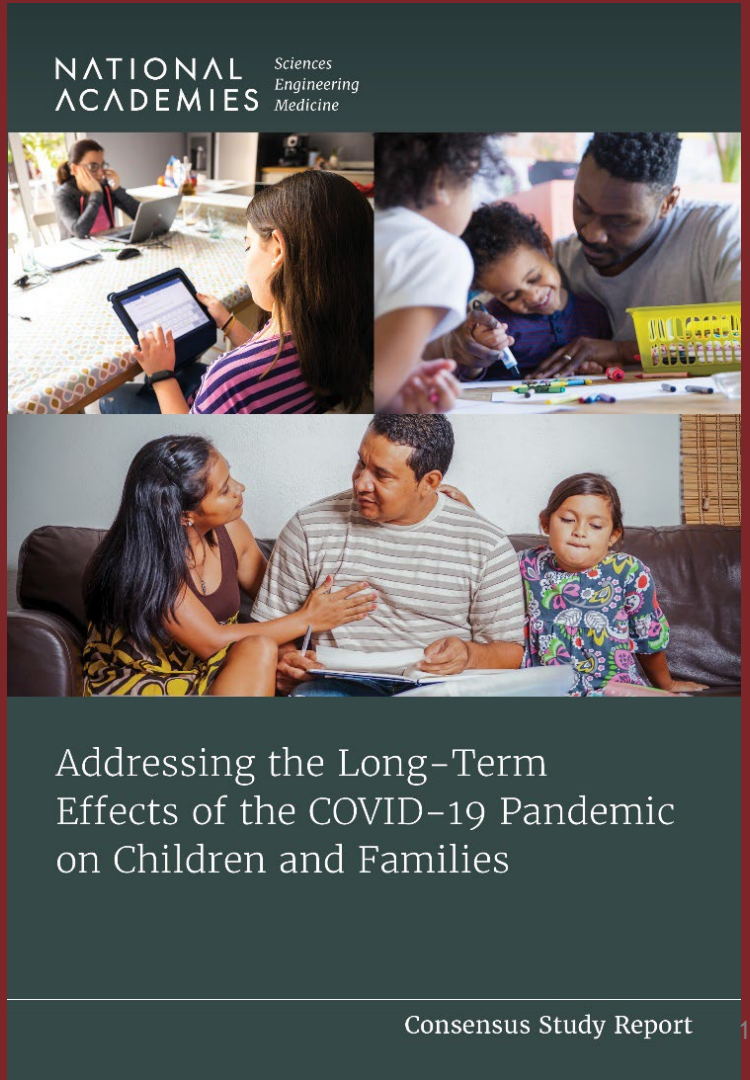
The Long-Term Effects of the **COVID-19 Pandemic** on Children and Families



Study Sponsors

- Administration for Children and Families, U.S. Department of Health and Human Services
- Robert Wood Johnson Foundation

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Statement of Task

1. What policies and programs are needed to address the developmental, emotional, behavioral, and physical health needs of children in **high-risk communities** to **promote child health** and **well-being** in the long-term?

2. What was learned during the pandemic about promising practices to support **parent** and **caregiver well-being**?

3. What policies and practices can work to address **disparities** and **inequities** experienced by **communities of color** following a pandemic?

"My Mom lost her business…we were trying to maintain everything, but the bills kept piling up. Food prices, rent, everything went up…we didn't know if we were going to get food the next day. It got to the point where I wasn't able to sleep properly anymore or eat properly anymore, and I did gain a lot of anxiety and depression."

