COVID-19 & PROVIDER CHALLENGES: CHILD CARE & PEDIATRIC HEALTH EXPERIENCES

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Learning Objectives

• Highlight findings from ICS research (and others) on child-serving workforce in South Carolina in wake of COVID - particularly in child care and pediatric health.

• Discuss individual sector findings as well as overarching issues which threaten family and child well-being.

• Identify opportunities for top-down and bottom-up supports for practitioners and families (from government funding to peer support networks).
### ICS COVID Response Research in SC

<table>
<thead>
<tr>
<th>Child Care – Spring Survey</th>
<th>Child Care- Fall Survey</th>
<th>Pediatric Survey – Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>98 respondents</td>
<td>62 respondents</td>
<td>69 respondents</td>
</tr>
<tr>
<td>• Child care center: 77%</td>
<td>• Child care center: 69%</td>
<td>Academic affiliated: 29%</td>
</tr>
<tr>
<td>• Family/group care home: 9%</td>
<td>• Family/group home: 16%</td>
<td>Small independent: 23%</td>
</tr>
<tr>
<td>Geography – 20 counties: Spartanburg, 17%</td>
<td>Geography – 15 counties</td>
<td>Large independent: 20%</td>
</tr>
<tr>
<td>Richland, 11%</td>
<td>Spartanburg, 29%</td>
<td></td>
</tr>
<tr>
<td>York, 9%</td>
<td>Horry, 18%</td>
<td>Horry, 9%</td>
</tr>
<tr>
<td>Horry, 8%</td>
<td>Charleston/Florence/Georgetown/Williamsburg, 6%</td>
<td></td>
</tr>
<tr>
<td>Charleston, 7</td>
<td>each</td>
<td>each</td>
</tr>
</tbody>
</table>

- Small independent: 23%
- Large independent: 20%
- Geography - 24 counties
  - Greenville, 43%
  - Charleston, 14%
  - Richland, 14%
  - Beaufort, 9%
  - Horry, 9%
Child Care Sector
Operating Status

- In Spring, 48% were CLOSED for all; 39% were OPEN for all
  - Diversity of approaches based on finances, size, local considerations, virus concerns
- By fall, all respondents were operating. Looking over previous months, they reported:

<table>
<thead>
<tr>
<th>Operations since March</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>We closed for a period of time and are now open</td>
<td>53%</td>
</tr>
<tr>
<td>we stayed open all the time for all of our families</td>
<td>37%</td>
</tr>
<tr>
<td>We only served some families (frontline workers, etc.)</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>
Changes to Practice

- Respondents were given a list of nine frequently recommended programmatic changes (per CDC, SC DSS, SC DHEC, NAEYC)
- On average, respondents indicated they were using about five of these accommodations

<table>
<thead>
<tr>
<th>Precaution/Change</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Taking temperature of staff and children</td>
<td>92%</td>
</tr>
<tr>
<td>Creating a policy on how to handle COVID-19 cases</td>
<td>84%</td>
</tr>
<tr>
<td>Requiring face masks for staff</td>
<td>82%</td>
</tr>
<tr>
<td>Reducing the number of children, to allow for distancing</td>
<td>48%</td>
</tr>
<tr>
<td>Changing our operating schedule</td>
<td>47%</td>
</tr>
<tr>
<td>Hiring professional cleaners (daily or on another schedule)</td>
<td>32%</td>
</tr>
<tr>
<td>Requiring face masks for children who are above the age of 2</td>
<td>31%</td>
</tr>
<tr>
<td>Offering child care to older children, to oversee virtual learning</td>
<td>29%</td>
</tr>
<tr>
<td>Increasing the resources, we send home with families</td>
<td>29%</td>
</tr>
</tbody>
</table>
Cost Concerns - Spring

Expenses

Other facilities cost (HVAC, utility costs, business insurance etc.)
Rent/mortgage
Paying staff – I have continued to pay staff during closure, or intend to
Emergency supplies (cleaning supplies, personal protective equipment)
Supplies or equipment costs (for example, perishable items which may go bad; curriculum…)
Paying staff – I have had to stop paying staff during closure, or intend to
Contracted services we are obligated to still pay for (meal services, transportation, other)
Other (please specify)
Staffing Concerns - Fall

Staffing Challenges

- Staff missed work for COVID-19 exposure, or exposure in their home
- Have struggled to hire new staff when needed
- Staff have expressed concern for health/safety to come back to work
  - Temporarily laid off staff
  - Staff have their own child care challenges based on closures and/or virtual schooling
  - Staff who were temporarily laid off preferred to continue collecting unemployment
- None
- Permanently laying off staff based on our needs changing
Attendance Rebounding - Slowly

Percent Currently Served, Spring Vs. Fall 2020

- Infant
- Toddler
- Preschool
- School Age
- Total

Spring 2020 vs. Fall 2020
Financial Impacts

- Losses per month, on average, for a provider:
  - Spring: $31,000
  - Fall: $13,727
  - By fall, this was cumulatively about $103,000 per provider

- Spring: Asked how long center could operate if they closed:
  - 1/3 of respondents unsure how long their facility can handle a closure.
  - 1/3 could not handle any closure
  - Only 9% were sure of several months, which is NOW.

