assistance to COVID-19 response activities by stage (N=137)



A variety of entities provided TA to schools to inform their COVID-19 response efforts. The top two agencies were local public health authorities (74.5%, n=102) and the ODE (72.3%, n=99). The one "other" response provided was:

- *We also contracted with 2 national experts who helped provide guidance and consult on our COVID responses. We also partnered with OHSU.*

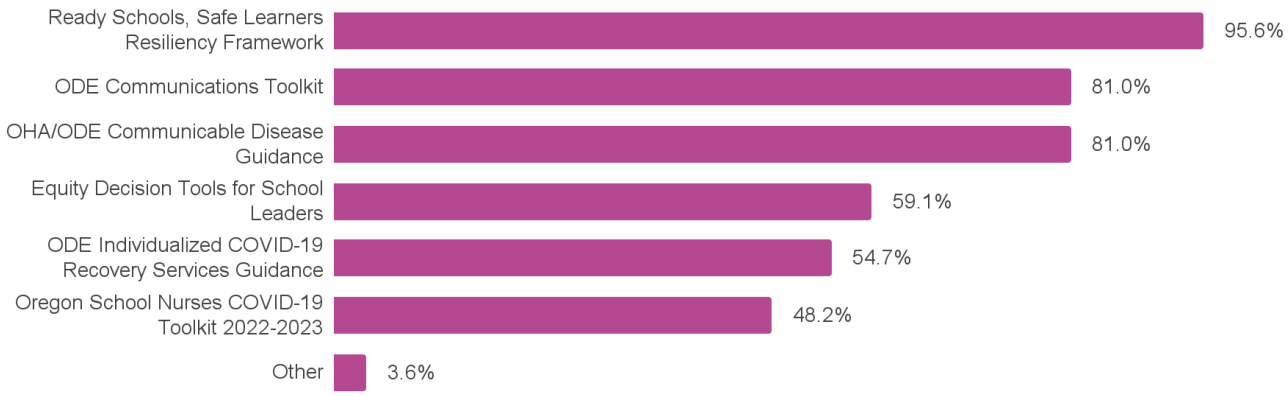
Figure 28: Entities that provided TA to school (N=137)



Respondents were also asked about their use of a variety of resources, listed in Figure 28. Nearly all respondents reported using ODE's Ready School, Safe Learners Resiliency Framework (95.6%, n=131) and the same number of respondents reported using the ODE Communications Toolkit (81%, n=111) and OHA/ODE Communicable Disease Guidance (81%, n=111). "Other" responses included:

- *One Community Health information*
- *OSAA Covid Protocols*
- *Our nurse was incredibly helpful.*
- *PPS developed our own processes for a large school district and contracted for services*
- *probably more, but typically used at the district level*
- *We used all the guidance from the ODE and OHA and tried to follow the best we could*

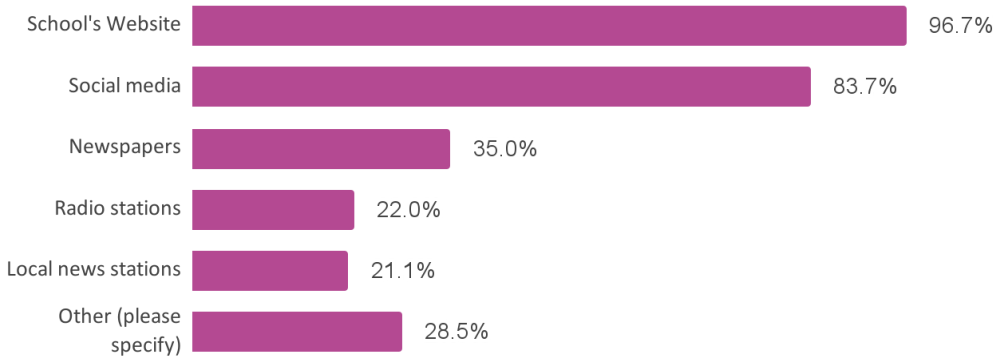
Figure 29: Resources utilized by schools (N=137)



Communications

All respondents reported providing public health messaging through mass media communication methods, see Figure 29. Most respondents provided information on the school's website (96.7%, n=119) and many provided info on social media (83.7%, n=103). "Other" mass media outlets include email, apps, mail, phone (voice and text), fliers, newsletters, webinars/zoom, ParentSquare, and Remind.

Figure 30: Mass-reach communication platforms utilized to communicate

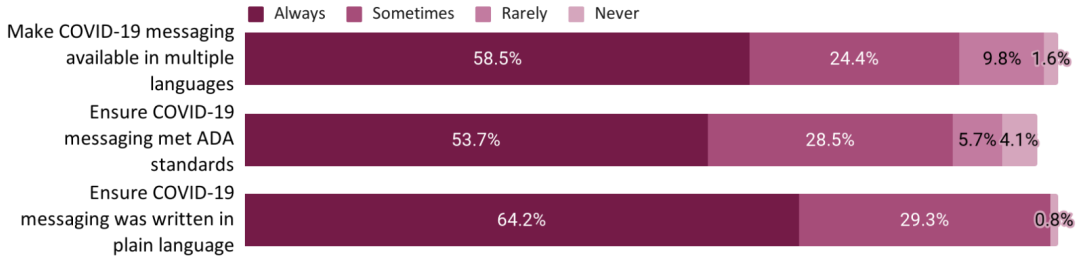


Accessibility in Communications

Respondents were also asked to reflect on how their district incorporated accessibility standards into their public health messaging. Nearly all reported that COVID-19 messaging was always or sometimes written in plain language (93.5%, n=115), and reported that messaging was always or sometimes available in multiple languages (82.9%, n=102) (Figure 31). Most respondents (82.1%, n=101) reported

that messaging always or sometimes met ADA standards. Five respondents reported never ensuring messages met ADA standards, two respondents reported never making messaging available in multiple languages, and one respondent reported never ensuring messaging was written in plain language. Note that rows do not equal 100% because respondents could select “My school did not develop public health messaging.”

Figure 31: When developing targeted public health messaging, schools did the following (N=123):



ODE Communications

Respondents rated the Oregon Department of Education’s communication during pandemic response (Figure 32). The majority of respondents evaluated ODE favorably, with over 70% (n=44) selected good or excellent. Only three people rated ODE’s communications as poor.Respondents rated the Oregon Department of Education’s communication during pandemic response. A little over half of respondents evaluated ODE favorably, with 57.8% (n=71) who selected good or excellent. Twelve percent of respondents (n=15) rated ODE’s communications as poor.

Figure 32: Evaluation of the Oregon Department of Education's communication during the COVID-19 response (N=123)

OHA Communications

Survey respondents were asked to rate OHA on their communication with the community about a variety of public health requirements that were implemented by stage. Note that respondents could select “Not applicable to stage” so totals won’t always equal 100%. See Figures 33-36 for details.

Figure 33: Rating of OHA Communication with Community, Stage 1 (March - Nov 2020) (N=123)

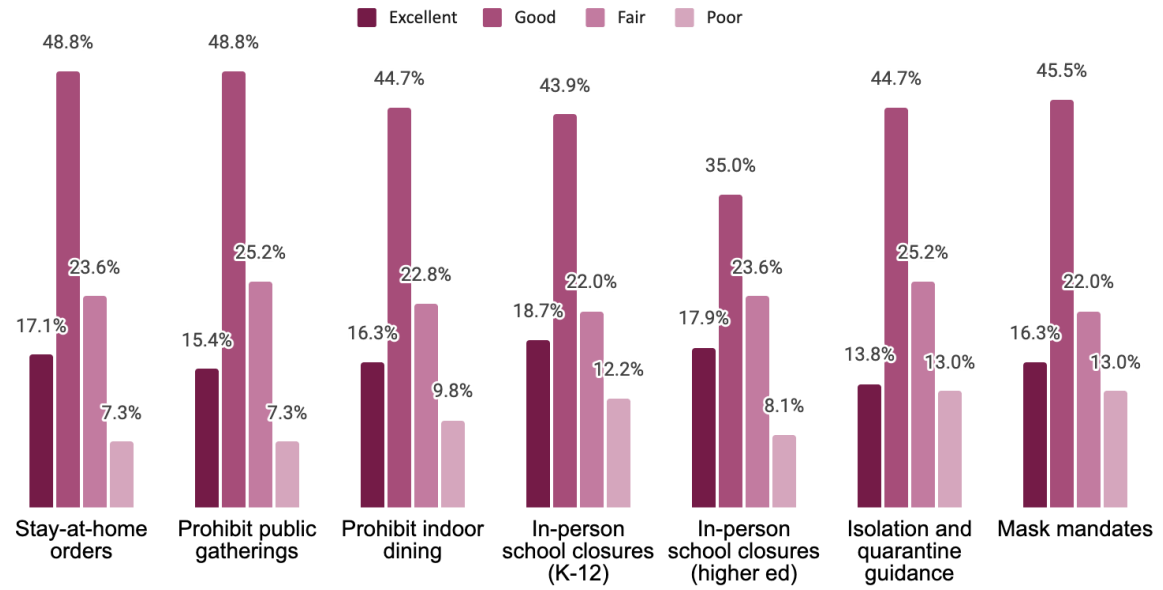


Figure 34: Rating of OHA Communication with Community, Stage 2 (December 2020 - August 2021) (N=123)

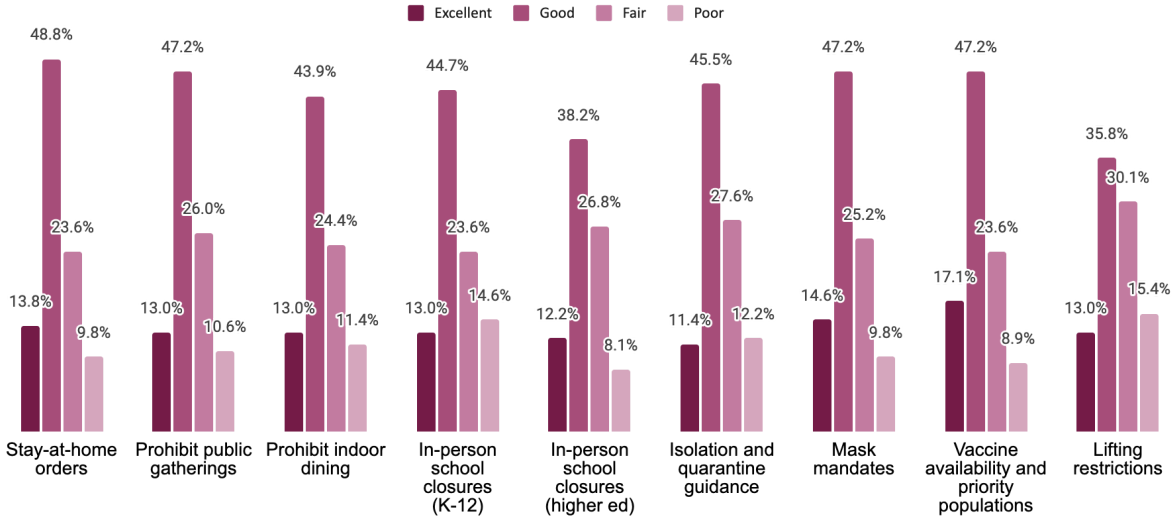


Figure 35: Rating of OHA Communication with Community, Stage 3 (September 2021 - February 2022 (N=123)

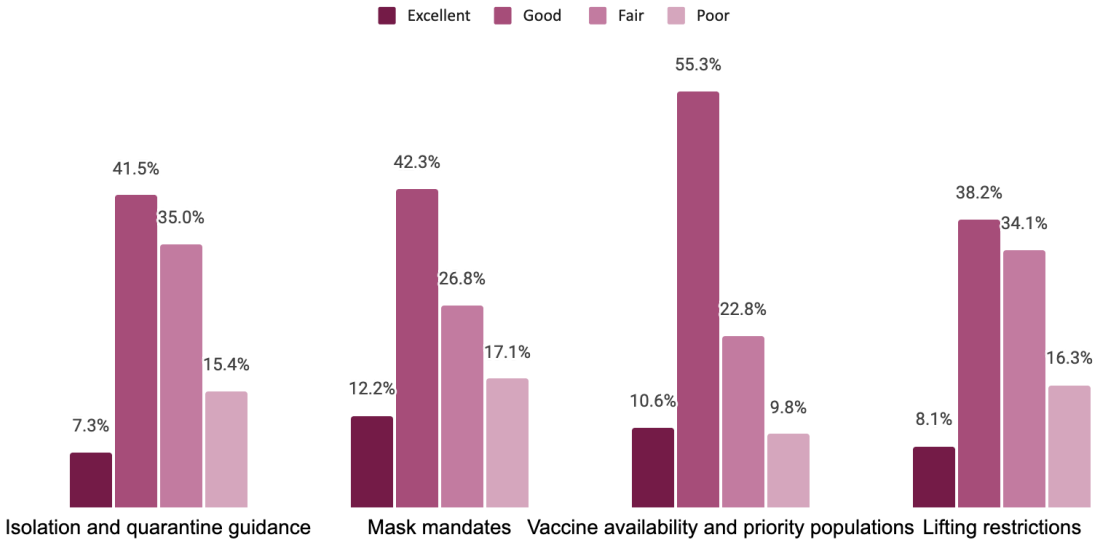
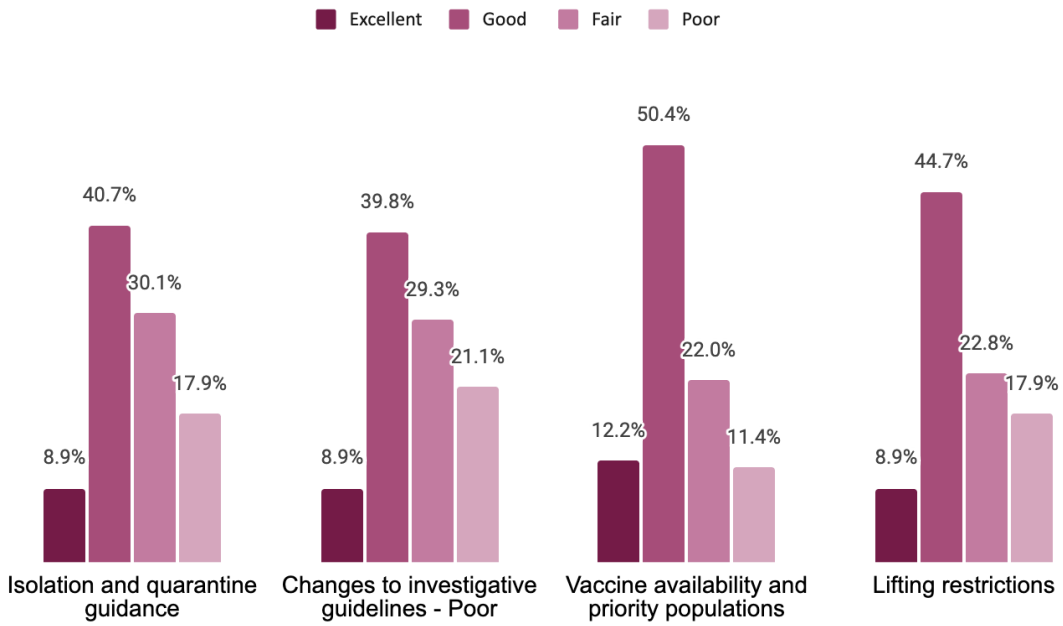


Figure 36: Rating of OHA Communication with Community, Stage 4 (March - July 2022) (N=123)



Partnerships

Respondents engaged in many COVID-19 public health response activities with partners, especially with LPHAs, OHA, ODE, ESDs, and CBOs. Very few respondents indicated that they engage in public health response activities with higher education, CCOs, long term care facilities, and Tribes. See Figures 37-39 for more details.

Figure 37: Types of activities schools partnered on with CBOs and health organizations (N=137)

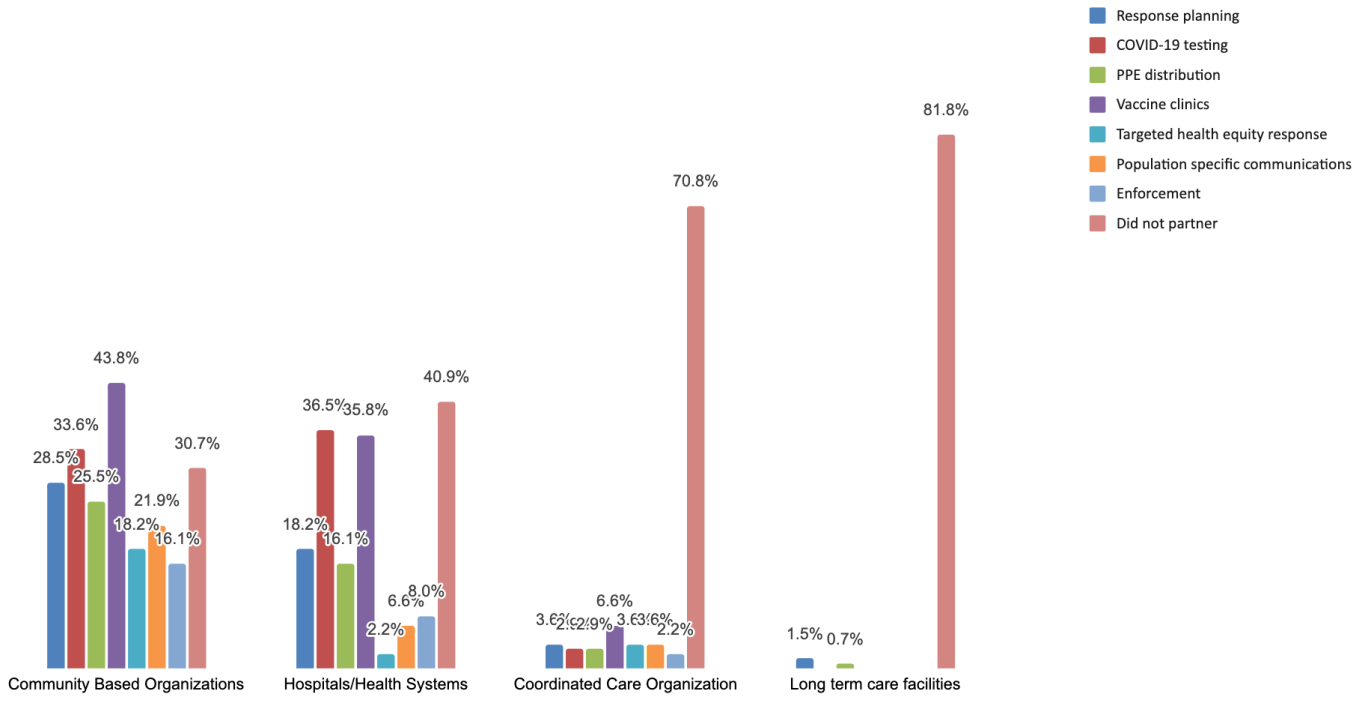


Figure 38: Types of activities schools partnered on with education organizations (N=137)

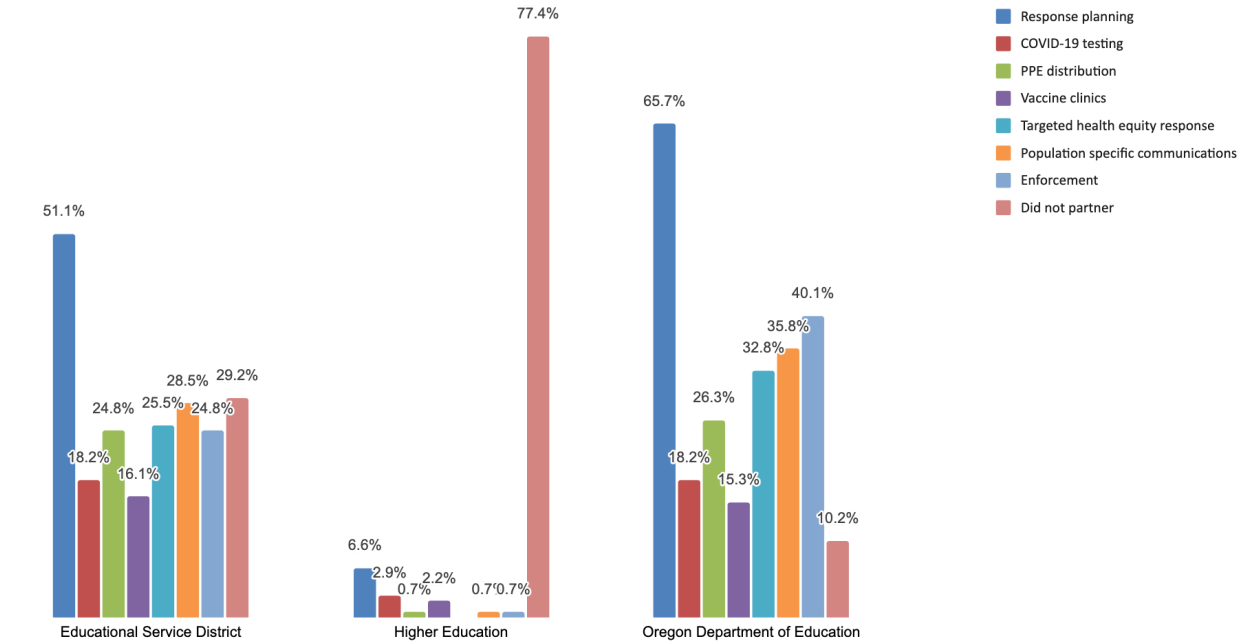
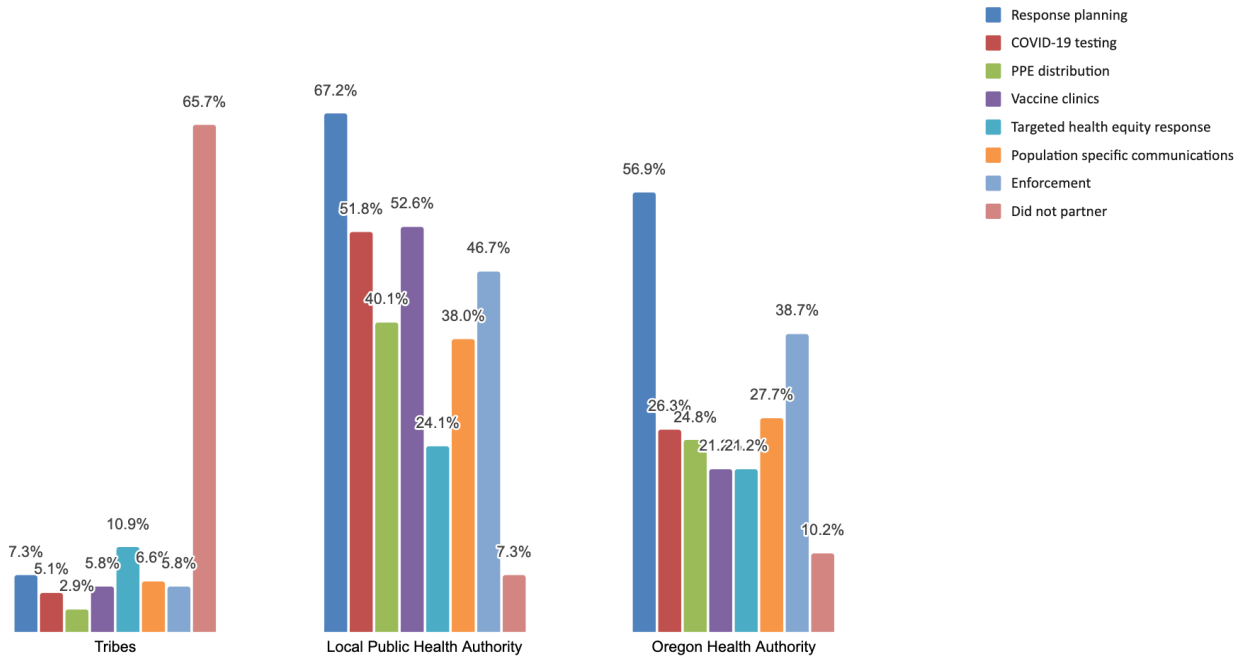
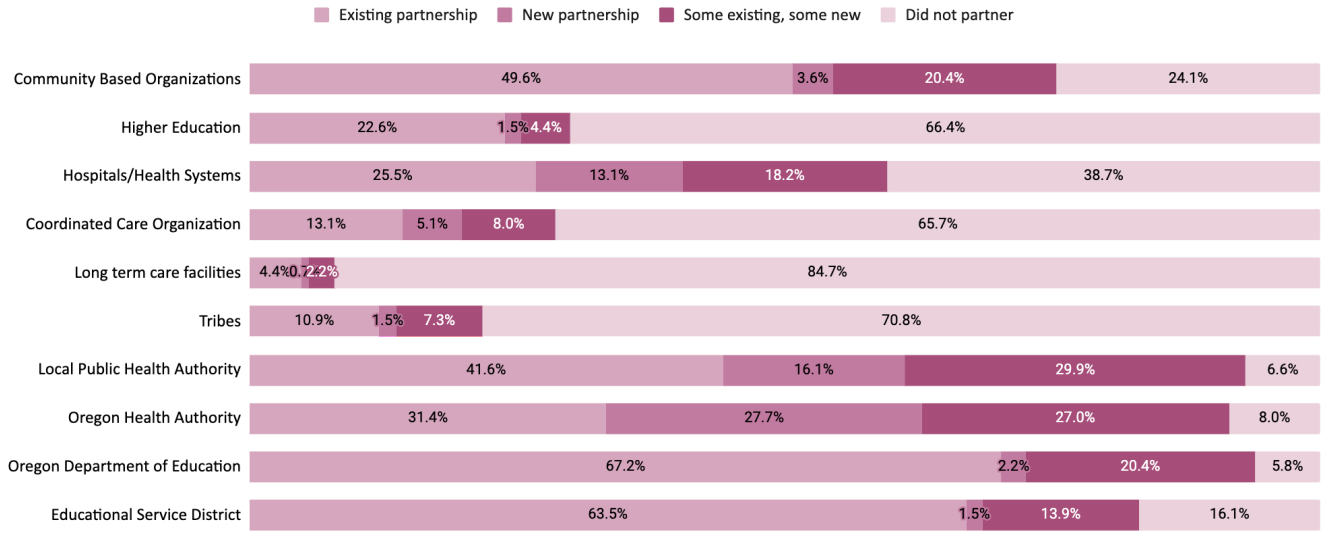


Figure 39: Types of activities schools partnered on with government agencies (N=137)



Respondents also shared if their relationships existed before pandemic response or if they were new. Most of their relationships were existing or a mix of existing and new (Figure 40). The partner types that the most respondents reported developing new relationships with were Oregon Health Authority (27.7%, n=38), local health authorities (16.1%, n=22), and hospitals/health systems (13.1%, n=18). The partner types that the most respondents had an existing relationship with were the ODE (67.2%, n=92) and ESDs (63.5%, n=87.