Listening Session Participant, Teen

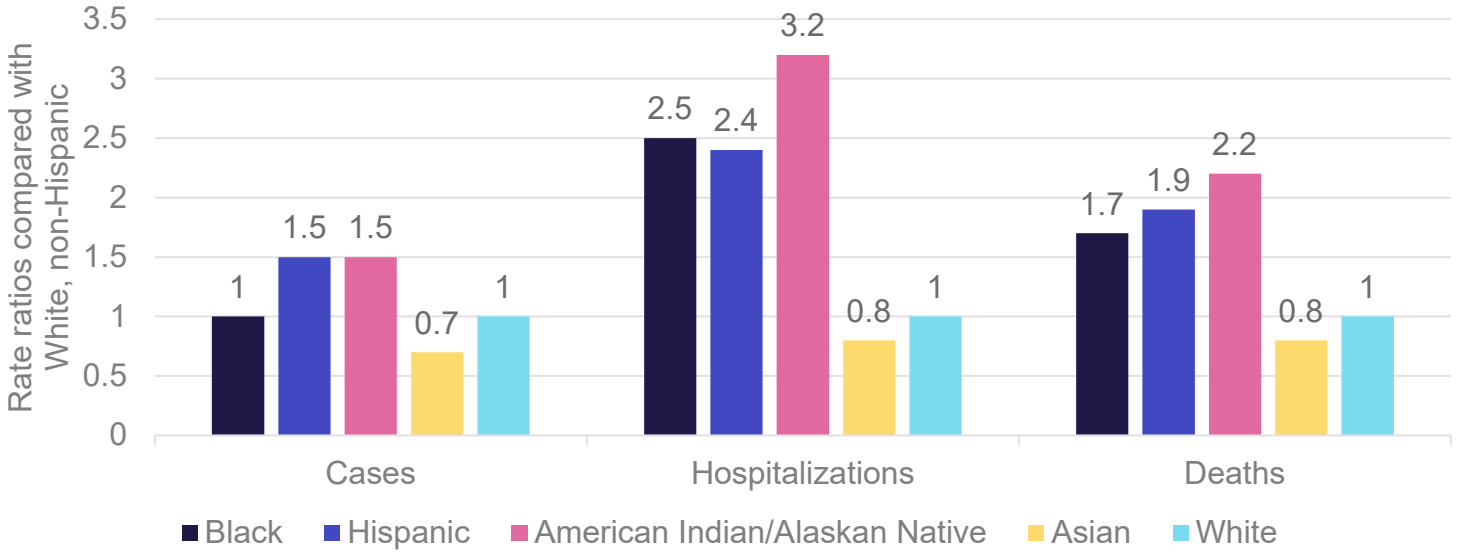
Study Context

Over 6.5 million deaths from COVID-19 globally, and over 1 million in the U.S.

Over 15 million children have tested positive, thousands have been hospitalized, and more than 2,100 have died.

The magnitude and mortality of this pandemic exceeds even that of large-scale natural disasters

Pandemic Disproportionately Affected Black, Latino, Native American Children and Families



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Population Focus

Defining “High Risk”

Defined “high risk” as those most disproportionately impacted: Black, Latino, Native American, and low-income

Age Focus

Children as primarily birth through age 18, with additional focus on 18-24 in some areas

265,000 Bereaved Children

Native American Children

1 in 168

Black Children

1 in 310

Latino Children

1 in 412

White Children

1 in 753

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Study Methods

Literature Review

Wide range of disciplines, including social and behavioral sciences, health and medicine, education, economics, policy, and disasters

