Child Wellbeing During the Pandemic Webinar

Thursday, November 18, 2021
Viewpoints and thoughts shared are not necessarily representative of the California Department of Public Health, the California Department of Social Services, or the State of California.
Zoom Housekeeping

Minimize Distractions
Please **mute** your phone lines. Please unmute yourself to speak in Zoom and on the line.

Technology Problems?
For any technical issues, please **send a message directly to Blanca Enriquez** through the chat log.

Engage and Participate!
Ask **questions** in the chat box when they come up for you. The team will read them aloud during Q&A.
Essentials for Childhood Initiative
Mission & Vision

All California children, youth, and families thrive in safe, stable, nurturing relationships, and communities where they live, work, and play.

Support and participate in mutually reinforcing activities and strategies across multiple agencies and stakeholders that optimize the health and wellbeing of all children in California.
Webinar Presenters

Lori Turk-Bicakci, Ph.D.
Senior Program Director for KidsData
Population Reference Bureau

Tracy Macdonald Mendez
Executive Director
California School-Based Health Alliance
Family Experiences the During COVID-19 Pandemic:
Three Waves of Data

Lori Turk-Bicakci
November 18, 2021
“I’ve had to let go of a lot of expectations and have really learned what is important.”
Agenda

• Questionnaire Overview
• California Findings
• Accessing California Data
Questionnaire Overview
About the Questionnaire

- **Purpose**: Inform on effect of pandemic on children and families
- **Audience**: Child-serving organizations, medical practitioners, advocates...
- **Approach**:
  - Web-based questionnaire, 48 questions
  - Internet panel samples
  - About 1,500 respondents per wave
  - All data weighted to reflect California caregivers for children under age 18.
About the Questionnaire

• **Approach (continued):**
  • Three waves:
    • November 9, 2020 to December 11, 2020
    • March 22, 2021 to April 12, 2021
    • July 8, 2021 to July 27, 2021
Background

National

• American Academy of Pediatrics (AAP)
• Centers for Disease Control and Prevention (CDC)
• Prevent Child Abuse America (PCAA)
• Tufts Medical Center, Healthy Outcomes from Positive Experiences (HOPE)

California

• Essentials for Childhood (EfC) Initiative
• Lucile Packard Foundation for Children’s Health (LPFCH)
• KidsData at PRB
## California Sample Size and Demographics

<table>
<thead>
<tr>
<th>Wave</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 1: Nov. 2020</td>
<td>1,526</td>
</tr>
<tr>
<td>Wave 2: Mar. 2021</td>
<td>1,520</td>
</tr>
<tr>
<td>Wave 3: Jul. 2021</td>
<td>1,602</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nov. 2020</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>54%</td>
</tr>
<tr>
<td>HS diploma or less</td>
<td>42%</td>
</tr>
<tr>
<td>4-year degree or more</td>
<td>30%</td>
</tr>
<tr>
<td>Black</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>28%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>49%</td>
</tr>
<tr>
<td>Asian</td>
<td>9%</td>
</tr>
<tr>
<td>Native American</td>
<td>2%</td>
</tr>
</tbody>
</table>

Wave Count:
- Wave 1: Nov. 2020: 1,526
- Wave 2: Mar. 2021: 1,520
- Wave 3: Jul. 2021: 1,602
## California Sample Demographics (cont.)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>CSHCN</td>
<td>29%</td>
<td>35%</td>
<td>34%</td>
</tr>
<tr>
<td>Married or Domestic Partnership</td>
<td>69%</td>
<td>72%</td>
<td>73%</td>
</tr>
<tr>
<td>Under $30,000</td>
<td>28%</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td>$100,000 and Above</td>
<td>25%</td>
<td>25%</td>
<td>29%</td>
</tr>
</tbody>
</table>
Questionnaire Content

- Education, health care, and social activities
- Economic security
- Supportive Services
- Emotional and behavioral health
- Child and caregiver safety
- Adverse childhood experiences
- Positive childhood experiences
- Caring for children with special health care needs
Data Breakdowns