Figure 40: Types of school partnerships for COVID-19 Response (N=137)



Final thoughts

Respondents were provided an opportunity at the end of the survey to share any final thoughts they had about being a school administrator during the COVID-19 pandemic.

- *Although I thought the communication that went out was effective, the timing was not. Friday afternoon information just requires us to work all weekend to prepare. I'm sure that was not the intent, but we had to stay current or we had backlash from parents. It put us in a strange place. The absolute worst part of the pandemic for me was the inconsistent follow through on rules within our athletics across the state. I have never been cursed out as much as the athletic season for asking fans to wear masks. It was awful.*
- *Distance learning was rough on kids and families. I feel that, in hindsight, we would have been much better off if the state had allowed us to continue to hold in-person learning.*
- *Distance learning, even in its best form, could not be as good as face to face for the vast majority of students. The fact that state testing has resumed is holding students and teachers to impossible standards during challenging times.*
- *During my 30+ years in education, we have prided ourselves in the common mission of "doing what's best for students." Oregon's Education's response to covid quickly proved this a lie. It was apparent from early on (and still true) that covid was less a threat to students than the flu (cdc data), yet we closed schools to protect the adults. When it came down to choosing, we chose to sacrifice our students to protect adults (needlessly as statistically covid is not a threat to adults who are not obese or have underlying conditions). When we had a chance to prove that we "do things in the best interest of students," we ran and hid behind them. Until covid I was proud to say I was a public educator. Now I am embarrassed. We proved ourselves to be liars, cowards and frauds. Many schools around the country opened without issue in fall. In Oregon we followed politics instead of data and as a result we harmed the very ones we were supposed to protect. Pathetic and embarrassing. The harm done to a generation of underserved students may never be made up.*
- *Given the situation, Oregon did the best they could. I also felt they listened to the needs of districts that wanted to return to school as soon as possible.*
- *Guidance was changing regularly and central leadership had challenges navigating and communicating with building leaders.*
- *Hardest point in my career to date.*
- *I appreciate everyone's efforts.*
- *I don't ever want to do that again and yet we aren't done. We'll be supporting each other through this for years to come.*
- *I don't want to do distance learning again!*
- *I feel that Oregon went crazy and overstepped their authority. They put students, staff and our community in danger. The government did not think of the long term effects of what they were doing. This vaccine requirement (even though it isn't a true vaccine) isn't right and has caused more damage than good. I hate what has happened here due to Oregon's overreach in authority.*

- *I feel we did the best you could do under the circumstances. I do believe Oregon should learn from other states that did not lock down as much and for so long. Our students really suffered and continue to suffer from the extended lockdown and length of being out of in person instruction.*
- *I found it very frustrating to see such politicization, shaming/virtue-signaling, and unethical mandates passed without the proper process - especially considering the long term effects those choices have made on our children.*
- *I have never felt more like a political pawn than during the pandemic. While I acknowledge that hindsight is always 20/20, I think our state was way too cautious in the late stages of the pandemic. We KNEW that COVID had minimal effects on youth, but we were still hesitant to open schools.*
- *I hope the state will consider how profoundly negative the impact of keeping students home was, and that they will do everything in their power to look for other ways to mitigate pandemics in the future without resorting to measures that so disproportionately harm students on the margins.*
- *I learned a great deal that covers others situations besides a pandemic.*
- *I really appreciated the constant and updated information that we would receive sometimes daily. I thought that, all things considered, the pandemic was handled as well as could be expected. Thank you for giving us the opportunity to give feedback.*
- *I think I stated my comment earlier about Oregon's response. I just hope in the future, Oregon leadership takes in consideration that the state is split pretty even when it comes to politics and response. Oregon's choice to go extreme to one side left the other half angry and upset leaving the school district's to deal with that anger. I also would state that I felt the majority of people in my community were not extreme one way or the other, but just wanted to find a middle ground to get their kids back in school. But again, Oregon went extreme one way, forcing some middle of the road people to the other side. The sad part on my end and its hard for me not to think that this was politically driven(I cant even believe I am saying that, but I do feel that way). I want to frame that in I vote independent, sometimes I vote Democrat and sometimes I vote Republican depending on what I feel my community needs at the time, and for balance. I feel the political left took a power grab and forced an agenda down the public's throat. I also am currently wondering why we still have mandated vaccines for this in Oregon and employees. With a short fall in work force you think that this would be lifted. I also believe that a forced vaccine mandate was not ok, and I am vaccinated. What people put in their bodies is up to them, and they should not have to justify that with a religious reason, they can just say I do not want to do it. I know this is a ramble and the grammar and typos are a lot, but I am in a hurry and want to get this out. But I think Oregon's poor response to the pandemic will be and is currently shown in drop in public education enrollment and increase in private and home school. As a person that has dedicated my life to public education, this is hard to see people loose faith in public ed.*
- *I think we all need to remember that this experience was new for all of us. There were many new daily challenges we needed to learn to navigate and understand while the guidelines from federal and state organizations changed.*
- *I thought it went well overall. For being what it was, I think Oregon did a good job to communicate and implement a response.*
- *If we are going to require it from OHA we need to have the power to enforce.*

- *It felt, and still feels like schools shouldered so much of the public health burden of our young people and communities during this time. We became public health departments and that is not our jobs. As a principal my office was a testing center, I deferred all other responsibilities for weeks to run around contact tracing. I could go on and on about all the ways this has been disruptive and traumatizing for me as a professional. I am still untangling the mess that this has caused. I don't want to sound overly dramatic, but this is something we won't fully understand the impact of for a generation. It makes me so sad.*
- *It has had a lasting impact on student learning and the health of the educational workforce. It may be some time before we recover from the harmful effects we have experienced.*
- *It was a difficult time in education but thinking of the positive we learned so much from the experience. Our teachers were inundated with how to better communicate, and provided multiple forms of content in a digital format. Our students had to overcome social and emotional needs and learn how to become independent learners. We are still seeing the effects of the pandemic but the as a whole we are persevering through and finding new ways to support our students.*
- *It was a nightmare. We were out too long and our staff and students suffered. There was a spring where NOTHING got done, and we are paying for it in terms of learning. Thank God I already had a good relationship with my community and didn't have meetings that were interrupted, threatening phone calls, etc; otherwise I don't know if I would still be in the education field.*
- *It was awful, but our staff came together to educate kids well. I am proud of the work we did in a global pandemic!*
- *It was not good for the students, as a small district we were able to bring more at risk students back before others and that was very helpful to student achievement.*
- *It was terrible. Our students suffered way too long and we are still trying bring our community back together. It is going to take years to regain the trust of our community and see significant educational gains in our students.*
- *It was the most challenging time of my professional life. My partner administrator worked from home for 11 months, until the vaccine was developed, so I had to deal by myself with all the problems in the building: construction, staffing, lack of staff, contact tracing, fears etc etcc.*
- *It was the worst time as an educator. There were extremely long hours, we did not have local control, and I was asked to enforce rules that my community did not believe in. It divided our staff and community, and the administrators took the brunt of it.*
- *Knowing what we now know about Covid and it's effects, the vaccination efficacy and it's side effects, Oregon's response was way out of line. The State of Oregon should have taken a much slower approach. The State of Oregon did irreparable harm to our young people, many may never recover. We should be ashamed of the approach that was taken. Government mandates are the wrong approach to a situation like this. Giving families and employees choice over how they themselves respond would have been the moral and ethical thing to do.*
- *Obviously there were many challenges in navigating the pandemic. Political polarization was a significant problem. Our technology infrastructure and proficiency were exposed as subpar at best. Instituting and maintaining restrictions in school such as masking, social distancing, and indoor eating restrictions were difficult in the beginning and wore people down toward the end. I believe that state organizations and leaders were truly doing the best they could with the*

information they had in each stage of the pandemic, but they were given a nearly impossible task.

- *Online platforms were expensive and if you could afford a high-quality learning platform it was accessible to some, but anyone with a disability was excluded. Not enough practice with online platforms and need assistive technology did not take place, because it was not a necessity in-person.*
- *Oregon was one of the last schools to open and I believe our students were the most effected by this. We should have opened much sooner if you looked at the data of Oregon compared to other states but the state, ODE and OHA were to scared to do so. When we finally were allowed to have kids in school we had to wear masks that everyone knew didn't help with this virus which caused more issues at school. A lot of this had to do with the unions having too much say in whether the schools remained closed or not. We definitely didn't put kids first which is what we should always do in every decision in schools.*
- *Our school worked hard to do what was best for kids and our community. The amount of time we were shut down has had a very negative impact on our students and the community.*
- *Positive school culture and climate is incredibly challenging to build and sustain during a pandemic that is creating a traumatic stress response across the entire system. School administrators are true leaders who took on a new challenge and led their schools through the unknown during an incredibly uncertain time. It is important to recognize the resiliency, strength, and leadership that our school administrators demonstrated throughout this time. They truly were the backbone of our communities.*
- *School personnel already have a full plate. It is not reasonable to add pandemic management and healthcare to their duties. We lost many talented educators due to changing roles and community dissent. Oregon's response to COVID damaged relationships between schools and families and polarized communities. It exacerbated an already unstable career pathway in the field of education.*
- *Shifting guidance - and school specific guidance that was more stringent that the public guidance (esp. re: bars, etc.) made the messaging and controls challenging. The clearer the expectation, the easier it was to help hold the line locally on the boundaries for enforcement.*
- *Small rural communities should have been handled differently/better. We are not Portland and do not have the same needs and population. being lumped into one category was detrimental to small communities*
- *Some of the questions in this survey were written as if schools were allowed to make choices. They were not. Ever-changing mandates in the form of ODE guidance was delivered without rationale or evidence supporting the draconian decisions. For months, schools could not consider in-person instruction if their county had more than 10 cases per 100,000. Without explanation, this eventually changed to 150 and increased from there. Kids were harmed due to these policies. Communities were divided. To this day there has never been an explanation offered for the original school closures and the constantly changing guidelines. Someone needs to step up and take accountability.*
- *The CBO's were crucial in communicating with families.*
- *The challenge was the shifting guidelines, and creating expectations for students that matched the guidelines.*
- *the early phases were confusing when the guidance was shifting rapidly*

- *the most difficult thing was the uncertainty we all faced in trying to make decisions and that guidance from the state was changing rapidly.*
- *The overall experience was not fun for anyone, and we're seeing the ongoing fallout with lack of people to support students continue. It has and continues to be a very disheartening time to be in education, but there are a few bright spots, and we did learn to shift priorities daily. The thing that bothered me the most was ODE consistently telling districts what was required, but never shouldering the responsibility for it causing those of us on the ground who were doing the most difficult work to get the brunt of the outrage from parents and community members. It hurt a lot of relationships that are still not yet mended. That should have been handled better by ODE. It felt like school personnel were made to be scape goats.*
- *The pandemic changed how students learned for over two years. We will be trying to rectify the learning loss for the next 12 years.*
- *The political pressure for individual school principals to reopen school was fierce and individual principal's had no authority to respond to these pressures. As a parent and as a principal I would have reopened earlier and offered more in person activities/lessons, especially for those struggling in distance learning. We are now seeing the predictable severe mental health issues from student isolation.*
- *There seemed to be a lack of awareness around how communities of poverty would be impacted by distance learning--including rural schools with little to no internet access.*
- *There were facets of this questionnaire that I may not have known everything that went on, but I provided the information based on my recollection of events. It was quite a blur, and one I feel everyone is ready to move past.*
- *This community thought it was all a hoax and refused masking. the student's did a pretty good job to stay within our rules and stayed masked as did our staff.*
- *This pandemic has made the job more difficult. Many of my friends and professionals in the field have left. This is a tough job and there is a lot of distrust for our government. Folks have been very disrespectful and we have become a punching bag for the public. Things are getting better, but they are still very tough.... There are lots of things to elaborate on, but I am sure you will get many of the same comments.*
- *This was a very challenging time that required everyone to just do more. While that is the case, I know we worked to the best of our ability and provided the best systems we could for our students and community.*
- *This was an extremely difficult situation for Oregon to manage, however, I do not know if those in the decision-making positions truly understand the impact this pandemic continues to play on the educational system in Oregon. Students are still struggling to recover both academically and socially/emotionally. Just because the pandemic is over does not mean that we are not continuing to respond to the impact it had on our schools.*
- *Though this was a very challenging time, I think most people came together and worked to do what was best for our communities and state.*
- *We are feeling the after effects of students being extremely isolated and it is very difficult to get students and families engaged in learning and regular attendance. Socially, emotionally and academically we took many steps back for making progress with our students and it shows. Guidelines were much to stringent and seemed to no take into consideration the emotional and mental health of students and staff.*

- *We did our best. It was often messy and usually inadequate, but it was the nature of the situation we were in.*
- *We needed more guidance in the area of technology. So many districts implementing, but lack of sharing of knowledge unless you knew someone from that district. We needed to be able to learn from each other.*
- *We needed more options for students traditionally struggling in school.*
- *We were criticized for following ODE and OHA guidelines. There was little help for administrators who were constantly changing and creating new schedules, etc. We had protesters outside of our building telling student NOT to wear masks and had a great deal of controversy with parents who did not want to wear masks. It caused a divide with little to no help for schools.*
- *While our initial response to "emergency distance learning" was very difficult (Stage 1), given time and resources, we were able to create an adequate distance learning program beginning in the fall (Stage 2) that worked for most students.*

OR Public Health Response to COVID-19: School District Superintendents Survey Preliminary Analysis

Introduction

For this study, a survey was administered to Oregon School District Superintendents between January 23 and February 7, 2023. Eight-four surveys were started, with thirteen respondents removed due to only completing the demographics section and a few questions. Including eight partial surveys with at least 25% of questions completed, a total of 71 surveys are included in the sample representing.

Demographics of survey respondents

Characteristics	n (%)
Region*	
Region 1	17 (24%)
Region 2	21 (30%)
Region 3	15 (21%)
Region 4	11 (16%)
Region 5	9 (13%)
Stage Involvement	
Stage 1 Only	1 (1%)
Stages 1, 2 & 3	1 (1%)
Stages 2, 3 & 4	3 (4%)
Stage 3	1 (1%)
Stages 3 & 4	4 (6%)
All 4 Stages	61 (86%)
Current Role	
Superintendent	68 (96%)
Other (Retired superintendent, Senior Analyst, Deputy Superintendent)	3 (4%)

*Two respondents selected multiple regions so the total equals more than 100%

Emergency Management preparedness

School district preparedness

When respondents were asked to evaluate their district's overall level of preparedness to respond to the COVID-19 pandemic, 40.8% (n=29) felt that their district was highly prepared, and another 28.2% (n=20) felt their district was moderately prepared. A third of respondents (31% or n=22) felt that their district was minimally or not at all prepared (Figure 1).

Figure 1: District preparedness for COVID-19 pandemic (N=71)

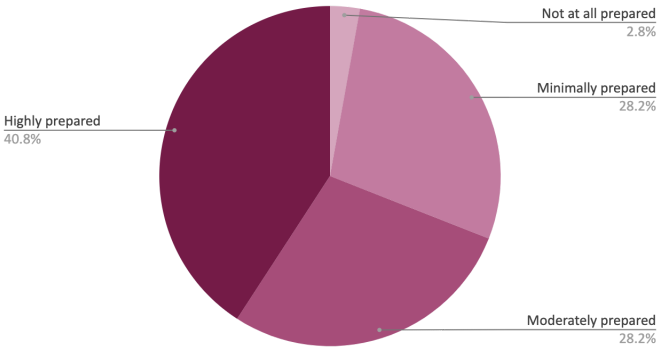
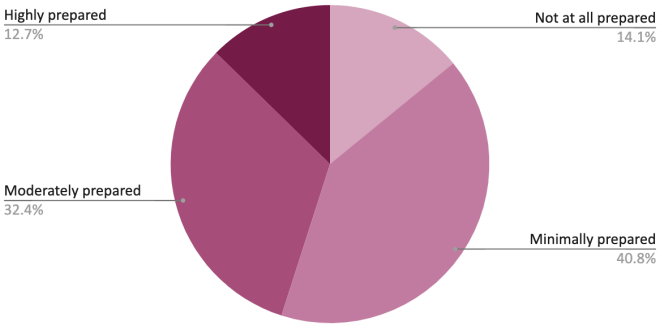


Figure 2: District preparedness to transition to distance learning for educational instruction delivery (N=71)

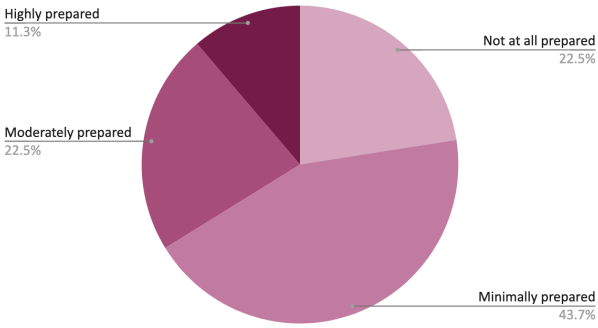


Survey respondents were also asked to reflect on how prepared their district was to transition to distance learning (Figure 2). A little under half of respondents (45.1%, n=32) felt their district was moderately or highly prepared, and a little over half (55%, n=39) felt they were minimally or not at all prepared.

Self-preparedness

When asked about their individual level of emergency preparedness to respond to the pandemic (e.g., knowledge, training, experience, expertise), about two-thirds of respondents felt that they were not at all prepared or minimally prepared (66.2%, n=47) (Figure 3). Respondents reported the following as reasons for their self-assessment:

Figure 3: Self-preparedness for COVID-19 pandemic (N=71)



Highly prepared:

"We are trained in communicable disease response as a part of our job. This was the same training."
"I was a trauma and public health nurse prior to becoming a teacher and administrator with experience dealing with Tuberculosis, Measles and HIV outbreaks."
"I advised our LPH director that Covid was not a good reason to keep kids out of school, that they were not at risk and that given the exaggeration of Covid-related health problems ("with Covid rather than from Covid"), it really shouldn't be a major concern for healthy adults. I argued that the damage done to

our children would be far greater by keeping them out of school. I was right on all counts and the LPH was wrong because they followed the political science rather than actual science."
"I had just transferred from another state/district and had extensive training and knowledge."
"I sought out answers and researched at every opportunity. Participated on a lot of group meetings."
"have a ph.d in public health, have worked in health services, and have taught communicable disease courses, etc."
"We were well trained in Texas in the Spring of 2020"
"I have 30 years of experience with developing emergency response plans and was prepared. I was working with our local public health department for weeks before the shut down happened."

Moderately prepared:

"I was working for ODE at the time. I helped prepare RSSL and prepare school leaders."
"We didn't know that much about COVID-19 in the beginning, but we have had to monitor season flu rates and things that cause widespread absences for staff and students. We always enhance sanitation of the buildings in the winter. It didn't take long to figure out that COVID-19 was similar."
"We had some plans for a pandemic but really expected most of the response to fall at the county level and not at the school district level. We were more involved than we thought we would be."
"Outside of a few calls with public health about potential flu outbreaks, norovirus, hand-foot-mouth, etc. our local engagement with public health had been very limited."
"Previous experience with contagious disease protocol and our district plan helped provide a basic understanding of how to implement the ever changing guidance in a school setting."
"I have a degree in Community Health education."
"supply chain issues for masks and hand sanitizer."
"Trainings from H1N1 pandemic preparation. Also been trained in Incident Command System. Steep learning curve. The question asks about initial contact. The state did a good job of ramping up protocols, so I felt I was moderately prepared."
"We worked closely with the Oregon Health Authority, Coalition of Oregon School Administrators, Multnomah County Health Department, and the Oregon Department of Education."
"Felt we as a district stayed up to date on ODE's uneven and varying directives as well as balancing what the OHS had to say. We also kept inclose communication with Dr. Dannenhoffer, to make sure we were staying up to date with latest expectations."
"[My district] already had procedures for school closure due to the mass transmission of things like the flu. Plus we had already developed a communicable disease plan."
"My background in education was as a health and science teacher prior to becoming an administrator. "
"The COVID-19 Pandemic was the first Pandemic I had worked through."
"I'm a good leader, so I knew how to communicate with my board, staff, and community, but a pandemic was just brand new."
"I have worked in some capacity in school district operations for the past decade so have extensive experience and preparation in responding to emergencies."

Minimally prepared:

"ICS does cover some pandemic topics, but not COVID!"

