Decision 2020: Electing Indiana's Future

Reopening schools during the COVID-19 pandemic

INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE
Center for Civic Literacy

BACKGROUND

The coronavirus disease 2019 (COVID-19) is an infectious disease caused by the novel SARS-CoV-2 virus. Transmission occurs through contact with infected saliva and mucous droplets. Primarily, such contact is person-to-person through exposure to the coughing, sneezing, or talking of an infected individual. Alternatively, individuals may be indirectly exposed through contact with surfaces contaminated with such droplets and then by touching their eyes, nose or mouth.[1] As of September 1, 2020, the United States had more than 6 million cases and more than 183,000 deaths due to COVID-19, the most of any nation in the world.[2] More than 85,000 Hoosiers have contracted COVID-19 and more than 3,200 have died since the outbreak began.[3]

Mitigating the COVID-19 pandemic has been particularly challenging in the U.S. Support for public health control measures like social distancing, limitations on gathering sizes, and face coverings has been mixed and compliance has been uneven. While these measures are effective in reducing transmission, nontrivial side effects have emerged such as feelings of isolation, limitations on food access for some families, increased stress, and challenges with childcare and remote learning. Moreover, the country's approach to COVID-19 has been uneven and shifting over time. For example, numerous states enacted public health control measures early, while other states did not encourage social distancing measures. Nationally, guidelines from the Centers for Disease Control and Prevention went through substantial alternations that reduced the stringency of recommended mitigation and control strategies. The lack of a cohesive and sustained national strategy is particularly detrimental, because the absence of any vaccine or effective therapeutic treatments means public health measures are the only viable mitigation strategies.

STATES' & INTERNATIONAL EXPERIENCES WITH COVID-19 AND THE EDUCATION SYSTEM

Indiana Gov. Eric Holcomb closed Indiana schools for two weeks on March 16, 2020, due to the rapid spread of COVID-19. Then on April 2, Holcomb moved to close all Indiana schools for the remainder of the school year, through June 30, 2020, due to the pandemic.[4]

Currently, no consistently agreed upon reopening strategy exists, nor does any consistently defined criteria on transmission-levels within a community to guide campus-level decisions. Many large school districts in the Midwest, and nationally, started the fall with remote learning only: Cleveland, Louisville, Chicago, Los Angeles, Miami, Las Vegas, Houston, Fort Lauderdale, and more. COVID-19 outbreaks and cases in U.S. schools, as well as individual school district's approaches to reopening have received extensive media attention[5].

International comparisons are difficult given the differences between cultural expectations and practices in the classroom and the community. However, several examples are notable.

Sweden did not close schools for children in kindergarten through ninth grade. Older grade level schools were closed from March to June. Reports note that individual schools did close in response to local outbreaks and deaths did occur among teachers and staff.[6,7] Additionally, national prevalence testing indicates the rates of infection among children and teenagers were higher than expected, suggesting transmission occurred within schools.

Israel, after a notable community-wide reduction in disease transmission and success early in the pandemic with smaller student groupings and alternating schedules, completely reopened the education system in May. Public health guidelines were in place, but largely ignored. In response to parent pressure many schools did not require face coverings and because of space constraints social distancing was not maintained. Large outbreaks occurred within 10 days and the school year ended with more than 240 schools shut down in response and more than 22,000 teachers and students quarantined.[8] Nearly 60 percent of children who tested positive had no symptoms.[9]

Other European nations such as Germany, Denmark, Norway, and Belgium have reopened using a combination of mitigation strategies such as mandatory face coverings, reduced class sizes for social distancing, increased hand washing, daily symptom and temperature checks, remote learning for older students, and grouping (e.g., "cohorting" or "poding") students. Enforcement of the mitigation strategies has varied between and within these nations. Instances where strategies were less stringently applied appear to be associated with outbreaks and subsequent school closures.[10]

ISSUES AND POLICIES PERTINENT TO THE 2020 ELECTION

The winner of the upcoming gubernatorial election will appoint the new state superintendent of public instruction, these officials will work together with the State Health Commissioner to balance risks and benefits to make decisions about reopening K-12 schools.

