

Short Takes: COVID-19 and Young Child Health Care Transformation

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Over the long-term, the biggest impact of COVID -19 may well be upon the healthy development of America's youngest children. While the immediate medical impacts – in mortality and morbidity – largely affect older populations, the developmental impacts and consequences affect children.

For almost all families with young children, family physical and social isolation and the shutdown of normal social activities have disrupted home life. As parents necessarily respond to dramatic changes in their work lives, economic situations, and imperatives for health safety, they are being asked to take on even more, and often sole, responsibilities for the care, nurturing, and protection of their children. Even very young children feel the stress. The risk factors around virtually all social determinants of health have spiked for young children and their families.

There are twelve million children birth to three – and for most of these established contacts outside the home with caregivers, playmates, and sources of activity are now disrupted. Visits to the child health practitioner for a well-child visit may be put off or done through telehealth. Parents' questions about how their child is growing, developing, and behaving may be put on the back burner as the immediate need to protect against the coronavirus takes priority.

In short, while COVID-19 has resulted in an immediate medical and public health crisis, it also has produced social consequences for young children that include but extend well beyond household material well-being. To date, while there has been some federal response to the impacts of COVID-19 on the child care community, which is important, parental needs extend well beyond that.

As policy makers, child health practitioners, public health leaders, and early childhood advocates respond to the challenges in restructuring their own work and lives, they also should work to ensure a robust response to the impacts of COVID-19 on young children. The following questions should be raised and addressed in our nation's response to COVID-19.

- What can be done to support parents in responding to the increased stress and reduced physical access to supports that will enable families and their youngest children to cope and develop?
- What role can the child health care system, and primary child health practitioners specifically, play and what additional supports do they need to do so?
- What immediate help can be provided (at least over the next three to four months, while shelter in place is likely to continue to be in effect), to help parents cope and to have the needed information and resources to fulfill their role as their young child's first teacher, nurse, safety officer, and nurturer?
- What can we learn from this in order to respond in the longer-term to rectify or mitigate adverse impacts upon young children and their families that occurred during this period, and to be prepared for future disruptive events?

- How can we translate our Covid-19 experiences to better respond to families with young children who experience challenges and disruptions equivalent to but not related to Covid-19?

To respond in the long term, we must view young child health from a much broader perspective than medical care to treat disease and disability. We don't have to start from scratch in doing so. We have much evidence on the core elements of child health services needed to advance optimal child development. We know what child health practitioners can do to promote health and well-being, starting in the first three years of life. We know this involves major changes in how child health care is delivered and financed.

This has been described in a framework for child health care transformation by the National Advisory Team of InCK Marks. InCK Marks is a national resource network, funded by the Robert Wood Johnson Foundation, to support leaders in advancing child health care transformation (www.inckmarks.org). The framework presents a much more preventive, promotive, developmental, and ecological approach to primary child health care service delivery. It is one reflected in much greater family engagement, starting with focusing upon parents' concerns around how their child is growing, developing, and behaving, and how the family's own home situation supports or disrupts their ability to provide nurturing support.

In the short-term, we need to pull together what we know about helping parents of young children cope and nurture in times of physical isolation. We must take this knowledge and broadly share it to child health care practitioners, related services (including home visitors and community health workers), and places from which families seek information (including family resource centers and libraries). We know parents want actionable information and help.

We also need to enable child health care practitioners, who often are the trusted source of information about child health for parents of infants and toddlers, to engage parents of young children – whether or not well-child visits occur and whether they occur in-person or virtually (telehealth). Under Medicaid alone, there are 4 million well-child visits for this age group over any three-month period. Parents will come in with additional questions about COVID-19 itself and how to keep their children safe, but also what they can do to respond to other changes in their family routines and capacities to nurture their kids. Practitioners will need the best available information for responding, including resources and information. For those for whom in-person well-child visits are disrupted, additional outreach efforts and ways to convey information normally provided through in-person well-child visits will be needed.

Fortunately, times of crises also are times of opportunity. Both child health practitioners and families are eager to meet the challenge, provided they have time, tools and resources available to them which, even if not perfect, really help. They will learn from and apply what they have learned after the pandemic itself has passed. While the specific impacts of the pandemic related to medical care, morbidity, and mortality disproportionately affect the eldest and frailest in society, we must not neglect their broader impacts upon our youngest. We must fashion responses to address those.

The InCK Marks website has much additional information about child health care transformation, much with a particular emphasis upon young children. Visit: www.inckmarks.org.