

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

Child Care – Spring Survey	Child Care- Fall Survey	Pediatric Survey – Summer
<p>98 respondents</p> <ul style="list-style-type: none"> Child care center: 77% Family/group care home: 9% <p>Geography – 20 counties: Spartanburg, 17% Richland, 11% York, 9% Horry, 8% Charleston, 7%</p>	<p>62 respondents</p> <ul style="list-style-type: none"> Child care center: 69% Family/group home: 16% <p>Geography – 15 counties Spartanburg, 29% Horry, 18% Charleston/Florence/Georgetown/Williamsburg, 6% each</p>	<p>69 respondents</p> <p>Academic affiliated: 29% Small independent: 23% Large independent: 20%</p> <p>Geography - 24 counties Greenville, 43% Charleston, 14% Richland, 14% Beaufort, 9% Horry, 9%</p>

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:

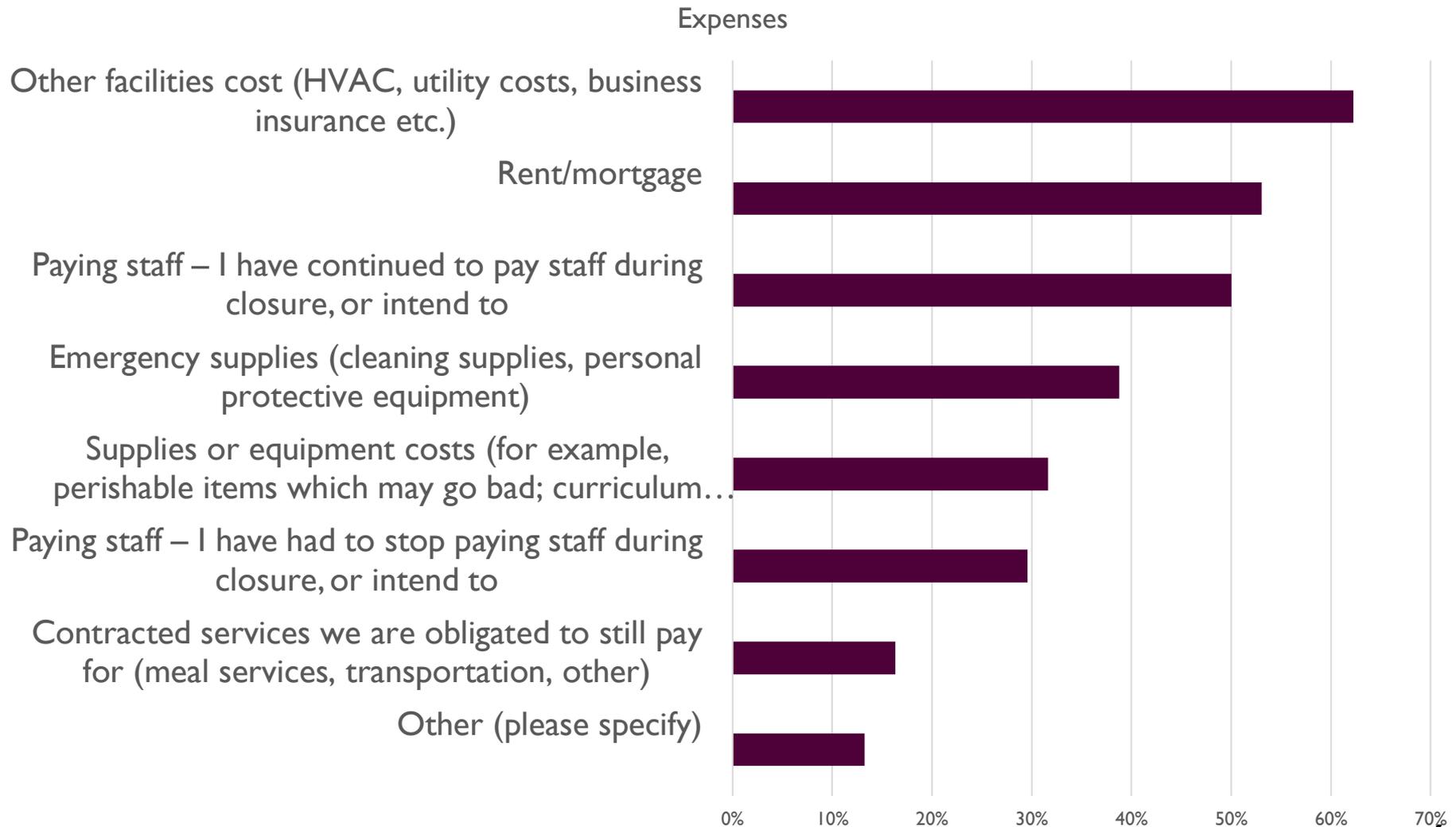
Operations since March	Percent
We closed for a period of time and are now open	53%
we stayed open all the time for all of our families	37%
We only served some families (frontline workers, etc.)	6%
Other	3%

