OPINIONS, IDEAS, & PRACTICE

Opportunities to Support Optimal Health for Children in Medicaid Beyond the COVID-19 Pandemic

Kelli DePriest, PhD, RN, Kelli DePriest, Sandra Hassink, Kim Tuck, Chloe Bakst, Steve Fitton, and Linda Genen are with the Institute for Medicaid Innovation, Child and Adolescent Health Subcommittee, Washington, DC. Anna Potere is with First 5 LA, Los Angeles, CA. Kelly Bower is with the Johns Hopkins University School of Nursing, Baltimore, MD.

COVID-19 affects all segments of the population in the United States, including children, who experience physical, social, and emotional consequences from the pandemic.[1] Given substantially higher rates of COVID-19 infections and deaths in low-income communities and communities of color, the disproportionate impact of social determinants may widen health disparities as a result of the pandemic.[2,3] Medicaid provides health coverage to approximately 30 million children from low-income families. This includes many Black, Indigenous, and Latinx children who disproportionately experience inequities in exposures to social determinants, leading to increased health-related disparities.[4,5] From a social determinants of health (SDOH) lens, we suggest programmatic interventions to decrease negative health impacts of the pandemic among children enrolled in Medicaid, exploring strategies to reduce health inequities.[6]

SOCIAL DETERMINANTS, CHILD HEALTH, AND THE PANDEMIC

Children from low-income, Black, Indigenous, and Latinx communities have wide varieties of backgrounds and experiences, yet are affected similarly by racial and economic oppression. SDOH inequities prevent some children from accessing the opportunities necessary to achieve optimal health, and many of these influences are compounded during the pandemic.[1] We assessed the impact of the intersection of stay-at-home and shelter-in-place orders, economic downturn, and school disruptions in five key SDOH areas.[6]

Economic Stability

Factors that create economic instability for children and families—including lack of employment opportunities, job loss, food insecurity, unstable housing, and poverty—are exacerbated by the pandemic.[7] Five months into the pandemic, the Bureau of Labor Statistics reported that communities of color were disproportionately affected by job loss.[8] Current predictions estimate that almost six million children will become newly eligible for Medicaid by 2021 through job loss.[7] Along with the racial wealth gap, food and housing insecurity are expected to increase, disproportionately affecting Black, Indigenous, and Latinx children through the accumulated effects of inequity and racial discrimination.[1,2,7]

Social and Community Context

During the COVID-19 pandemic, social and community factors associated with worse health outcomes are exacerbated, including exposure to the effects of systemic racism, a key driver of health inequities for children in Medicaid.[9] There are higher rates of COVID-19 infections and deaths in communities of color, partially because of higher rates of employment in service industries, lower pay, and decreased ability to work remotely, increasing potential exposure to COVID-19.[2] The culminating effects of nationwide protests highlighting the history of marginalization and systemic racism against Black Americans, and decades of

collective intergenerational trauma and chronic stress, are compounded by communal distress from the pandemic.[10]

Neighborhood and Built Environment

Over half of low-income individuals live in high-poverty neighborhoods in high-density metropolitan areas, limiting their ability to socially distance.[11] Marginalization and structural racism contribute to higher rates of residence in high-poverty neighborhoods among Black (70%) and Latinx (63%) populations relative to Asian (40%) and White (40%) populations.[11] A child's neighborhood influences their access to multiple determinants, including health care and high-quality education.

Education Access and Quality

Individuals at educational institutions are weighing the social and health concerns of in-person schooling—which risks spreading COVID-19 to educators and students—versus online and hybrid options. The latter two may disproportionately negatively affect students with limited access to technology and broadband Internet, thus increasing the digital divide.[12] Schools provide services to children, including access to food, mental and behavioral health support, and health care. In-person schooling allows staff to observe and report suspected child abuse or neglect, which appears to be on the rise.[1] Whether online or in-person, disruptions in schooling are predicted to cause declines in learning and development, especially for students who were behind before the pandemic.[13]

Health Care Access and Quality

Access to health care, an important determinant of overall health, affects children enrolled in Medicaid, who receive well-child visits and age-appropriate vaccinations from their primary care providers. Stay-at-home and shelter-in-place orders, issues around public transportation, and parent–caregiver concerns regarding risks of exposure when seeking care, contribute to delays in accessing care. Many primary care providers, hospitals, school-based health centers, and specialists closed or limited visits to acute illnesses. Transitioning to telehealth was time-consuming, delayed access to care, and potentially exacerbated the digital divide.[12]

The American Academy of Pediatrics (AAP) released recommendations supporting continuation of well-child visits during the pandemic; however, service delivery for children enrolled in Medicaid was heavily affected. Vaccinations decreased 22% from previous years, with pronounced declines among the Medicaid population; seven-month-old infants in Medicaid were less likely to be up-to-date on vaccinations than non-Medicaid-enrolled infants (35% vs 55%, respectively).[14] Experts fear an upcoming outbreak in vaccine-preventable diseases, further widening disparities for children in Medicaid. Although in-person care is ideal, telehealth provides elements of well-child, chronic, and acute care visits, and behavioral health services. Providers can help caregivers understand when telehealth is appropriate.

