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**T R A C I E**  
HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

# Hidden Consequences: How the COVID Pandemic is Impacting Children Webinar Series

## *Webinar 2: Child Emotional and Social Effects*

October 16, 2020

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# Resources

- [ASPR TRACIE COVID-19 Page](#)
  - [COVID-19 At-Risk Individuals Resources](#)
- [ASPR COVID-19 Page](#)
- [CDC COVID-19 Page](#)
- [Coronavirus.gov](#)
- [ASPR Pediatric Centers of Excellence](#)
  - [University Hospitals Rainbow Babies and Children's Hospital](#)
  - [Regents of the University of California, San Francisco](#)



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**Moderator- Meghan Treber, MS**  
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## **Andrew Beck, MD, MPH**

Attending Physician, Division of General & Community Pediatrics,  
Cincinnati Children's Hospital Medical Center, and Associate Professor,  
University of Cincinnati Department of Pediatrics

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# Objectives

- Identify links between race (and racism) and COVID-19 outcomes
- Consider uses of data for population health situational awareness

# COVID19 and Inequities

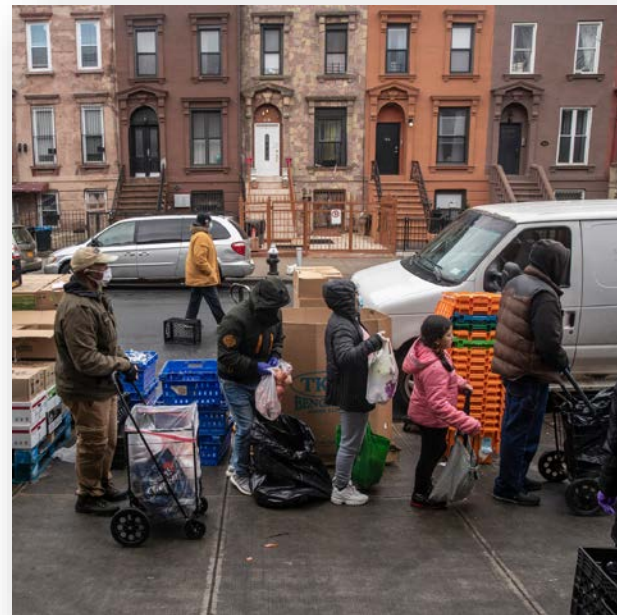
## Poverty-disease cycle:

“These things are so **inter-connected** ...  
Pre-existing **social vulnerabilities** only  
**get worse following a disaster**, and this  
is such a perfect example of that.”

– Nicole Errett

<https://www.nytimes.com/2020/03/15/world/europe/coronavirus-inequality.html>

<https://www.nytimes.com/2020/04/05/opinion/coronavirus-social-distancing.html>



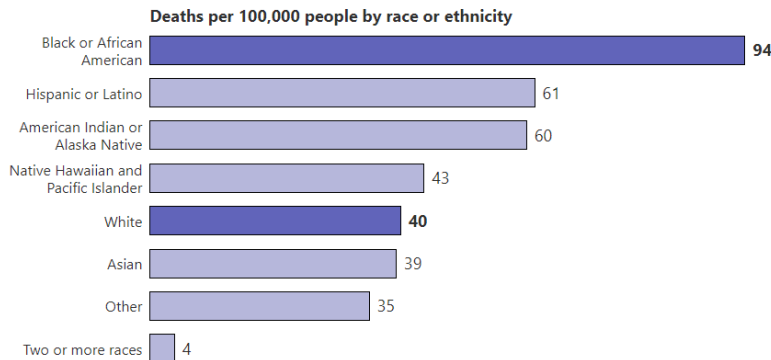
# Equity Implications of COVID-19

1. Increased **racism** and **stigmatization**
2. Certain populations at an **added risk of exposure** and other impacts
3. Social distancing as **privilege**
4. Impact on **census** and **voting**
5. Increased exposure to **toxic cleaning chemicals**
6. School closure ramifications – **confined spaces**, more **food and housing insecurity**
7. A **lack of accessibility** to testing kits
8. Risk to **human and civil rights** (quarantine policies)
9. More **restrictive immigration** policies and practices
10. Denial and **misinformation** worsen the outbreak

[https://naacp.org/wp-content/uploads/2020/03/Ten-Equity-Considerations-of-the-Coronavirus-COVID-19-Outbreak-in-the-United-States\\_Version-2.pdf](https://naacp.org/wp-content/uploads/2020/03/Ten-Equity-Considerations-of-the-Coronavirus-COVID-19-Outbreak-in-the-United-States_Version-2.pdf)

# COVID-19 and Equity Gaps Nationally

**Nationwide, Black people are dying at 2.371 times the rate of white people.**



[Notes ↓](#)

We've lost at least 38827 Black lives to COVID-19 to date. Black people account for 21% of COVID-19 deaths where race is known.