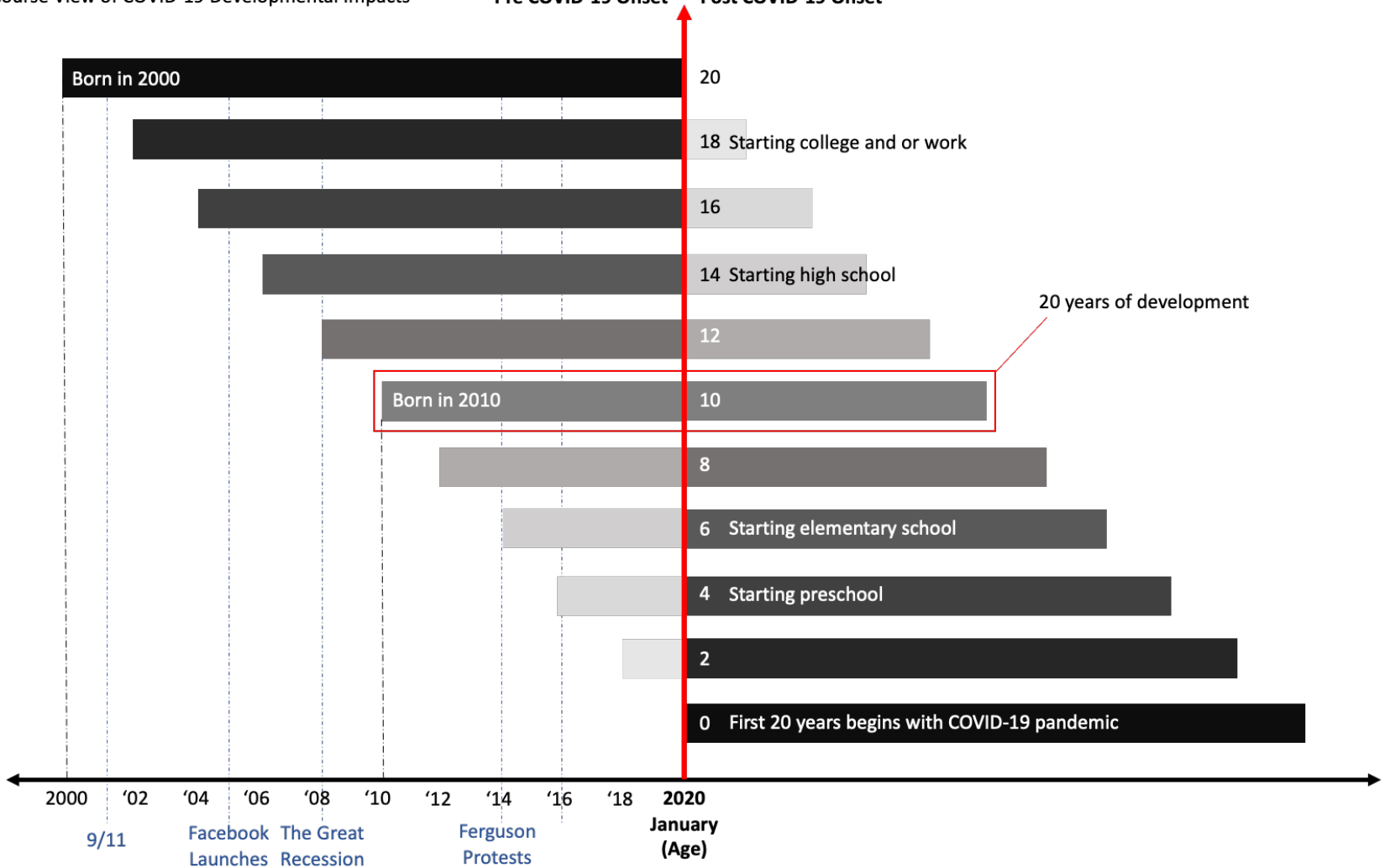
Listening Sessions

- Adolescents
- Early care & education professionals
- K12 educators & administrators
- Juvenile justice & child welfare professionals
- Child development leaders in tribal communities