Seven Regions Within California

At state level,

• By caregiver’s race/ethnicity
• By household CSHCN status
• By household income level
California Findings
## Disruptions

<table>
<thead>
<tr>
<th>Closures &amp; Cancelations (Ever) as of Mar. 21</th>
<th>Still Disrupted (Jul. 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>63%</td>
</tr>
<tr>
<td>Child Care</td>
<td>17%</td>
</tr>
<tr>
<td>Sports</td>
<td>33%</td>
</tr>
<tr>
<td>Informal Activities</td>
<td>40%</td>
</tr>
<tr>
<td>Medical/Dental Appts</td>
<td>29%</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>16%</td>
</tr>
</tbody>
</table>
Education
Concern for Child’s Educational Progress, July 2021

- 17% Extremely Concerned
- 35% Not Concerned
- 29% Moderately Concerned
- 19% Slightly Concerned

46% of caregivers at least moderately concerned
17% of caregivers extremely concerned
Concern for Child’s Educational Progress by Race/Ethnicity, July 2021

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Moderately Concerned</th>
<th>Extremely Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>16%*</td>
<td>10%[!]</td>
</tr>
<tr>
<td>Asian</td>
<td>25%[!]</td>
<td>9%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>33%</td>
<td>22%</td>
</tr>
<tr>
<td>White</td>
<td>25%</td>
<td>15%</td>
</tr>
</tbody>
</table>

55% of Hispanic/Latino caregivers at least moderately concerned about child’s educational progress.

* Data from March 2021
[!] Margin of error between 5 and 10 percentage points.
Concern for Child’s Educational Progress by Family Income, July 2021

Caregivers across income groups concerned about child’s educational progress

Less than $30,000: 22% Moderately Concerned, 24% Extremely Concerned
$30,000-$59,999: 26% Moderately Concerned, 20% Extremely Concerned
$60,000-$99,999: 35% Moderately Concerned, 18% Extremely Concerned
$100,000 or Higher: 32% Moderately Concerned, 12% Extremely Concerned

[!] Margin of error between 5 and 10 percentage points.
Concern for Child’s Educational Progress by CSHCN Status, July 2021

Households with CSHCN
- 34% Moderately Concerned
- 22% Extremely Concerned

Households without CSHCN
- 26% Moderately Concerned
- 15% Extremely Concerned

56% of caregivers of CSHCN concerned about child’s educational progress
Mental Health
Concern for Child’s Mental Health, July 2021

- 35% Not Concerned
- 31% Moderately Concerned
- 23% Slightly Concerned
- 12% Extremely Concerned

43% of caregivers at least moderately concerned
12% of caregivers extremely concerned
### Concern for Child’s Mental Health by Race/Ethnicity, July 2021

<table>
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<th>Moderately Concerned</th>
<th>Extremely Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>21% ![1]</td>
<td>12% ![1]</td>
</tr>
<tr>
<td>Asian</td>
<td>23% ![1]</td>
<td>9%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>37%</td>
<td>13%</td>
</tr>
<tr>
<td>White</td>
<td>27%</td>
<td>11%</td>
</tr>
</tbody>
</table>

50% of Hispanic/Latino caregivers at least moderately concerned about child’s mental health.

![1] Margin of error between 5 and 10 percentage points.
Concern for Child’s Mental Health by Family Income, July 2021

Caregivers across income groups concerned about child’s mental health

- Less than $30,000: 31% Moderately Concerned, 17% Extremely Concerned
- $30,000-$59,999: 25% Moderately Concerned, 12% Extremely Concerned
- $60,000-$99,999: 35% Moderately Concerned, 11% Extremely Concerned
- $100,000 or Higher: 33% Moderately Concerned, 9% Extremely Concerned

[!] Margin of error between 5 and 10 percentage points.
Concern for Child’s Mental Health by CSHCN, July 2021

Twice as many caregivers of CSHCN at least moderately concerned about child’s mental health