“This is my first supt position and while I was experienced preparing for an emergency response at a building level, it was very different at a district level.”
“We were not prepared for the school closure for such a lengthy period of time.”
“I felt confident in organizing our system to respond to the school closures and many aspects of the pandemic, but the overall knowledge needed to be an expert in all areas was overwhelming.”
“I'm not a public health official”
“Nobody was prepared but I had a background in virtual education which helped somewhat.”
“The mandates changed our role signifantly and nearly overnight. We shifted nearly everything we do and how we do it, with little room for local decision making.”
“Early on, the response was equated to closures due to inclimate weather, we have a lot of experience in that.”
“I believe it came from some of the descrprencies of how serious the infection was/is. A lot of mis information.”
“It wasn't on our radar. Compared to what we all went through, I am not sure how we could have been prepared for that?”
“I had been involved in some emergency planning and response, but nothing quite like the pandemic.”
“At the onset of the pandemic, March 20, 2020, I never realized the extreme impacts it could have on schools, the staff, students and families. The polarization of district and community went far beyond my expectation.”
“We had a communicable disease policy; however, using it is a whole other issue.”
“I had preparation regarding infectious disease protocols having been a principal and working with the school nurse, student services department, and county public health. However, I was not prepared for a public health crisis this significant.”
“We were prepared for emergency safety response protocols, but not the rapid pace of the pandemic. We were unprepared with how to educate students virtually.”
“Wasn't aware Covid 19 existed”
“Was not well prepared to look at delivering instruction in a different way.”
“I had only minimal contact with local county public health officials prior to the pandemic.
“We predicted COVID-19 would have a substantial impact on school operations as it crossed the globe but were unprepared for the true impact of the pandemic.”
“We had the technology in place to serve all students. No teachers were online. We didn't have PPE and processes. We did have a plan, but not for shutting down and going online.”
“I had prior experience with school-level outbreaks in cooperation with and our LPHA.”
“I knew we had a communicable disease plan that I thought would help guide our initial work as the pandemic began. I soon became aware that this was bigger than a communicable disease that in the past may shut down a district for a few days to up to a week. The communicable plan we had, although good, didn't address what we were undertaking. Plus, the infrastructure for full closure and continued closure of K-12 public schools was not in place.”
“This was not something any could have fully prepared for as our country/world had not ever expereienced anything like it.”
“No one is prepared for such an event... was a global pandemic and there wasn't clarity from anyone how to respond”
“We didn't have systems in place at all levels, so we were using our own experiential knowledge to navigate the issues.”

Not at all prepared:

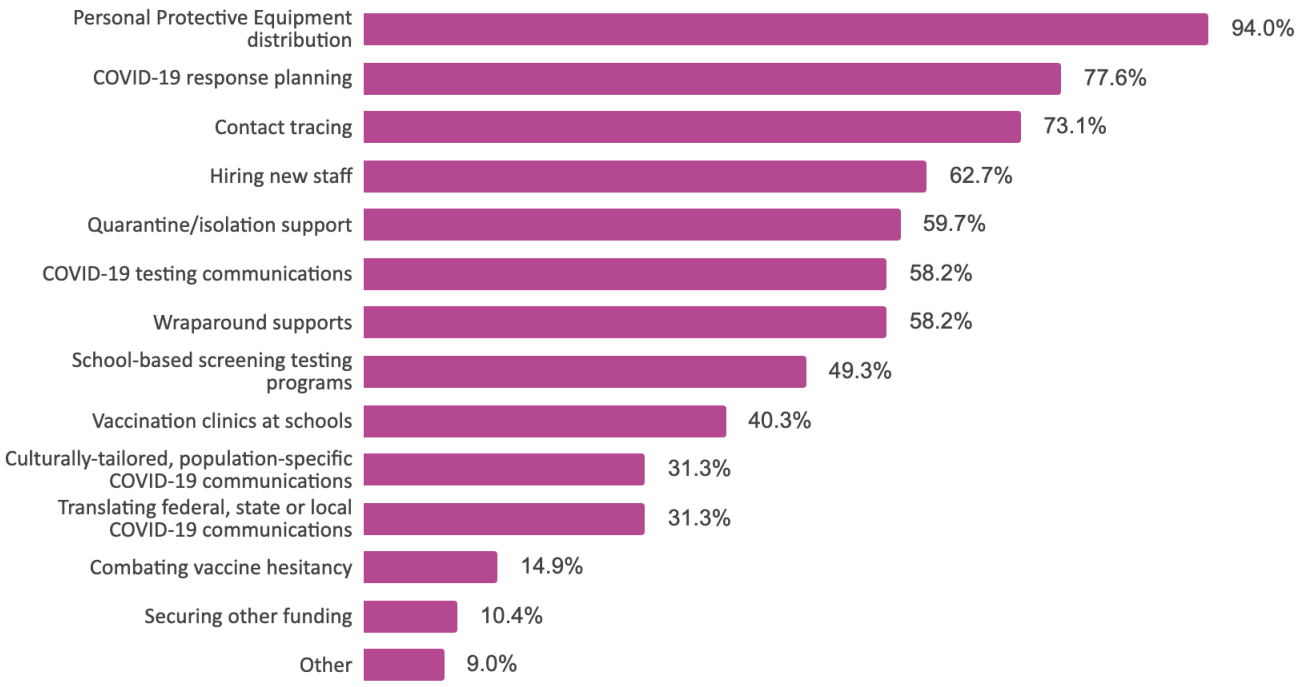
"No one outside of the medical community could have possibly foreseen to what extent covid would impact K-12 education."
"School superintendents had no previous experience with an issue like this. Although there were some plans in writing, we had nothing in our careers to lean on a a prerequisite."
"I did not have any preparation for responding to such a significant health crisis."
"I had no knowledge about health care protocols or best practices. We didn't even have laptops for teachers or chromebooks for students. We didn't have enough textbooks for everyone to take a book home. It was implementation and logistics that were really overwhelming."
"Because I was not at all prepared. . ."
"We were 2nd school district impacted with community outbreak in our middle school….no knowledge or prep was in place."
"In my 20+ years in education, I had never experiences anything like what was asked of educators during the pandemic."
"I had never been through a similar situation"
"We had a system built for in-person learning. We were prepared to respond to guidance, bt not to teach under those evolving conditions."
"I was a MS/HS principal of a small school and AD. The pandemic was not in my wheelhouse. Was it truly in anybody's wheelhouse??"
"This was the district's first response to a pandemic. We had to move from an in person model to an online model over spring break. At the time, we only had a .5FTE district nurse who did not have experience with how to deal with a pandemic."
"It was unknown to everyone."

Funding

Fourteen respondents reported affirmatively that their district received COVID-19 funding from entities other than OHA, 45 reported that they did not, and eight did not know. Other sources of funding reported by respondents included federal, foundation grants, local COVID grants, Chamber of Commerce and Business Oregon, ESSER funds, donations of PPE from other agencies in the county, and Governor's office funding.

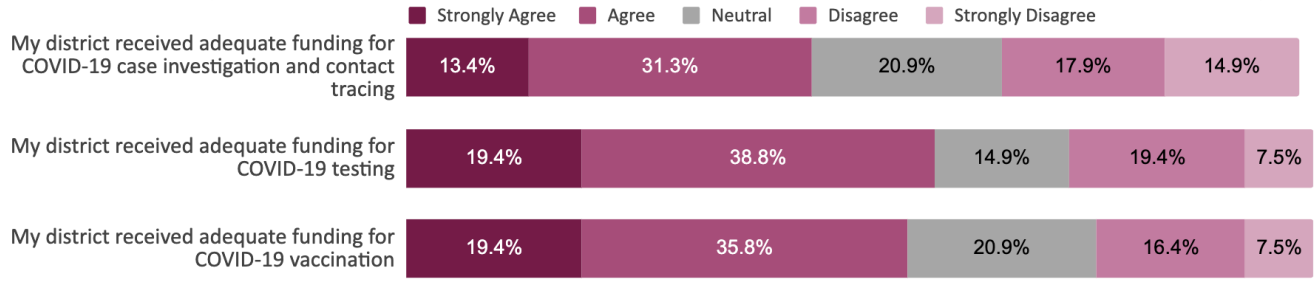
Survey respondents were asked to report on what types of activities they used their COVID-19 funding for. Almost everyone reported spending funding on Personal Protective Equipment distribution (n=63) (See Figure 4). Over three-quarters of respondents (n=52) reported spending on COVID-19 response planning and nearly three-quarters (n=49) reported spending on contact tracing.

Figure 4: Areas COVID-19 funding was used by district (N=67)



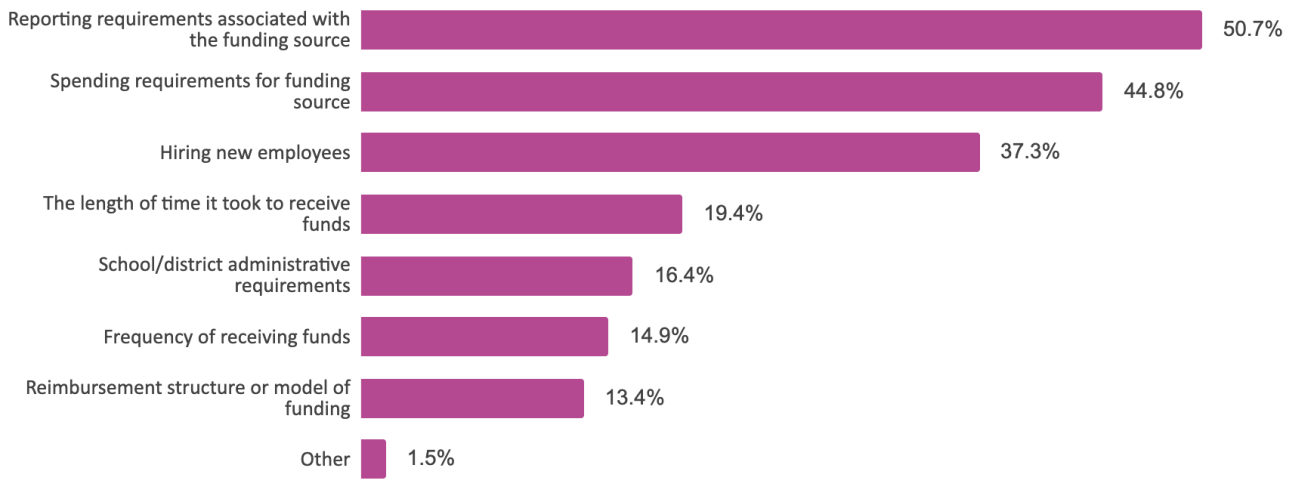
Almost half of respondents agreed or strongly agreed that their district received adequate funding for case investigation and contact tracing (n=30) and about a third (n= 22) disagreed or strongly disagreed (Figure 5). Over half of respondents agreed or strongly agreed that they received adequate funding for testing (n=39), and vaccinations (n=37), and approximately a quarter of respondents disagreed or strongly disagreed.

Figure 5: Adequate funding for COVID-19 response activities (SD respondents, N=67)



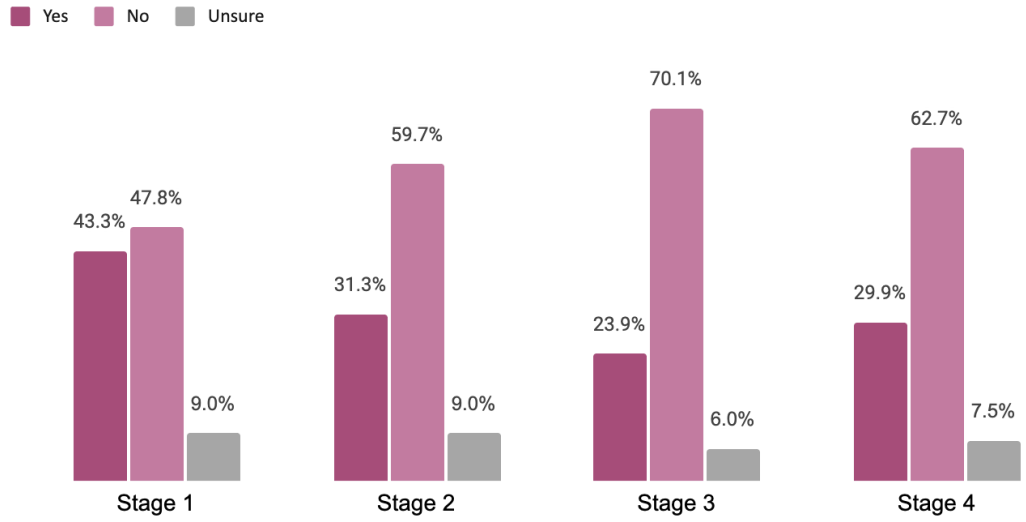
Respondents reported that their district experienced barriers to the efficient use of COVID-19 funds, see Figure 6. Half of respondents (n=34) identified reporting requirements and 45% (n=30) identified spending requirements as challenges. Over one-third of respondents (n=42) reported hiring staff as a barrier. One respondent selected “other” and wrote, “*Spending timelines, we were learning as we adjusted to the changing dynamics.*”

Figure 6: Barrier to efficient use of COVID-19 funds? (N=67)



Respondents were also asked if they ever felt their district did not have adequate funding to support their community in managing the pandemic. During stage one, almost 50% were concerned they did not have enough funding, and that reduced slightly during subsequent stages, but nearly a third of respondents were concerned about funding throughout the study period (Figure 7).

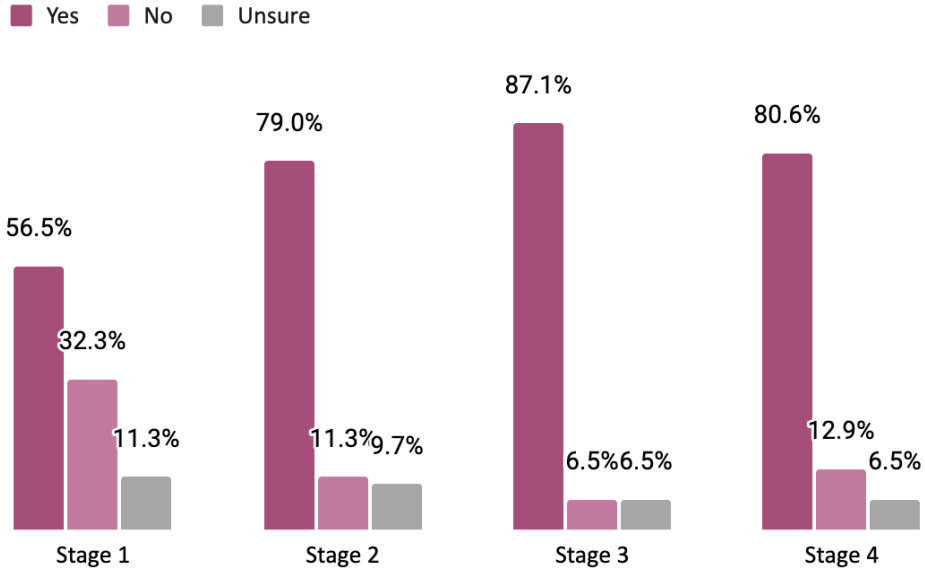
Figure 7: Did district worry if they would continue to have enough funds to support commu in managing the COVID-19 pandemic (SD respondents, N=67)



Epidemiology Data Access

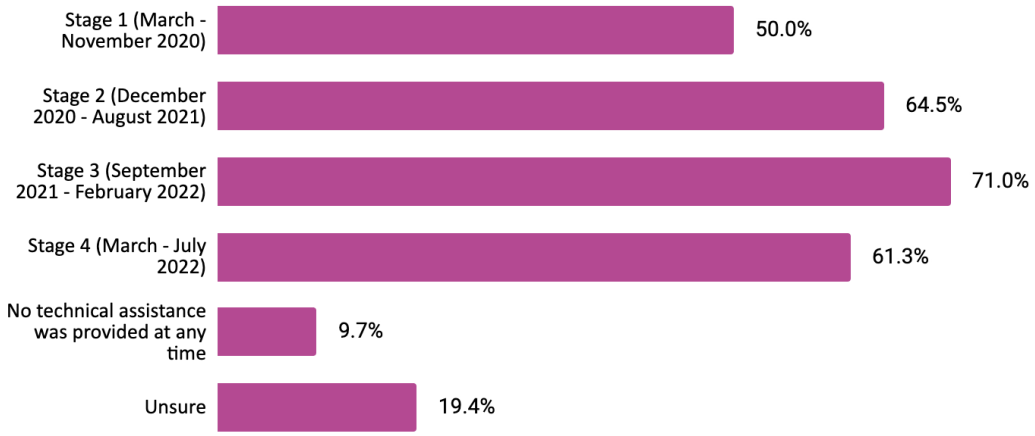
Survey respondents were asked if they had access to local epidemiological data to guide their COVID-19 decision making. In Stage 1, only about half respondents and one-third reported that they did not have access to local data. But for Stages 2-4, the vast majority felt they did have access to local data to guide decision making.

Figure 8: Access to local epidemiological data to guide COVID-19 decision making by stage (SD respondents, N=62)



Respondents were also asked if they received technical assistance (TA) to access, understand, or use epidemiological data. Ten percent (n=6) reported not receiving any TA at any time (Figure 9). Twenty-eight respondents reported receiving TA during every stage of the pandemic.

Figure 9: Stages during which district received TA to access, understand, or use epidemiological data (N=62)



Respondents who reported receiving TA were also asked what entities they received support from. TA was provided by local health departments, ODE, Educational Service Districts, and OHA (See Figure 10).

Figure 10: Entities that provided TA to superintendents to access, understand, or use epidemiological data (N=44)

Two respondents included comments to this question.
"My ESD was invaluable and coordinated all our regional agencies and our responses"
"I would say that the local health authority was the least helpful during all of the pandemic. They were too understaffed and not able to provide timely assistance."

COVID-19 Response Activities

Formal Pandemic Response:

Respondents were asked when their school district began their formal COVID-19 response. The majority of respondents (75.7%, n=53) reported that they began their response the date of Oregon's emergency declaration. Three respondents said they began emergency response when there were cases in their community, and two respondents reported starting the date of the federal emergency declaration. Two respondents said they did not know. Ten respondents selected "other," their write-in responses are included below.

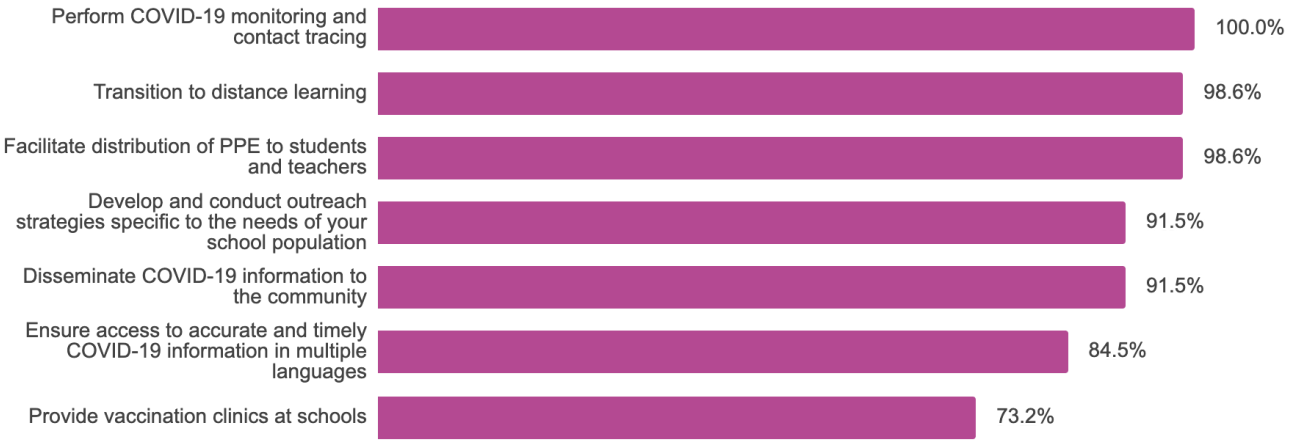
"Not sure this is a great question. Schools were shut down in March so there was not a lot of response to be had other than don't come to school. The early days of were not as challenging as September of 2021."
"The first case in our area was in Weston Oregon at the School that is 10 miles away and we have shared student and staff. At that point we started to work with health providers."
"When the NBA cancelled their season. That is when it became real."
"We began to look at "what if" scenario's as the cases began to increase across the world in late January/early February. It was beginning planning, but true planning began when the Oregon emergency was declared."
"March 13th when Governor Brown shut down our schools - with no notice given to district admins"
"A small team of us had started planning about a week before the governor closed schools; one of our board members works in cybersecurity and we had been tracking chatter since January."
"We had made the decision to close school just prior to the Governor's announcement for closure."
"March 12, 2020 based on Governor's first executive order requiring no more than 250 people in one space."

“When we were required to. Otherwise we treated it like any other contagious illness.”
“Feb. 12 when I requested a meeting with our local public health and with the county commissioners.”

Overall Response:

Respondents shared ways their school district responded to the pandemic. All respondents reported performing contract tracing and monitoring, and all but one reported transitioning to distance learning, and facilitating the distribution of PPE to their school community.

Figure 11: Ways that school district's responded to the COVID-19 pandemic (N=71)



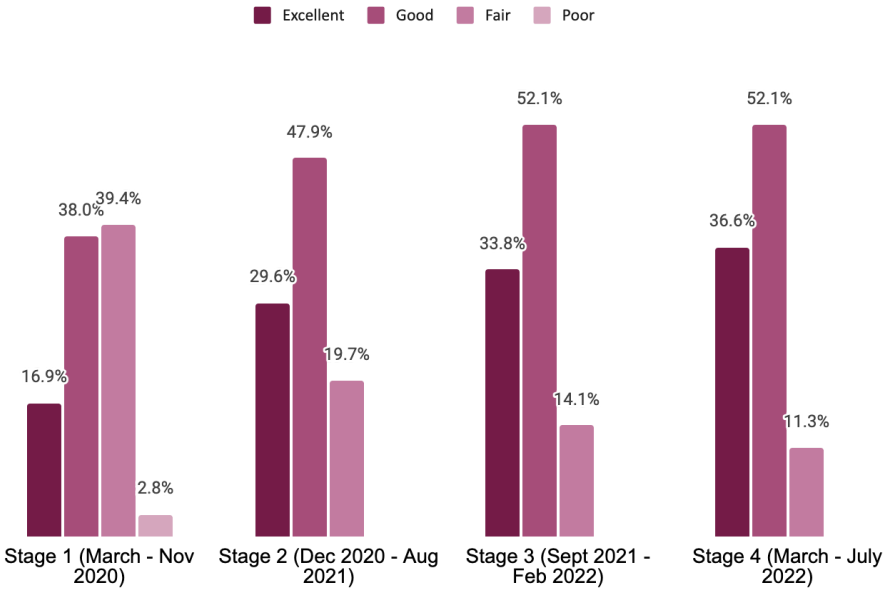
When asked if they had to update policies to transition to distance learning, almost half of respondents said they changed policies, and about one third said they created new policies (Figure 12). Please note that four respondents selected both options for yes, so the total equals more than 100%.

Figure 12: Abrupt closure of schools and resulting transition to distance learning required changes to existing policies (SD respondents, N=71)

Rating of school districts response to COVID-19:

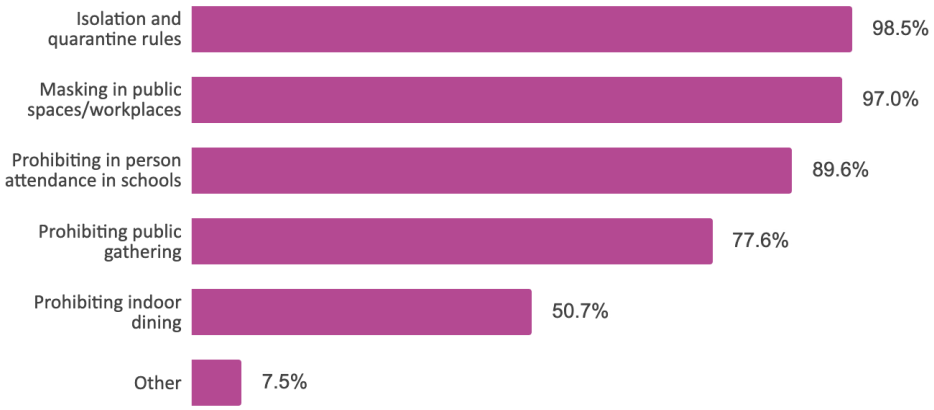
Respondents were asked to evaluate how well they felt their district's response to the COVID-19 pandemic was during each stage. In the first stage more respondents felt that their district did poor or fair (42.3%, n=30) compared to subsequent stages, and by stage 4, the majority of respondents felt their school district's response was good or excellent (88.7%, n=63) (Figure 13).