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

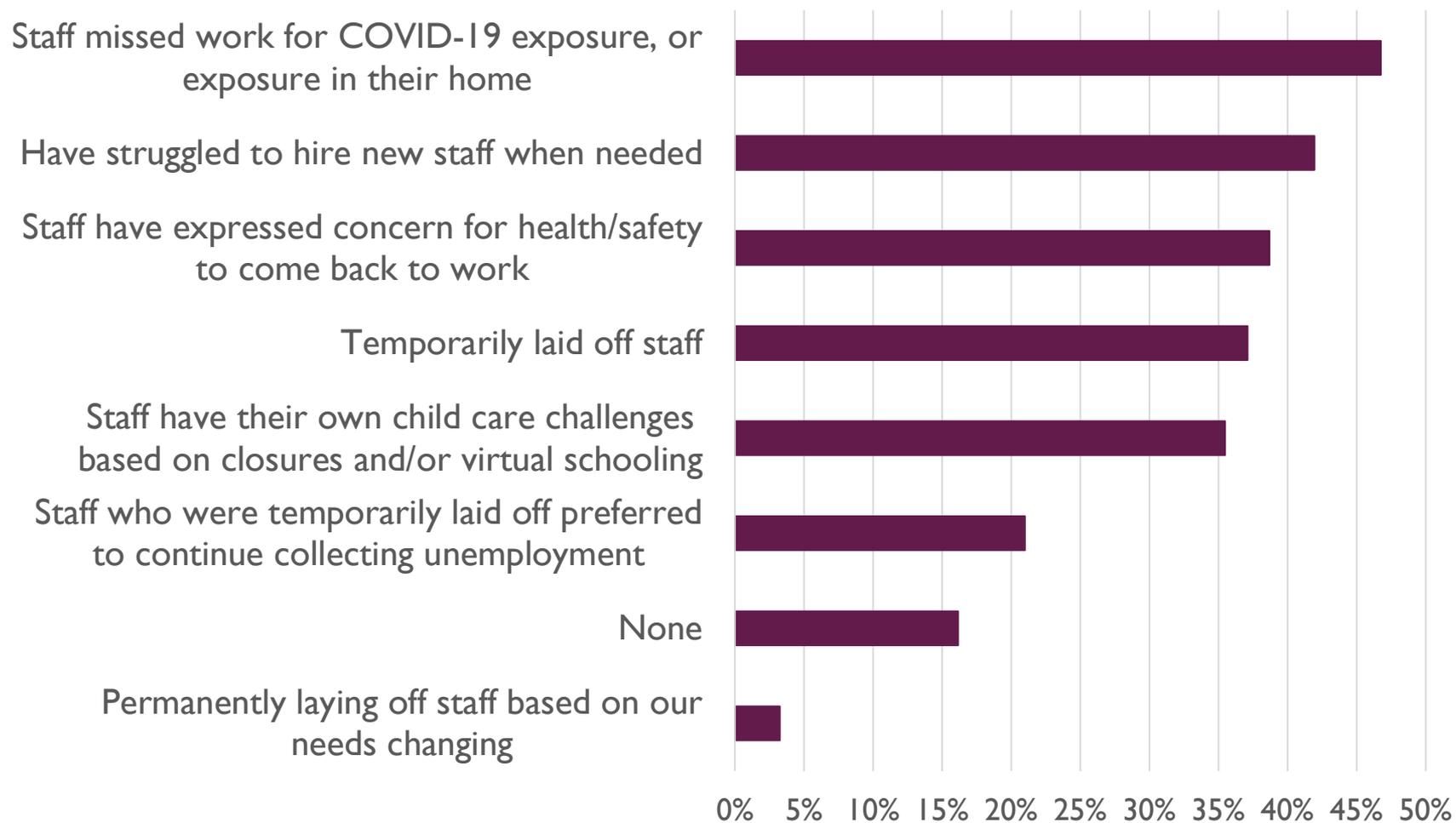
Precaution/Change	Percent
Taking temperature of staff and children	92%
Creating a policy on how to handle COVID-19 cases	84%
Requiring face masks for staff	82%
Reducing the number of children, to allow for distancing	48%
Changing our operating schedule	47%
Hiring professional cleaners (daily or on another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