## Why? CDC explanations:

1. Living conditions
2. Work circumstances
3. Underlying health conditions
4. Differential access to care

<https://covidtracking.com/race> (The Atlantic) and  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

# What Can We Do? How Can We Respond?



NAACP. (2020). [Ten Equity Implications of the Coronavirus \(COVID-19\) Outbreak in the United States.](#)

# Getting COVID-19 Under Control

- Suppression requires changes in human behavior
  - **How easy is it to change?**
- Interventions should be informed by timely, reliable, transparent cross-sector data
  - **Who is sharing data and how?**
- Testing large numbers of people not effective without also improving contextual factors
  - **Can we function as a system?**

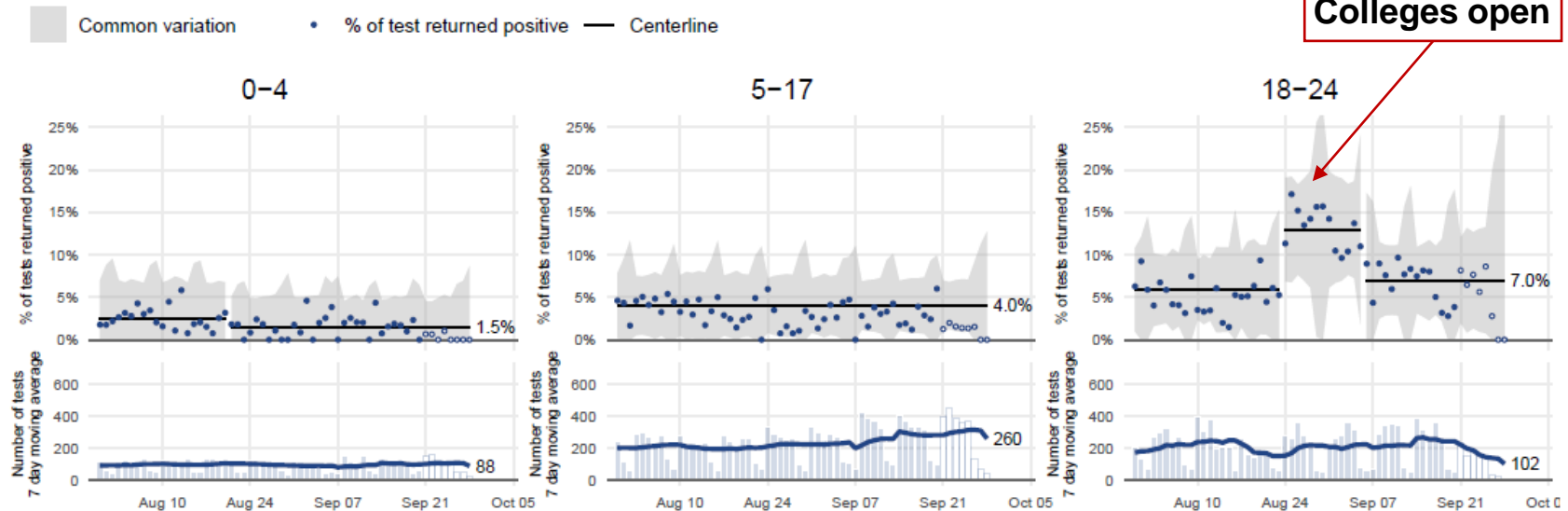
# Population health situational awareness

## Data transparency, shared measurement to catalyze system-wide response

- Effective reproductive number
- Testing completion and positivity rates
  - By race, ethnicity, language, neighborhood
  - **By age (children, college students)**
- Resource occupancy
- Lags within the system
- **Planning considerations**
  - Geospatial analytics
  - Pairing quantitative with qualitative
  - Ensure focus on equity

# Test Positivity Rate by Age Group

Percentage of test results returned positive by age of patient for 14 county area



<https://www.cctst.org/covid19>

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# Measurement for Planning Considerations, Equity Promotion

- Surge planning (bed capacity)
  - <https://www.cctst.org/covid19>
- Promote non-pharmaceutical interventions (NPI)
- Data-driven strategies for testing site localization, distribution of resources (food), school opening



# Summary

- Racial gaps extend to COVID-related outcomes
  - Pandemic response = issue of racial and economic justice
- Population health situational awareness
  - Critical to understanding pandemic, communicating across sectors and with public, guiding equitable decision-making
- Effective, equitable responses require consideration of social, economic, environmental context

