

## Memorandum

**TO:** Children's health stakeholders

**FROM:** David Rubin, MD, MSCE – Director, PolicyLab  
Meredith Matone, DrPH, MHS – Scientific Director, PolicyLab  
Rebecka Rosenquist, MSc – Health Policy Director, PolicyLab

**SUBJECT:** Protecting children and families during the COVID-19 pandemic

**DATE:** March 27, 2020

---

There are still many unknowns about the exact trajectory of the COVID-19 pandemic—in terms of lives lost, and the overall social and economic impact on our country. One thing we do know for certain is that this unprecedented event will affect us all, and none more so than children and families in under-resourced communities who bear the brunt of the current societal shutdown. We welcome [the growing focus](#) on health justice as the necessary framework to get us through this crisis.

Not only are many families left worried about how to pay rent or buy food, but the public programs that they rely on have been either shut down for “social distancing,” or are struggling to manage skyrocketing demand. We commend our community partners who are working tirelessly to meet the needs of families in Philadelphia, across the Commonwealth, and the country, and we will be working to support them in any way we can in the weeks and months ahead.

The economic relief package [passed by the U.S. Congress on March 27](#) is a welcome step forward to helping meet the most pressing needs for goods and resources. However, the ongoing and concurrent impacts of social distancing, disease and death in families, and the strain on our public systems are not solely economic in nature.

Here we detail several issues we've been following that, while not necessarily in the headlines, are of particular concern for families. Together with PolicyLab colleagues and community partners, we will be digging in deeper on these and other specific issues as the pandemic, and the response to it, develops.

### *Child welfare*

**The impact of the COVID-19 pandemic on children in the child welfare system and those in families vulnerable to child abuse and neglect cannot be understated.** For children in care, [the ripple effects](#) of social distancing policies on caseworker visits, parental visits, and [court hearings](#) may affect all child welfare processes, including the preservation of child safety and reunifications with biological parents.

For children in families vulnerable to domestic violence, caregiver substance use or mental health challenges, the stress of the pandemic and the need to shelter in place may be a tipping point. [Reports](#) of increased emergency department visits for abusive injuries to children and women have sadly already begun. Domestic violence shelters and health care workers alike have sounded an alarm about rising incidence of harm. With children spending more time at home away from the supervision of teachers, coaches, extended family members, and physicians, there are fewer opportunities to identify maltreatment.

A compounding issue is that, compared to the general child population, youth in foster care have [higher rates](#) of asthma, metabolic conditions, and other health conditions, including cognitive and mobility impairments. While children overall seem to be more resilient to the virus, we must not forget the social and health-related vulnerabilities of the many children in foster care, including the more than 4,500 in the Philadelphia community.

### ***Maternal and child home visiting***

Evidence-based home visiting programs, which serve 16,000 children annually in Pennsylvania, have halted in-person visits due to the pandemic. For many families, the weekly or monthly visit itself means more than what is discussed. [Home visitors provide](#) pregnant or parenting caregivers of young children in under-resourced communities with positive social support, encouragement and stress-coping guidance, and facilitate connections to community resources in response to urgent family needs.

In this time of crisis, this social support is even more important, particularly to address isolation in rural communities. **While home visiting programs [have demonstrated a commitment and flexibility to continue services virtually during the pandemic](#), there are significant complexities to this approach on the ground.**

The logistics of managing “e-visit” documentation and reimbursement are burdensome for community agencies. Additionally, caregivers can find it challenging to navigate privacy and safety in the virtual disclosure of sensitive content. Furthermore, internet access and inadequate phone plan coverage may also limit this type of approach. While internet providers are making resources available, the technological literacy needed to acquire and successfully use these services may still be a barrier for families.

More fundamentally, the success of the home visiting approach is built upon the intimacy of the social connection in the home environment, and the loss of this intimacy is likely to be felt acutely by home visitors and families alike.

### ***Grandparents as caregivers***

Grandparents play [a critically important caregiving and social support role](#) in many families, which can be risky given what is known about the elderly’s vulnerabilities to COVID-19. Pre-pandemic changes in the economic and social context of families and communities, including the impacts of the substance use disorder crisis, have resulted in an increased number of children in kinship caregiving arrangements with grandparents. In Pennsylvania, 89,000 children are in the care of grandparents.

