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KIDS COUNT in Delaware “Data to Action” Series: October 2021 *Health and Health Behaviors*

INTRODUCTION

Prior to the COVID-19 pandemic, the quality of healthcare in the United States and its impact on the U.S.’s population was already important to consider. The pandemic emphasized and worsened certain existing issues while in turn improving upon a few as well. For instance, while more people (including children) appear to have healthcare coverage, a number of them still do not use it to its fullest potential. The pandemic also led to a reassessment of and changes in how healthcare is provided, which is evident by a rise in the use of telehealth, also known as telemedicine.

Healthcare professionals have raised concerns about some who are not technologically savvy getting left behind in regards to telehealth. However, if properly invested in, telemedicine could help those who have trouble getting to a doctor’s office

continued access to care. Routine vaccination rates have also been impacted by the pandemic, with stay-at-home orders having played a role. Children between the ages of 5 and 11 are now able to get the COVID-19 vaccine. While this may address some concerns about children’s physical health, it is also important to consider how the pandemic has affected children’s mental health. Due to a lack of routine check-ups, decreased dental visits, being away from school, and a lack of general routine, children have struggled with mental health decline. This problem did not just go away because classes are back in session. Further action and support must be provided to children and their families to improve mental health after the pandemic.



Health and Health Behaviors for Delaware's Kids

HEALTHCARE COVERAGE

Healthcare coverage has always been a challenge in the United States. Many government sponsored programs have been put in place, but with changes in administration over time, this is not always steady and consistent for our kids.

Out of the 78 million children in the United States, 95% of them are insured through various providers¹. The COVID-19 pandemic has impacted this coverage a positive way, as lapses in coverage were lessened per federal rule².

Data that has been collected displays that from the start of the pandemic in March 2020, to one year later, March 2021, the number of Delaware Medicaid and CHIP Child Enrollees increased from 104,000 per month to over 116,000 per month³. A six-month summary from January 2021 to July 2021 shows that the number of adults living in a house with children that are uninsured dropped from 18% to 4% in Delaware. This is much lower than the national average of 11%⁴.

When specifically looking at the race and ethnicity of adults who live in households with children who delayed medical care because of covid, it shows that Non-Hispanic White people experienced the highest rate of delay (28%) when compared to Black people (15%) and those categorized within another race or ethnicity category (26%)⁵.

Children that get some sort of coverage face the problem of fully accessing the care that the insurance is supposed to provide. The two components of this are financial and non-financial. Financial barriers refer to the costs brought on by a coverage plan that may stop kids from accessing the care they need, such as high copays, high deductibles, and unaffordable prescription drug prices⁶. The other types are non-financial, specifically geographical and informational barriers. "Geographic barriers include issues of

transportation, such as a lack of a car or poor public transit options. Informational barriers include health literacy of parents, and language used in information about coverage eligibility and accessing care that may be difficult to understand⁷."

During the start of the pandemic, visiting into healthcare facilities was difficult and space was very limited due to social distancing rules. This caused families to avoid going and getting yearly checkups, which resulted in a delay in vaccinations and preventative care. Now that children are back in the office after a delay in healthcare, it is hard to fit everything into one wellness visit which can be challenging for providers.

"Over the past two years, we have worked to keep our medical home safe for patients during the pandemic. However, we know there has been a delay in care and we are trying to see our patients for these important visits and do as much "catch-up" as possible, including addressing vaccination delay, increasing obesity rates and the negative mental health effects of the pandemic."

-Dr. Karla Testa, Director of Pediatrics and Special Populations at Westside Family Healthcare

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ACCESS TO CARE

Access to care has been a hot topic during the pandemic. Children were not able to get the care they needed at the start of the pandemic, and now healthcare professionals are struggling to fit all of the child's needs into one appointment.

Preventative Care revolves around checkups that may include blood tests, height and weight measurements, and vaccines and will help track and protect your child's health as they grow into an adult⁸. Not having check ups regularly means that issues in health will not be caught before they get worse.

Dental health during the pandemic was not a priority for children. Regular preventative dental care is important for children because it keeps children's teeth clean and allows the dentist to catch any dental problems before they become serious⁹. This being said, 1 in 3 parents report that it is more difficult to get preventative dental care now than before the pandemic. Poor dental health can have not only overall health implications, but also mental health implications. Cavities are the most common chronic childhood disease, and leads to missed school, missed work for parents. Children with cavities are at risk for having greater psychological and self esteem issues¹⁰.