# Questions? Comments?

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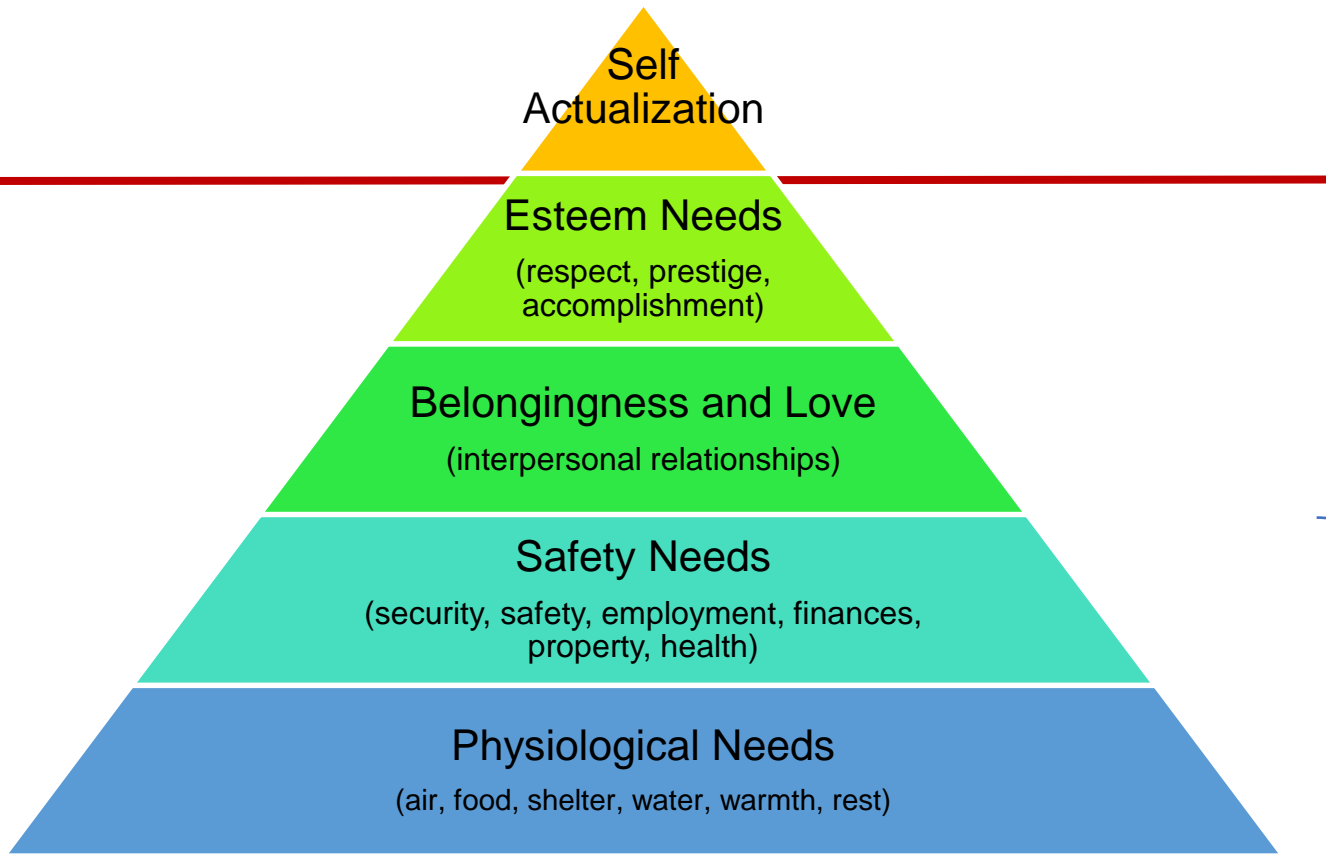
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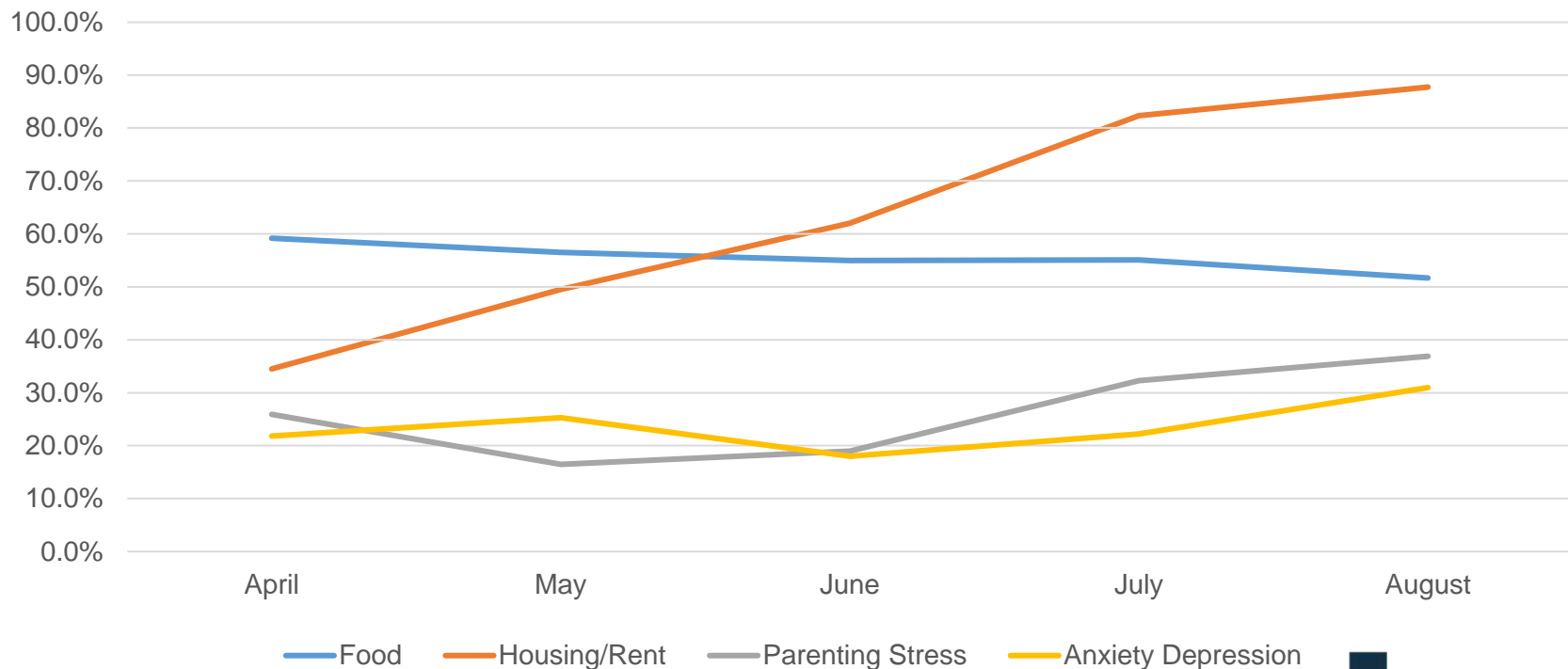
Basic Needs