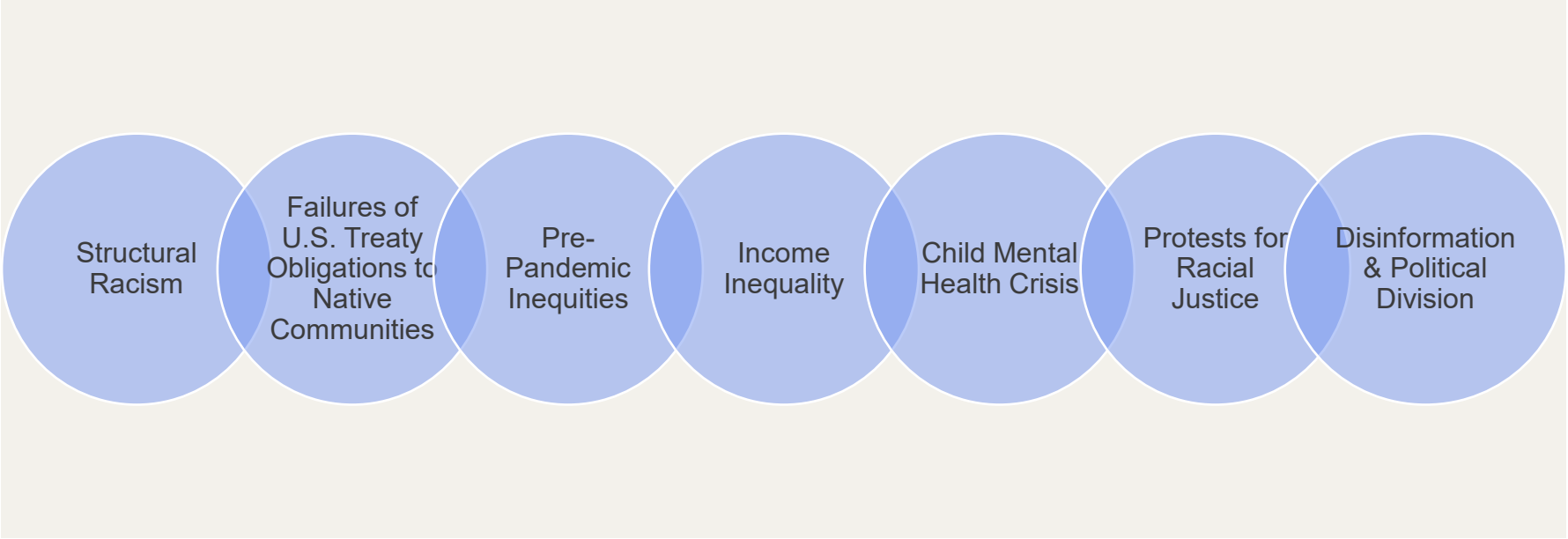
Frameworks

- Lifecourse perspective
- Framework of danger, safety, protection
- Pandemic “Signatures” and dose of exposure

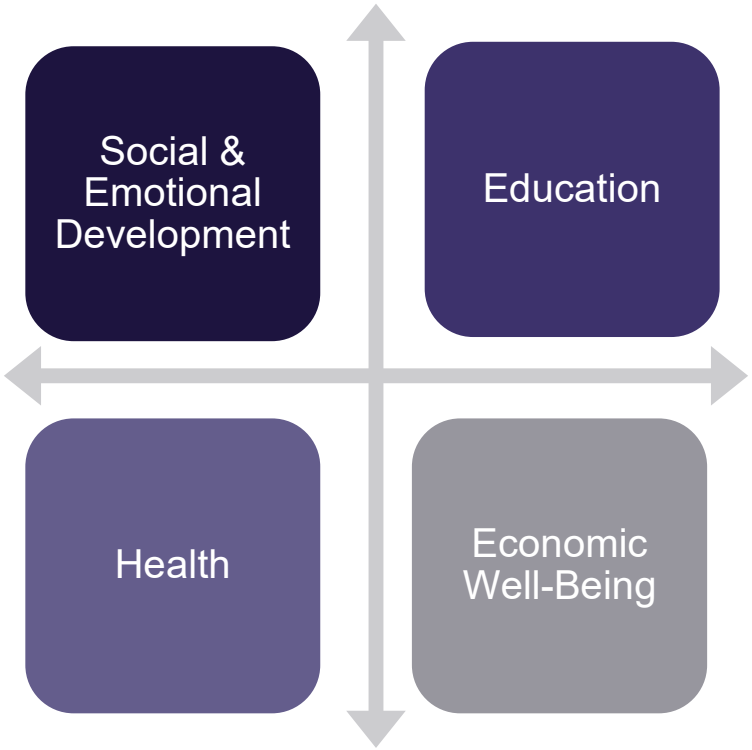
Figure 1. A Life Course View of COVID-19 Developmental Impacts



Societal Context of the Pandemic



Immediate Effects of the Pandemic on Children and Families



Immediate Effects: Social and Emotional Development

- Increases in children's dysregulated, internalizing, and externalizing behaviors
- Decreases in children's adaptive behaviors and self-regulation skills
- Increases in parents' stress, household chaos, challenges in parents' mental health, and parent–child conflict
- Increases among adolescents and young adults in concern about their present and future, time spent feeling unhappy or depressed, lack of social connection

Immediate Outcomes: Education

Declines in Early Childhood Program Enrollments

Programs serving minoritized, low-income and language other than English families had highest enrollment loss

Declines in K-12 Enrollment

Largest declines in Kindergarten (9%); Districts have not recovered

Decreased Engagement

72% of public schools reported higher rates of chronic absenteeism

Missed Learning

Early childhood, K-12

Greatest among children without in-person schooling

Kindergartner scoring well below benchmark in early literacy: greatest increase for Black (27% to 54%) and Latino children (34% to 59%)