Cost Concerns - Spring



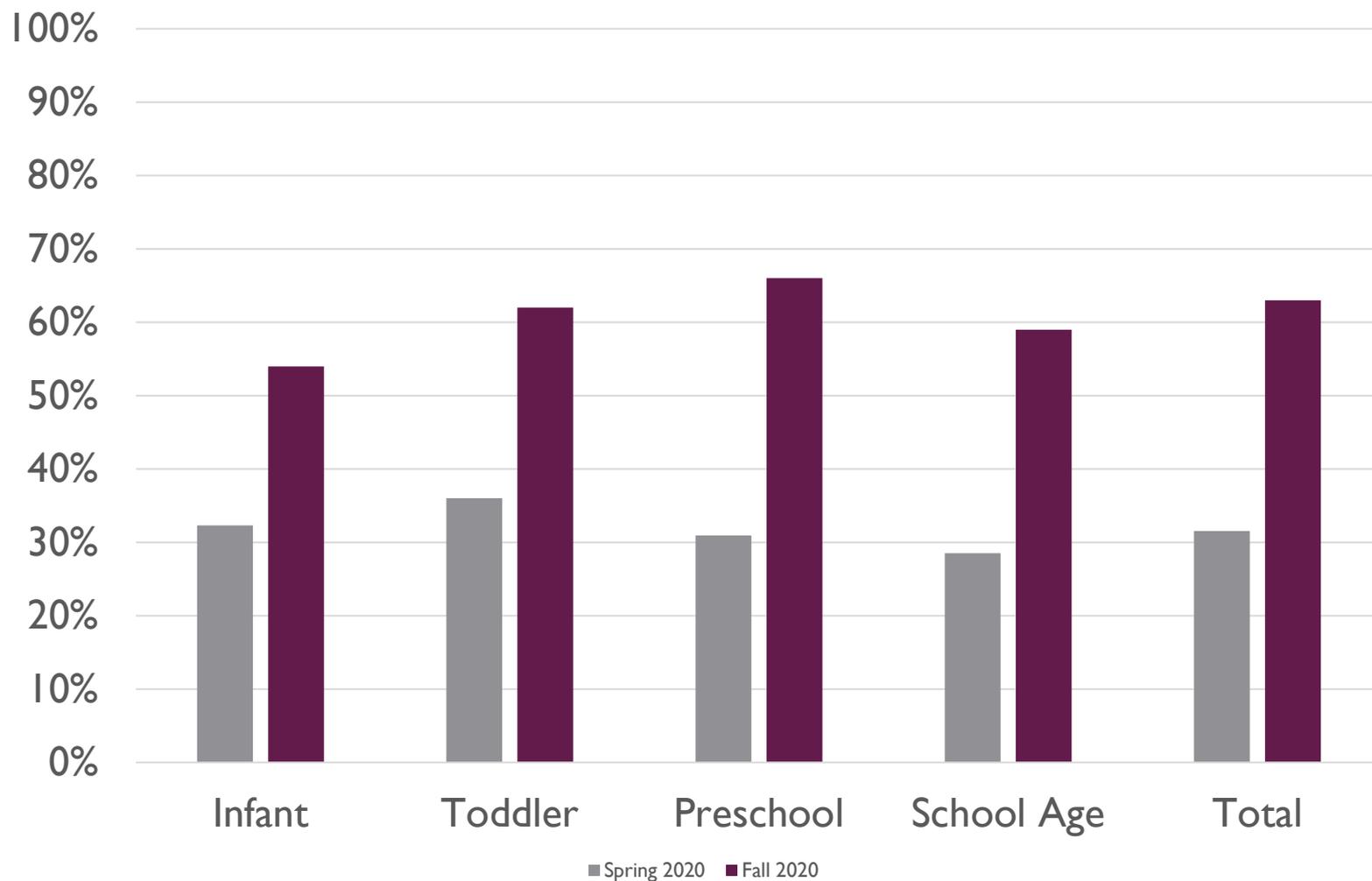
Staffing Concerns - Fall

Staffing Challenges



Attendance Rebounding - Slowly

Percent Currently Served, Spring 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