# Impact of Pandemic on U.S. Household Finances

- 46% households with employment loss (lost job, furloughed, wages or hours reduced, or mandatory unpaid leave)
- 21% with serious problems paying credit card loans or other debt
- 19% with serious problems paying rent or mortgage
- 18% with serious problems paying utilities
- 17% missed or delayed paying major bills to ensure they had enough to eat
- 16% with serious problems affording food

NPR, Robert Wood Johnson Foundation, Harvard T.H. Chan School of Public Health. (2020).  
[The Impact of Coronavirus on Households in Major U.S. Cities.](#)

# Unmet Needs During Pandemic, UH Rainbow Pediatric Practice (Cleveland, OH) April-August 2020



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“I know the government and everybody is helping out but some people like me, I’m not getting any help because of the pandemic or the Coronavirus so with my daughter being home from daycare and not able to go to daycare and they cut my hours at work...I’m used to working eighty hours and I’m down to working fifty. . .”

# Resources to Address Unmet Needs (and Related Policies)

- Housing Stabilization
  - CARES Act

# CARES Act and Housing Stabilization

- 5 billion made available to Community Development Block Grant Program
- Single family homes backed by federal mortgage loan may request forbearance of up to 1 year
- Borrowers in multifamily properties may request forbearance through end of national emergency or December 31, 2020 (whichever sooner)
- Temporary moratorium on eviction filings (Expired 7/25)

# Resources to Address Unmet Needs (and Related Policies)

- Housing Stabilization
  - CARES Act
  - CDC Eviction Moratorium

# CDC Eviction Moratorium

- Effective September 4th to December 31, 2020
- Renters can still be evicted for reasons other than nonpayment of rent

# CDC Eviction Moratorium

- Requirements:
  - Have used best efforts to obtain government rental assistance
  - 2020 income is less than \$99,000 (or \$198,000 if filing jointly)  
OR did not have to pay income tax in 2019 OR received a stimulus check this year (2020)
  - Unable to pay rent due to lost income, lost work, or extraordinary out-of-pocket medical expense
  - Would likely become homeless or need to double-up if evicted
  - Already using best effort to make partial payments

# Resources to Address Unmet Needs (and Related Policies)

- Housing Stabilization
  - CARES Act funds
  - CDC Eviction Moratorium
- Food
  - SNAP/Pandemic EBT

“I used the food assistance. As a matter of fact, I just recently used the food assistance due to the pandemic because my kids were out of school and I – even though I was an essential worker, I had to take two weeks off because of the daycare and [stuff]. I’m sorry. So it kind of, yeah, that kind of pushed me back”

# SNAP/Pandemic EBT

- Provides children in kindergarten through 12<sup>th</sup> grade who are eligible for free or reduced-price meals with SNAP benefits when schools are closed
  - Ohio: \$5.86 for each day school has virtual/remote learning period lasting at least 5 consecutive days

“It’s just overwhelming because I have such a large family and I just can’t do my normal grocery shopping or shopping period because I have a newborn baby, the toddler and then I have a five year old, an eight year old and I just don’t want to compromise their immune system [by taking them out in public].”

# Take-Home Messages

- Large proportion of U.S. households adversely impacted by pandemic in terms of ability to address basic needs
- Food and housing among top concerns – evolving landscape of emergency policies intended to support families



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**Carolyn levers-Landis, PhD, DBSM**

Clinical Psychologist, Professor of Pediatrics, Division of  
Developmental/Behavioral Pediatrics & Psychology, Rainbow Babies &  
Children's Hospital, UH Cleveland Medical Center



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# The COVID-19 Pandemic is a Source of Stress for Many Children and Adolescents

## Potential stressors:

- Changing routines
- Family or friend illness/death
- Financial hardships due to job losses
  - *Food insecurity*
  - *Having to move in with friends/relatives or into a shelter, possible homelessness*

*These are magnified for children from lower socioeconomic groups and those with special healthcare needs or psychological disorders (e.g., anxiety/depression)*

# The COVID-19 Pandemic Experience for Children

In a sample of elementary school-aged children in the time of COVID-19:

- About 23% had some symptoms of depressed mood
- From 18-19% had some anxiety symptoms
- About 28% reported worrying quite a lot about getting COVID-19
- 24% expressed moderate worry
- About 17% were only slightly worried or not at all worried
- 21% were quite optimistic about the pandemic; 19.5% were moderately optimistic; the remainder were not

Xie, X., Xue, Q., et al. [Mental Health Status Among Children in Home Confinement During the Coronavirus Disease 2019 Outbreak in Hubei Province, China](#). JAMA Pediatrics. 174(9):898-900.