Characteristics of COVID-19 especially relevant to school settings

Specific characteristics of COVID-19 are particularly relevant for schools. These can be broadly grouped into the environment for transmission, individual risk factors and behaviors, and disease characteristics.

The potential risk of COVID-19 transmission may be described by duration, proximity, and setting.[11,12] The longer a susceptible individual is exposed to one or more infectious individuals, the risk of infection increases (duration). The closer a susceptible individual is to infectious individuals, including direct person contact, the risk of transmission is greater (proximity). Indoor settings, especially areas with poor ventilation, pose a greater risk than outdoor settings for transmission. Generally, in indoor settings social distancing becomes inherently much more difficult.

Unless mitigation strategies are in place, school environments generally heighten the risks associated with each of these factors. Students and staff spend all day in close proximity to many others in classrooms and hallways. Classes, lunchrooms, and faculty breakrooms were not designed to maximize distance between occupants. In fact, often the opposite is true, that facilities were designed or organized to maximize occupancy. In addition, many schools in our state are in older buildings with poor ventilation.

Individual risk factors and behaviors encompass the variation in the risk of disease, severity of outcomes, and the likelihood of complying with mitigation strategies across demographics. Unlike some settings (e.g., workplaces, health care institutions, etc.), the range of ages within schools is very wide, so the needs of multiple groups require consideration. Infection rates and rates of severe outcomes are lowest among those under the age of 18.[13,14,15] However, 30 percent of the education workforce is among the higher risk age groups.[16] Individuals over 50 account for 97 percent of the COVID-19 deaths in Indiana.[17] Risks for older teachers and staff, may even be greater due to underlying health conditions.[18] Additionally, while children younger than 10 may not be as likely to spread the disease to adults, evidence suggests that older children are just as likely as adults to transmit the virus others.[19] It should be noted that the American Academy of Pediatrics recently reported that since schools have started to reopen, cases among children are rising at a much higher rate than the general public.[20] Lastly, preventative behavior varies by age. Compliance with wearing of face coverings and social distancing has an age affect,[21] and younger children may have challenges maintaining good hygiene practices.

Inequities in COVID-19 cases, severity, and deaths are also apparent between racial and ethnic groups. Minority communities are more likely to be infected as they are likely to live in more urban settings and work in jobs

to in-person learning would relieve parents/guardians from the stress of additional educator responsibilities when they themselves may be encouraged to return to workplace settings. Also, in-person education provides structured and professional supervision for students.[30]

For students, being out of the school setting does, unfortunately, pose safety risks. In April, calls to Indiana's child abuse and neglect hotline were 40 percent lower than in the same month in 2019. The Department of Child Services and Prevent Child Abuse Indiana believe this decline is due to children being isolated from trusted adults who would make a report, as schools are the top reporters of child abuse and neglect in Indiana.[31] Being in school allows for teachers and school staff to pick up on warning signs of bullying and domestic violence.

In addition to supervision, nearly 50 percent of Indiana students receive free or reduced meals while at school. During remote learning, many school districts have made efforts to continue offering food to students in need, but picking up the food can be a challenge, especially for households without transportation, or those with non-traditional, multiple, and varying work schedules. The Indiana Family and Social Services Administration initially provided all families with children receiving free or reduced-price lunches with Pandemic EBT benefits ($5.70 per weekday) to help supplement the cost of providing breakfast and lunch at home, though this benefit expired in June.[32]

In general, in-person, synchronous instruction may be more effective instruction than remote learning.[33] Teachers can monitor students' non-verbal cues to alter their approach if the class is no longer interested or comprehending the material being presented. Students who are having a tough time can be given one-on-one assistance with the lesson. In-person schooling also develops students' citizenship skills and sense of community, by exposing them to different political, cultural, and religious views and teaching tolerance and respect.[34] In addition, the school environment allows for peer-to-peer interactions, which are important to meet the social and emotional needs of students.

