



# CHILDREN WITH MEDICAL COMPLEXITY AND COVID-19: A COMPOUNDING OF INEQUITIES

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# OBJECTIVES

- Provide overview of racial/ethnic inequities in COVID-19
- Describe impact on children with medical complexity
- Describe potential solutions to address inequities

# COVID-19: A MICROCOSM OF HEALTH INEQUITIES

# RACIAL AND ETHNIC INEQUITIES IN COVID-19

- Risk of exposure
- Risk of severe illness or death
- Disparities in COVID-19 illness
- Disparities in COVID-19-associated hospitalizations
- Disparities in COVID-19 deaths

# CONTRIBUTING FACTORS TO RACIAL AND ETHNIC INEQUITIES DURING COVID-19 PANDEMIC

- Access to care
- Underlying disparities in health conditions
- Living conditions
- Working conditions of parents
- Medical mistrust and racism

# CHALLENGES FOR CHILDREN WITH MEDICAL COMPLEXITY DURING COVID-19 PANDEMIC

- **Clinical** – Disease risk, exposure fear, hospital protocols
- **Services** – availability and modality
- **DME** – shortages in supply
- **Nursing** – Decreased staffing and safety risk of additional visitors to homes
- **School** – Difficulty of online classes

# CAREGIVER STRESS AND MENTAL HEALTH

- Increased degree of social isolation
- Decreased availability of psychologists

# FINANCIAL HARDSHIP

- With less support during COVID-19 pandemic, more parents forced to leave workforce to care for child
- Increases in food insecurity and housing instability



# DIGITAL DIVIDE CUTS BOTH WAYS

- Access to supplies to support engagement in telehealth
  - stable internet service, working device, ability to navigate technology
- Need for in-person visits with specialists

# TRANSPORTATION

- Ride share services (e.g., Lyft, Uber) and public transport cuts have impacted residents of lower income neighborhoods
- Difficulties in transportation affect ability to attend medical appointments, therapy appointments, equipment fitting, and visits to the Women, Infants, and Children's (WIC) program and Social Security offices

# STRATEGIES TO ADDRESS INEQUITIES

- Tailor telehealth for underserved populations
- Expand use of tele-mentoring between clinical providers
- Promote value-based care models with emphasis on social determinants of health
- Preserve flexibility in Medicaid prior authorization policies
- Reimburse family caregivers
- Monitor outcomes according to race, ethnicity, and primary language to inform population health management