# Teachers/School Administrators Should Watch for These Psychological Pandemic Impacts

1. Expressing fears/anxiety
2. Feeling sad, e.g., crying, reduced/increased appetite, doesn't seem to enjoy usually fun activities, withdrawal, hopelessness
3. Daytime sleepiness due to difficulty sleeping (insomnia) or having bad dreams
4. Acting younger than their age, e.g., being clingy, baby talk, general regression
5. Increased behavioral issues – angry/irritable
6. Memory/attentional problems

# School Type/Schedule Effects on Psychological Functioning: **In-School Instruction**

- Problem of varied school start times
- Some schools are continuing with early start times (e.g., 7:40 a.m.)
- Research has shown that a start time of 8:30 a.m. or later is better for older children and adolescents
  - Better mood, higher grades, fewer car accidents
- Challenging for those with later circadian rhythms
- With the added stress from the pandemic, early start times are even more of a health concern

Bin-Hasan S, Kapur K, Rakesh K, Owens J. School start time change and motor vehicle crashes in adolescent drivers. *J Clin Sleep Med.* 2020;16(3):371–376

# School Type/Schedule Effects on Psychological Functioning: **In-School Instruction** (Con't)

- Added stress of being around peers but having limited social interactions
- Students are spread out, even at lunch time
  - Difficult to talk
  - May not be with close friends
- Physical discomfort
  - Wearing masks with little time for mask breaks (depends upon the school)
  - Carrying book bags with supplies all day
  - Some students are carrying a tri-fold to put up on their desk to shield them from other students

# School Type/Schedule Effects on Sleep:

## In-School Instruction

Benefits of in-school instruction are the following:

- Need for a regular wake time on weekdays
  - Entrain circadian rhythm
- More activity (physical and social)
  - Has many benefits for mood, attention, health (better sleep), etc.
- For some children/adolescents, psychological benefits from the return to some semblance of “normal life” (reduced stress)
- Many children will habituate to wearing masks and will feel comforted by the normal rules for safety
  - E.g., Wearing masks when not 6 feet apart – washing/sanitizing hands

# School Type/Schedule Effects on Psychological Functioning: **Hybrid Instruction**

- Some students are attending school 2-3 days/week and are home on the other days
- Others might attend for half days
- Challenge when in-school start times differ substantially from virtual/on-line class schedule
- May be difficult for students with special health care needs who function better with regular routines
- Challenging for parents to make childcare arrangements

# School Type/Schedule Effects on Sleep:

## Hybrid Instruction

Benefits of hybrid school instruction might be as follows:

- Psychological benefits due to a “break” from wearing a mask and maintaining physical distancing
- More flexibility in the day that allows for regular breaks to go outside and be physically active

# School Type/Schedule Effects on Psychological Functioning: **Virtual/On-line Instruction**

- Depends upon the school and the age of the child regarding its structure
- Some students are at home watching their teachers and other students in the regular classroom, requiring a regular wake-up time
- Some school districts might assign work or have some videos that can be watched at students' discretion, allowing for a variety of sleep/wake schedules
  - This is even more challenging when parents are working outside of the home during the day
  - More difficulty with children with SHCN – also learning differences

# School Type/Schedule Effects on Psychological Functioning: **Virtual/On-line Instruction**

Benefits of virtual instruction:

- Students who have a more delayed circadian rhythm (particularly older adolescents) can plan a schedule allowing for synchrony
- Synchrony has been shown to be associated with many psychological and physical health benefits
- Is a relief for children who find in-school attendance stressful, e.g., those with social anxiety, gender differences, medical disorders (GI conditions, sleep disorders)



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Babies & Children's Hospital, UH Cleveland Medical Center

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# Returning to the Daycare Setting

- Questions to be addressed:
  - What is the prevalence of COVID-19 among children and staff?
  - What factors drive the transmission?
  - What are the perceptions of risk and safety?
  - What are the levels of child and caregiver stress and coping?
  - How does this vary based on sociodemographic characteristics of families?