with higher risks of exposure.[22] African American and Latinx communities also have higher rates of chronic medical conditions that raise the risk for severe illness from COVID-19.[23] Nationally, African American and Latinx Americans have cases nearly three times higher than white residents, hospitalizations nearly five times higher, and deaths are twice as high.[24] The disparity among rates of hospitalization is even more pronounced among children —African American and Latinx children are hospitalized at nearly five and eight times, respectively, the rate of white children. African Americans and Latinx children are more likely than whites to live in multigenerational households,[25] so exposure that occurs at school could be transmitted to elderly family members.

In terms of disease characteristics, a significant challenge with COVID-19 is that more than 40 percent of infected Hoosiers display no symptoms of illness.[26] In addition, in the time period just before symptoms appear, individuals tend to be at the their most infectious (i.e., the viral load of COVID-19 is higher).[27,28] As a result of these features, individuals who are likely to transmit the infection may not be aware of the risk that they pose to others and still come to school. One other consideration is the incubation time (the days between exposure and disease onset) of COVID-19, which is approximately four to five days, but may be up to 14 days.[29] Due to this duration, addressing individual cases or outbreaks will always be reactionary—dealing with consequences of exposures and disease transmission that occurred in the past. Generally, being proactive with preventive mitigation strategies would be a more effective strategy.

Benefits of in-person schooling

While the above factors mean in-person education increases the risk of COVID-19 transmission, this risk must be weighed against the benefits of learning in person. These benefits exist for students and their households with potentially far reaching effects. For example, many households rely on school as structured supervision for children during parents' and/or guardians' working hours. The experience of schools shifting to complete remote learning during the spring demonstrated the challenge of balancing work responsibilities with monitoring students' remote learning as well as the additional responsibility of childcare and supervisor. A return

ASSESSMENT OF OPTIONS FOR STUDENT EDUCATION IN 2020 AND BEYOND

Four strategies exist for this fall. Each has it owns advantages, disadvantages, and public perceptions.

1. **Return to full in-person education for all students with mitigation strategies.**

    Advantages. Most Americans feel their children are falling behind in with their education and reopening aligns with messages from the federal government.[35] In-person education addresses many of the pressures on households experienced during the spring and provides an environment consistent with students' past experiences.

Disadvantages. By definition, even with mitigation strategies in place, in-person education increases the risk of disease transmission. As noted with other states' and countries' experiences to date, we cannot assume that [schools] will strongly adhere to mitigation practices. Additionally, in-person education requires direct costs of personal protective equipment, thermometers, hand hygiene supplies, cleaning and disinfection materials, protective barriers, increased ventilation, disposable or additional educational materials to reduce sharing, printing instructional communications, and paying for additional cleaning staff.

2. Utilize remote learning for all students.

Advantages. By definition, remote learning is the lowest risk method (in terms of disease transmission) for student education. Surveys also suggest that many parents want remote learning.[36]

Disadvantages. Remote learning introduces the other risks to learning, safety, and household activities noted above. Remote learning may also perpetuate disparities. Low-income Indiana students and those in rural areas will have less access to high speed internet required for participating in virtual classrooms. Families in lower economic brackets are also likely to struggle with providing technology equipment, such as laptops or tablets, for students. Well-funded schools may have sufficient resources to address these barriers, by providing technology equipment or internet access to students in need, but that will not be the case statewide.[37]

3. Offer in-person and remote learning concurrently (depending on grade-level or family preferences).

Advantages. Appears to strike a balance between transmission risks and quality education (assuming appropriate and adhered to mitigation strategies and quality educational offerings).

Disadvantages. This strategy incurs both the costs of in-person and remote instruction. For some schools offering both in-person and remote education may be beyond the organization's staffing capacity and in effect be similar to attempting to run two schools simultaneously. This may perpetuate disparities as more affluent schools may be able to dedicate staff to serve the online students only.