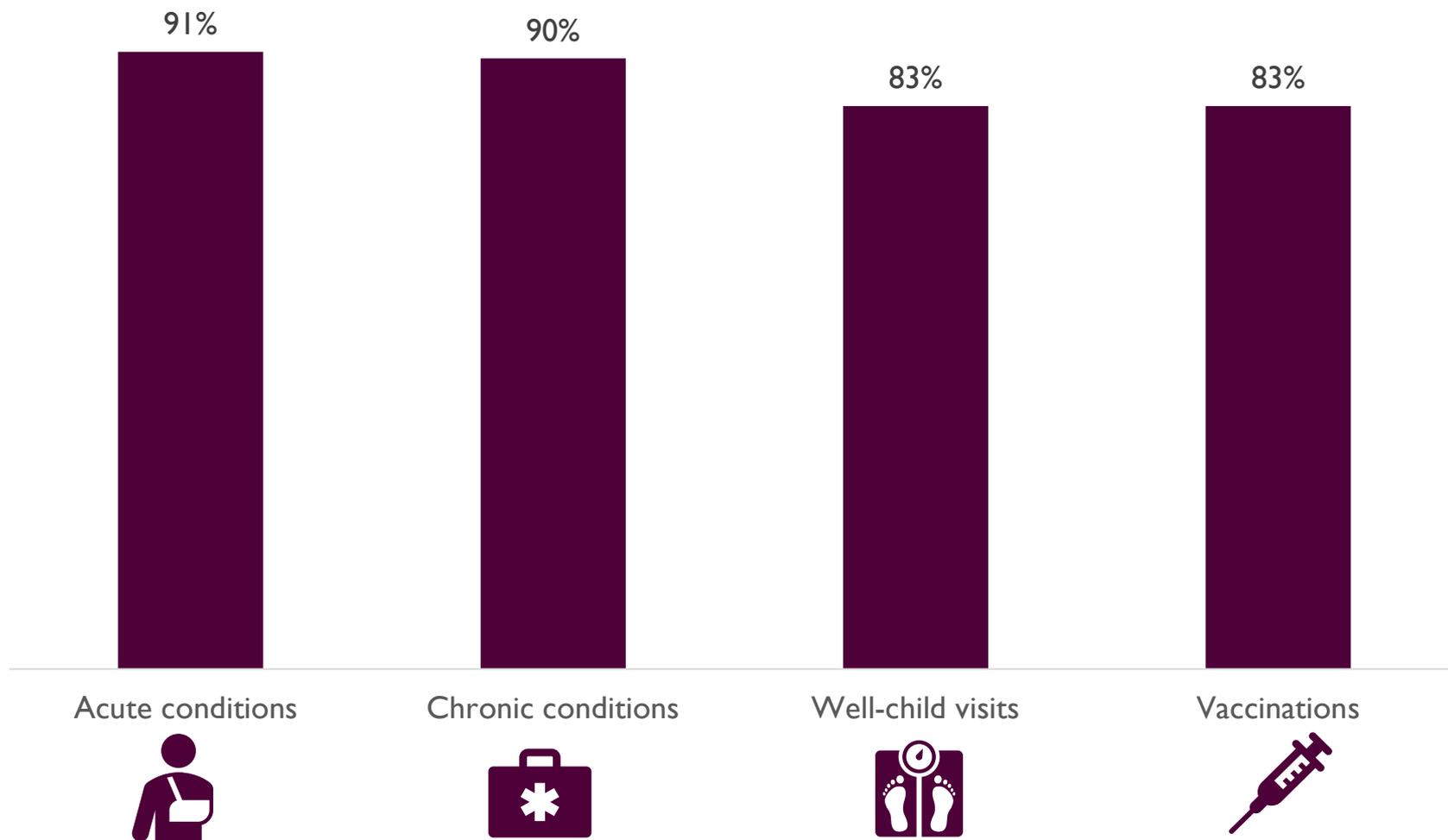
Personnel Adjustments: Minimize staff exposure: designated provider seeing sick children; weekly alternating between who sees sick visits