Access to vision screening is one of many services that meet critical needs of children and is an essential service to put an end to poor vision and eye health problems as a hurdle to academic and classroom success¹¹. The National Center for Preventing Blindness has come up with a plan for schools and childcare centers to conduct vision screening for all children following COVID-19 guidelines.

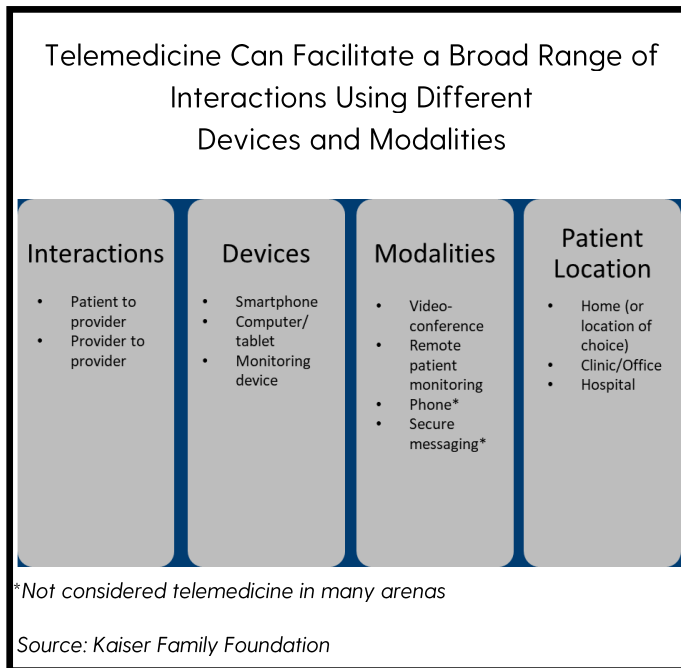
Screening for developmental delays was put on hold during the pandemic. Children were not at school or at child care centers, so they were not

able to get the screenings they needed. Without access to regular screenings recommended under Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines, children may miss a crucial opportunity for their provider to see potential physical and/or cognitive delays¹². Providers were also unable to see patients and screen children for child abuse and neglect. There was a large amount of economic stress, job insecurity, and loss of housing potential during the pandemic, along with the closing of schools, which typically provide a break for parents and kids¹³. Now that children are at school, it will be easier for teachers to observe children and get them the care they need, but the mental decline that comes from abuse must be addressed and support must be provided for children.

Mental health screening is very important and is a preventative action that should be taken by all schools. The National Alliance for Mental Illness (NAMI) shares that mental health screenings are a key part of youth mental health; around 50% of lifetime mental health conditions begin by age 14 and 75% begin by age 24. Screenings open the door for early identification and intervention. NAMI has worked and advocated to get school age children the care they need¹⁴. The organization has developed legislation that includes providing services to children in school¹⁵. In further support of the goal, the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) law requires states to provide Medicaid-eligible children regular mental health screenings. NAMI works hard to enforce this requirement in every state¹⁶.

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in access to telehealth that includes both access and ability, while younger patients may be more tech savvy than their parents/guardians and able to connect to telehealth platforms, we also need to ensure that there is internet connectivity to ensure successful visits.” (Dr. Karla Testa). This can be hard for patients from low income households or patients that live in rural areas. Another drawback to telehealth is that since it is such a new format, funding is not always available. Dr. Testa also noted that support for telehealth should continue to be advocated for since it is such a useful format and if video platforms aren't available that phone visits are still available and reimbursable. Ensuring that all doctors visits are refundable is important to make sure patients keep coming back.¹⁸

TELEHEALTH

Increasing popularity and use of telehealth after the pandemic has helped decrease some of these challenges. Telehealth, otherwise known as telemedicine, allows doctors to provide patients with medical care without having to go into the office. Telehealth requires internet connection and is accessed through a smartphone, laptop, or tablet¹⁷. This popularized method of healthcare is especially beneficial to children and families that are unable to go to the doctor’s office. Because of the decreased time that telehealth takes, parents and children are able to attend appointments without the hassle of missing school or work. This is especially popular in children with chronic health conditions like asthma. They are able to call their doctor instead of going into the office for routine checkups.

A drawback to telehealth is the need for a strong internet connection. Because of its online platform, patients need a strong internet connection to have a successful appointment. “There is a digital divide

Concepts to Consider Surrounding Telehealth

EQUITY:

Who has access to telehealth? Does it create more disparity?

QUALITY:

How effective is telehealth, measured by patient outcomes?

COST:

How use of more telehealth services impact health costs overall, especially balanced with fidelity of programming?