Figure 13: Rating of school district's response to COVID-19 during each stage (N=71)



Survey respondents were asked to share what types of public health requirements, if any, their School District adopted. All respondents reported at least one public health requirement was adopted, and twenty-nine respondents indicated their district adopted all requirements listed.

Figure 14: Public health requirements adopted by school districts (SD respondents, N=67)



Other requirements written in by respondents as "other" include:

"Hand washing, sending staff/students home that were not sure if they were feeling well."

"We followed all of the rules that were applicable to schools"

"Temperature checks upon arrival to class"

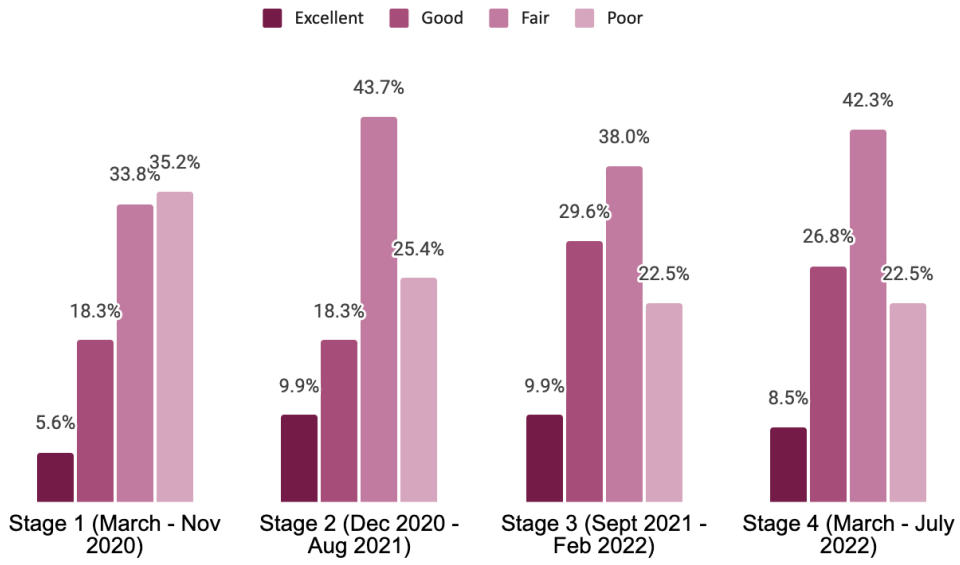
"Required to not have in person learning"

"social distancing while eating, SD in halls, cohorting, etc."

Public health system response

Survey respondents were asked to rate the state of Oregon's management of the pandemic response to COVID-19 in schools during each stage. The majority of respondents rated Oregon as poor or fair in all four stages (Figure 15). The state of Oregon was rated worst in Stage 1, with over two-thirds of respondents selected poor or fair (69%, 49).

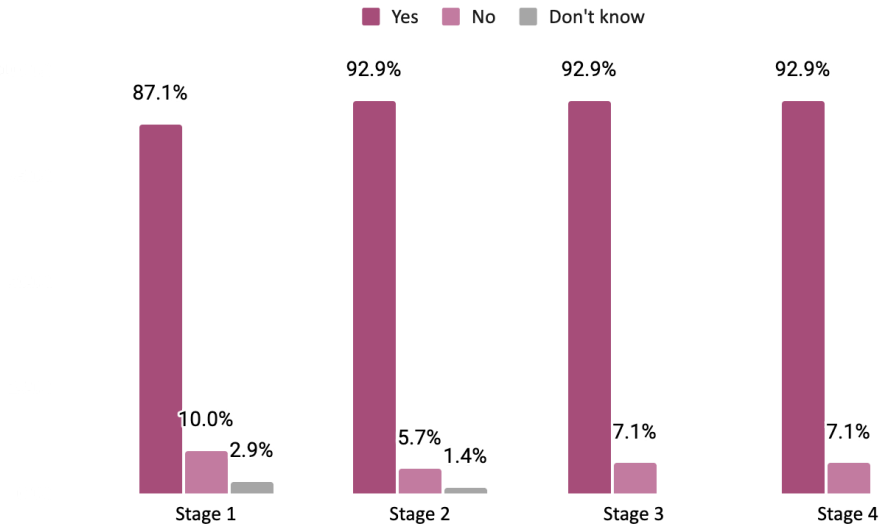
Figure 15: Rating of state of Oregon's management of the COVID-19 response in schools during each stage (N=71)



Technical Assistance

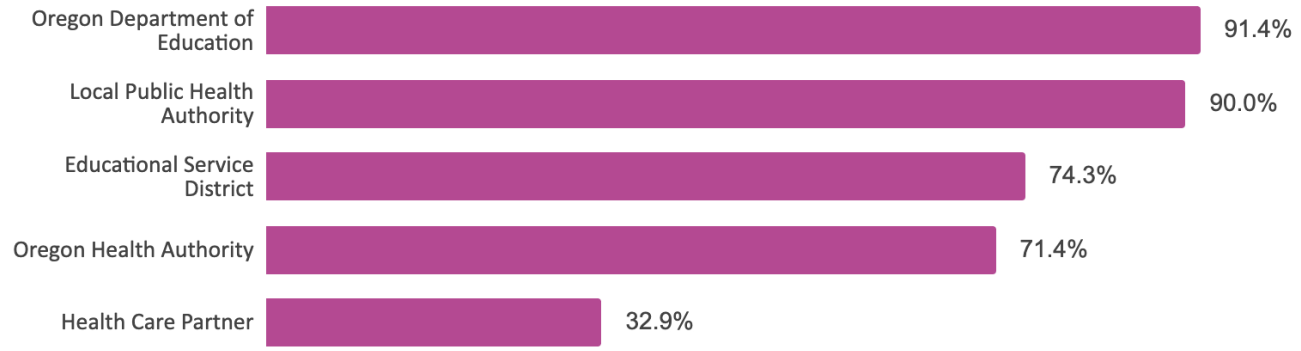
Nearly all respondents reported receiving technical assistance to inform their COVID-19 response activities. Throughout the study period, nearly all respondents received TA (Figure 16).

Figure 16: Percent of districts that received technical assistance to inform COVID-19 response activities by stage (N=70)



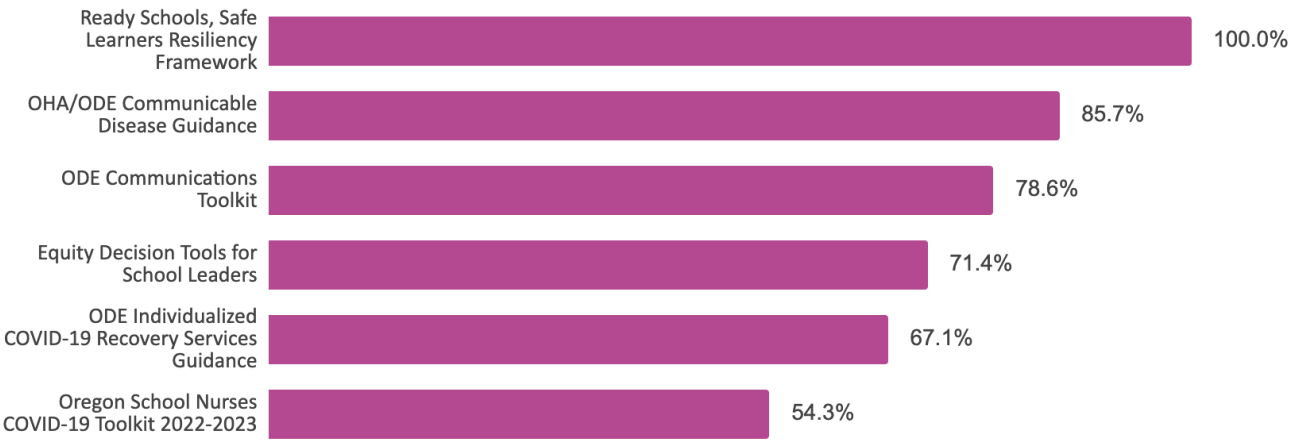
A variety of entities provided TA to school districts to inform their COVID-19 response efforts. The top two agencies were the Oregon Department of Education (n=64), and Local Public Health Authority (n=63) (Figure 17).

Figure 17: Entities that provided technical assistance (TA) to districts (N=70)



Respondents were also asked about their use of a variety of resources. All respondents reported using ODE's Ready School, Safe Learners Resiliency Framework.

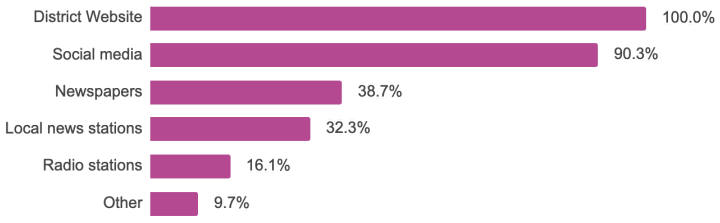
Figure 18: Resources utilized for COVID-19 pandemic response(N=70)



Communications

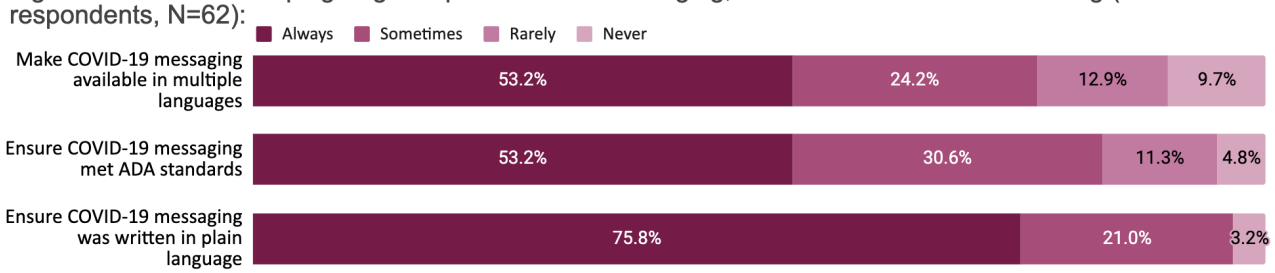
All respondents reported providing public health messaging through mass media communication methods (Figure 19). All respondents provided information on their websites and nearly all on social media. Roughly a third reported utilizing local news stations and newspapers. "Other" mass media outlets included podcast, direct email, Parent Square, newsletters, Blackboard Notification System, and phone (text, voice).

Figure 19: Mass-reach communication platforms utilized to communicate COVID-19 information (N=62)



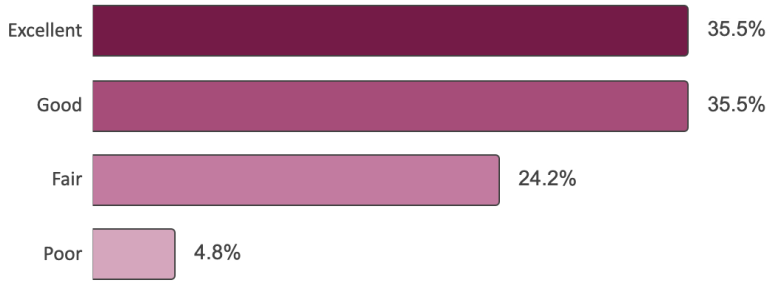
Respondents were also asked to reflect on how their district incorporated accessibility standards into their public health messaging. Nearly all (97.8%, n=60) reported that COVID-19 messaging was always or sometimes written in plain language, most respondents (83.9%, n=52) reported that messaging always or sometimes met ADA standards, and 77.4% (n=48) reported that messaging was always or sometimes available in multiple languages (Figure 20). Six respondents reported never making material available in multiple languages, three respondents reported not meeting ADA standards, and two respondents reported that they never ensured messaging was in plain language.

Figure 20: When developing targeted public health messaging, school districts did the following (SD respondents, N=62):



Respondents rated the Oregon Department of Education's communication during pandemic response. The majority of respondents evaluated ODE favorably, with over 70% (n=44) selected good or excellent. Only three people rated ODE's communications as poor (Figure 21).

Figure 21: Evaluation of the Oregon Department of Education's communication during the COVID-19 response (N=62)



Survey respondents were asked to rate OHA on their communication with the community about a variety of public health requirements that were implemented by stage. Note that for in-person school closure (higher ed) in stage 1, 20 respondents selected "Not applicable to stage." See Figures 22-25.

Figure 22: Rating of OHA Communication with Community, Stage 1 (March - Nov 2020) (N=62)

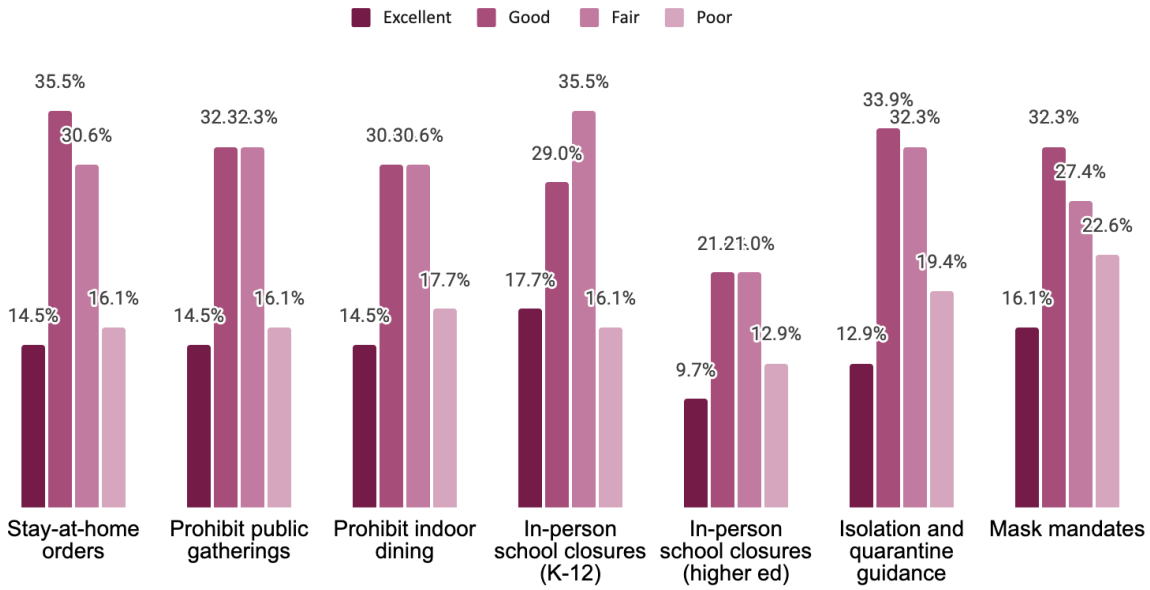


Figure 23: Rating of OHA Communication with Community, Stage 2 (December 2020 - August 2021) (N=62)

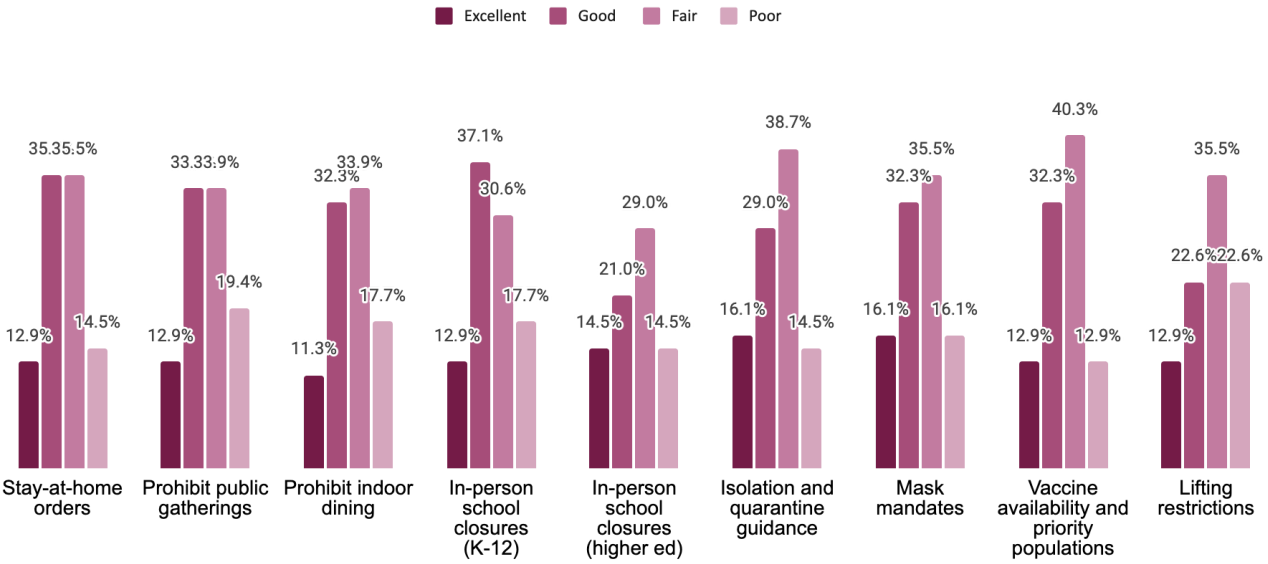


Figure 24: Rating of OHA Communication with Community, Stage 3 (September 2021 - February 2022) (N=62)

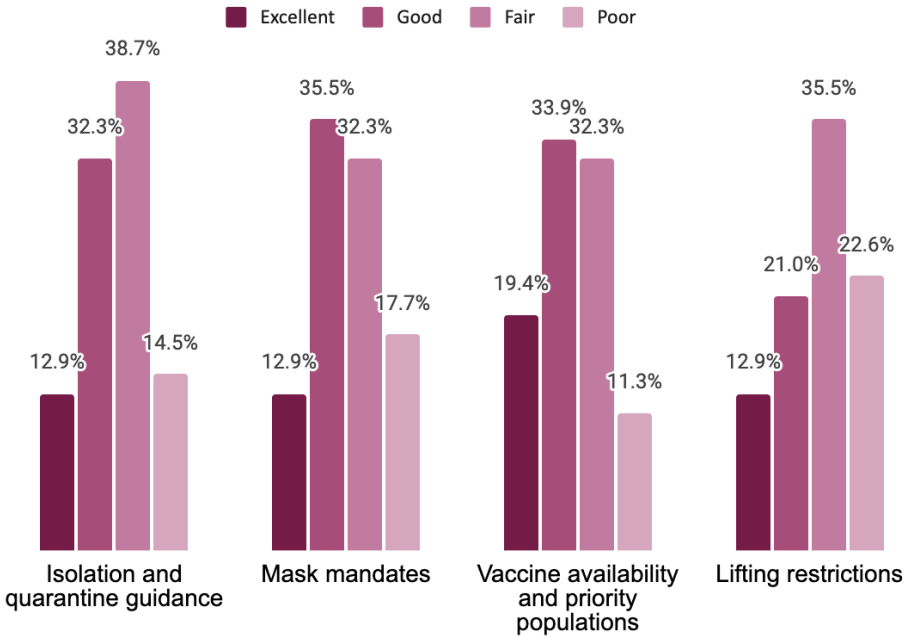
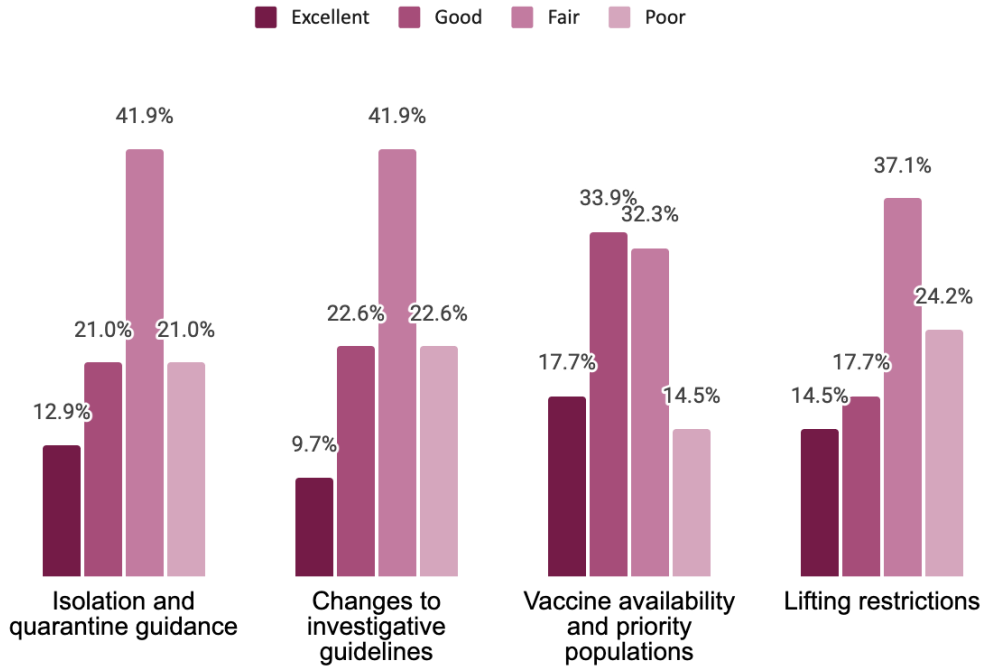


Figure 25: Rating of OHA Communication with Community, Stage 4 (March - July 2022) (N=62)



OR Public Health Response to COVID-19: School Nurse Survey Preliminary Analysis

Introduction

For this study, a survey was administered to Oregon School Nurses between January 23 and February 3, 2023. Ninety surveys were recorded, 16 respondents were removed due to only completing 25% of the questions. Including 11 partial surveys (at least 25% complete), a total of 74 surveys are included in the data set.

Characteristics of survey respondents (N=74)

Characteristics	n(%)
Region	
Region 1	32 (43%)
Region 2	22 (30%)
Region 3	10 (14%)
Region 4	5 (7%)
Region 5	5 (7%)
Grades served*	
K-5	39 (53%)
K-8	24 (32%)
6-8	29 (39%)
9-12	40 (54%)
Other	15 (20%)
Type of school	
Public school	72 (97.3%
Other (Head start, charter and online school)	2 (2.7%)
Role	
School nurse	68 (92%)
Other	6 (8%)

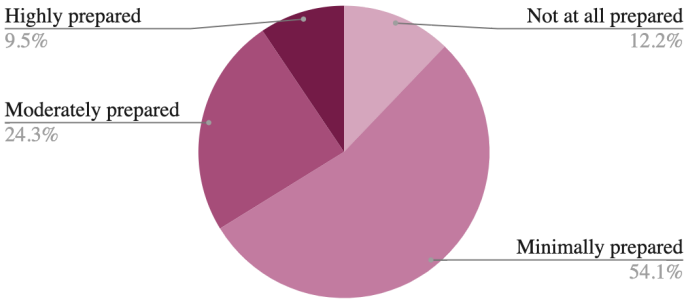
*Respondents selected multiple options so the total equals more than 100%

Emergency Management preparedness

School preparedness

When respondents were asked to evaluate their school's overall level of preparedness to respond to the COVID-19 pandemic, 9.5% (n=7) felt that their school was highly prepared, and another 24.3% (n=18) felt their school was moderately prepared. Two-thirds of respondents (66.3%, n=49) felt that their school was minimally or not at all prepared.

Figure 1: School preparedness for COVID-19 pandemic (School Nurse respondents, N=74)



Survey respondents were also asked if their school had an Emergency Operations Plan (EOP) and/or a Communicable Disease Management Plan. Almost half of respondents (n=35) said that their school did not have an EOP before the pandemic but developed one, and a little over a quarter (n=20) said their school already had one. A quarter of respondents (n=19) did not know about the existence of an EOP. About half of respondents (n=38) said there was a Communicable Disease Management Plan in existence prior to the pandemic, and about a third (n=26) created one once the pandemic began. Noteable, one respondent stated that their school did not have a Communicable Disease Management Plan.