Telehealth: Even among centers that remained fully open; particularly important for screening possible COVID cases

Reduced Visits & Immunizations

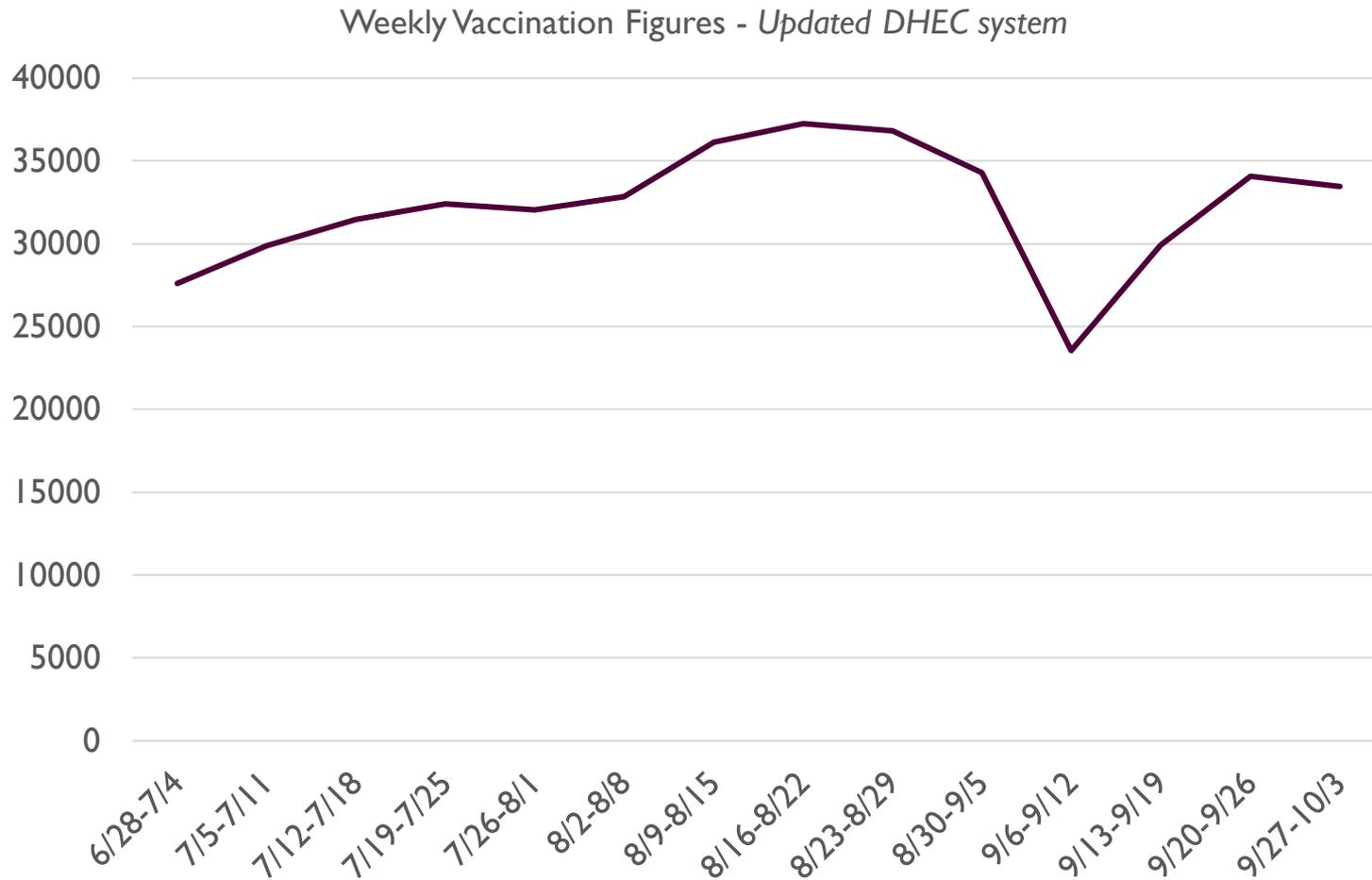
Percent Reporting Decrease



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)