4. Delay school reopening.

Advantages. Many schools may not be ready for either effective remote learning or have the mitigation strategies in place for safer in-person education. Delaying would allow for specific strategies to be put into place. In addition, reopening during high periods of community transmission increases the likelihood of transmission in the schools. Overall, many parents support delayed opening with larger majorities among parents of color.[38]

Disadvantages. Delaying the start of the school season will extend the instruction year, which may cause more logistical challenges. Critically, a delay may not achieve either the desired goals of reopening during lower community transmission or having more prepared school plans.

For any of the choices above, schools are also likely to face disparities in ability to address students' physical and mental health. School nurses are the health experts in schools—monitoring symptoms and educating staff and students about behaviors to reduce the virus transmission. However, 25 percent of Midwest schools do not employ a school nurse.[39] Additionally, about 25 percent of Indiana nurses split their time between multiple schools. Staff to support students' mental health needs and social-emotional learning, such as school counselors, school psychologists, and social workers, during this challenging time are also a luxury not afforded to every district. Students are facing many challenges ranging from changes in routines and increased concerns about health to possible loss of loved ones. While often considered optional, a roadmap published by Indiana Department of Education states that a focus on social-emotional learning a must for responding to this crisis.[40]

As stated, the winner of the gubernatorial election and their newly appointed state superintendent of public instruction will have the tough task of weighing the risks and benefits of the various strategies for education during a pandemic, and finding balance between the changing rates of infection, public perception, and knowledge about the virus. It is possible that as the rates of infection change and new knowledge becomes available, children might be exposed to multiple modes of education throughout the school year. Finding a path that will provide some consistency during this time of great unknowns will be helpful to Indiana families and school personnel.

REFERENCES

[1]McIntosh, K. (2020). Coronavirus disease 2019 (COVID-19): Epidemiology, virology, and prevention. *Up to Date*. Indiana University Health. https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-epidemiology-virology-and-prevention

[2]Worldometer. Countries where COVID-19 has spread [web page and data]. Retrieved September 1, 2020. https://www.worldometers.info/coronavirus/countries-where-coronavirus-has-spread/

[3]The COVID Tracking Project. Our data {web page and data]. *The Atlantic.* https://covidtracking.com/data

[4]Holcomb, E. (2020, April 2). Gubernatorial Executive Order 20-16 regarding education matters and COVID-19. State of Indiana Executive Department. https://www.in.gov/gov/files/Executive%20Order%2020-16%20Education.pdf

[5]Booker, B. (2020, April 10). The coronavirus crisis: 9 positive for coronavirus after in-person classes resume at Georgia high school. NPR. https://www.npr.org/sections/coronavirus-live-updates/2020/08/10/900846570/georgia-high-school-temporarily-switches-to-virtual-learning-after-9-positive-te; Wren, A. & Levin, D. (2020, August 27). 'I was a little scared': Inside America's reopening schools. *The New York Times.* https://www.nytimes.com/2020/08/06/us/coronavirus-students.html

[6]Vogel, G. (2020, May 22). How Sweden wasted a 'rare opportunity' to study coronavirus in schools. Science. https://www.sciencemag.org/news/2020/05/how-sweden-wasted-rare-opportunity-study-coronavirus-schools#

[7]Guthrie, B.L., Tordoff, D.M., Meisner, J., Tolentino, L., Jiang, W., Fuller, S., Green, D., Louden, D., & Ross, J.M. (2020, July 6). Summary of school re-opening models and implementation approaches during the COVID 19 pandemic [Pdf file]. Washington State Department of Health; Meta Center for Pandemic Preparedness; Start Center. https://globalhealth.washington.edu/sites/default/files/COVID-19%20Schools%20Summary%20%28updated%29.pdf

[8]Kershner, I., & Belluck, P. (2020, August 4). When COVID subsided, Israel reopened its schools. It didn't go well. *The New York Times.* https://www.nytimes.com/2020/08/04/world/middleeast/coronavirus-israel-schools-reopen.html