Figure 2: Which of the following best describes the existence of a School Emergency Operations Plan (EOP) at your school? (N=74)

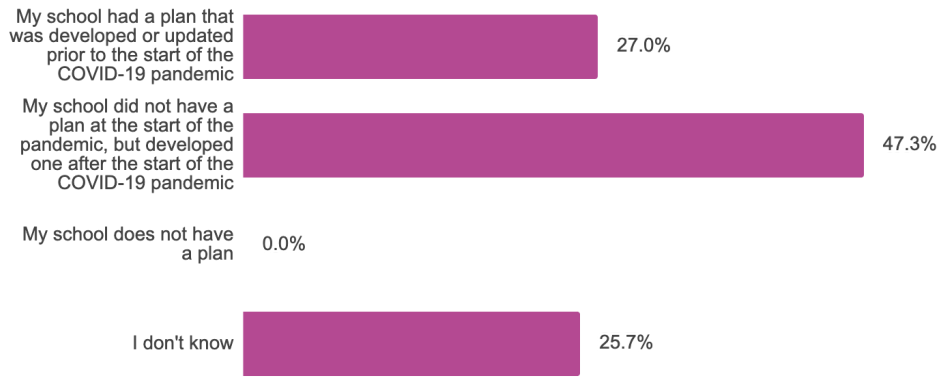
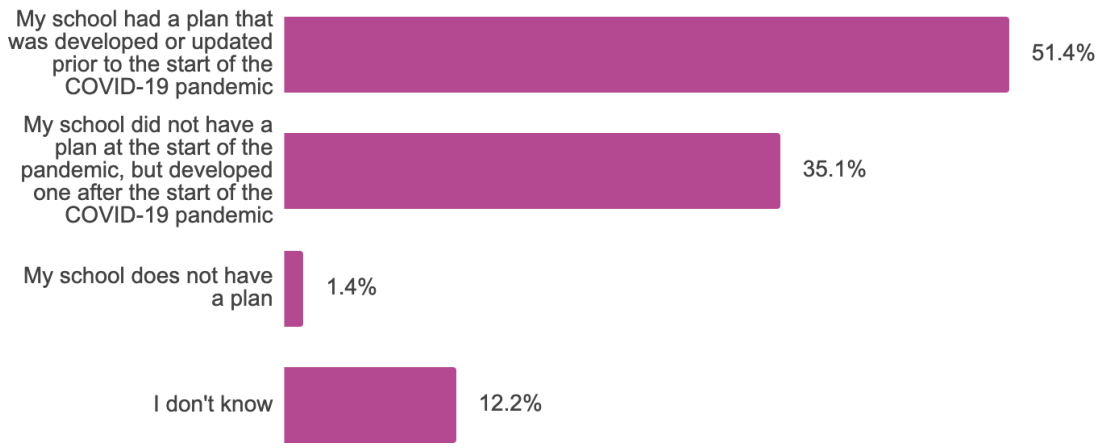


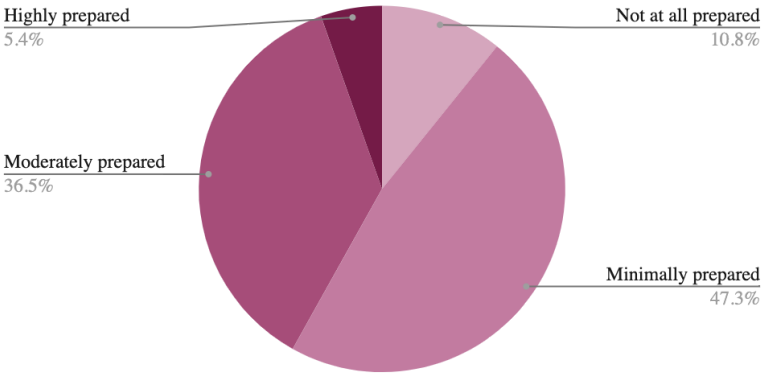
Figure 3: Which of the following best describes the existence of a School Communicable Disease Management Plan at your school? (N=74)



Self-preparedness

When asked about their individual level of emergency preparedness to respond to the pandemic (e.g., knowledge, training, experience, expertise), over half of respondents felt that they were not at all prepared or minimally prepared (58.1%, n=43). Only four respondents felt highly prepared. Respondents reported the following as reasons for their self-assessment:

Figure 4: Self-preparedness for COVID-19 pandemic (School Nurse respondents, N=74)



Highly prepared:

"Before working in the schools, I was a triage/advice nurse for a pediatric clinic. We fielded many calls about Covid, gave guidance, and scheduled appointments for testing at the clinic. It prepared me well for the role in the schools."
"I served as a county public health nurse from 2018-2021, lead COVID response nurse from 2020-2021 so I brought a lot of that experience with me when I transitioned into school nursing"
"Research and develop of response for H1N1"

Moderately prepared:

"I've been a school district nurse for a long time, so lots of experience with the district and communicable disease, however never a pandemic and the level of leadership in process that was required of me."

“Rules kept changing every few months. Systems needed to be put in place and adjust as needed for in school testing and exclusions.”
“Nursing services in the school district deals with communicable disease response on a daily basis. Whether it is more than 20 % of a class or school sick with the same illness, Noro outbreak, measles outbreak, or chicken pox. The nurses for our district treated COVID as any other communicable disease outbreak.”
“12 years public health nurse experience”
“I came into the Oregon School District in 2021. I was a school nurse in another state prior to that since 2019. I don't think any of us were adequately prepared for the COVID-19 pandemic and how it would affect our schools. Coming into the schools in Oregon though, I had the benefit of having been part of the response in Arizona where we had already opened schools back up, so I felt more prepared for were things were in the process in Oregon.’
“Experience in hospital nursing, infectious disease, etc. but not at the school district level. Had experienced a significant norovirus outbreak in the school district a few months prior to COVID which also provided experience.”
“Because of the type of emergency it was I felt more prepared because of my medical background, ability to do effective research and work with other public health figures.”
“I have a personal interest in global health, having grown up in the third world, and I keep abreast of outbreaks around the world. I went through the H1N1 outbreak while a school nurse and was familiar with symptom tracking and mass vaccination efforts.”
“Having had years of school nursing experience which included communicable disease management, I feel I had skills to deal with those types of problems.”
“Trained nurses on the protocols for tracking and tracing.”
“I had worked on emergency response planning as a nurse for public health for 5 years
I have been an RN since 2002. I was competent in managing Avian flu, SAR-Cov-1, and Ebola based on previous experience/employment.”
“Have years of communicable disease experience, policy writing, and planning. Was not versed in state mandates the changed on a dime and the anger and confusion it caused.”
“I have been involved in crisis management for 29 years of my nursing career.”
“Although new to school nursing, I had been living in the pandemic times and assisting my community and other businesses on Covid response so it was not new information to me at the time.”
“The pandemic was being covered by the news so I did personal research”
“My previous experience as a nurse in a different type of setting.”
“Processes were changing as information was learned about Covid”
“Nurse for 18 years at that time in many different areas”
“I came from the hospital setting and had a good basic knowledge of testing, resources, public policy but no community experience.”
“I had come fresh out of nursing school, and this was a main topic of research, so we had been well versed on COVID-19.”
“I have past work experience roles as a disease investigator in county public health communicable disease departments”
“I believe everyone was attempting to figure it out in real time and so many questions did not have answers”
“Our district worked closely with Jackson County Public Health and they were a great resource for us.”

“Significant amount of direction from OHA”

Minimally prepared:

“There was a lot of confusion about guidelines”
“This was the first time I worked as a school nurse during a pandemic. I had some training, but no experience.”
“Basic knowledge of how to break the chain of transmission, and public health interventions...no practical experience in a community setting”
“No amount of nursing experience, unless it had been specifically in public health perhaps, would have prepared me for a worldwide pandemic.”
“Other than a semester course of public health in nursing school, there had not really been much discussion, instruction, or practice for a public health crisis of this degree. (Especially at the start of the pandemic)”
“I came from a great BSN program that provided foundational preparedness, but I had no clinical experience in that area.”
“I knew of the ODE communicable disease guidelines & exclusion & PPE use, but nothing about contact tracing, covid testing, county guidelines, air filtration requirements, creating health policies for schools & large scale staff trainings on healthcare issues to non-healthcare personnel.”
“Public health work was limited to chicken pox out break . And consultation on a couple of other minimally complex situations.”
“I had learned about pandemic preparation in nursing school, but have not had any previous experience helping to lead a school district through pandemic management and response.
With the inadequate staffing for school nurses in Oregon, school nurses have to focus on day to day issues and often don't have the luxury of preparing or planning.”
“At the beginning of the pandemic I didn't have collaboration with our county public health. As well as our county school nurses had previously only met in person once a year. I felt like I was on my own at the beginning with some basic infection control knowledge.”
“My only training to prepare for a pandemic or endemic was in nursing school. I never had an employer with an existing plan in place as a policy or procedure.”
I became a school nurse in Feb. 2020. Prior to this, I had extensive hospital nursing experience. “My prior experience prepared me to be flexible, respond to emergencies, etc. But I had no prior public health experience, and no preparedness for a global pandemic response.”
“I believe that ,as a nurse, we are trained for infectious disease management. But no one was really prepared for what was encountered with COVID.”
“I honestly did not think I would see a global pandemic of this scale in my lifetime, and I was under the impression that LPH would take the leadership role and handle everything with some assistance from us, not the other way around”
“We had previous communicable disease guidelines and procedures, but it was not entirely applicable or sustainable for a pandemic response.”
“I had a low level of knowledge on pandemic response from some seminars I attended.”
“Know disease prevention basics & how to set up a plan, but no experience or knowledge about Covid severity”

“First pandemic situation. Information about the disease was not clear. Information changing very rapidly.”
“Lack of experience in a situation such as a pandemic. There was very little understanding of COVID in the beginning stages, and information was constantly evolving. I found it difficult to stay up to date on communicable disease guidance.”
“I wanted to say not at all prepared, but realized I did have basic public health training in nursing school.”
“We had some information to base our response upon, but not much. We were often left confused as district nurses.”
“I was new to school nursing and had dealt with Covid in the hospital setting, but school setting was new to me.”
“I was fresh out of nursing school so I was completely new to the work force. Then I found myself basically in charge of the response at my 3 schools with minimal training or overhead.”

Not at all prepared:

“I was new to nursing. Nothing in nursing school taught us about pandemic management.”
“No formal training and no personal experience with emergency preparedness”
“I am new to nursing profession and also new to public health nursing”
“Very minimal training. Untrained staff training new staff”
“I had never before worked as a school district nurse. My prior experience was in acute care. Our district was struggling to interpret, communicate, and implement policy, to understand testing options, and to keep up with quarantine demands (calls with angry parents, frightened families, etc.)”
“I felt prepared having worked in the public health in another state, but my advice as new school health nurse in the district was not heard or believed.”
“I became a school nurse SY 21-22. Hit the ground running and thanks to the Oregon School Nurses Association, I was able to learn quickly and be an effective leader in my schools.”
“As a nurse in the district we were the last to know of policies and procedures. We had no role in decision making and found it very frustrating.”

Funding

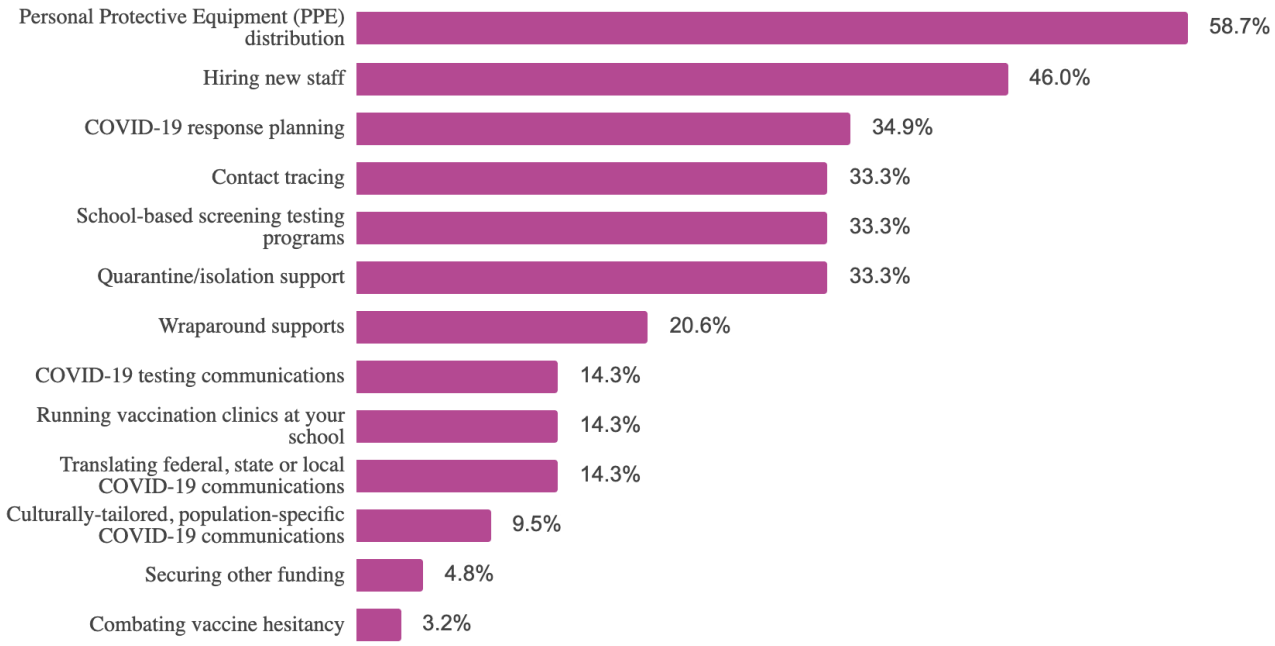
Nine respondents reported affirmatively that their district received COVID-19 funding from entities other than OHA, 4 reported that they did not, and the majority of respondents (79.7%, n=51) did not know. Other sources of funding reported by respondents included Head Start federal funding, employment department, Federal government, and CDC/OHA COVID grant.

Funded activities

Survey respondents were asked to report on what types of activities they used their COVID-19 funding for. A little over half of respondents reported spending funding on Personal Protective Equipment distribution (n=37). A little less than half of respondents (n=29) reported spending on hiring new staff

and roughly a quarter (n=22) reported spending on COVID-19 response planning.

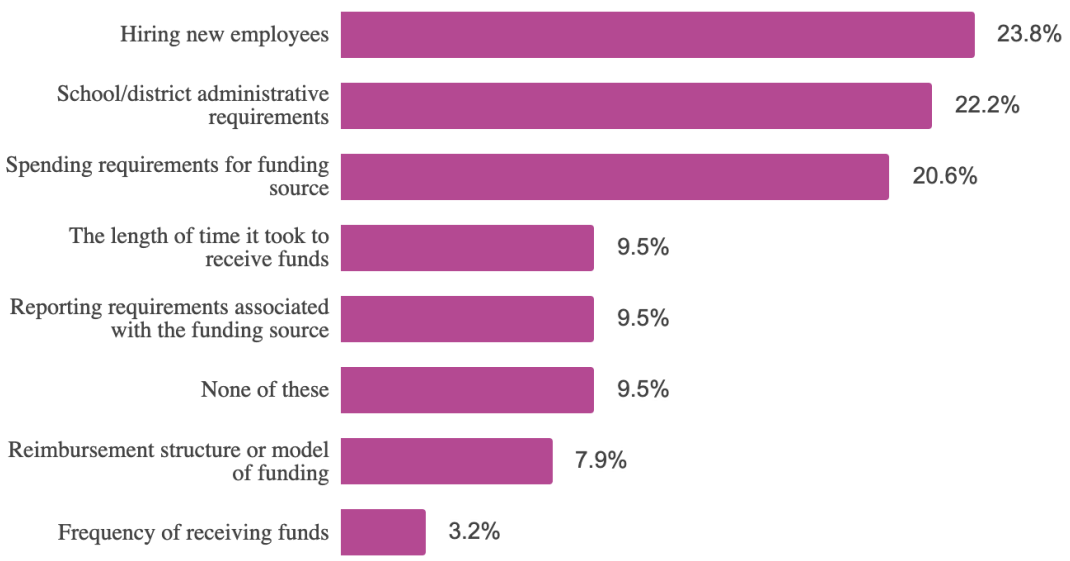
Figure 5: Areas funding was used by schools (N=63)



Barriers to use of funding

Respondents reported that their district experienced barriers to the efficient use of COVID-19 funds. The top three responses were hiring new employees (23.8%, n=15), school/district administrative requirements (22.2%, n=14), and spending requirements for the funding source (20.6%, n=13). Multiple respondents selected "other" and indicated they did not know, and one respondent wrote, "*Lack of response of district to hire contact tracers.*"

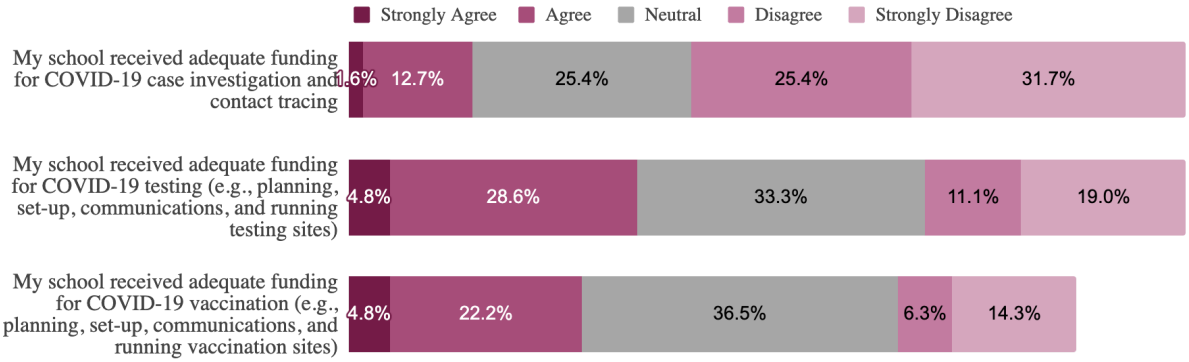
Figure 6: Barriers to efficient use of COVID-19 funds (N=63)



Adequate funding

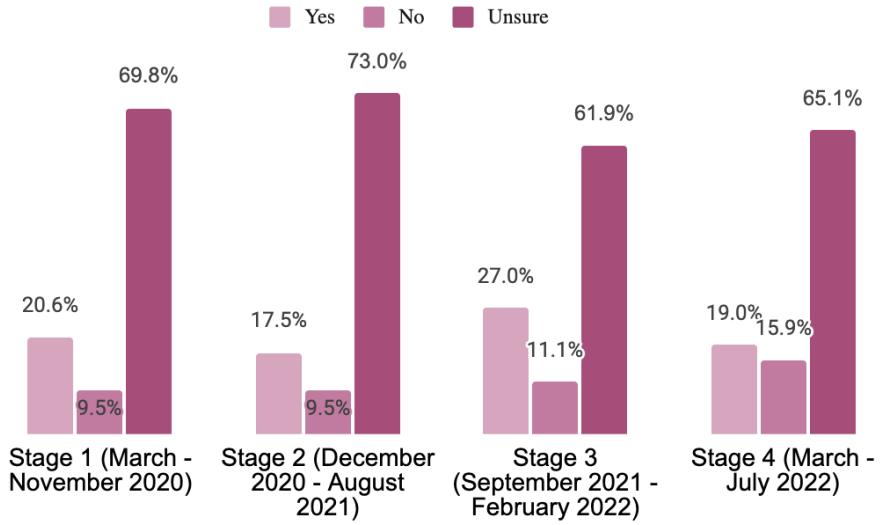
Approximately 15% (n=9) respondents agreed or strongly agreed that their district received adequate funding for case investigation and contact tracing and over half (n= 36) disagreed or strongly disagreed. About a third of respondents (33.3%, n=21) agreed or strongly agreed that they received adequate funding for testing, and vaccinations (30%, n=17). Responses to each category do not equal 100% because these represent all responses except for "N/A, My school did not engage in these activities."

Figure 7: Adequate funding for COVID-19 response activities (School Nurse respondents, N=63)



Respondents were also asked if they ever felt their district did not have adequate funding to support their community in managing the pandemic. The vast majority of respondents did not know the answer to this question across all stages, and approximately a quarter of respondents were worried for each stage that they would run out of funding.

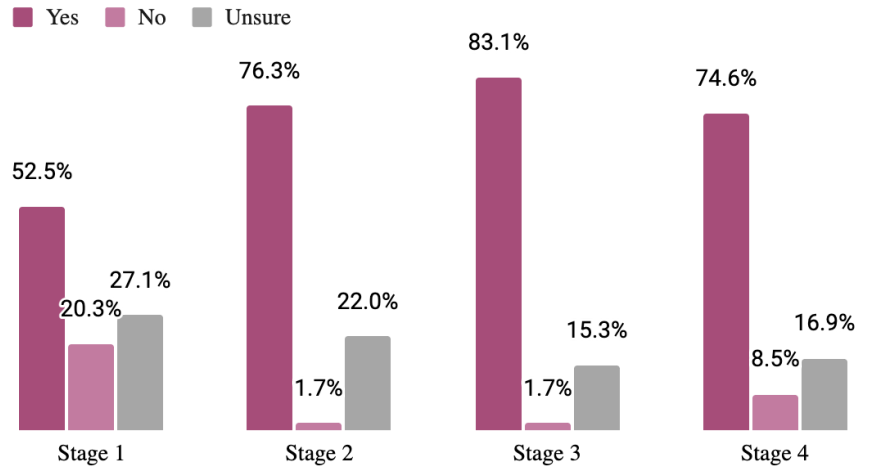
Figure 8: Did school worry if they would continue to have enough funds to support community in managing the COVID-19 pandemic (N=63)



Epidemiology Data Access

Survey respondents were asked if they had access to local epidemiological data to guide their COVID-19 decision making. In Stage 1, about half respondents felt that they had access to local data. But for Stages 2-4, three-quarters of respondents felt they did have access to local data to guide decision making.

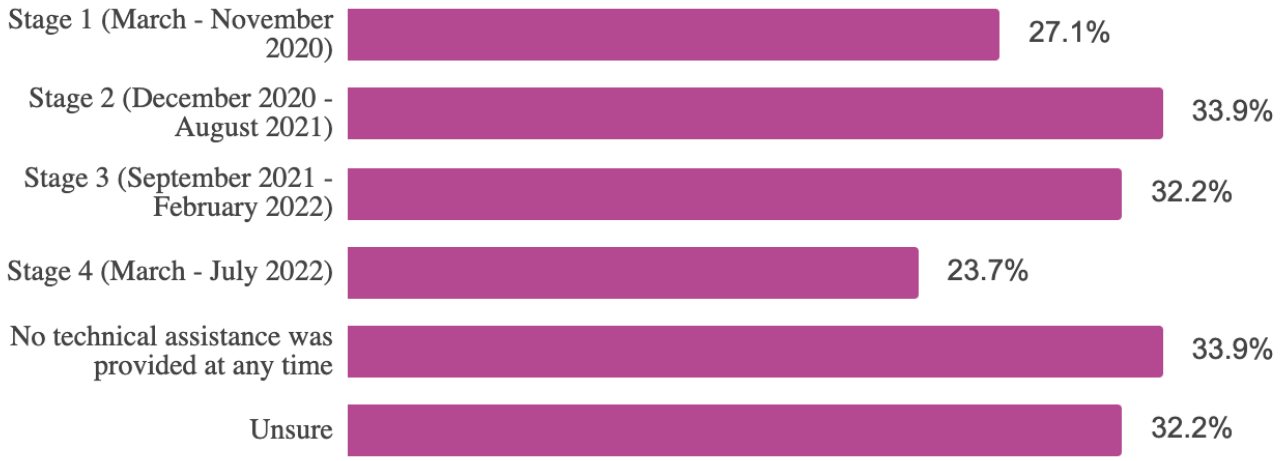
Figure 9: Access to local epidemiological data to guide COVID-19 decision making by stage (School Nurse respondents, N=59)



Data TA

Respondents were also asked if they received technical assistance (TA) to access, understand, or use epidemiological data. About a third (n=20) reported not receiving any TA at any time, and another third did not know (n=19). Twelve respondents reported receiving TA during every stage of the pandemic.

