

VIEWPOINT

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

A Report From the National Academies of Sciences, Engineering, and Medicine

Tumaini R. Coker, MD, MBA

Seattle Children's, University of Washington School of Medicine, Seattle.

Tina L. Cheng, MD, MPH

Cincinnati Children's Hospital Medical Center, University of Cincinnati, Cincinnati, Ohio.

Marci Ybarra, MSW, PhD

University of Wisconsin-Madison.

My mom lost her business...we were trying to maintain everything but the bills just kept piling up. Food prices went up, rent, everything went up...We didn't know if we were gonna get food the next day, if we were even going to have our place....It got to the point where I wasn't able to sleep properly anymore or eat properly anymore, and I did gain a lot of anxiety and depression.

This is just one of many stories from children and youth who experienced the worst pandemic in US history. Although the COVID-19 Public Health Emergency is set to end on May 11, 2023, it is clear it has, and will continue to have, deleterious effects on the children and youth who experienced the pandemic during sensitive periods of their development.

The National Academies of Sciences, Engineering, and Medicine (NASEM) released a consensus report that reviews the impact of COVID-19 on the health and well-being of children and families thus far, and what needs to be done to attenuate longer-term negative effects.¹

By investing in children and families who are the most in need, we can shift the developmental trajectory of children who have been most negatively affected by the pandemic to one that allows them to reach their full potential.

The NASEM committee for this report was intentionally designed to address areas most relevant to children and families (education, social and emotional development, physical and mental health, economic well-being), and to focus on the groups who bore the brunt of the pandemic: those from racial and ethnic minoritized groups and low-income families.

In its multidisciplinary review of the literature, the committee found that across almost every outcome of well-being—education, social, emotional, physical, mental, and economic—low-income children and families in racially and ethnically minoritized communities have experienced a disproportionately high burden from the pandemic, which is rooted in structural racism, creating long-standing and pervasive inequities.

In the US more than 265 000 children have lost a parent or caregiver to COVID-19.² The number of be-

reaved US children is high overall but there are important differences: 1 in 753 White children lost a parent or caregiver to COVID-19, but rates for Black (1 in 310), Latino (1 in 412), and Native American (1 in 168) children are even higher, and portend a cascade of negative effects that can follow if appropriate supports are not ensured for these children and their families throughout their continued development.³

Early in the pandemic, schools closed, parents lost jobs, and children lost learning opportunities, stabilizing routines, and social and emotional supports. While these initial stressors resulted in immediate effects on children and families, the long-term impact remains unknown. There were drops in enrollment in early childhood programs, elementary through high school, and colleges. Students at all levels missed learning, though the greatest losses were among students without access to in-person schooling, children from minoritized populations, and those from low-income households.⁴

Maternal mortality rates increased during the pandemic, with the largest increases among Black and Latina women⁵; childhood obesity and food insecurity increased, as did the number of fentanyl-related substance overdose deaths, with the highest rates among Native American youth.⁶ Although the US started the pandemic already in a child mental health crisis, in which 1 in 5 children had a mental health condition, and just half of those received treatment, rates of depression and anxiety symptoms in children have continue to rise.⁷

The federal response to the pandemic was swift and effective, but those federal provisions have largely ended. Low-income families will require ongoing action at the state and federal level. The Child Tax Credit (CTC), for example, was expanded, increased, and delivered in monthly allotments during part of the pandemic, which resulted in a reduction of food insecurity and household and child poverty. The expansion of the CTC, continuous eligibility for Medicaid enrollees, and other effective pandemic-era federal provisions that buffered negative health and economic effects on children and families, including stimulus payments and expanded SNAP (Supplemental Nutrition Assistance Program) benefits, have been discontinued or are ending.