[9]Stein-Zamir, C., Abramson, N., Shoob, H., Libal, E., Bitan, M., Cardash, T., Cayam, R., & Miskin, I. (2020, July 23). A large COVID-19 outbreak in a high school 10 days after schools' reopening, Israel, May 2020. *Eurosurveillance*, 25(29):pii=2001352. https://doi.org/10.2807/1560-7917.ES.2020.25.29.2001352

[10]Melnick, H., & Darling-Hammond, L. (2020). *Reopening schools in the context of COVID-19: Health and safety guidelines from other countries.* Learning Policy Institute. https://files.eric.ed.gov/fulltext/ED606555.pdf

[11]Ishola, D.A.,. & Phin, N. (2011). Could influenza transmission be reduced by restricting mass gatherings? Towards an evidence-based policy framework. Journal of Epidemiology and Global Health, 1(1), 33–60. https://doi.org/10.1016/j.jegh.2011.06.004

[12]U.S. Centers for Disease Control and Prevention. (2020, April 5). *Interim guidance: Get your mass gatherings or large community events ready for coronavirus disease 2019 (COVID-19)* [web page]. https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html#postponing

[13]CDC COVID-19 Response Team. Coronavirus disease 2019 in children—United States, February 12–April 2, 2020. *Morbidity and Mortality Weekly Report,* 69(14):422–426. https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm

[14]Dong, Y., Mo, X., Hu, Y., Qi, X., Jiang, Z., & Tong, S. (2020). Epidemiology of COVID-19 among children in China. *Pediatrics*, 145(6):20200702

[15]Wu, Z., & McGoogan, J.M. (2020). Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. JAMA, 323(13):1239–1242.

[16]Taie, S., & Goldring, R. (2020). *Characteristics of public and private elementary and secondary school teachers in the United States: Results from the 2017–18 National Teacher and Principal Survey.* U.S. Department of Education; National Center for Education Statistics. https://nces.ed.gov/pubs2020/2020142.pdf

[17]State of Indiana. (2020). 2019 Novel Coronavirus (COVID-19) [web site].https://www.coronavirus.in.gov/

[18]U.S. Centers for Disease Control and Prevention. (2020, July 25). People who are at increased risk for severe illness. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html

[19]Park, Y.J., Choe, Y.J., Park, O., Park, S.Y., Kim, Y.M., Kim, J., Kweon, S., Woo, Y., Gwack, J., Kim, S.S., Lee, J., Hyun, J., Ryu, B., Jang, Y.S., Kim, H., Shin, S.H., Yi, S., Lee, S., Kim, H.K.,...(2020, July 16). Contact tracing during coronavirus disease outbreak, South Korea, 2020. *Emerging Infectious Diseases, 26*(10). https://wwwnc.cdc.gov/eid/article/26/10/20-1315_article

[20]Leatherby, L., & Jones, L.W. (2020, August 31). U.S. coronavirus rates are rising fast among children. *The New York Times.* https://www.nytimes.com/interactive/2020/08/31/us/coronavirus-cases-children.html

[21]Knotek, E.S., II, Schoenle, R., Detrich, A., Müller, G., Myrseth, K.O., & Weber, M. (2020, July 20). Consumers and COVID-19: Survey results on mask-wearing behaviors and beliefs. Federal Reserve Bank of Cleveland. https://www.clevelandfed.org/newsroom-and-events/publications/economic-commentary/2020-economic-commentaries/ec-202020-survey-results-on-mask-wearing-behaviors-and-beliefs.aspx

[22]Wen, L.S., & Sadeghi, N.K. (2020, July 20). Addressing racial health disparities in the COVID-19 pandemic: Immediate and long-term policy solutions. *Health Affairs*. https://www.healthaffairs.org/do/10.1377/hblog20200716.620294/full/

[23]Wen & Sadeghi, July 20, 2020.