Beyond families with grandparents formally serving as kin caregivers, there are many parents with untraditional or irregular work schedules who rely on grandparents for child care needs. However, many grandparents are squarely in the demographic most at risk for morbidity associated with COVID-19.

**As we work towards the potentially more targeted social distancing policies that will reopen society, we should not lose sight of the foundational role grandparents serve in preserving the well-being of children and the economic security of many families.**

## ***Food security***

As schools have closed, there has been a great deal of attention, [including in Philadelphia](#), on ensuring continued access to free meals provided to low-income children.

**However, outside of children’s circles there has been much less attention paid to the Supplemental Nutrition Assistance Program (SNAP) and Women, Infant, and Children (WIC) programs that are vital to low-income families, and how they will cope and respond to swelling demand.**

The [Families First Coronavirus Response Act](#), signed into law on March 18, commits funding for SNAP and also lifts work and work training requirements during the time of the official public health emergency.

The larger question, though, is how quickly the programs can reach and enroll new beneficiaries and, given the trouble grocery stores are having keeping their shelves stocked, meet the needs of individuals who rely on SNAP and WIC. In Philadelphia, we’ve heard of specific problems with access to baby formula and other essential supplies that are WIC-eligible but out of stock in grocery stores. It remains to be seen how nimble the program can be to allow for substitutions or alternative methods of distribution to support these low-income families.

## ***Children’s health insurance coverage***

**Given the economic impact of the pandemic, and the [staggering increase in unemployment](#), the demands on Medicaid and the Children’s Health Insurance Program (CHIP) will greatly increase in the months ahead.**

The Families First Coronavirus Response Act does [address coverage](#) by: temporarily increasing the federal Medicaid matching rate (FMAP) by 6.2 percentage points; requiring states to cover COVID-19 testing in Medicaid and CHIP without cost-sharing; and, allowing states to use federal Medicaid funding for COVID-19 testing, but not treatment, of the uninsured. It also mandates that states may not increase premiums in Medicaid or disenroll anyone already on Medicaid during the course of the public health emergency. This may, unintentionally, support efforts to eliminate the postpartum Medicaid cliff, whereby women lose Medicaid coverage 60 days after delivery in many states, including Pennsylvania.

The Act also importantly removes utilization of public health programs during this period from consideration for the “public charge” rule, although continued uncertainty around the public charge rule will still likely keep many non-citizen immigrant families from accessing health care when they need it.

## ***Looking ahead***

These are only some of the issues that are top of mind for us related to protecting the health and well-being of children and families during this time of crisis. We are also monitoring:

- **Rising health equity concerns related to access to telemedicine, including language translation services.** The ability to continue receiving preventive care and treatment for ongoing physical and mental health conditions is critically important for

children and caregivers, particularly in times of high stress. Ensuring continued access to primary, subspecialty, and mental health care through telemedicine is an opportunity for health system innovation, but one that we should approach with a sensitivity towards technological literacy, privacy and safety, and language access.

- **Whether child care centers can survive closures.** Child care centers serve a fundamental role within communities in ensuring the safety, socialization, and the educational preparedness of young children and facilitating the economic stability of working families. The National Association for the Education of Young Children's [recent survey](#) revealed that only 30% of child care programs felt they could survive a closure of more than two weeks without significant public investment.
- **The mental health needs of children, adolescents and caregivers in a time of crisis.** In this anxious and uncertain time, with youth away from the school and community programs that may address some of their mental health needs, and caregivers disconnected from social networks, it is particularly important to monitor and address the mental health effects of the pandemic. For new mothers in particular, the pre-pandemic paucity of postpartum depression and anxiety treatment is likely to be exacerbated in this time.
- **The development of a societal response that supports families and systems in their ability to care for and protect the safety and well-being of children.** From a child development perspective, there is robust evidence on the unparalleled importance of caregiver attachment and the early home environment on child brain development, social-emotional well-being, future mental health and societal participation.

The road ahead will be complicated and difficult, as policymakers grapple with trade-offs between risks associated with exposure to the coronavirus and inequities in the economic impact of the current crisis. We will continue to serve as a resource in any way that we can to both decision-makers and our community partners.

Contact: Rebecka Rosenquist, [rosenquisr@email.chop.edu](mailto:rosenquisr@email.chop.edu)