

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

Highlights: Physical and Mental Health

The National Academies of Sciences, Engineering, and Medicine recently produced a report that addresses the wide-ranging impacts of the COVID-19 pandemic on children, youth, and families.

The report concluded that, without a focused strategy to change the altered life trajectory that the COVID-19 pandemic has created for many children, a generation of young people will enter adulthood with a greater burden of chronic disease and impaired physical health as they age through adulthood. This is most pronounced for children from racially and ethnically minoritized and low-income communities.

The COVID-19 pandemic has had, and is continuing to have, tremendous direct and indirect effects on the physical and mental health of children and families in the short term and has the potential to affect developmental trajectories for decades to come. The pandemic has had the greatest negative impact on the physical and mental health of children and families who were already facing inadequate health care access, quality, and services and who had unmet physical and mental health problems prior to the pandemic. Those effects have been disproportionately borne by Black, Latino, and Native American children living in low-income households.

To address both the short- and long-term effects of the pandemic on these children, mitigate potential shifts in their life-course trajectories, and prepare for the next pandemic, efforts are needed to bolster the health care system so that all children have access to high-quality, continuous, comprehensive physical and mental health services.

The report offers recommendations in the following areas:

- 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.**
- 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.

- 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.

By investing in children and families today, the nation can avoid higher overall costs to society at large before the known short-term impacts of the pandemic on physical and mental health cascade into a greater derailing of their ability to reach their full life potential. These investments will need to be targeted to children and families from racially and ethnically minoritized and low-income communities who bore the brunt of the pandemic on top of preexisting societal inequities.

EXPANDED MEDICAID COVERAGE

The pandemic revealed long-standing racial, ethnic, and socioeconomic disparities in access to high-quality, continuous, comprehensive health services vital for addressing the long-term effects of the COVID-19 pandemic. As a joint federal and state program, Medicaid provides health care coverage to low-income children and families, low-income seniors, and people with disabilities—groups that have been disproportionately impacted by the pandemic. Federal efforts to halt disenrollment from Medicaid during the public health emergency were critical to increased Medicaid enrollment throughout the pandemic.

Medicaid is an important part of ensuring that children in low-income families have coverage to address the increased physical and mental health burdens they have faced and are facing. As such, HHS should establish and enforce standards of care for Medicaid and the Children's Health Insurance Program that include national standards for equitable payment rates, presumptive eligibility, continuous eligibility periods, and network adequacy. HHS should also increase investments in behavioral health care by:

- Advancing policies that ensure mental health parity;

- Expanding Medicaid payments to include non-medical professionals for preventive and community-based behavioral health services; and
- Strengthening the behavioral health workforce through increased training in evidence-based behavioral health care, opportunities for racially and ethnically minoritized individuals to enter the child behavioral health workforce, and loan repayment programs for child behavioral health care professionals.

To implement this change, HHS can establish and enforce standards of care for the state programs for Medicaid and the Children's Health Insurance Program that include national standards for equitable payment rates, presumptive eligibility, continuous eligibility periods, and network adequacy. Specifically, HHS should:

- Increase Medicaid payment rates to be in line with Medicare rates for the same services. In the absence of federal support, states should consider strategies that allow for Medicaid parity with Medicare payment.
- Expand Medicaid coverage to children with presumptive eligibility for any child aged 0–18 without commercial insurance and ensure that families have multiple entry points for coverage through linkages among social and health services.
- Implement continuous eligibility for children from birth until age 6. For pregnant people, provide postpartum coverage through 12 months after a child's birth.
- Ensure network adequacy, with a focus on the necessary network of providers, specialty providers, and ancillary services needed for behavioral and mental health services, especially for children who have such pandemic-related or pandemic exacerbated conditions such as bereavement, prolonged grief disorder, post-traumatic stress disorder, and substance use.

In addition to these actions by HHS, it will be critical for federal policy makers to pursue coverage solutions for parents with incomes below the poverty level and who live in states that have not adopted Medicaid expansion and, thus, are caught in the “coverage gap.” These solutions will need the partnership of Congress for new legislation to cover these individuals, or from states, to adopt expansion.