[24]U.S. Centers for Disease Control and Prevention. (2020, August 18). COVID-19 Hospitalization and Death by Race/Ethnicity [web page]. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

[25]Cohn, D., & Passel, J.S. (2018, April 5). A record 64 million Americans live in multigenerational households. *Fact Tank.* Pew Research Center. https://www.pewresearch.org/fact-tank/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households/

[26]Menachemi, N., Yiannoutsos, C.T., Dixon, B.E., Duszynski, T.J., Fadel, W.F., Wools-Kaloustian, K.K., Unruh Needleman, N.U., Box, K., Caine, V. Norwood, C., Weaver, L., & Halverson, P.K. (2020, July 24). Population point prevalence of SARS-CoV-2 infection based on a statewide random sample—Indiana, April 25–29, 2020. *Morbidity and Mortality Weekly Report, 69*(29), 960–964. https://www.cdc.gov/mmwr/volumes/69/wr/mm6929e1.htm?s_cid=mm6929e1_w

[27]He, X., Lau, E.H., Wu, P., Deng, X., Wang, J., Hao, X., Lau, Y.C., Wong, J., Guan, Y., Tan, X., Mo, X., Chen, Y., Liao, B., Chen, W., Hu, F., Zhang, Q., Zhong, M., Wu, Y.,... (2020, April 15). Temporal dynamics in viral shedding and transmissibility of COVID-19. *Natural Medicine, 26*(5):672–675. doi:10.1038/s41591-020-0869-5.

[28]Huff, H.V., & Singh, A. (2020, May 28). Asymptomatic transmission during the COVID-19 pandemic and implications for public health strategies. *Clinical Infectious Diseases*, ciaa654. doi:10.1093/cid/ciaa654. https://academic.oup.com/cid/search-results?page=1&q=Asymptomatic%20transmission%20during%20the%20COVID-19%20pandemic%20and%20implications%20for%20public%20health%20strategies&fl_SiteID=5269&SearchSourceType=1&allJournals=1

[29]U.S. Centers for Disease Control and Prevention. (2020, June 30). *Interim clinical guidance for management of patients with confirmed coronavirus disease (COVID-19)* [web page]. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

[30]American Academy of Pediatrics. (2020, August 19). *COVID-19 planning considerations: Guidance for school reentry* [web page]. https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

[31]Kenney, K. (2020, May 18). Calls to Indiana's child abuse hotline down 40 percent in light of COVID-19. WRTV. https://www.wrtv.com/news/call-6-investi-gators/calls-to-indianas-child-abuse-hotline-down-40-percent-in-light-of-covid-19

[32]Indiana Family and Social Services Administration. (2020, May 19). Additional assistance arriving soon for Hoosier families whose children receive free and reduced-cost meals at school, via the "Pandemic EBT" program [Press release]. https://www.in.gov/fssa/files/Pandemic_EBT_press_release.pdf

[33]Loeb, S. (2020, March 20). How effective is online learning? What the research does and doesn't tell us. Education Week. https://www.edweek.org/ew/articles/2020/03/23/how-effective-is-online-learning-what-the.html; Hart, C.M., Berger, P., Jacob, B., Loeb, S., & Hill, M. Online learning, offline outcomes: Online course taking and high school student performance. *AERA Open, 5*(1). American Education Research Association (distributed by SAGE Journals). https://journals.sagepub.com/doi/full/10.1177/2332858419832852

[34]National Education Association. http://hin.nea.org/home/34765.htm

[35]Karson, K. (2020, July 24). Parents concerned about children falling behind as COVID-19 keeps schools shuttered: Poll. *ABC News.* https://abcnews.go.com/Politics/parents-concerned-children-falling-covid-19-schools-shuttered/story?id=71947672

[36]Meckler, L., & Guskey, E. (2020, August 6). Fearing coronavirus and missed classes, many parents prefer mixing online and in-person school, poll finds. *The Washington Post.* https://www.washingtonpost.com/education/post-poll-schools-parents-covid-trump/2020/08/05/f04ae490-d722-11ea-9c3b-dfc394c03988_story.html