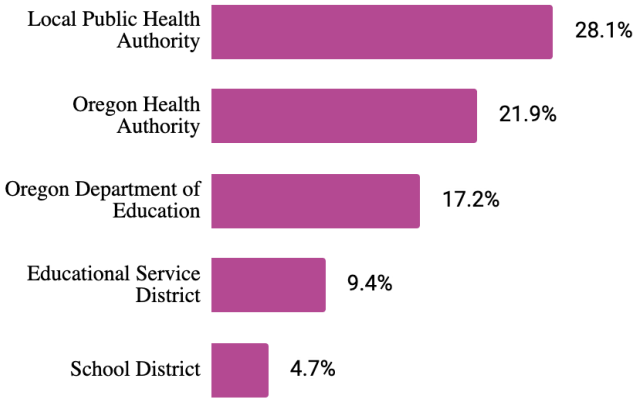
Figure 10: Stages during which schools received TA to access, understand, or use epidemiological data (N=59)



Organizations providing TA

Respondents who reported receiving TA were also asked what entities they received support from. TA was provided by local health departments, ODE, Educational Service Districts, school districts, and OHA. Three respondents included comments in "other," indicating they received TA from: OSNA, CDC, and OHSU.

Figure 11: Entities that provided TA to access, understand, or use epidemiological data (N=59)



COVID-19 Response Activities

Formal Pandemic Response:

Respondents were asked when their school began their formal COVID-19 response. About half of respondents (52.7%, n=39) reported that they began their response the date of Oregon's emergency declaration. Three respondents said they began emergency response when there were cases in their school community, and five respondents reported starting the date of the federal emergency declaration. Fourteen respondents said they did not know. Twenty-seven respondents selected "other," their write-in responses are included below.

"3/12/20"

"Fall of 2020 when staff returned in person, and then students on a limited basis"

"I began work when Oregon got its first case, a custodian in a public school."

"I believe it was Oregon's declaration."

"I think it was before Oregon declared it an emergency, but probably not much before.

"My understanding is that our response aligned with Benton County's recommendations from the beginning."

"March 13, 2020"

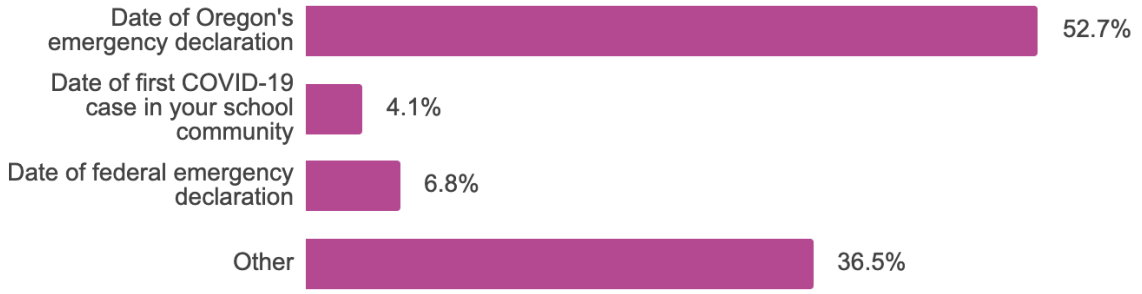
"March 13, 2020"

"Online school was implemented within weeks of the initial outbreak (March 2020) but a written disease response came much later - fall of 2020."

"Prior to emergency declaration meetings were being held, handwashing being stressed to students spring break"

"THey closed on March 13th 2020, as ordered by the governor, but did not begin any sort of plan for months after that. They did not include any health care individuals in any of the planning until 2021."

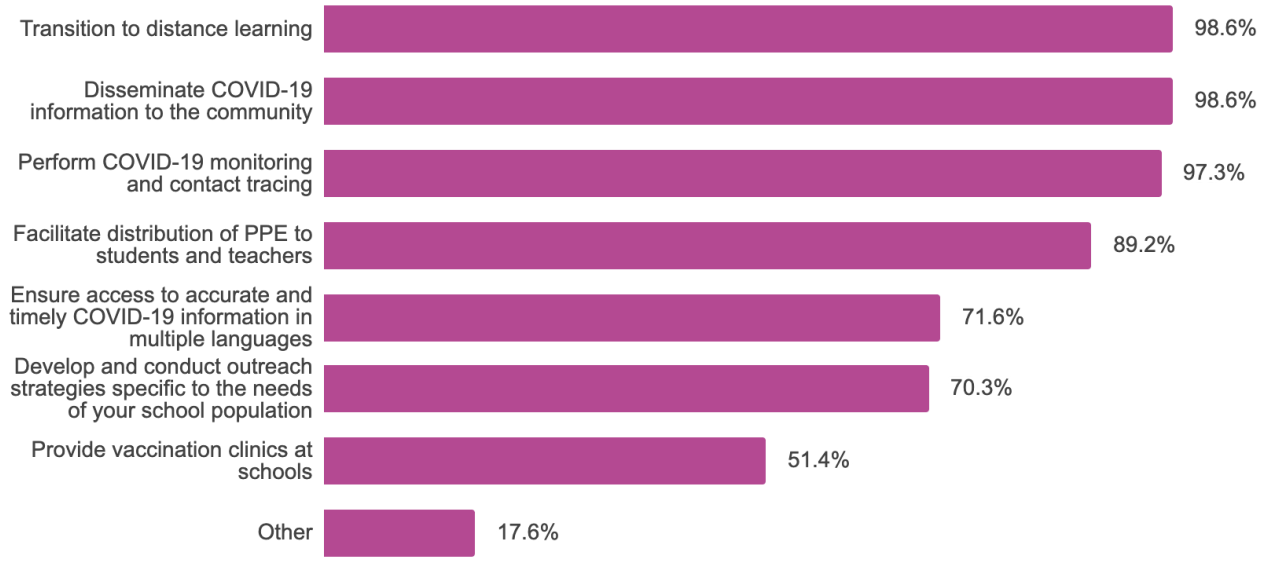
Figure 12: Date formal COVID-19 response began (N=74)



Overall Response:

Respondents shared ways their school responded to the pandemic. All but one respondent (n=73) reported transitioning to distance learning and disseminating COVID-19 information to the community, and all but two respondents (n=72) reported performing contract tracing and monitoring.

Figure 13: Ways that schools responded to the COVID-19 pandemic (N=74)

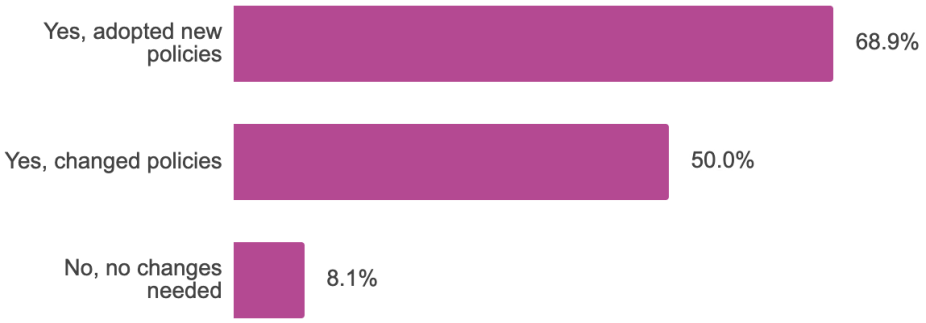


Thirteen respondents selected "other," their responses are listed below.
"COVID testing in schools and District Office"
"Covid-19 testing in schools"
"Developed a COVID response team. Also, the district held regular meetings with invited stakeholders and community members to discuss/problem solve/hear concerns about COVID related responses by the district."
"employ nurses through MESD. Had a COVID response team"
"excluding non sick kiddos and disrupting their learning"
"hybrid learning was quickly implemented"
"On-site testing"
"Our district had a gradual, delayed response starting with child care for health care and police children."
"Starting an emergency daycare, onsite RN's at all times."
"Strict implementation to isolation and quarantine protocols, and universally mandated masking"
"Took part in testing programs that made both PCR and rapid antigen testing accessible and free to all of our students and staff"
"Transition back to in-person learning, providing adequate policy and supplies for cleaning and disinfecting"
"We not only provided COVID vaccine clinics for our staff and school community, but also for smaller districts that did not have the ability to run clinics of their own."

Distance learning policies

When asked if they had to update policies to transition to distance learning, almost half of respondents said they changed policies, and one third said they created new policies. Please note that four respondents selected both options for yes, so the total equals more than 100%.

Figure 14: Abrupt closure of schools and resulting transition to distance learning required changes to existing policies (N=74)



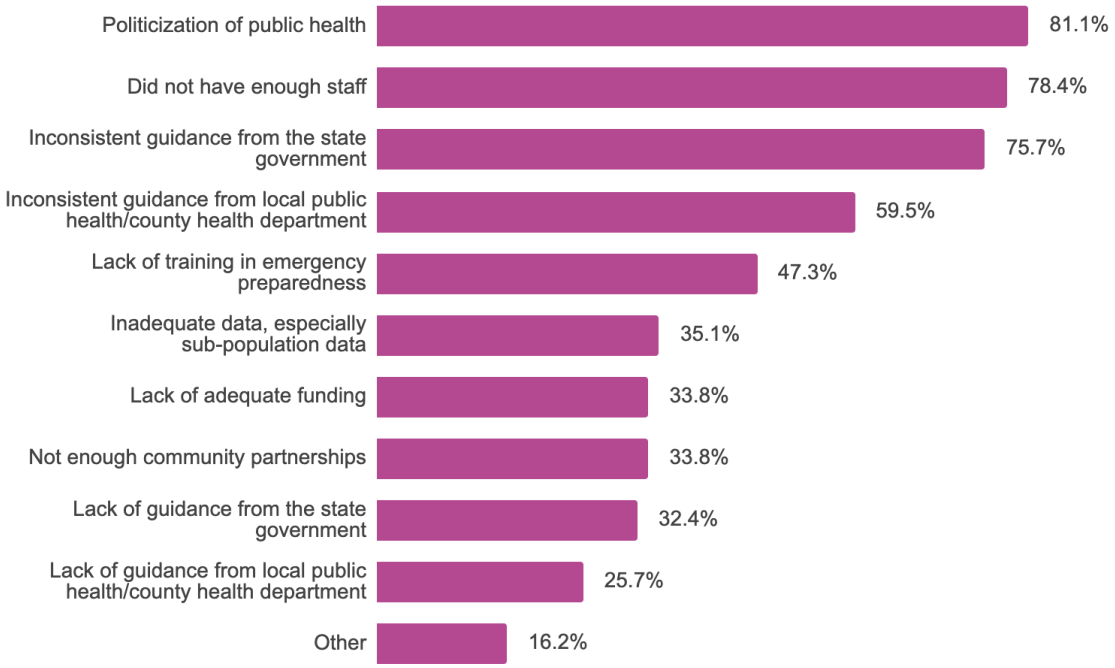
Challenges and Barriers to COVID-19 response

Nurses were asked to select which challenges hindered the effectiveness, scale, or quality of their school's response. The top response selected was the politicization of public health (n=60), followed by not having enough staff (n=58). Inconsistent guidance from government agencies were the next to challenges identified- state government (n=56), local county government (n=44). "Other" responses included:

"Communicable disease response was often left to school officials with no knowledge or experience in disease mitigation. There was often tension between the nursing ESD and the schools. Getting schools to trust and adhere to the guidance was (is) a struggle."
"Delayed guidance from state government"
"frequently changing guidelines"
"inequitable communication to parents and students"
"It's difficult to describe all of the challenges. But another challenge was the resistance and aggression/abuse healthcare staff faced from the public (parents, students) and from other staff."
"Lack of a simple, universal contact tracing software for schools. We each had to invent the wheel and figure out how to keep it functional as the cases reached fever pitch."
"Lack of timely info, we had to figure things out and then would get formal guidance after we had figured it out."
"not enough translation services available to adequately communicate with non-english speaking families."
"OHA lack of transparency and lack of understanding of the disease and forcing ridiculous guidance that did not work"
"School nurses have always been hard to get, but during this time when high wages were paid in hospital and travel nursing fields, nurses were extraordinarily hard to find at our school wage." "We are still struggling to retain the nurses that we have employed."
"We had too inconsistent information, not consulting school nurses on available resources and how to appropriately implement plans. Changes happened every 2 weeks, way too many changes for parents and students to tolerate and understand, added increased stress and workload. Counties all had different responses, resources, interpretation of directives from the state. MD's also had different

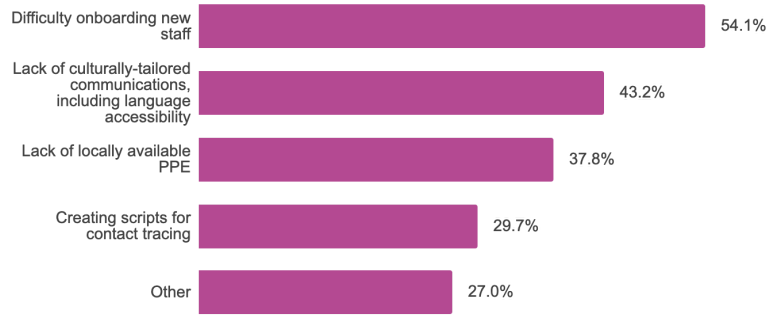
interpretations that they gave to parents and did not understand different rules the school district had to follow. Too often, the school was the frontline of educating students and parents about the changes that the state mandated."

Figure 15: Challenges that hindered the effectiveness, scale, or quality of COVID-19 response (N=74)



The top barrier identified to being able to respond to the pandemic was difficulty onboarding new staff (n=40), followed by a lack of cultural-tailored communications (n=32). A little over one-third (37.8%, n=28) of School Nurse survey respondents identified a lack of locally available PPE as a top barrier in responding to the COVID-19 pandemic. Additional "Other" barriers written by respondents included:

Figure 16: Barriers to response to the COVID-19 pandemic (N=74)



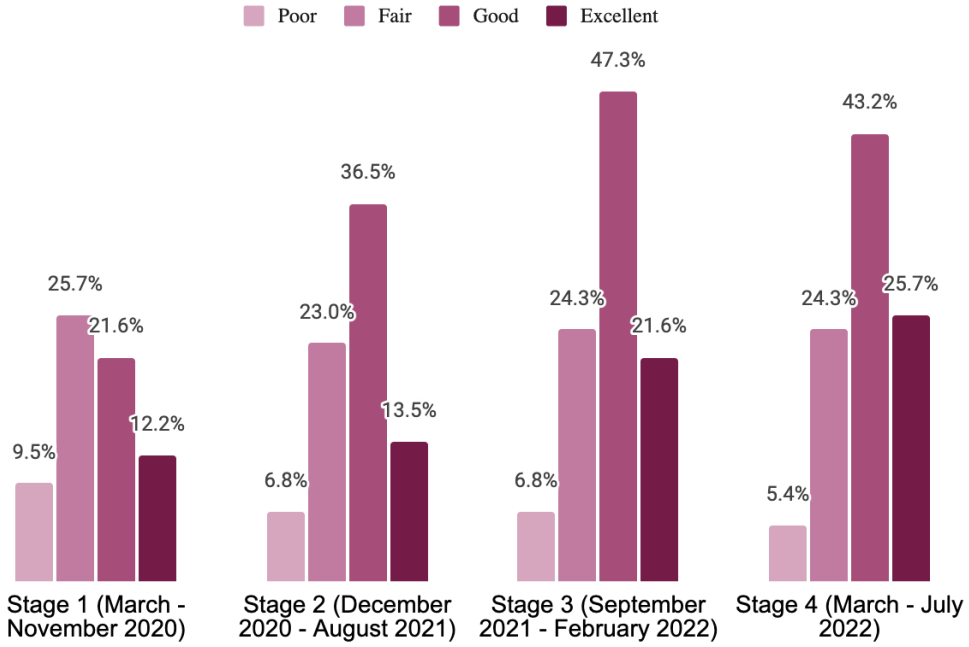
"Angry families because of lack of transparency and resources to keep families safe"
"Brining in new staff was not an option"
"community buy-in, many of our community members did not think masks and the vaccine worked"
"Contact tracing took a significant amount of time, generally over 10 hours per day."

“difficulty finding covid tests”
“educational Barriers put on by OHA and ODE. Restricting children and staff from coming to school. I still have boxes and boxes of covid tests that are expired but we continue to extend the expiration date. This never happens to any other medical supply or medication.”
“Inconsistency with safe practices in school population (hand washing/sanitizing surfaces/communication of whether they are sick or denial)”
“Lack of available COVID tests once students / staff came back on campus”
“Lack of staffing for contact tracing, creating communication and response plans, creating covid tools”
“Local county health expected the school district to perform all contact tracing and gathering information about students and family members. Received no assistance from county health.”
“No clear, workable direction from any public health agency.”
“politicization of effort/being judged/criticized”
“Resistance to implementing interventions. Lack of acceptance that COVID was real.”
“Rules and regulations that do not make sense in a school vs community. Poorly executed state regulations.”
“School nurses were an underutilized public health resource, and oftentimes the work we were asked to do was busy work without a clear benefit/contribution.”
“Staff resistant to training”
“work load created without additional staff for COVID rules and implementation”

Rating of school response to COVID-19:

Respondents were asked to evaluate how well they felt their school's response to the COVID-19 pandemic was during each stage. Roughly the same number of respondents felt that their district did poor or fair throughout all four stages, but slightly more respondents felt their school did excellent or good as each stage progressed. Note that responses in each stage do not equal 100% as respondents could also select “I was not involved in COVID-19 response in my school during this stage.”

Figure 17: Rating of school's response to COVID-19 during each stage (N=74)



When asked to expand on why they rated as their school as they did, the following comments were provided:

As a nurse I have provided opportunities for vaccination clinics each fall. I have implemented and continued an illness/symptom tracker, I was hired as a full time nurse in the school during stage 3, which they did not have before, and I have been able to answer questions for staff and families of students in a timely fashion. I have been able to assess students and act promptly to any concerns. I provided the opportunity to the district to be able to do onsite COVID testing and make sure they have necessary supplies.

As soon as we moved from mandates to recommendations this year all good sense went out the window.

As the pandemic went on I was able to collaborate with our County Public Health and School Nurses weekly and sometimes daily. We still are zooming every week.

As we began there was a fair amount of confusion of roles, decision makers, etc. As the pandemic wore on, it became clear who the decision makers were and who needed to have input. In stage 4, turn around time and decisions became clearer.

At times there was a lack of information from our local health department as they were awaiting state guidance. At times guidance seemed to conflict. Our school board was not supportive of health guidance

Communications were better in stage 3, but we are still doing well.

Constant changes were happening but I think the staff were flexible to accommodate this.

Despite struggles with resources and staff buy-in, schools were able to stay open and operate safely

Even though going through the pandemic was very difficult, the amazing nursing staff as a whole worked very hard to accomplish this the goals at each stage. The school district itself was unprepared.

With teamwork we were able to effectively make changes and roll out those changes amongst the schools, although it was time consuming and difficult.
everyone was tired of COVID, so lots of reluctance to engage on COVID mitigation.
Good initial response, but based on one employee's efforts & supports. Later district not very supportive of online supports, giving more help with contact tracing & expecting us to do it all along with normal work all while being verbally assaulted daily by families. Once protections ended, district & staff act like there never was a pandemic. No masking, handwashing, etc
Good with the information and tools we were given in such short notice.
I actually think we did a pretty excellent job overall, with several hiccups along the way, which is why I selected "good." I'd say we did very well for a small district, but not the gold-standard.
I feel that our response was better later in the pandemic, purely related to having experience and building on what we had created early on in the pandemic. The 1st trials for distance learning and "hybrid learning" were rocky.
I think my school district did a really great job of handling the changes throughout the pandemic. Some staff were reluctant to accept certain new requirements during stage 3, and retraining was needed for some, however overall I think our schools handled it very well.
I think that decisions were not thought out with full consequences.
I think the district did a good job of adjusting throughout the pandemic. When omicron hit especially, though, it was like a tidal wave without sufficient staff to take care of all the needs.
I think the school managed the best it could.
I think we (the school nurses) and our schools/staff really and truly did the best we could. I think we did a good job and absolutely gave our full effort and 100% dedication. However, I feel the response itself-- the guidance from county/state, the planned interventions and how the pandemic was handled even on a national level-- fell short and was deeply flawed. Even though I feel we worked very hard and did all we could, I don't know if it was the right way to do things. I am proud of our efforts, but do not feel great about the end result and if it made a significant difference or positive effect. I feel we as a country could have done so much better and there is so much room to grow and learn.
I think we did the best we could given the circumstances, but we were drastically unprepared. We made up policies as we went. I would not say any of the stages went smoothly. It was all a crazy amount of work for us on top of our normal workloads--not just school nurses, but all school staff were affected by increased tasks and expectations.
I think, on our part, we did a great job. We adapted. We evolved communication strategies. We made testing available. We held vaccine clinics. That doesn't mean we had great results, because of course, the cooperation had to come from the families as well. Not all families were on board with testing and reporting and staying home, so that brought in more illness than we would've liked. But I feel like we did as well as we possibly could have.
I was working in the COVID units of my medical establishments before transitioning to school nursing in Feb 22. I was impressed by their readiness.
It became hard for the agency to even do its job, as whatever stance the state took, our agency would tend to go even more conservative, as we have a good mix of medically fragile/vulnerable population. Adaptations were made which primarily helped caregivers, but preschools shut down and those kids had zero social skill experience/development opportunities in-person, setting them back.