Declines in College Enrollment

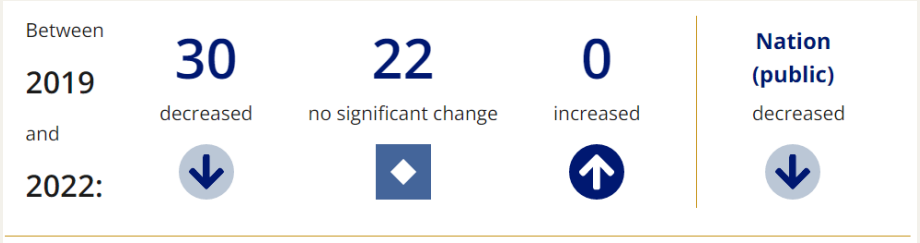
Worse for community college enrollment: 20% lower in 2021 compared to 2019

Public four-year down 10%; worse for Native American students

2019-2022 Trends in Math & Reading Assessments

National Assessment of Educational Progress for 4th and 8th graders

Mathematics Assessment



Reading Assessment

Immediate Outcomes: Health

Maternal Mortality

- 33% relative increase, with largest increases for Black & Latina women
- 18.8 per 100K live births pre-pandemic to 25.1 during pandemic

Diabetes

- Increased incidence of T1 and T2 among children
- Direct effects of infection versus increases in childhood obesity

Substance Use Overdose

- Deaths from Fentanyl-related causes increased from 2.4-4.6 per 100K
- Highest among Native American youth (11.8 per 100K)

Depression and Anxiety Symptoms

- Rates of depression and anxiety symptoms increased among young people in the decade prior to the pandemic
- During the pandemic, reported higher than expected symptom rates across multiple settings (primary care, school, community-based)

Food Insecurity

- Peaked at 21.6% nationally in April 2020
- Fell with federal pandemic provisions to 15.6% in April 2021
- Has rebounded back to 21.4%
- May worsen as 32 additional states cut pandemic emergency SNAP

The Federal Response: Buffering Health and Economic Effects on Families

Families First Coronavirus Response Act (FFCRA)

Enrollment in Medicaid/CHIP increased 27.1 percent, or by 19.3 million people; this growth was enabled by the maintenance of eligibility provisions.

American Rescue Plan (ARP)

Child Tax Credit (CTC) was expanded and shifted to monthly payment, resulting in a reduction of food insecurity in low-income households and reduction in household poverty.