INCREASE ACCESS TO HIGH-QUALITY BEHAVIORAL HEALTH SERVICES

All children and adults experienced some level of disruption, uncertainty, stress, and loss of connection to community during the pandemic. The evidence shows increases among adolescents and young adults in their levels of concern about their present and future; more time spent feeling unhappy or depressed; lack of social connection; anxiety about the loss of a caregiver; a desire for greater social and emotional support from their teachers and schools; and increases in parents’ stress, household chaos, challenges in parents’ mental health, and parent–child conflict.

HHS 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. HHS should lead and coordinate efforts to advance and implement policies that ensure mental health parity to physical health for preventive and treatment-related behavioral health services provided in clinical settings, communities, and schools.

SYSTEMATIC LINKING OF DATA ON CHILDREN AND FAMILIES

While evidence about the short-term effects of the pandemic on children and families is emerging, the pandemic’s effects on life-course trajectories remain unknown. Significant investments to build a pandemic-focused research program and data infrastructure are needed, including coordinating data collection and conducting urgent new research.

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.

PRIORITIZING AND FUNDING RIGOROUS RESEARCH ON THE EFFECTS OF THE PANDEMIC ON CHILDREN AND FAMILIES

An adequate, robust, and coordinated federal health response is needed to address the physical and mental health and well-being of children who have been and may continue to be most directly affected by the COVID-19 pandemic. These children have suffered traumatic stress from serious illness, hospitalization, or the loss of a family member or loved one during the pandemic, as well as fear and isolation resulting from the pandemic and the measures taken to mitigate it.

Federal government departments and agencies need to prioritize and fund rigorous research on the effects of the pandemic on children and families and to ensure that COVID-19 exposure and adversity questions are incorporated into existing national studies, such as the Youth Risk Behavior Survey and the Head Start Family and Child Experiences Survey. Longitudinal studies are needed to better understand the short- and long-term effects of the COVID-19 pandemic on the physical and mental health and well-being of children and families.

The pandemic’s long-term health legacy and its overall effect on the developmental life-course for children are yet to be determined. However, recognizing the effects on children’s health that are already known, it will be critical to monitor and mitigate the many negative effects of the COVID-19 pandemic that children and their families have experienced.

COMMITTEE ON ADDRESSING THE LONG-TERM IMPACT OF THE COVID-19 PANDEMIC ON CHILDREN AND FAMILIES TUMAINI RUCKER COKER (Chair), University of Washington, Seattle Children's; **TINA L. CHENG**, Cincinnati Children's Hospital, University of Cincinnati; **JOSHUA GOODMAN**, Boston University; **NIA JENEE HEARD-GARRIS**, Northwestern University; **STEPHANIE M. JONES**, Harvard University; **VELMA McBRIDE MURRY**, Vanderbilt University; **CYRIL "KENT" McGUIRE**, William and Flora Hewlett Foundation; **ROBERT S. PYNOOS**, University of California, Los Angeles; **MICHELLE SARCHE**, University of Colorado; **FLORENCIA TORCHE**, Stanford University; **JOSEPH L. WRIGHT**, University of Maryland Medical System; **MARCI YBARRA**, University of Wisconsin

STUDY STAFF JENNIFER APPLETON GOOTMAN, Study Director; **ADAM JONES**, Research Associate; **SUNIA YOUNG**, Senior Program Assistant; **EMILY P. BACKES**, Deputy Board Director, Board on Children, Youth, and Families; **NATACHA BLAIN**, Director, Board on Children, Youth, and Families; **ALEJANDRA CASILLAS**, University of California, Los Angeles, National Academy of Medicine Fellow

FOR MORE INFORMATION

This Consensus Study Report Issue Brief was prepared by the Board on Children, Youth, and Families based on the Consensus Study Report *Addressing the Long-Term Effects of the COVID-19 Pandemic on Children and Families* (2023).

The study was sponsored by the Robert Wood Johnson Foundation and the Administration for Children and Families, a division of the U.S. Department of Health and Human Services. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project.

To read the full report, please visit <https://nap.nationalacademies.org/26809>

Division of Behavioral and Social Sciences and Education

**NATIONAL
ACADEMIES** Sciences
Engineering
Medicine

Copyright 2023 by the National Academy of Sciences. All rights reserved.