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ROUTINE VACCINATIONS

The Centers for Disease Control and Prevention (CDC) defines routine vaccines as those recommended for everyone in the United States, depending on age and vaccine history¹⁹. These vaccines are recommended because vaccines allow your body to recognize and fight back against harmful germs²⁰. By getting vaccinated and producing an immune response, your body is better prepared to protect itself against certain illnesses.

While most people may think of routine vaccinations in the context of babies and children, there are routine vaccines that are recommended for adults as well. An immunization schedule exists that involves administering vaccines to people at a certain age. This is done with consideration for their medical history, that includes vaccines like the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine being given to babies and then again being given to said babies between ages 4 to 6²¹. By getting these routine vaccines, children and others are less likely to contract certain diseases.

According to the CDC, there has been a decline in routine childhood and adolescent vaccinations throughout the United States since the beginning of the pandemic²². This is a major concern as tens of thousands of child deaths are prevented each year thanks to vaccinations, which in turn not only saves lives but, from a financial perspective, saves billions of dollars in medical costs as well²³.

Stay-at-home orders at the beginning of the pandemic may have initially affected the rate of routine childhood vaccinations, leading to a decline; once these orders were no longer in place, attempting to catch up was not an easy process and there is still cause for concern²⁴. This is worrying since, as stated by the CDC, this could lead to vaccine-preventable disease outbreaks in the future.

COVID-19 VACCINE FOR CHILDREN UNDER AGE 12

There are currently about 48 million children below the age of 12 in the United States²⁵. It is not difficult to imagine how the vaccination of this population could play an important role in how the pandemic evolves with time. The CDC and the Advisory Committee on Immunization Practices have approved the vaccination of children ages 5 through 11, specifically using the Pfizer BioNTech vaccine, and Delaware has the opportunity to ultimately vaccinate all 77,000 children in this age group²⁵. Details regarding approvals for citizens thus far can be seen within the timeline listed on page 6.

"In many ways, the pandemic has expedited Highmark Health's ability to uncover new ways to increase access to care, through new technologies and deeper partnerships with institutions that make up the fabric of society, such as schools, and community and faith-based organizations. It has also underlined the criticality of expanding access to not just physical care, but also social and behavioral health care, if we want to truly impact the overall wellness of families and children."

-Highmark Health

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Timeline of Select COVID-19 Health Guidelines Related to Children



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In the first three quarters of 2020, there were on average 199,782 emergency department visits made weekly by children throughout the nation, of which 2,872 or **1.4% were mental-health related**, compared to **1.1% of which were mental-health related in 2019**. Broken down by age, the 5-11 group saw a .1% increase, while the 12-17 saw a .6% increase.

	0-4	5-11	12-17
2019	.07%	.8%	3.1%
2020	.07%	.9%	3.7%

Source: CDC

MENTAL HEALTH

Mental health has been more of a topic of discussion since the beginning of the COVID-19 pandemic. Children were suddenly taken out of school, forced to stay home, and had to miss events that they would never get back. Essentially, the pandemic has become an ACE. ACEs (adverse childhood experiences) are events in a child's life (0-17 years old) that could be traumatic. These events include: neglect, violence in the home, living in a household with substance abuse and mental health problems²⁶. Loved ones were lost, and plans changed, which caused further trauma classifying the pandemic as an ACE. During 2020, mental health related hospital visits went up 31% from the previous year. Girls ages 12-17 had a 50% higher rate of hospitalization due to suspected suicide

attempts in 2020 vs. 2019. Boys ages 12-17 had a 3.7% increase²⁷. Lack of physical activity and increased screen time, have been linked to negative mental health outcomes. These conditions lead to increased risk for depression, anxiety, and social isolation²⁸.

Unfortunately not everyone has good, safe access to outdoor physical activities due to their housing environments. Physicians around the country are working to combat this issue. Dr. Testa states, "the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association came together to highlight that there is an emergency in children's mental health to make sure that there is access and the support kids need to overcome this pandemic." She believes that collaboration between schools and health care facilities will help support children with mental health issues. Along with mental health issues, comes the rising obesity rates in children since the state of the pandemic. The obesity rate has almost doubled, which is due to increased screen time, decreased physical activity, and lack of in person instruction. Many children have not had a regular check up in 2 years and pediatricians have seen a difference in their patients growth curve. Dr. Testa shares that when shown children's growth curves and increases in weight and BMI, parents and caregivers and even children say: "We know and are struggling to help make these changes now that we are in a different place." There are not enough pediatric providers which is a problem that needs to be solved in order for children to have the help they need. Mental Health America stresses on the need to play. Children need to be exposed to other children to play with. Even parents can be good playmates.²⁹

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