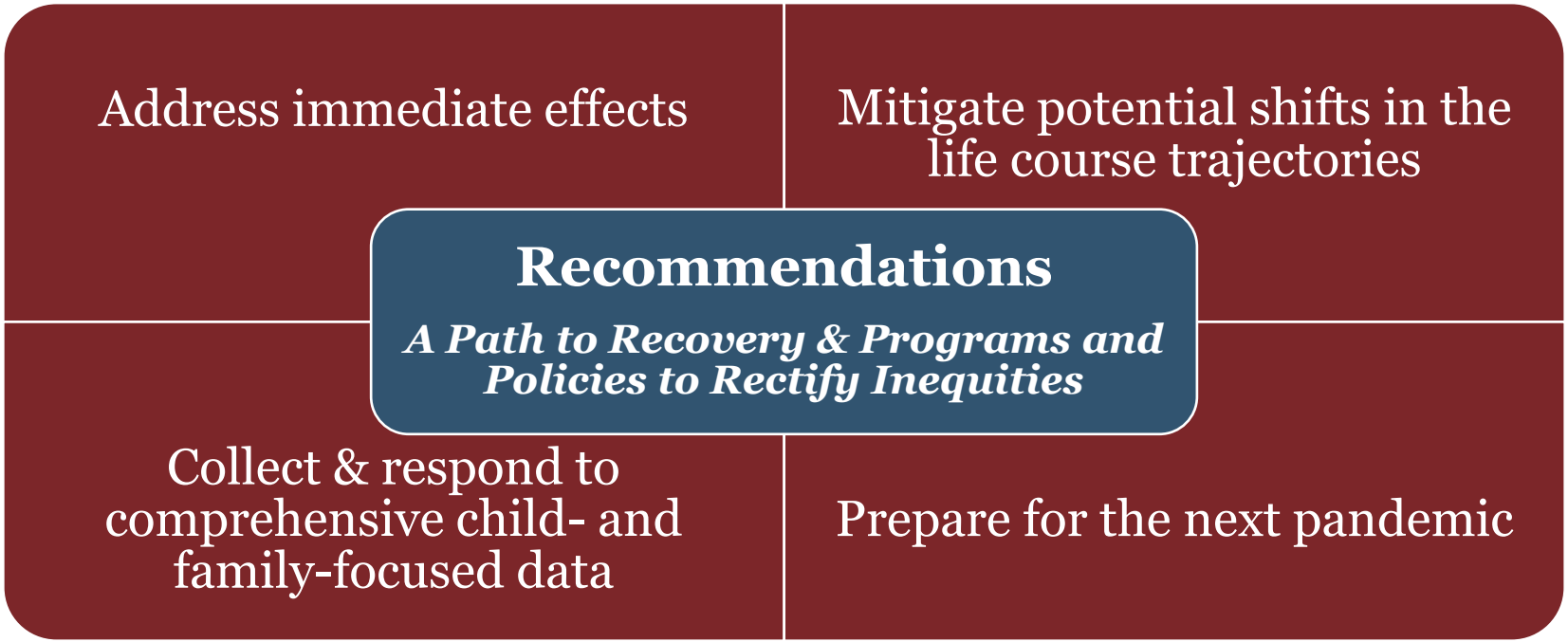
Stimulus Payments

Three rounds of federal economic stimulus payments were distributed to individuals and families with important effects on economic stability and well-being of children and families

Supplemental Nutrition Assistance Program (SNAP) Expansion

Expanded SNAP benefit amounts

Pandemic EBT to replace lost free/reduced school lunches for eligible children


Address immediate effects
Mitigate potential shifts in the life course trajectories
Recommendations
A Path to Recovery & Programs and Policies to Rectify Inequities
Collect & respond to comprehensive child- and family-focused data
Prepare for the next pandemic

Prioritize Children and Families

Recommendation 1: The secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Education, in coordination with the Domestic Policy Council, the Office of Management and Budget, states, Native American tribes, localities, and the nonprofit and private sectors, should **establish a task force on addressing the effects of the COVID-19 pandemic on children and their families**, with a focus on those who have experienced the greatest negative burdens of the pandemic: Black, Latino, and Native American children and families and those with low incomes.

Prioritize Children and Families

Recommendation 2: All federal and state agencies and departments involved in COVID-19 pandemic relief planning and future public health disasters should **address the needs of pregnant people, and children, and low-income and racially and ethnically minoritized populations**, including children and adolescents in the foster care and juvenile justice systems, **in the planning and management of public health disaster relief and recovery efforts**.

Address Social, Emotional, and Educational Needs

Recommendation 3: The U.S. Department of Education should **renew pandemic-related funding** that allocates a greater proportion of funding to high-poverty schools, and funding to support early childhood education to address:

- Enrollment and reengagement
- Academic recovery and achievement
- Recovery and optimization of positive social and emotional development
- Support and expansion of the education workforce
- Preparation for the next pandemic - “pandemic proofing”

Address Social, Emotional, and Educational Needs

Enrollment and reengagement

Academic recovery and achievement

Positive social and emotional development

Support and expansion of the education workforce

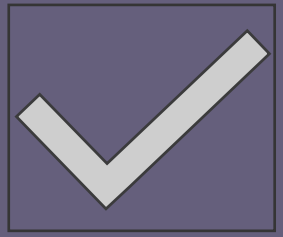
Preparation for the next pandemic

Address Physical and Mental Health Needs

Recommendation 4: The U.S. Department of Health and Human Services (HHS) should strengthen and **expand Medicaid coverage** at the federal level so that all children and families have consistent access to high-quality, continuous, and affordable physical and mental health services. This should include establishing and enforcing national standards for equitable payment rates, presumptive eligibility, multi-year continuous eligibility periods, and network adequacy.

Address Physical and Mental Health Needs

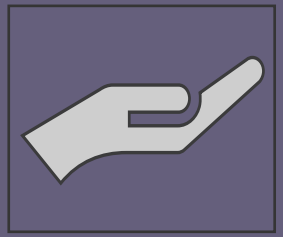
Medicaid Payment Rates



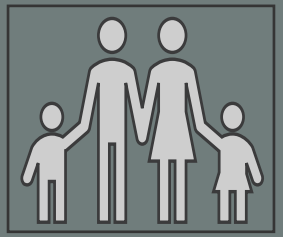
Presumptive Eligibility for all children

Continuous Eligibility for all children 0-6

Postpartum Coverage to 12 months



Network Adequacy for behavioral health



Medicaid Expansion for parents

Address Physical and Mental Health Needs

Recommendation 5: The U.S Department of Health and Human Services should **increase investments in and advance policies and funding to ensure that children and families can access high-quality treatment and preventive behavioral health services** in clinical settings, communities, and schools.