[37]National Education Association. http://hin.nea.org/home/34765.htm

[38]KFF. (2020, July 23). By nearly a 2-1 margin, parents prefer to wait to open schools to minimize COVID risk, with parents of color especially worried either way. https://www.kff.org/coronavirus-covid-19/press-release/by-nearly-a-2-1-margin-parents-prefer-to-wait-to-open-schools-to-minimize-covid-risk-with-parents-of-color-especially-worried-either-way/

[39]National Association of School Nurses. (2017). School nurses in the U.S. [infographic]. Presents data from Willgerodt, M.A., Brock, D. M., & Maughan, E.M. (2018). Public school nursing practice in the United States. *Journal of School Nursing, 34*(3), 232-244. https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Advocacy/2017_Workforce_Study_Infographic_School_Nurses_in_the_Nation.pdf

[40]Indiana Department of Education. (n.d.). Roadmap for SEL reentry. https://www.doe.in.gov/sites/default/files/sebw/road-map-sel-reentry.pdf

Indiana University Center for Civic Literacy

The Center for Civic Literacy is a multi-disciplinary center. It was first established with support from an IUPUI Signature Center grant. It was created in response to recognition of Americans' troublingly low levels of civic knowledge, and to investigate both the causes and consequences of widespread civic illiteracy—the lack of basic knowledge needed to make informed public judgments. Our mission is to increase public understanding of our civic deficit and its effect on democratic decision-making, and to identify and promote the use of effective tools to help educators and others correct the problem. The Center for Civic Literacy fulfills its mission through scholarly research and publication, public teaching, and community-based partnerships.

Indiana University Public Policy Institute

The Indiana University Public Policy Institute produces unbiased, high-quality research, analyses and policy guidance to promote positive change and improve the quality of life in communities across Indiana and the nation. Our clients use our research to enhance their programs and services, to develop strategies and policies, to evaluate the impact of their decisions—and ultimately to help the people they serve. Established in 1992, PPI is part of the IU O'Neill School of Public and Environmental Affairs.

Center for Health Policy

The Center for Health Policy within the Indiana University Richard M. Fairbanks School of Public Health generates evidence to inform decision-making in Indiana and beyond. The Center for Health Policy conducts rigorous research and evaluation on health system performance and health policy issues, with a specific focus on: population health and analytics; substance misuse and mental health services; and public health systems and services research.

Decision 2020: Electing Indiana's Future

Every four years, in conjunction with Indiana's gubernatorial election, the IU Public Policy Institute (PPI) sponsors a Gubernatorial Candidates Forum. This year's event will be broadcast by WFYI and other Indiana Public Broadcasting Stations, as well as available for viewing at go.iu.edu/Decision2020. The event is intended to further the mission of PPI and its Center for Civic Literacy (CCL) to produce unbiased, high-quality research, analyses, and policy guidance to promote positive change and improve the quality of life in communities across Indiana and the nation.

Cities and states today face significant issues and their elected officials have considerable latitude in addressing those issues.

In Indiana, the 2020 gubernatorial and legislative elections will determine how the state pursues policies in education, infrastructure, taxation, health care, environmental policy, and much more. These policies affect us in meaningful and sustained ways on a daily basis. In order to cast an informed vote, citizens must understand what the issues are, the candidates' approaches to those issues, and the legal and political systems within which they must make their preferred policies work.

CCL faculty and staff identified key policy areas facing Indiana in 2020, and enlisted experts in each of those areas. The resulting issue briefs provide policymakers and citizens with important context, background, and identify critical policy issues. Each brief is based upon research and analysis of available data about the state of Indiana, and includes comparisons with other states as well as national trends. Each guide also points readers to local and state level resources offering additional information on the topic.

INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE
Center for Civic Literacy

Authors:
Joshua R. Vest, PhD, MPH
Professor, IU Richard M. Fairbanks School of Public Health
Director, Center for Health Policy

Lindsey Sanner, MPH
Program Coordinator, Center for Health Policy
IU Richard M. Fairbanks School of Public Health

RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH
CENTER FOR HEALTH POLICY