



By William Considine

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Pandemic strains hospitals, intensifies risks to children

The coronavirus pandemic has brought out the best in our health care workforce and in our hospitals. It's been heartening to see our health systems rise to the challenges of this crisis through collaborations, hard work and extraordinary commitment. As hospitals slowly return to normal operations, we are concerned about the pandemic's impact on children's health, on hospital finances and on our ability to meet the tremendous needs.

While only a small percentage of children have been seriously affected by COVID-19, pediatric hospitals have taken a financial hit just like other hospitals. Children's hospitals have worked alongside adult hospitals on surge planning and in preparing to care for adult patients if needed. They redeployed resources and deferred appointments and elective surgeries. Patient volumes and revenues have fallen, while costs have risen to protect patients, staff and visitors against coronavirus.

As a result of the sweeping changes, patient care revenues fell as much as 50%, generating operating losses in excess of \$2 billion a month across the nation's children's hospitals, according to the Children's Hospital Association. Many, including Akron Children's, have already taken steps to reduce budgets.

The financial strain is worrisome because it comes as the pandemic is having a direct impact on the well-being of children. Our kids may not be at high risk for COVID-19, but the pandemic poses a host of other risks for them. When businesses close and when families lose jobs and employer-sponsored health insurance, children suffer. The National Institute for Children's Health Quality says the impact on children's health will likely be far-reaching. The pandemic will only worsen financial hardships and social conditions that have a long-term effect on children's health and well-being.

We know that struggling families face toxic levels of stress and higher rates of mental health problems. We know that COVID-19 has caused many kids to miss doctor visits and vaccinations, and that remote learning during the pandemic is a huge challenge for many kids and parents. We know that reports of child abuse and neglect declined substantially after stay-at-home orders went into effect. That's not a good sign because it means cases aren't being reported while children have been cut off from schools, child-care facilities and others required to report suspected abuse. Counties are preparing for a surge of child-welfare cases in the months to come.

Adding to concerns about the financial impact of COVID-19 are uncertainties about Medicaid funding. Half of our nation's children depend on Medicaid and the Children's Health Insurance Program (CHIP). Given that the United States is facing an economic downturn, we can expect increased enrollment in Medicaid, which will heighten the financial strain on children's hospitals.

The coronavirus has only amplified risks for vulnerable children and families. It's all the more reason we need a designated federal children's health program to address social determinants of health and growing threats, such as chronic diseases, poverty, food insecurity and mental illness.

Expanding access to Medicaid and CHIP needs to be part of that effort. We as a nation cannot afford to reduce access to children's health care at a time when the health and well-being of children are in decline. Ohio already has experienced one of the largest declines in children's health coverage, with 29,000 kids losing insurance between 2016 and 2018, according to the Georgetown Center for Children and Families.

As child advocates, the going seems to get tougher all the time. We must keep our foot on the gas pedal, and push for public investment in children's health. Our kids' futures depend on it.



Contact:

**William Considine, CEO Emeritus
Akron Children's Hospital**

One Perkins Square, Akron, OH 44308-1062

Phone: (330) 543-8293 | Email: wconsidine@akronchildrens.org

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