Address Economic Needs

Recommendation 6: The federal government should incentivize states to **expand key safety-net programs**, including Temporary Assistance for Needy Families, and child care subsidies. The federal government should incentivize states to expand the number of families served in these safety net programs, raise the floor benefit levels states must provide in relevant programs, and reduce administrative burdens to facilitate program participation. These improvements should be coupled with rigorous evaluations of the effects of program expansion on family socioeconomic well-being, especially in states where safety net capacities are substantially enhanced.

Address Economic Needs

Recommendation 7: The federal government should **support federal paid family leave and paid sick leave programs**, building on similar pandemic-era and existing state-level programs. Alternatively, the federal government should incentivize states to implement their own paid leave programs.

Address Economic Needs

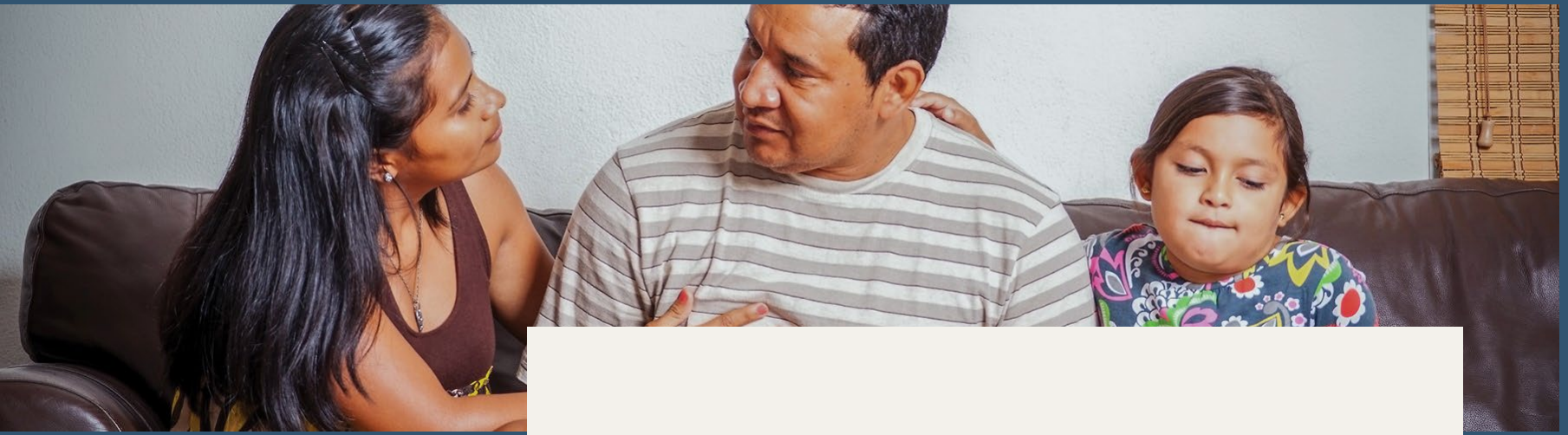
Recommendation 8: The federal government should **reissue and continue pandemic-era expansion of the Child Tax Credit** (CTC), as well as its distribution on a monthly rather than a yearly basis. In the absence of such expansion, state governments should consider implementing their own monthly CTC payments, as well as other provisions such as the Earned Income Tax Credit.

Address Future Research and Data Needs

Recommendation 9: Public and private agencies, at the federal, state, and local levels, should **eliminate existing barriers to and support mechanisms for child- and family-serving systems to collaborate on the systematic linking of data on children and families**, across health, education, social services, juvenile justice, and child welfare systems with other federal and state administrative data, and to optimize and promote advancement in services, policy, programs, and research to address the negative effects of the pandemic on child and family well-being.

Address Future Research and Data Needs

Recommendation 10: Relevant federal government departments and agencies should **prioritize and fund rigorous research, and the infrastructure to support it, on the effects of the pandemic on children and families**. Questions on COVID-19 exposure and adversity also should be incorporated into existing national studies, such as the Youth Risk Behavior Survey and the Head Start Family and Child Experiences Survey.



A path forward to recover from the harms of the pandemic, address inequities, and prepare for future pandemics.

The report is available for free pdf download at: www.nap.edu

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