# Lessons Learned

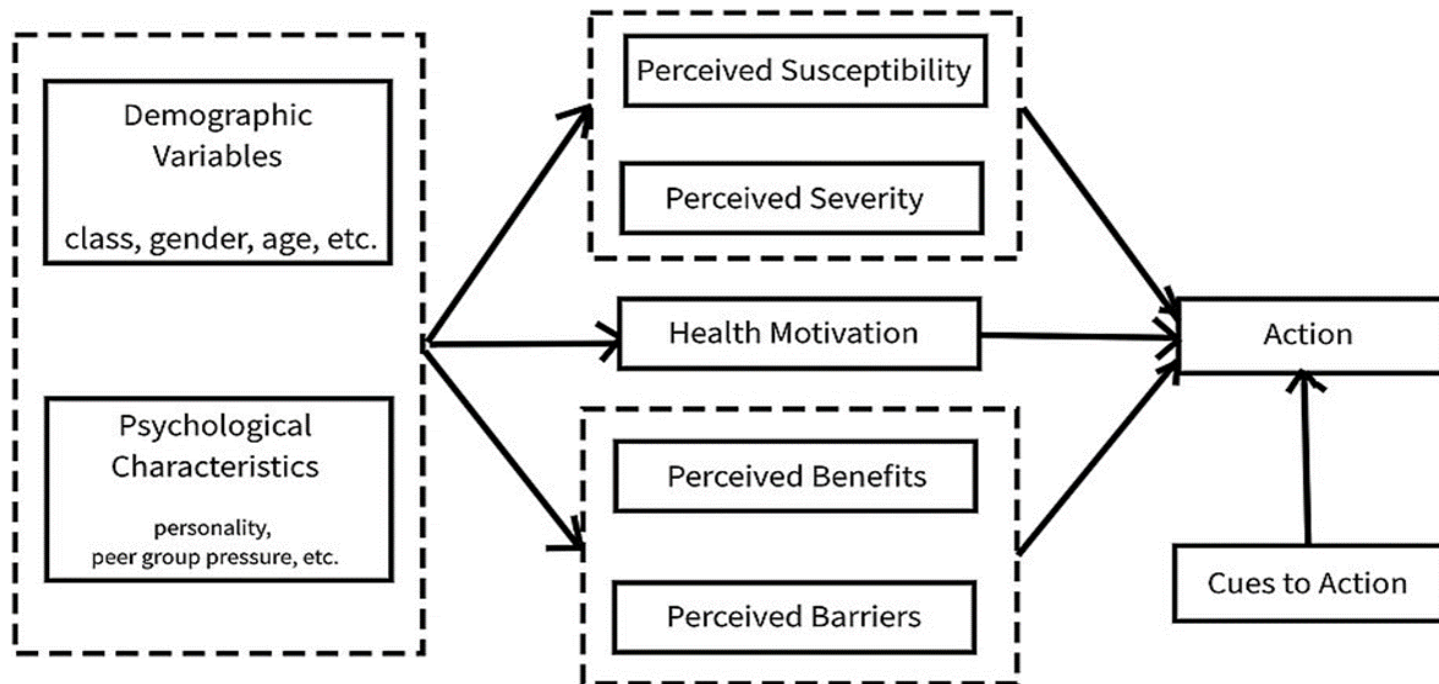
- Examples
  - Rhode Island: *MMRW*  
<http://dx.doi.org/10.15585/mmwr.mm6934e2>
  - Utah: *MMRW*  
<http://dx.doi.org/10.15585/mmwr.mm6937e3>

# CDC Recommendations for Child Care Settings

- Face masks for staff
- Hand hygiene
- Frequent cleaning and disinfecting of high-touch surfaces
- Staying home when ill

# Decision-Making

The Health Belief Model



# Influencing Factors

- The need for the caregiver to return to work
- Safety measures at the childcare center and communication about those prevention strategies
- Physical, emotional, and social well-being of the caregiver and child
- Use of coping strategies to manage stressors

# Preparing Child Care Staff

- Establish a consistent and structured routine
- Create new rituals
- Developmental regression
- Identification of child maltreatment
- Responding to grief
- Responding to emotional and behavioral dysregulation
- Creating a trauma-informed environment

# Preparing Children for the Child Care Setting

- Address questions and provide developmentally appropriate responses
- Develop scripts and social stories to prepare for the new routine
- Role play with mask wearing

# Factors for Future Consideration

- Continued limited enrollment
- Increased cost of running the childcare center
- Integration of school aged children at daycare centers who have returned to the in-person learning environment
- Risk-benefit ratio

# Question & Answer



# Contact Us



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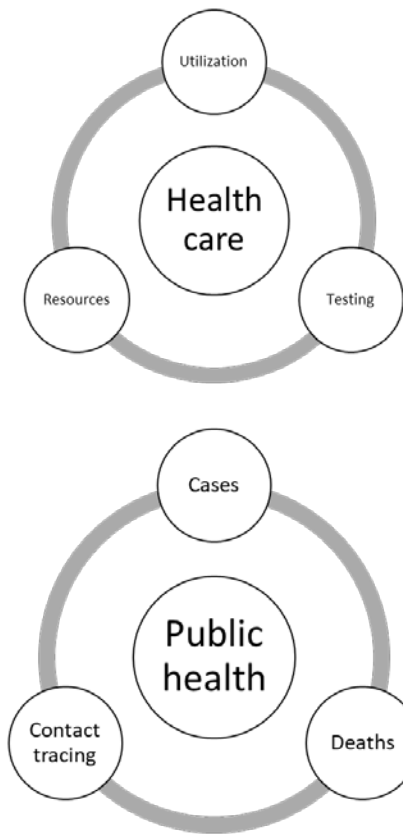