The NASEM committee makes recommendations that provide a roadmap to providing essential supports

Corresponding

Author: Tumaini R. Coker, MD, MBA, University of Washington School of Medicine, 2001 Eighth Ave, Seattle, WA 98121 (tumaini.coker@seattlechildrens.org).

to children and families to recover from the pandemic's effects and to rectify the preexisting inequities that created a disproportionate burden on minoritized and low-income children and families. The committee's recommendations¹ are as follows:

Prioritize Children and Families

- The federal government should establish a task force on addressing the effects of the pandemic on children and their families, with a focus on those who experience the greatest burdens of the pandemic: children and families who are Black, Latino, and Native American and those with low incomes.
- All federal and state agencies involved in COVID-19 pandemic relief planning and future public health disasters should address the needs of pregnant persons, children, adolescents, and low-income, minoritized, and marginalized populations.

Address Social, Emotional, and Educational Needs

- The US Department of Education should renew pandemic-related funding that allocates a greater share to high-poverty schools and funding to support early childhood education, to address enrollment and reengagement; academic recovery and achievement; recovery and optimization of positive social and emotional development; support and expansion of the education workforce; and preparation for the next pandemic.

Address Physical and Mental Health Needs

- The US 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. This should include the establishment and enforcement of national standards for equitable payment rates, presumptive eligibility, multi-year continuous eligibility periods, and network adequacy.
- In addition to these actions by HHS, federal policy makers should pursue solutions for low-income families who live in states that have not adopted Medicaid expansion and thus are caught in the "coverage gap."

- HHS should 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.

Address Economic Needs

- The federal government should increase funding and incentivize states to expand key safety programs, including Temporary Assistance for Needy Families, and child care subsidies, including expanding the number of families served, raising the floor of benefit levels states must provide, and reducing administrative burdens to promote take-up.
- The federal government should support federal paid family leave and paid sick leave programs, building on similar pandemic-era and existing state-sponsored provisions. Alternatively, the federal government should incentivize states to implement their own paid leave programs.
- The federal government should reissue and continue the pandemic-era expansion of the CTC, including its monthly distribution.

Support Future Research and Data Needs

- Public and private agencies at the federal, state, and local levels should eliminate existing barriers 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, child welfare, with other federal and state administrative data, 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 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 who are the most in need, we can shift the developmental trajectory of children who have been most negatively affected by the pandemic to one that allows them to reach their full potential.

ARTICLE INFORMATION

Published Online: March 16, 2023.
doi:10.1001/jama.2023.4371

Conflict of Interest Disclosures: None reported.

Additional Information: All authors are members of the NASEM Committee on Addressing the Long-Term Impact of the COVID-19 Pandemic on Children and Families.

REFERENCES

1. National Academies of Sciences, Engineering, and Medicine. Addressing the long-term effects of the COVID-19 pandemic on children and families. March 16, 2023. <https://www.nationalacademies.org/our-work/addressing-the-long-term-impact-of-the-covid-19-pandemic-on-children-and-families>
2. Imperial College London. Global orphanhood estimates real time calculator. Published 2022. Accessed March 4, 2023. https://imperialcollegelondon.github.io/orphanhood_calculator/#/country/Global
3. Hillis SD, Unwin HJT, Chen Y, et al. Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study. *Lancet*. 2021; 398(10298):391-402. doi:10.1016/S0140-6736(21)01253-8
4. Goldhaber D, Kane TJ, McEachin A, Morton E, Patterson T, Staiger DO. *The Consequences of Remote and Hybrid Instruction During the Pandemic*. National Bureau of Economic Research; 2022. doi:10.3386/w30010
5. Thoma ME, Declercq ER. All-cause maternal mortality in the US before vs during the COVID-19 pandemic. *JAMA Netw Open*. 2022;5(6):e2219133-e2219133. doi:10.1001/jamanetworkopen.2022.19133
6. Friedman J, Godvin M, Shover CL, Gone JP, Hansen H, Schriger DL. Trends in drug overdose deaths among US adolescents, January 2010 to June 2021. *JAMA*. 2022;327(14):1398-1400. doi:10.1001/jama.2022.2847
7. Office of the Surgeon General. Protecting youth mental health. US Dept of Health and Human Services; 2021. <https://www.ncbi.nlm.nih.gov/books/NBK575984/>