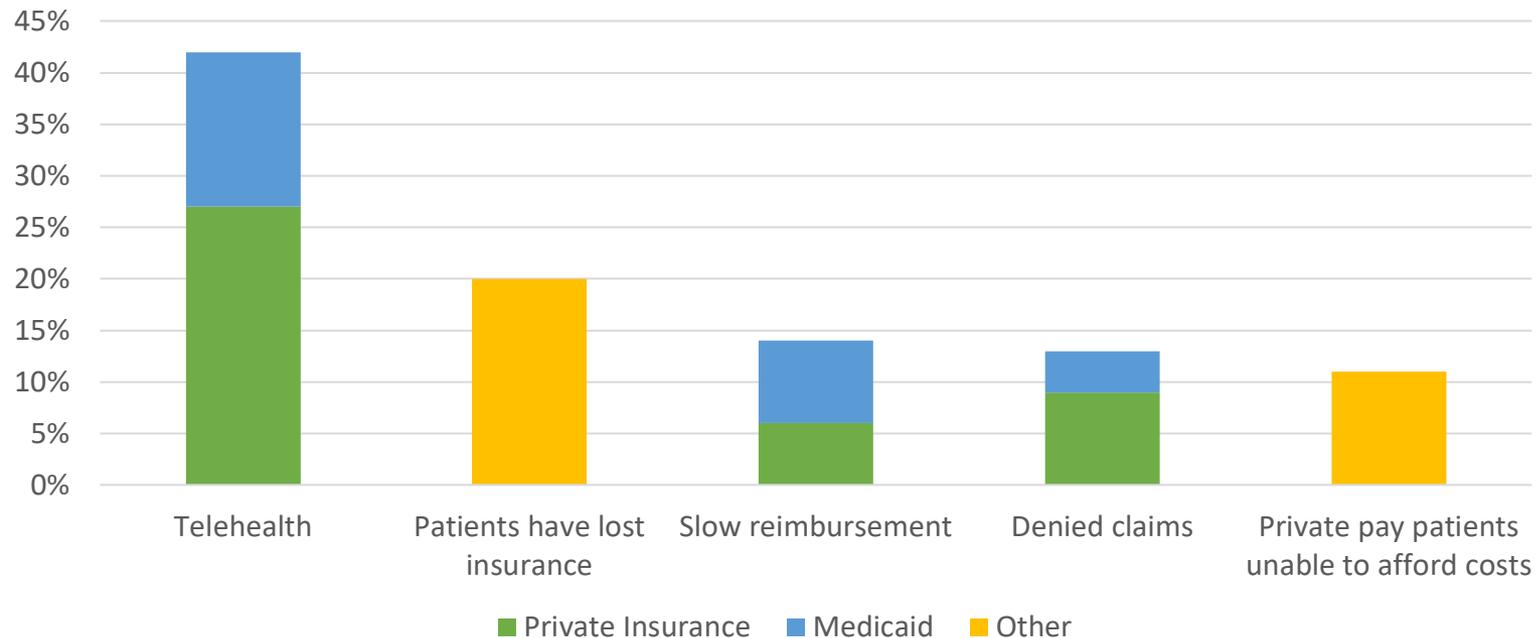
South Carolina Vax Recovery Since June



Business Issues