Lack of clear consistent policies from school district administrators. No one was on the same page and communication was done top down with lack of foresight in discussion with people doing the work and how the processes would actually be facilitated.
Lack of support from admin, did not seek or listen to health care team recommendations,
Masking, distancing, and vaccination were politicized, so Stage 1 was off to a bad start when schools reopened. Parents allow their ill, symptomatic students to come to school, complicating all stages. In stage 3, I had zero extra FTE support (no SHA), in the busiest time of year with case management for student with chronic health conditions, immunization deadlines, Covid management including reporting and isolation space management, along with seeing students who came to the health room for injuries, and school-wide health emergency management. (The district website published that every school had a SHA which was untrue.)
My district was transparent with the community and involved stake holders and a wide array of parents/community members in the planning and problem solving aspects of the response. They built a response team that developed the school level and district level response. They involved the nurses in every planning stage. Every response was consistent and organized across the district.
NA
not enough time to answer
Nurses were involved throughout the process as well as local Public Health
Once the school was able to make the initial transition, we just developed a flexible attitude and made changes as needed. Which wasn't without extreme stress or working a lot of hours.
Our administrative team worked tirelessly to review state guidelines and how to implement. The communication department did a good job, even with some confusions with communities understanding of the exclusion rules.
Our district was one of only a few the adhered to public health protections in our region. This was important but was also overwhelming with the limited resources that we had, which I feel negatively impacted our execution of protocols.
Our districted consulted with the schools nurse team
Overall, the process was laid out as well as it could be given the directives from govt, public health, and other agencies. The challenge persisted with communication and expectations at both a staff and community level. Disappointed that districts created their own guidelines on many aspects of the pandemic.
PPS has a student health team that helped create guidelines and policies. They partnered with health providers for vaccines, provided transportation, employed more nurses.
School cluster outbreaks were minimal except for athletics and after New Year of 2022
School district as a whole worked with nursing, toward the end of the first stage, had minimal inclusion with nursing prior to coming back, and improved by stage 3 and 4. It was difficult for teachers to be forced to come back and teach when many businesses and state funded entities were closed or working from home.
Stage 1: schools were focused on online learning and academics. They seemed to be almost in denial about disease management. Stage 2: Schools worked hard to prepare for re-opening. There was not consensus, however, on what that would look like or how disease response would be instituted. Stage 3: Schools did very well with reporting disease cases, outbreaks, contact tracing. Stage 4: Everyone is "over" the pandemic. Masks are rarely worn, staff seem to have given up on almost all disease

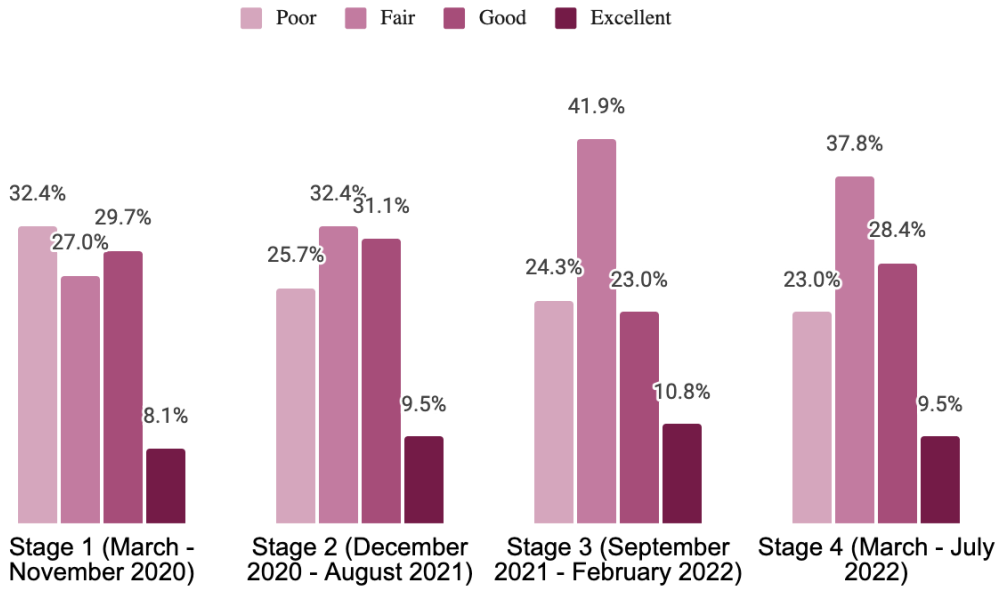
mitigation, including staying home while sick. Students seem to be managing better than staff! However, when there is a reported case of COVID, schools are responding appropriately.
Stage 2 - distance learning was a disaster for most kids academically (lack of participation) and we lost track of so many vulnerable kids/families. Stage 3 - social distancing, contact tracing requirements in classes/lunch/buses were too difficult to keep track or and implement during this time. Practices seemed so outdated when other schools across the country had successfully returned with so many less restrictions. Stage 4 - still too many requirements/restrictions that made it difficult to keep track of cases and try to contact trace.
The first year back full time in person was a little rocky. Some students had a very difficult time complying with the mask mandate, It was quite a struggle for the school staff. Also, there were some complications securing a symptoms/testing space in some of my schools.
The initial pivot to CDL went fairly well, all things considered. The subsequent contact tracing, enforcement of public health protections, re-openings were so heavily burdened by bureaucracy that we really missed opportunities and it felt like we were constantly a day late. Stage 4 was fine because including significant measures in the school when they're not being followed outside of school didn't seem to add much and had a cost to some of the more vulnerable members.
The only reason I didn't choose poor is because everyone was trying their best. But we just did not have the capacity to uphold everything that was being asked. Staff also did not have adequate training or education to help support what I was telling them needed done.
There once again were changes that happened frequently with the guidelines and no federal clarification, or local health department clarification. Seemed to be confusion all the way around.
They improved with time. I finally realized that including school nurses into the discussions was vital.
Too much inconsistency from the State.
Upon reopening, we were able to hire a designated covid team to help with contact tracing. Which helped to take some of the load off of understaffed nurses.
We did a good job planning and reacting for most of COVID to the best of our abilities, but we were overwhelmed by Omicron in Jan 2022.
We did a great job at trying to implement rules that were forced on us. Contract tracing and following up to exclude non sick kiddos feels really terrible. We tried to find different ways to allow kids to still come to school (separate study halls etc, this was shut down by the local health department.)
We did excellent with the resources we were provided.
We did our best, but faced significant staffing challenges and community backlash
We had a lot of pushback from building administrators, especially in High Schools. This was basic science- a respiratory virus that transmission decreased with distance and barriers, and simple surface cleaning. Those interventions, especially simple surface cleaning by students and staff, also reduce influenza and RSV. The administration was hesitant to implement them, and couldn't wait to get rid of them when not required.
We immediately formed a covid response team and were ready and responsive to all of the changes and mandates that were sent out. Our team kept the district on track and we were able to bring all of our schools into compliance in a unified way.
We maintained communication with our LPHA and our COVID response team ensured we were able to bring students/staff back into our buildings safely. It was very difficult to complete contact tracing per LPHA guidance during stage 2-3. We did not offer vaccinations at our schools.
We managed but were overwhelmed continuously throughout the district.

We ran an incredible vaccination clinic program for staff and families, it was bonding to be part of the solution. We all in district leadership did our best and worked countless hours to attempt to educate the kids and care for families and staff to the best of our ability within the ODE requirements and state mandates.
We worked together to follow all the constantly changing guidelines that the state put out for us and worked to make school a positive place for the students.
When you consider the challenges faced, I think things went fairly well.

Public health system response

Survey respondents were asked to rate the state of Oregon's management of the pandemic response to COVID-19 in schools during each stage. The majority of respondents rated Oregon as poor or fair in all four stages. The state of Oregon was rated worst in Stage 1, with over two-thirds of respondents selected poor or fair (68.6%, 48).

Figure 18: Rating of state of Oregon's management of the COVID-19 response in schools during each stage (N=74)



When asked to expand on why they rated as Oregon as they did, the following comments were provided:
Again, I think the state did the best it could under the circumstances, but the response left a lot to be desired.
As a school nurse I felt supported by OHA/ODE. Both agencies worked well together. I also felt supported and heard during meetings with both agencies.
Communication and education could have been MUCH better.
Communication from the state was frequent and thorough

Considering the struggles of managing the pandemic, I appreciated Oregon's guidance that was largely responsive and fairly elaborate, especially compared to other states. I also appreciated their careful response and efforts to protect public health.
Extremely poor. Since Covid we have destroyed our youth, caused in increase in anxiety, lack of discipline and kids do not care to be in school anymore.
From the perspective of a nurse caring for individual children I didn't appreciate the mandates that looked good on paper but didn't make a difference as far as stopping the spread of the disease. The risk of the disease vs. the risk of the mandate should have been better weighed as you would do with any medical intervention. The ramifications of online schooling, excluding children from in person education and keeping them from socialization with their peers and masking has done irreversible damage to their self esteem and caused educational set backs. It is not worth the damage done compared to the risk of the disease to them. At this juncture the staff and students that are out sick the most are vaccinated. Selling the vaccine as a way to "get back to normal" was a lie and they should be ashamed of the false information you sold people to get them to do what you wanted them to do.
Given the low level of transmission of COVID in schools in Oregon (and overall), yeah I think we did a pretty excellent job.
Guidance for schools often came out too late. We generally had to make changes for ourselves to align with federal guidelines or mandates, and would then have to modify those changes weeks to months later once state or local guidance was released.
I appreciate that the state closed the schools when it did. And I appreciate that the funds were made available for PPE, testing, and vaccines. And the Covid dashboard was great (for those of us who love data.) But it felt like, with the frequently shifting policy/guidance, there wasn't a lot of thought given to how that inconsistency would breed distrust and confusion and anger for parents, especially working parents. (How many times did I have to say, "Well, that was last week" or "Well, that's what Linn County is doing, but we're Benton County). It seemed very much as if edicts were being made from a very detached "ivory tower". I understand the political imperative to give local control, but in this case, local control and the array of policies that arose from it, resulted in confusion and chaos.
I feel like Oregon shut everything down, set these rules, but were very unclear. Didn't have any immediate plans in place to help guide schools districts. Left us "hanging" at times. I feel that the vaccine roll out was okay considering the circumstances. Reopening schools was a complete mess as far as contact tracing and how to keep everyone safe while at school.
I feel OHA pushed too much onto already overburdened school nurses, there was little support available from local public health
I feel that there should have been more communication and guidance - we were left to figure things out on our own and hope we were doing everything correctly.
I think at the beginning, Oregon was proactive in shutting down and saving lives. After that, however, due to the magnitude of the situation and the number of organizations needing to work together to transmit information, there was difficulty in communication trickling down and being interpreted.
I think our state numbers speak for themselves. Our state government under the leadership of Kate Brown should be commended for their bravery and resolve in the face of this global health crisis. Many lives were saved.
I think rules were made for large population areas that did not pertain to smaller districts.
I think the guidance was sometimes quite laborious to process and go through...I'm not sure if we could expect any more, but it was challenging, as there were multiple up-dates and changes.

I think the state became politicized due to nation wide issues
I think they did the best they could given the circumstances.
I thought Oregon managed the pandemic well, especially when it was not politically or economically easy to do so. I believe the data supports that lives were saved by the measures implemented early on.
I was not involved in stage 1 or 2
Inconsistent and poor Restrictive Did not follow science
Initially, Oregon based their interventions on science. As death decreased and public support waned, Oregon made decisions based on their popularity. COVID isn't a death sentence today for most of the population, but you would think COVID had almost been eradicated by looking around. Oregon will not go back to mitigating interventions unless people start dying in large numbers.
It could have been better. Inconsistent guidelines/rules.
It was often written by those NOT in school buildings, so it was unrealistic the majority of the time.
Keeping students out of school was the biggest mistake this state has made. Students are now showing up with large amounts of mental health issues, low education scores and the school systems are still low on staff due to many reasons including vaccination mandates still enforced. There are no counselors available for students struggling and they are booked out for long periods of time. It's extremely frustrating to see children suffer when this did not need to happen the way it did.
Lack of coordination with school nurses who worked in schools. ODE did not consult with any school nurses on how to implement precautions. Lack of coordination between ODE, county health departments and school districts.
Many mandates put on top of mandates to educate students and provide other services. The teacher union had an outsized voice in response. Fear and not science led policies. Students missed too many in person days. Schools provided limited distance learning resources outside of Chromebooks for all. Masks were not recommended and then they were. We didn't have enough at first. We had no tests, now we have so many tests they are expiring before we can get them out.
My feelings on Oregon's response are more or less the same as my response to the schools' response.
I do appreciate that Oregon was more actively involved with different measures intended to reduce the spread of COVID, with enforced masking, social distancing, and other precautions. But I just feel that overall that the nation as a whole, including Oregon, still had room to grow and could have done better.
Once again confusion confusion over guidelines
Oregon did great responding and protecting students. We might have had a much different experience here in Oregon if the did not, and would have had many more fatalities.
Oregon was inconsistent at first & then swung way to strict. There should have been more local control from the beginning. Way too many across the board mandates & not enough support.
Our states leaders were so incredibly short sighted during the Pandemic response. Keeping our schools closed for a year? Unforgiveable! The facts and data were present all across the country about how school could successfully reopen, even in fall of 2020. Did our state look at this data? No, the political alingments and fear completely overrode common sense and the mess we now face in students behaviors, academics, attendance is on them for the poor decisions that they made. It was frustrating and sad to watch our states response to the pandemic as a nurse and a parent.
Pandemic fatigue was very much present with time-
Seemed hesitant to put out guidance in the beginning and slow to keep up with CDC as we progressed.
So much confusion and politics

Stage 1 was a disaster, at stages II & III there was confusing information, changing guidelines and distrust. Opening as normal has been good.
Stage 1: It was a difficult time and overall, I feel the state was doing it's best. Vaccination roll out- was well-executed during the large scale events hospital/state partnerships started doing- but dissemination of information and an easy way to sign up and access appt for vaccination was a BIG, consistent barrier to getting the first round of vaccines. Inconsistencies of rules across counties statewide also did not help create a unified approach.
State recognized and communicated what was best practice.
Support and guidance was late and frustrating. The kids suffered without in person learning. The guidance continual mandated changes was straining and so very frustrating. I realize this was a new situation for us all, but watching and modeling after other states that were successfully bringing students back would have benefitted our whole school system. We could have done it with proper funding, supply and training supports.
The lack of appropriate planning for student's learning needs across the spectrum during the initial phase was disappointing. It was like we jumped in the water, head first, without considering any unintentional consequences. Students who could learn weren't allowed to and students who didn't have access weren't given realistic alternatives. The constant changing guidelines increased community distrust. The rules were frequently changing and inconsistent. When we got to stage 4 it became everyone for themselves with no warning; suddenly COVID-19 disappears and everything we had in place feels pointless. During the stage 4 time period I experienced an outbreak of a respiratory illness that impacted almost every school in my district. The health department responded to assist with data collecting but it was clear there would be no guidelines given for what to do with the high rate of infections in staff and students.
The Office Hours meetings and support were very helpful. When the pandemic began to ease and local control was established it was difficult to obtain an answer to questions. OHA seems to have a poorly coordinated response -for instance, test kits - supply/expiration dates. One department does not seem to understand what another department is doing
The outcome that has damaged our children will take years to resolve.
The state did not consult school nurses when publishing school health mandates. Many duties were pushed to the schools without additional staffing or funding.
The state should have continued to require masks in schools this fall. With continued COVID cases, as well as flu and RSV, there has been as much or more absence as the previous year. Students are largely willing and able to wear masks consistently, when supported to do so.
The vague and wishy-washy state level guidance cause a ton of confusion and stress in our community They just told everyone to shut down and go to distance learning with no real guidance on how or what to do. When they did give guidance for having students back in class they gave out money like water for practical things but the districts were allowed to spend it where they wanted without repercussions for things like older school classrooms that were not provided with ventilation assistance. There was poor oversight on how the money was actually spent and much of it was wasted.
Too many changing targets to initiate, manage and change on short notice. Tuesday governor would announce, Wednesday clarification and Friday implement was not feasible at times. Our district is large geographically which made the process difficult.
Too quick of taking away all guidelines causing massive illness of ALL kinds

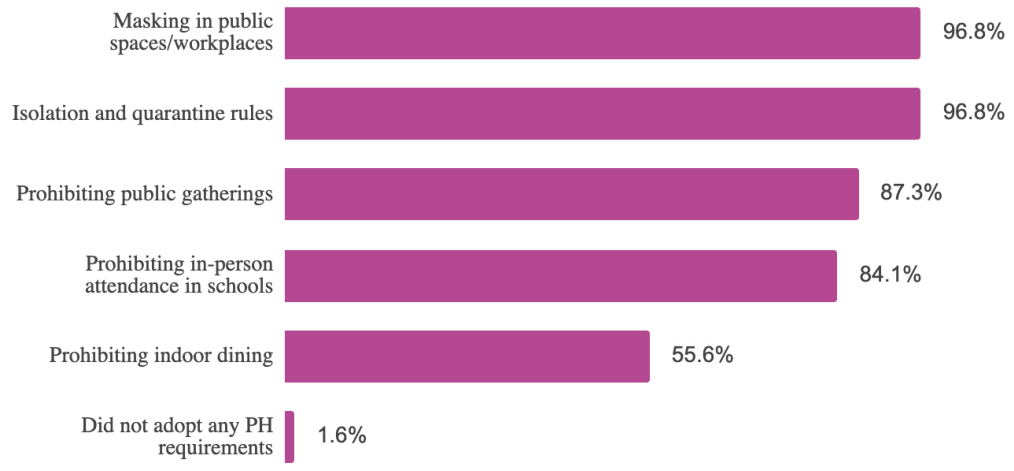
Tough times and tougher decisions. Not very much a win-win situation for all parties involved. But, we had one of the lowest death rates in the nation, which at the end of the day, was the ultimate goal.
We were all doing our best in an ever changing unprecedented world, but the response was inconsistent and created a lot of stress for everyone.
Weekly collaboration with OHA and ODE started during our hybrid year

Public health requirements

Survey respondents were asked if their school adopted any public health requirements to reduce the transmission of COVID-19. Nearly all respondents reported adopting masking requirements (n= 61) and isolation and quarantine rules (n=61). Many respondents also reported adopting requirements prohibiting public gatherings (n=55) and prohibiting in-person school attendance (n=53). One respondent reported that their school did not adopt any public health requirements. "Other" responses included:

We followed all the recommendations from ODE/OHA
These differed for each school in our district. Some teachers kicked kids out of their class if they didn't wear the mask properly or if they cleared their throat....what message is this sending to children? Some were more relaxed about it. Me as the nurse if I knew of a confirmed case would contact trace and exclude anyone who was exposed, of the exposed kids they did not get sick and never had outbreaks and would miss up to two weeks of school unnecessarily
Our schools followed the guidance from the OHA, ODE and state law, which corresponded with public health requirements.
Our district implemented all requirements at some point, but opened and changed with the different stages.
Every rule we were required to follow to keep schools accessible.
encouraging outdoor meals, distancing, vaccines

Figure 19: Public health requirements that schools adopted (N=63)



Enforcement

Respondents were also asked to share what public health requirements they enforced. When asked which policies adopted by the school were enforced, nearly all respondents reported adopting masking requirements (n= 58) and isolation and quarantine rules (n=58). “Other” responses included:

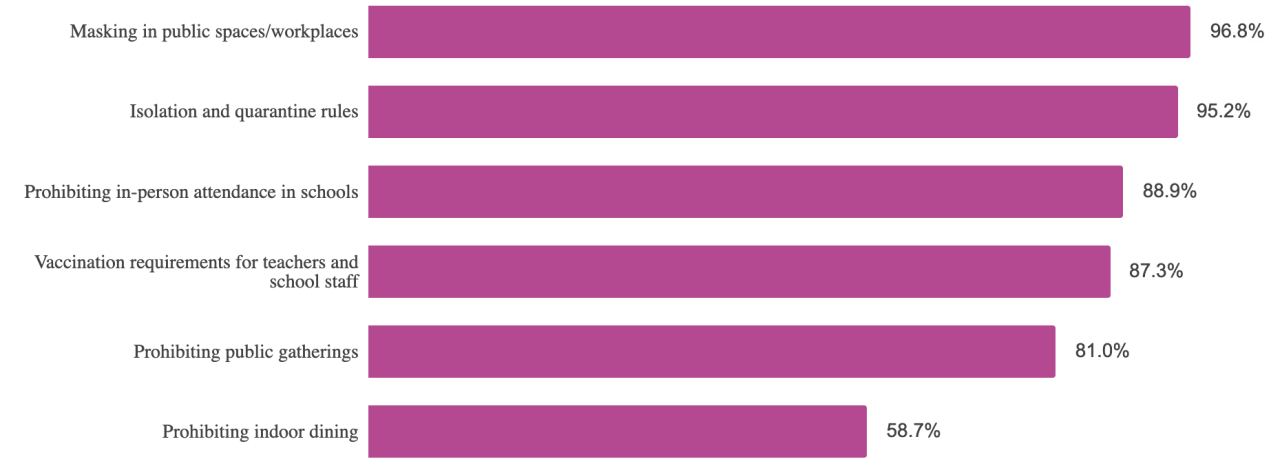
All mandates were enforced
certain schools were stricter than others. And with the younger population it is difficult to wear masks correctly. Vaccines were enforced due to mandate but allowed exemptions
Isolation and quarantine rules were only enforced if parents notified the school of a positive case or if a student tested positive at school. If parents didn't report the case, then enforcement was impossible.
The school tried to enforce mask wearing, but some students would still take them off or not wear them correctly (witnessed many students only wearing the mask on their chin out of defiance.
One of the nurses did not enforce isolation and quarantine rules, masking requirements
Our schools followed the guidance from the OHA, ODE and state law, which corresponded with public health requirements.

Figure 20: Public health requirements that schools adopted that were enforced (N=63)

When asked which policies adopted by local or state government were enforced by the school, nearly all respondents reported adopting masking requirements (n= 61) and isolation and quarantine rules (n=60). “Other” responses included:

District as a whole implemented mandates, most followed them, some staff did not. Various responses from administrators had varying results.
Yes all, it was a requirement

Figure 21: Public health requirements that local or state government adopted that were enforced by school (N=63)



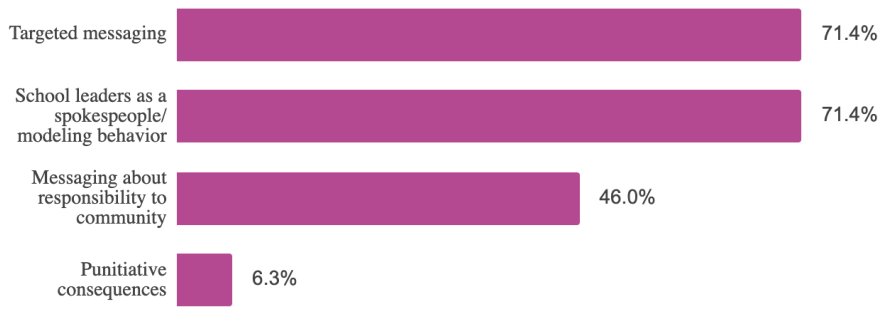
Some strategies that were used to increase compliance with public health mandates included developing targeting messaging (n=45) and school leaders modeling behaviors (n=45). Only four respondents reported that punitive measures were effective at increasing compliance. A few "other"responses included:

Individual schools had individual responses and results.

None of this. Kids were shamed if they took off their masks in some schools. It was hard for some teachers to control this. This was HORRIBLE for our children. The kids that had parents that wanted them to wear them, the message came from home to the student and the student would wear their mask.

Public health announcements, state rules

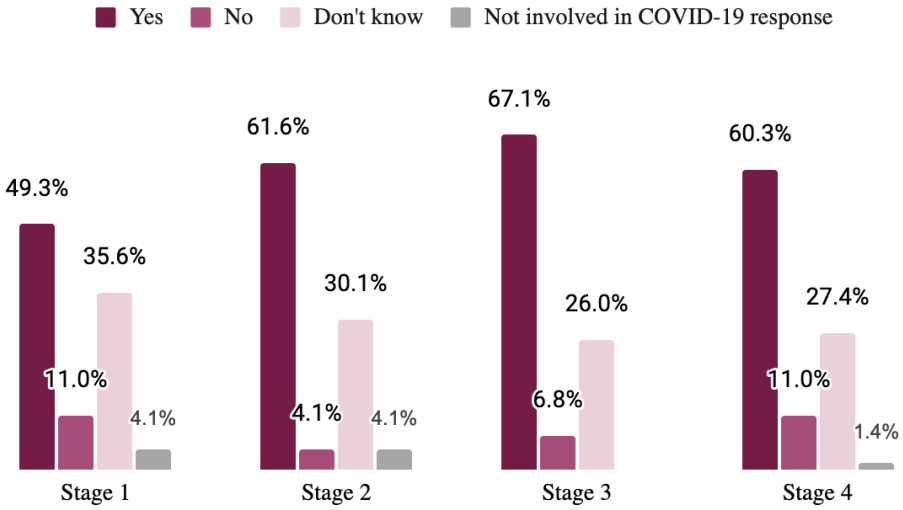
Figure 22: Strategies that were most effective for schools in enforcing public health mandates (N=63)



Technical Assistance

About half of respondents reported receiving technical assistance to inform their COVID-19 response activities, with slightly fewer reporting receiving TA during Stage 1.

Figure 23: Percent of schools that received technical assistance to inform COVID-19 response activities by stage (N=73)



A variety of entities provided TA to schools to inform their COVID-19 response efforts. The top two agencies were local public health authorities (n=51) and the OHA (n=47). “Other” responses included:

I don't think we received any TA. We did have multiple infectious disease consults from OHA, but I'm not sure if that's considered TA.

OSNA provided a covid toolbox that we used parts of for our covid response.

University of Oregon

There was minimal technical assistance from all entities. Nursing department had to work with entities and try to get them to coordinate and fix conflicting direction and inforamtion.