Nearly one third of children in Medicaid experience chronic conditions, including asthma, diabetes, and physical or developmental delays. Accessing tailored health care requires access to primary and specialty providers, pharmacies, and other support services. For children with special health care needs, half of whom are covered by Medicaid, parents and caregivers are concerned about exposure from in-home care providers. Some families have reduced or eliminated outside providers' access to their homes, resulting in the parent or caregiver providing the bulk of the child's care, with remote direction from primary care providers. Behavioral health concerns are escalating, with increased rates of depression and anxiety. Telehealth has been a critical avenue to address children's behavioral health during the pandemic.

OPTIMIZING HEALTH FOR CHILDREN IN MEDICAID LONG TERM

Optimal health for children covered by Medicaid requires support at the state, health plan, and provider levels, with a comprehensive approach to address SDOH. As strategies are developed, the following opportunities should be considered.

Facilitate Medicaid Enrollment

By decreasing barriers to enrollment, states assist newly eligible children to quickly access coverage. Opportunities to enhance enrollment include increasing the number of presumptive eligibility categories, extending the type of qualified entities to determine presumptive eligibility, and minimizing eligibility documentation requirements.[15] Where applicable, states should also consider expanding Medicaid.

Respond to Increasing Social Needs

Medicaid health plans should forge connections with social service providers that administer developmental and maternal–mental-health screenings and encourage vaccination adherence and preventative visits. Help Me Grow (https://helpmegrownational.org) is a national model that leverages existing community resources to ensure comprehensive support of child development through outreach, screening, and referral to services. Maternal, infant, and early childhood home visiting programs are another opportunity to promote health, development, and school readiness for young children through parent–caregiver support.

Recognizing that children of color are disproportionately affected by COVID-19, the AAP president released a statement urging individuals to "dismantle racism at every level" (https://www.aappublications.org/news/2020/06/01/racism060120). AAP's policy statement provides recommendations for how pediatricians can address and ameliorate the effects of racism on children and adolescents—by optimizing clinical practice, bolstering workforce development and professional education, and supporting community engagement, advocacy, and public policy.[9]

Improve Access to Health Care

Increased flexibility to cover and deliver care. State Medicaid agencies and Medicaid health plans could pay for telehealth at the same rate as for in-person visits, even after the COVID-19 pandemic. Telehealth improves access for children in Medicaid and is an effective way to initiate well-child visits. Payment reform supporting a two-part well-child visit that uses a combination of telehealth and an in-person visit would support this care delivery change. One consideration is that increased reliance on telehealth will exacerbate the digital divide for families with limited access to technology or to broadband Internet and cellular networks.[12] Telehealth options should be tailored to the needs and capabilities of families who receive care.

Vaccine delivery innovation. Many states have vaccine registries (e.g., https://phpa.health.maryland.gov/OIDEOR/IMMUN/Pages/immunet.aspx), which track administration regardless of where a vaccine is received. Vaccine drive-ins might bring children up-to-date on vaccines and should connect services back to primary care providers to ensure documentation.[3] Efficient vaccine administration infrastructure is critical as we approach a COVID-19 vaccine. Vaccinating entire families at the time of a visit should also be considered.

Data systems innovation. Data system integration strategies that address coordination of care could be developed, thus facilitating communication between data systems to inform providers of the care their patients received through other providers via telehealth or other delivery sites. The registry could be created through public–private partnership or in coordination with school-based health centers focused on children

with chronic illnesses, special health care needs, and physical or developmental delays. This registry would track children and notify providers when they need to reach out to ensure the child is up-to-date on necessary care.

LOOKING AHEAD

The COVID-19 pandemic has further highlighted inequities in the current health care system, which does not adequately support crucial health coverage and access for children from low-income, Black, Indigenous, and Latinx communities covered by Medicaid. Factors that widen disparities must be addressed to improve or alter processes that marginalize children and families who experience the effects of SDOH inequities, including racism, that negatively influence their health. Strategies to maintain optimal health for children in Medicaid during and after the COVID-19 pandemic are crucial, so that essential health care for children does not become another casualty of the pandemic.