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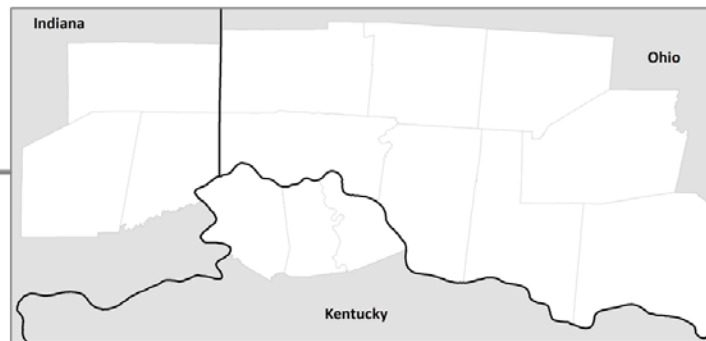
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# Additional Slides- Dr. Andrew Beck



## Challenges

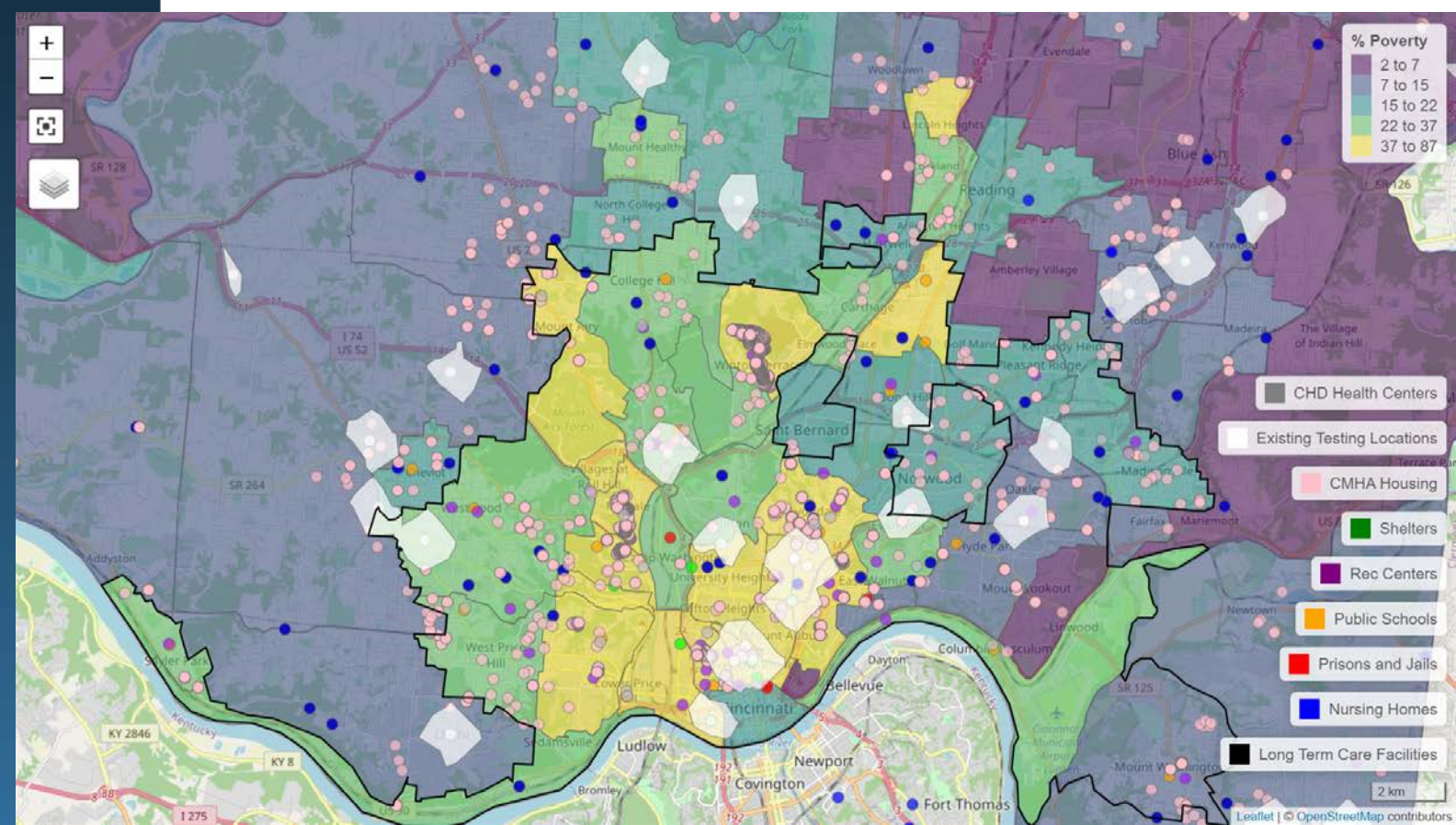
- Data at too small or too large a scale
- Delays, manual entry, and misaligned data definitions
- Loosely integrated leadership structure and infrastructure
- Lack of financial support and incentive for collaboration