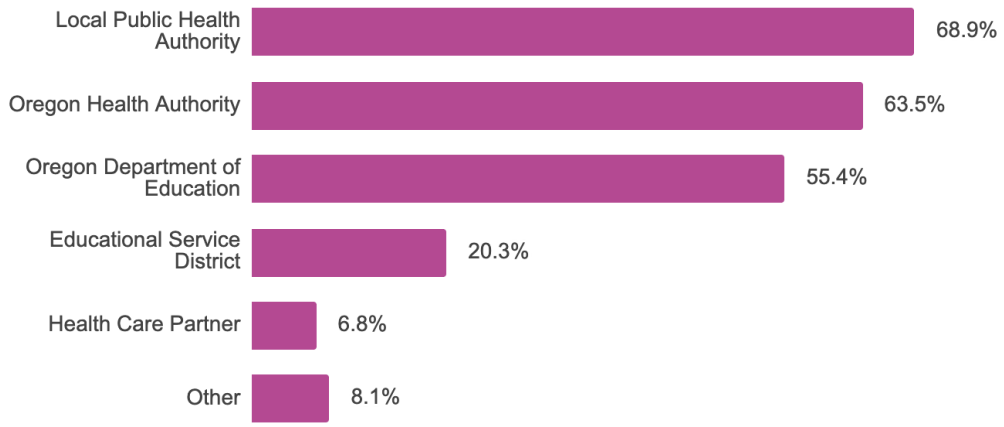
I'm not sure if I fully understand what TA includes. We had some email communications from the county, with some letter templates and detailed COVID in schools information. But I do not think we received things other than that.

The support was stated but minimal and usually not timely

We did it all on our own.

Oregon School Nurses Association

Figure 24: Entities that provided TA (N=74)



Respondents were also asked about their use of a variety of resources. Nearly all respondents reported using ODE's Ready School, Safe Learners Resiliency Framework (n=68) and OHA/ODE Communicable Disease Guidance (=68). "Other" responses included:

CDC

Local health department

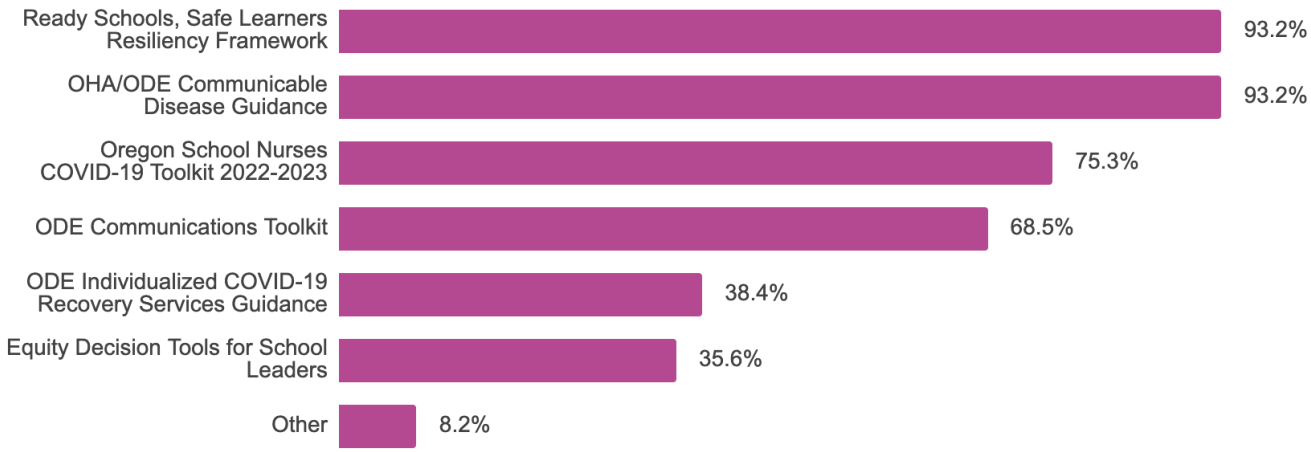
MESD COVID 19 Toolkit 22-23. PPS Standard operating procedures

OHA Investigative Guidelines

We may have used the other ones too, but I'm not sure. I was focused primarily on the communicable disease aspect of the response.

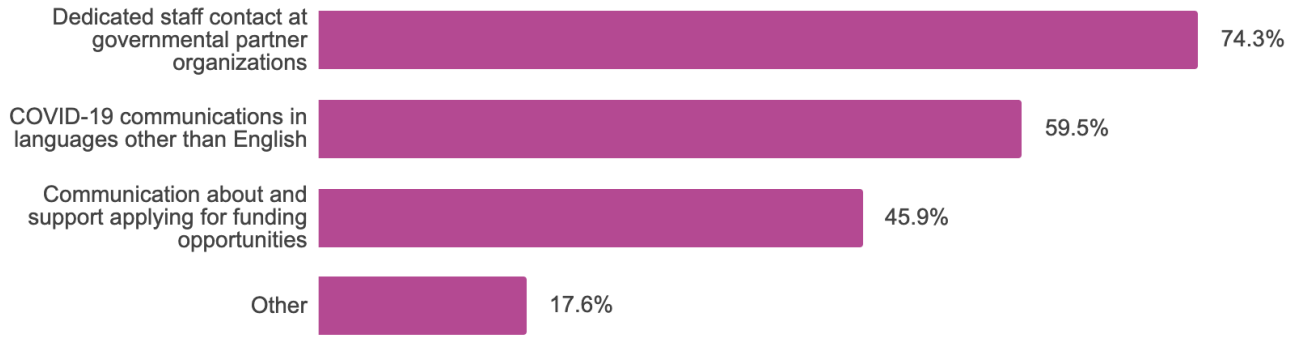
We used all of it for information and adjusted it to information that we could use for staff, students, and parents.

Figure 25: Resources utilized (N=74)



Respondents were asked to select which supports would have been helpful for their school when first responding to the COVID-19 pandemic. The top resource identified was having a dedicated staff contact at partner government agencies (n=55).

Figure 26: Resources that would have been helpful (N=74)

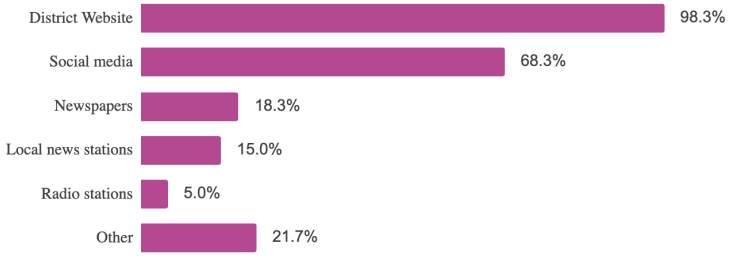


"Other" answers included:
An actual supportive functioning Health Department. All work was put on School Health Nurses.
Coordination between ODE and school nurses to advise what is possible in a school setting, help coordinate the directives and how to implement them in a school setting.
Documentation forms for contact tracing
extra health care workers to assist
Fully funding the local health department so that they could do their job and not push it on to the schools.
I feel like we had all of these supports in place and utilized them.
Legislature requiring an evidence-based nurse(RN):student ratio for all schools
Onsite assessments of need and physical assistance. Staffing pool including a nurse relief pool.
staff for contact tracing and completing multiple required forms. Staff for contacting parents.
templates for protocols that schools could adapt, instead of making our own. Training materials for educating staff on protocols.
The supports that were released were very helpful, but we needed them sooner.
we had all of this
We were very fortunate to have a dedicated staff contact at our local health authority

Communications

All respondents reported providing public health messaging through mass media communication methods. Most respondents provided information on the district website(n=59) and many provided info on social media (n=41). "Other" mass media outlets included their agency

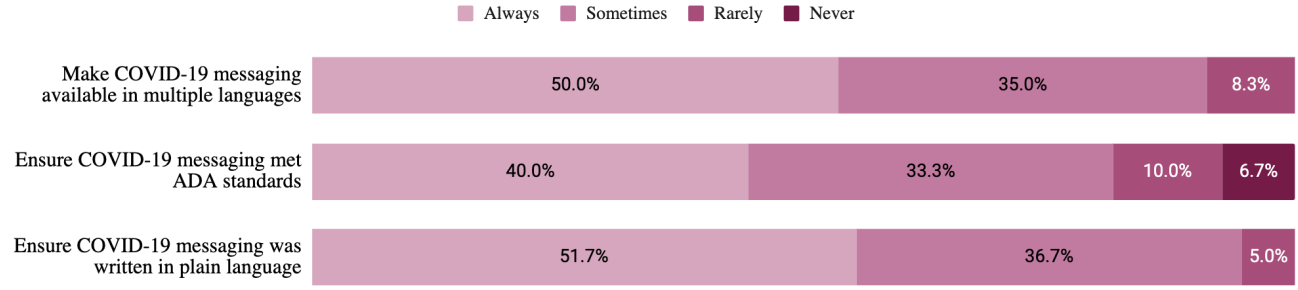
Figure 27: Mass-reach communication platforms utilized to communicate COVID-19 information (N=60)



website, mass emails and texts, notes and letters to home, ParentSquare, Youtube videos, district Zooms for families, school and district newsletters, school App or Remind App.

Respondents were also asked to reflect on how their district incorporated accessibility standards into their public health messaging. Four respondents stated that their school did not develop public health messaging. Nearly all reported that COVID-19 messaging was always or sometimes written in plain language (85%, n=51), and reported that messaging was always or sometimes available in multiple languages (88.3%, n=53). Most respondents (73.3%, n=44) reported that messaging always or sometimes met ADA standards. Four respondents reported never ensuring messages met ADA standards.

Figure 28: When developing targeted public health messaging, schools did the following (N=60):



Respondents rated the Oregon Department of Education's communication during pandemic response. Fewer than half of respondents evaluated ODE favorably, with 43.3% (n=26) who selected good or excellent. Only four people rated ODE's communications as poor.

Figure 29: Evaluation of the Oregon Department of Education's communication during the COVID-19 response (N=60)

Survey respondents were asked to rate OHA on their communication with the community about a variety of public health requirements that were implemented by stage. Note that respondents could select "Not applicable to stage" so totals won't always equal 100%.

Figure 30: Rating of OHA Communication with Community, Stage 1 (March - Nov 2020) (N=60)

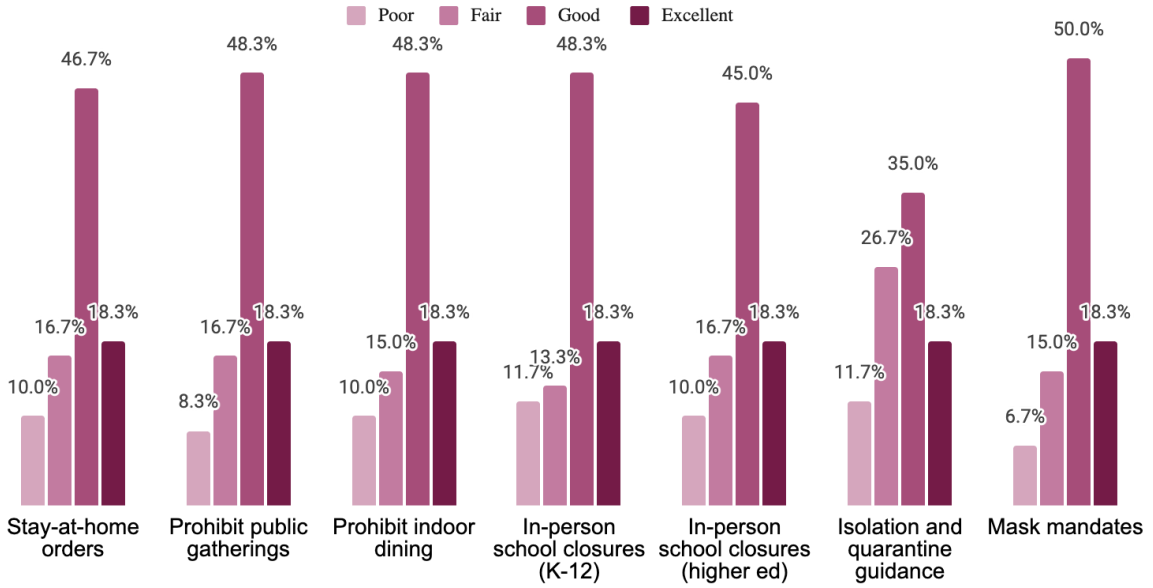


Figure 31: Rating of OHA Communication with Community, Stage 2 (December 2020 - August 2021) (N=60)

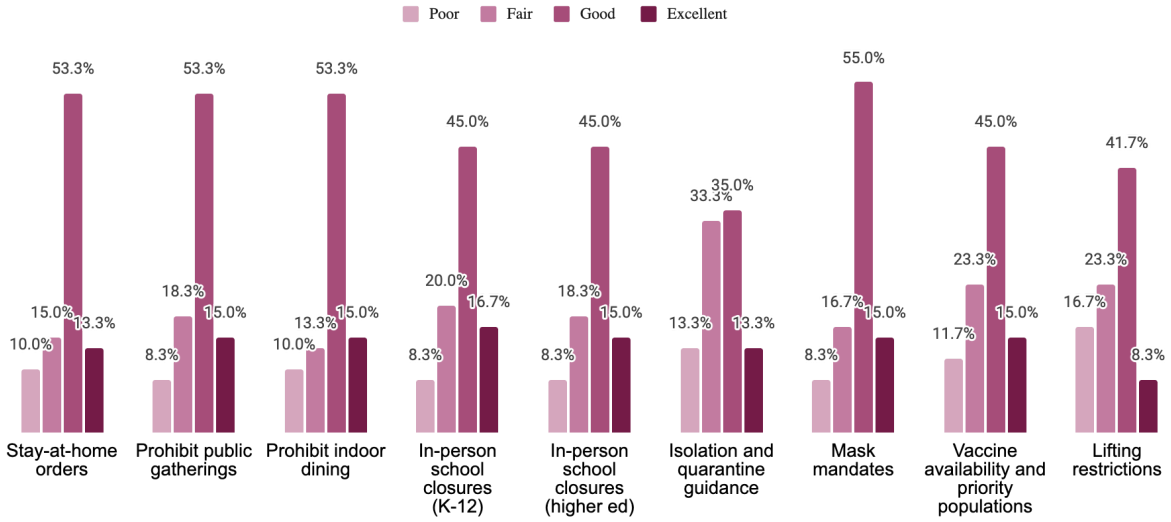


Figure 32: Rating of OHA Communication with Community, Stage 3 (September 2021 - February 202
(N=60)

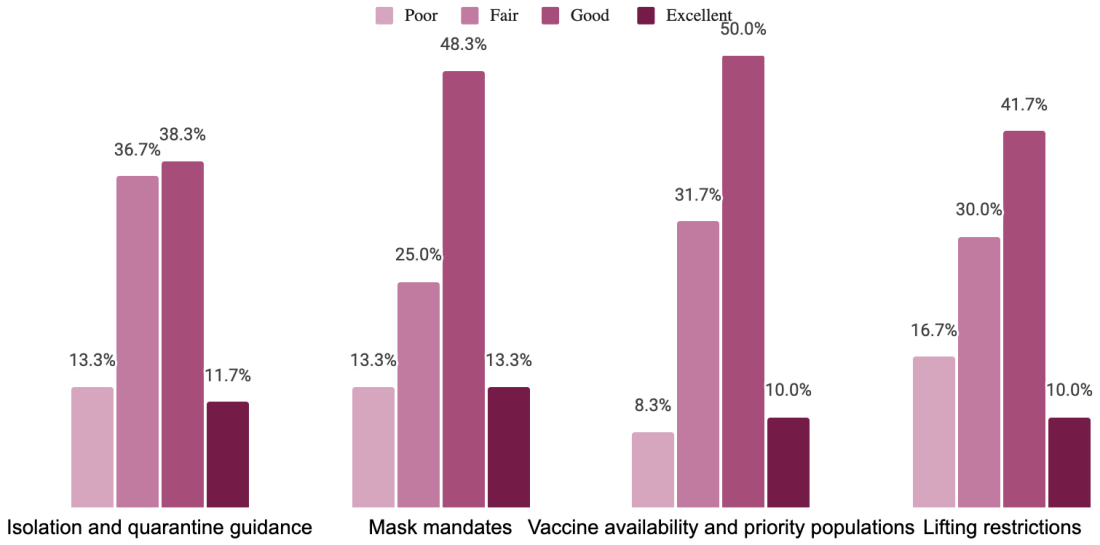
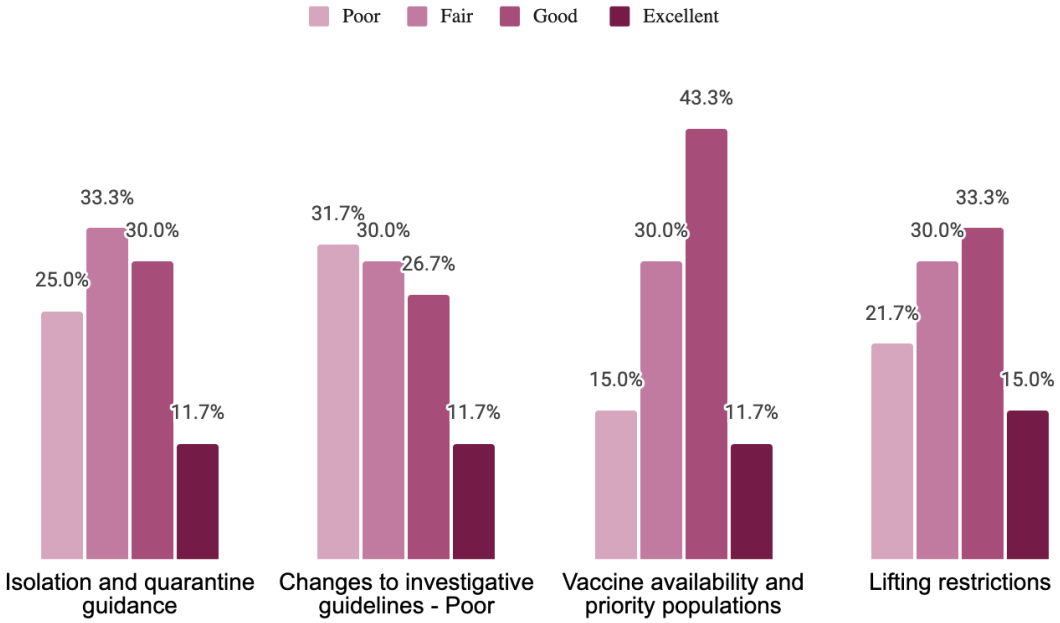


Figure 33: Rating of OHA Communication with Community, Stage 4 (March - July 2022)
(N=60)



Partnerships

Respondents engaged in many COVID-19 public health response activities with partners, especially with LPHAs, OHA, ODE, and CBOs. All respondents indicated that they did not engage in public health

response activities with long term care facilities (or skipped the question). Very few respondents partnered with higher education, CCOs or Tribes.

Figure 34: Types of activities schools partnered on with community, education, and health organizations (N=64)

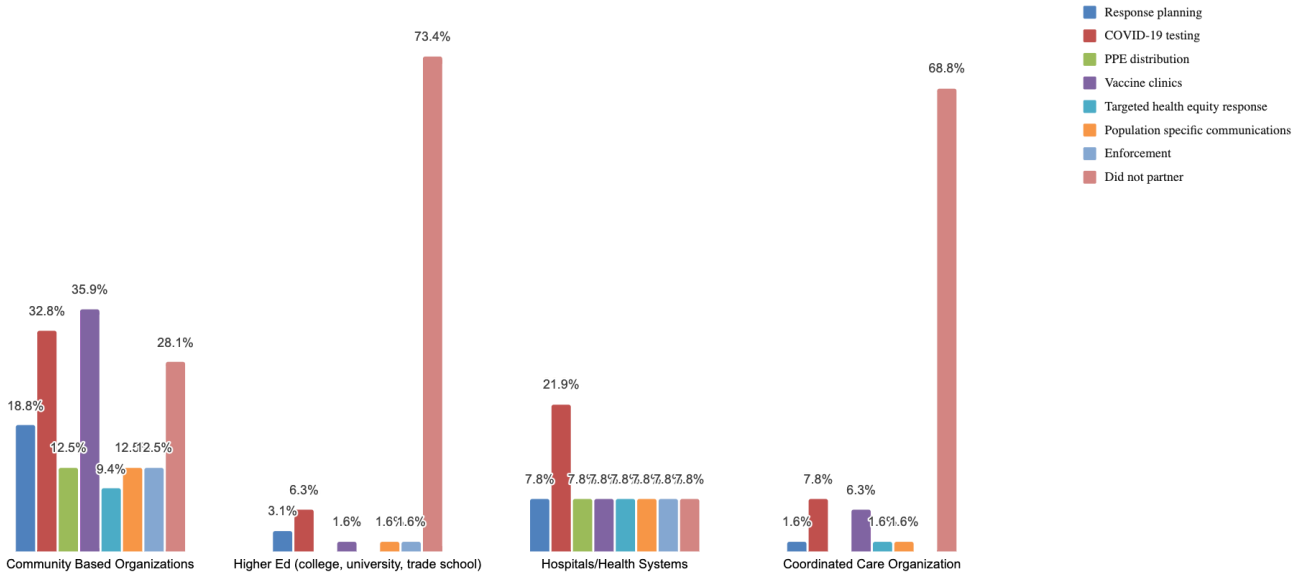
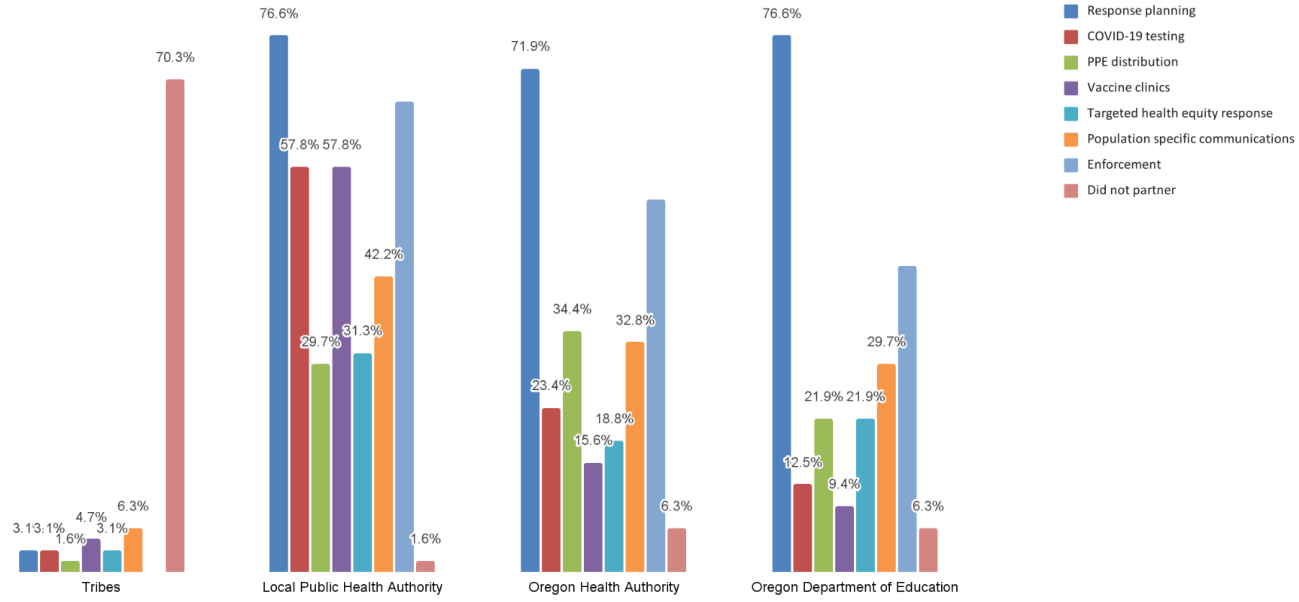


Figure 35: Types of activities schools partnered on with government agencies (N=64)



Respondents also shared if their relationships existed before pandemic response or if they were new. Most of their relationships were existing or a mix of existing and new. The partner type that the most respondents reporting developing new relationships with were hospitals/health systems (n=7), with

Oregon Health Authority a close second (n=6). The partner that the most respondents had an existing relationship with was the Department of Education (n=40).

Figure 36: Types of school partnerships for COVID-19 Response (N=64)