ABOUT THE AUTHORS

Correspondence should be sent to Kelli DePriest, 104 N Luzerne Ave, Baltimore, MD 21224 (e-mail: KDePriest@MedicaidInnovation.org). Reprints can be ordered at http://www.ajph.org by clicking the “Reprints” link.

The article was accepted December 10, 2020; published online March 1, 2021.
https://doi.org/10.2105/AJPH.2020.306113

ACKNOWLEDGMENTS

We are grateful to our colleagues on the child and adolescent health subcommittee at the Institute for Medicaid Innovation, whose discussion during our meeting inspired this editorial. We are grateful to Jennifer E. Moore, PhD, RN, FAAN, for her feedback and support in writing this editorial.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

REFERENCES

1. Taylor-Penn L, Murphy K, Shapiro L. Highlights from the states: innovative programs to support children during COVID-19. Families USA. 2020. Available at: https://familiesusa.org/wp-content/uploads/2020/07/CHI-257_Kids-and-COVID_Analysis_FINAL.pdf. Accessed September 1, 2020.

2. Artiga S, Garfield R, Orgera K. Communities of color at higher risk for health and economic challenges due to COVID-19. Kaiser Family Foundation. 2020. Available at: https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19. Accessed July 29, 2020.

3. Gati SB, Bloomhardt HM, McArthur EA. COVID-19: widening health disparities among pediatric populations. Am J Public Health. 2020;110(9):1358–1359. Crossref Crossref. PubMed.

4. Centers for Medicare and Medicaid Services. July 2020 Medicaid & CHIP enrollment data highlights. Medicaid. 2020. Available at: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html. Accessed November 20, 2020.

5. Brooks T, Gardner A. Snapshot of children with Medicaid by race and ethnicity, 2018. Georgetown University Health Policy Institute. 2020. Available at: https://ccf.georgetown.edu/wp-content/uploads/2020/07/Snapshot-Medicaid-kids-race-ethnicity-v4.pdf. Accessed September 2, 2020.

6. US Dept of Health and Human Services, Office of Disease Prevention and Health Promotion. Social determinants of health—Healthy People 2030. Available at: https://health.gov/healthypeople/objectives-and-data/social-determinants-health. Accessed September 1, 2020.

7. Garfield R, Claxton G, Damico A, Levitt L. Eligibility for ACA health coverage following job loss. Kaiser Family Foundation. 2020. Available at: https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss. Accessed July 20, 2020.

8. US Bureau of Labor Statistics. Employment situation summary. July 2020. Available at: https://www.bls.gov/news.release/empsit.nr0.htm. Accessed September 1, 2020.

9. Trent M, Dooley DG, Dougé J. The impact of racism on child and adolescent health. Pediatrics. 2019;144(2):e20191765. Crossref Crossref. PubMed.

10. Egede L, Walker R. Structural racism, social risk factors, and Covid-19—a dangerous convergence for black Americans. N Engl J Med. 2020;383(12):e77. Crossref PubMed.

11. Joint Center for Housing Studies of Harvard University. The state of the nation's housing, 2019. 2019. Available at: https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_State_of_the_Nations_Housing_2019.pdf. Accessed September 1, 2020.

12. Benda NC, Veinot TC, Sieck CJ, Ancker JS. Broadband internet access is a social determinant of health! Am J Public Health. 2020;110(8):1123–1125. Crossref PubMed.

13. Soland J, Kuhfeld M, Tarasawa B, Johnson A, Ruzek E, Liu J. The impact of COVID-19 on student achievement and what it may mean for educators. Brookings Institute. May 27, 2020. Available at: https://www.brookings.edu/blog/brown-center-chalkboard/2020/05/27/the-impact-of-covid-19-on-student-achievement-and-what-it-may-mean-for-educators. Accessed September 1, 2020.

14. Bramer CA, Kimmins LM, Swanson R, et al. Decline in child vaccination coverage during the COVID-19 pandemic—Michigan Care Improvement Registry, May 2016–May 2020. MMWR Morb Mortal Wkly Rep. 2020;69(20):630–631. Crossref. PubMed.

15. Landucci R, Moore J, Brown C, Adams C, Truhe N, Larson M. How states are facilitating Medicaid enrollment during COVID-19—and how they can do even more. Health Affairs Blog. June 17, 2020. Available at: Crossref. Accessed June 18, 2020.

American Journal of Public Health
Volume 111, Issue 3, March 2021, Pages 374-377