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

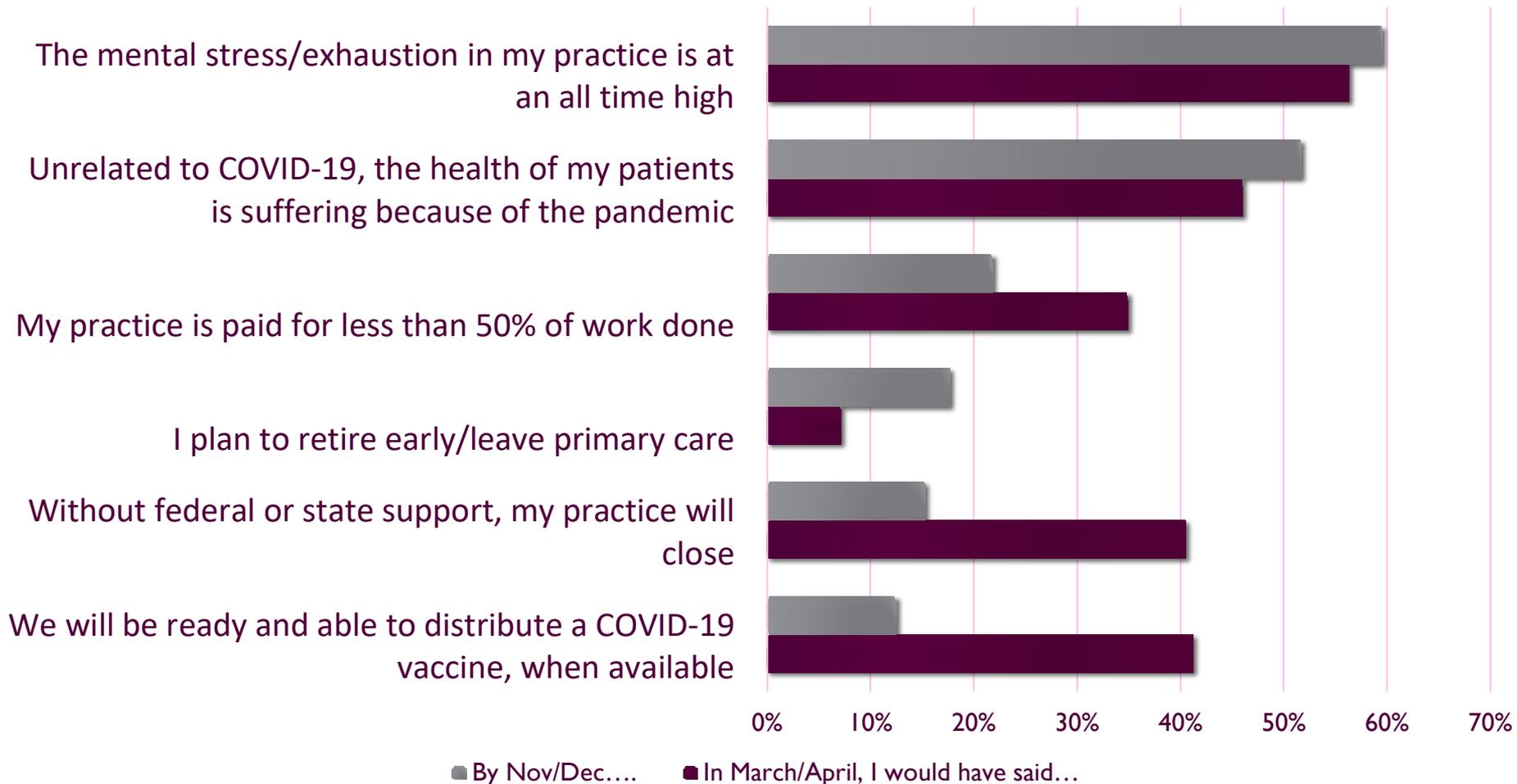
Percent of Pediatricians Reporting Billing Issue