Population  
Health  
Situational  
Awareness  
System

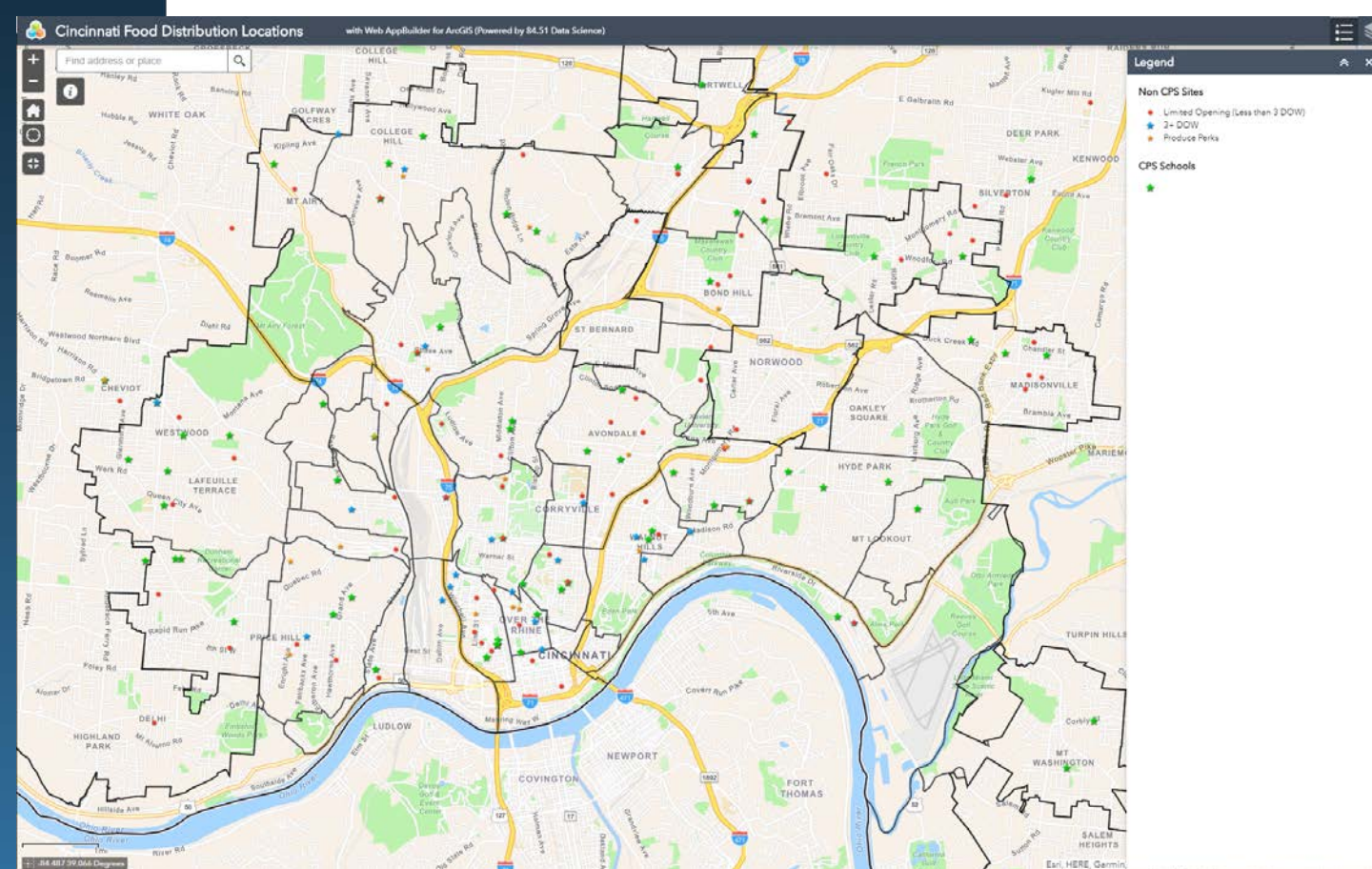
## Solutions

- Leverage existing data infrastructure
- Organize to enable transparency, communication
- Tailored data presentations to meet stakeholder needs
- Networked, cross-sector leadership



# Prototype planning tool for locating testing sites (Rasnick & Brokamp)





## Food distribution resources for children (Hoffman)

<https://cincinnati-coronavirus-covid-8451.hub.arcgis.com/>

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Primary measures: New Cases <https://www.hamiltoncountyhealth.org/covid19/>

1. Daily new cases per 100,000 (7-day moving avg)

Demonstrates level of virus in community

2. Trend line of daily new cases per 100,000

Indicates whether cases are increasing or decreasing

Secondary measure: Community Performance Indicators (e.g., positive test rate)

Percent of COVID tests that are positive

Demonstrates adequacy of community testing (and prevalence of disease)

Also consider (not shown here): Positive test rates in asymptomatic people; Time from test to result ("turnaround time"); Contact tracing success rate