Households with CSHCN

- Moderately Concerned: 45%
- Extremely Concerned: 18%

Households without CSHCN

- Moderately Concerned: 24%
- Extremely Concerned: 8%
Positive Childhood Experiences in Previous Week Among Children Ages 0-17

- **Daily Opportunities to Have Fun:**
  - Nov. 2020: 64%
  - Mar. 2021: 66%
  - Jul. 2021: 64%

- **Outdoor Activities with Children:**
  - Nov. 2020: 62%
  - Mar. 2021: 61%
  - Jul. 2021: 63%

- **Reading with Children:**
  - Nov. 2020: 48%
  - Mar. 2021: 44%
  - Jul. 2021: 40%

Children had positive experiences throughout the pandemic.
Access Data
www.kidsdata.org
Polling questions

In the chat box, please share how you have used these data, if you answer “yes” to #2
Thank you

Lori Turk-Bicakci
lturk@prb.org
ADDRESSING CHILD WELL-BEING THROUGH SCHOOL-BASED HEALTH CENTERS:
Focus on the COVID-19 Pandemic
The California School-Based Health Alliance is the statewide non-profit organization dedicated to improving the health & academic success of children & youth by advancing health services in schools.

Learn more: schoolhealthcenters.org
Agenda

1. About School-Based Health Centers (SBHCs)
2. Impact of the pandemic on children and youth
3. How SBHCs help address child well-being
4. Opportunities to improve and expand school health services
WHAT IS A SCHOOL-BASED HEALTH CENTER?

• Delivers primary medical care PLUS

• Located on or near a school campus

• Serves students and sometimes siblings, family members, and the community

• Promotes school-wide health
SBHCs serve a critical role in increasing access to quality comprehensive and coordinated primary care for children and adolescents, especially underserved, at-risk, and stressed children and adolescents.”

- American Academy of Pediatrics
School-Based Health Centers in CA

293

286,000 students have access to SBHCs & high-quality health services
SBHC IMPACT

- increased seat time, decreased absenteeism
- use primary care more consistently
- 10-21x more likely to use MH services at SBHC
- reduced ED utilization for asthma
- increased school connectedness
- reduced risky behaviors especially LGBTQ+ youth

Task Force Recommends School-Based Health Centers to Promote Health Equity

The Community Preventive Services Task Force recommends the implementation and maintenance of school-based health centers (SBHCs) in low-income communities, based on sufficient evidence of effectiveness in improving educational and health outcomes. This recommendation is based on a systematic review of all available studies that was conducted—with oversight from the Task Force—by scientists and subject matter experts from the Centers for Disease Control and Prevention (CDC) in collaboration with a wide range of government, academic, policy, and practice-based partners.
THE PANDEMIC BEFORE THE PANDEMIC

• Earlier onset, increased prevalence, and greater intensity and complexity of student mental health needs
• Youth suicide rates ↑ 20% per year for past decade, especially among 10–14 year-olds
• 13–22% of school-aged youth experienced a mental health challenge at a level associated with formal diagnoses
• 80% of those children and youth had unmet treatment needs
• 70% of those who DID receive treatment did so in school
• Many more faced challenges that put them at risk for future mental health difficulties

Mental health is the #1 reason children are hospitalized and suicide is the 2nd leading cause of death
To enable...

Obesity & eating disorders

Fewer visits with health care professionals

Fewer normal childhood activities ↓ normal childhood activities

Less contact with supportive adults outside home (teachers, coaches, churches, etc.)

Less exercise, Insomnia, Less self-care

Less time with peers

The Perfect Storm

MORE RISKS for kids and caregivers

COVID illness & death in family and community

Job loss, eviction, food insecurity

Parental stress

Trouble with remote learning & learning loss

Social isolation/loneliness

Increased screen time

Disruption in routines

BUT FEWER PROTECTIVE FACTORS

WORSENING OUTCOMES

stress & anxiety

Depression & suicide

School failure

Conflict & violence

Obesity & eating disorders

Self-harm

Substance use & abuse

Less exercise, Less socialization, ↓ normal childhood activities

Fewer contacts with supportive adults outside the home (teachers, coaches, churches, etc.)