- Fall: asked to estimate how long reserves could keep them afloat
  - Only 1/3 of respondents were able to provide an estimate of how long
  - Average operating reserve could for 2.5 months
Pediatric Health Care
Adjustments to Operations

- Practices remained open, but made adjustments:
  - Fully open: 68%; In-Person only for certain visits: 32%

**Scheduling:** Switch to “well visit” and “sick visit” times each day; shorter schedules re lower demand

**Physical Space:** Separating sick & well patient – parking lot/car waiting rooms; hallways; going immediately to exam room

**Personnel Adjustments:** Minimize staff exposure: designated provider seeing sick children; weekly alternating between who sees sick visits

**Telehealth:** Even among centers that remained fully open; particularly important for screening possible COVID cases
Reduced Visits & Immunizations

Percent Reporting Decrease

- Acute conditions: 91%
- Chronic conditions: 90%
- Well-child visits: 83%
- Vaccinations: 83%
Regular Childhood Vaccination

✓ Nationally and in SC, declining rates of regular childhood vaccination during public health crisis – some evidence of rates “rebounding” especially in SC with school reopening

✓ SC AAP survey: peds reported observing a decline in vax visit, with prevalence higher for older ages
  ✓ 60%+ respondents reported declines among children ages 11 and above

✓ Back of envelope from DHEC spring data: vaccination rate was somewhere between 32-47% of pre-pandemic weekly figures

✓ Difficult to estimate “gap” that remains in SC from reduced rates early on (difficulty securing baseline pre-pandemic data)
South Carolina Vax Recovery Since June

Weekly Vaccination Figures - Updated DHEC system
Business Issues

- Difficulty accessing PPE, especially masks
- Providers also reported slow/difficult reimbursement -> spending reserves

- Small independent practices were most likely to report a billing issue
- *Only* issue reported across all provider categories is the notable loss of insurance coverage by patients.
Pediatricians Report High Stress Nationally

Pediatric Stressor: Spring Baseline & Fall Update

The mental stress/exhaustion in my practice is at an all time high

Unrelated to COVID-19, the health of my patients is suffering because of the pandemic

My practice is paid for less than 50% of work done

I plan to retire early/leave primary care

Without federal or state support, my practice will close

We will be ready and able to distribute a COVID-19 vaccine, when available

Trends & Opportunities
What’s on their minds?

- Supplies for regular operations (groceries, wipes)
- Enrollment uncertainty
- Insurance reimbursement
- Technology issues (telehealth)
- Politicization of public health
What’s on their minds?

- COVID specific supplies (PPE, cleaning supplies)
- Government relief & financial assistance
- Cash flow
- Fear of losing business/closing
- Staffing: payroll, unemployment, & health and safety; hiring; morale
- Stress & uncertainty
- HOW ARE THE KIDS DOING?
High Stress Levels

• Differences by type

• Child care:
  • High levels of financial concern - child care centers, homes, & faith-based settings (vs. 4k/Head Start)
  • Child care homes most concerned about safety of staff

• Pediatricians:
  • Small practices particularly concerned about the financial health
  • FQHCs had highest stress regarding staff safety & well-being of the patients they serve.
Opportunities & Responses

• Continue to collect and amplify voices of experiences
• Revisiting research collected – fast-moving crisis and needs change
  • Especially with SC COVID rate increase AND back to school time
• Development of resources, supports, and materials through umbrella organizations
  • SC AAP; health foundations; informal health care provider networks
  • First Steps (state and county-level); Shared Services
• Advocacy support - continued need for public financial assistance
  • State and federal
Resources

The Initial Economic Impact of COVID-19 on South Carolina’s Child Care Sector: Survey Report

Continuing the Tightrope Walk: The Continued Impact of COVID-19 on South Carolina’s Child Care Sector

COVID-19’s Impact on Pediatric Healthcare in South Carolina: Supporting and Strengthening the Sector

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