- 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



Trends & Opportunities

What's on their minds?

- Supplies for regular operations (groceries, wipes)
- Enrollment uncertainty



- Insurance reimbursement
- Technology issues (telehealth)
- Politicization of public health

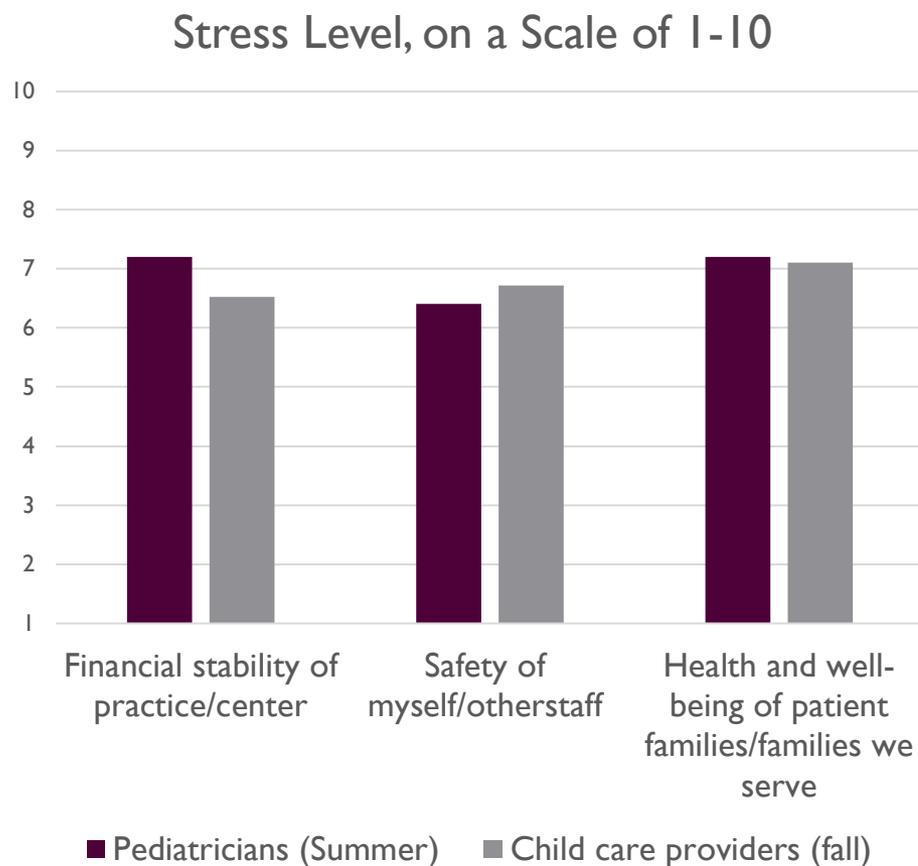


What's on their minds?

- 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

<https://www.instituteforchildsuccess.org/publication/covid-19s-economic-impact-on-sc-child-care-sector-survey-report/>

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

<https://www.instituteforchildsuccess.org/publication/continued-impact-covid-19-sc-child-care/>

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

<https://www.instituteforchildsuccess.org/publication/covid-19s-impact-on-pediatric-health-care-in-south-carolina/>

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