Less time with peers

Disruption in routines

Increased screen time

Social isolation/loneliness

Increased food insecurity

Parental stress

Trouble with remote learning & learning loss

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The Perfect Storm

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ANTONIO’S STORY

SBHCs support healing and resilience
Our kids and teens face a MENTAL HEALTH CRISIS.
SBHCs DURING SCHOOL CLOSURES

• Pivot to telehealth
• Practical supports:
  • food distribution
  • Wi-Fi-tech support
• Active student outreach
• COVID testing & tracing
• Support culture & climate:
  • Wellness Wednesdays
• Youth-to-youth vaccine education and promotion
SBHCs WITH IN-PERSON LEARNING

• Most re-opened
• Workforce shortages
• Vaccines for students, others
• Addressing deferred care & MH crisis
• Ongoing telehealth options
• ACEs & other screening
• Trauma & adjustment groups
• Planning for 5-11 year-old vaccines!

Mental health during COVID-19 stress

"Be kind to your mind."
Everyone may have different methods to cope with stress, it is important to find what works best for you.

- Communicate: Reach out to loved ones, call a friend, talk to a trusted person about your emotions
- Take care of your body: Stretching, meditation, maintain a healthy nutritional diet while getting good amounts of sleep and exercise
- Take a break from the media: taking time to pause listening, watching, or reading about the pandemic can help you feel less overwhelmed or anxious

a few websites like these can provide more information and tips on your mental health

adolescenthealth.org
cdc.gov
teenmentalhealth.org
MYTH
I will be asked for my immigration status before I get the vaccine.

FACT
Immigration status or a social security card are not required for a vaccine.

Recipe for Self-Love

- Practice not calling food ‘good’ or ‘bad.’ All food can be nourishing!
- Write a love letter to your body
- Wear clothes that make you feel comfortable
- Talk to your friends about how they feel about their bodies

These tips come from
The Self-Love Revolution: Radical Body Positivity for Girls of Color by Virgie Tovar
OPPORTUNITIES & OPTIMISM

• State investments:
  • CYBHI
  • MCO incentive program
  • Community Schools
• CDE – new Office of School-Based Health
• CDPH position
• State/local/federal funding for SBHCs:
  • More comprehensive programming
  • More school integration
• Definitional clarity/ common data and performance measures
500 New SBHCs by 2030

At least 80% are in Title I schools

At least 90% of students with access are Black, Indigenous, People of Color
MORE & BETTER SCHOOL-BASED HEALTH CENTERS!!

The Student Health Index shows where to invest in SBHCs for the greatest impact on student health and learning.
WAYS TO COLLABORATE

- Get to know your local SBHCs
- Consider partnership opportunities
- Join CSHA/attend conferences and webinars
SAVE THE DATE!

2022 California School Health Conference

Thursday, April 28: Welcome Reception
Friday, April 29: Full Day Conference

University of Redlands
San Bernardino

PRESENTED BY

California School-Based Health Alliance
Putting Health Care Where Kids Are

Anthem BlueCross
STAY CONNECTED

schoolhealthcenters.org
info@schoolhealthcenters.org
sbh4ca
sbh4ca

Tracy Mendez
tmendez@schoolhealthcenters.org
Questions?
Provides support and resource referrals to parent and youth during the current COVID-19 pandemic, 7-days a week from 8:00 a.m. to 8:00 p.m.

Call or text 1-855-4APARENT (855-427-2736) for services in English, Spanish and other languages. For more information, please visit: https://caparentyouthhelpline.org/
Resources

• KidsData: https://kidsdata.org
• California School-Based Health Alliance: https://www.schoolhealthcenters.org/
• HOPE: http://positiveexperience.org
Share Your Thoughts!

https://tinyurl.com/ChildWellbeingDuringCOVID
Thank You!