

# THE IMPACT OF THE COVID-19 PANDEMIC ON BLACK CHILDREN

**BLACK**  
COALITION  
AGAINST COVID

A TWO-YEAR ASSESSMENT



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# Introduction:

## What inspired the report



In April 2020, in response to early warning signs indicating the potential magnitude of the COVID-19 pandemic and the severity of its impact on Washington DC's minority community a diverse group of local community activists partnered with health professionals to create the Black Coalition Against COVID (BCAC) to mount a grassroots engagement designed to augment local government's COVID-19 public health mitigation efforts. Informed by the perspectives and networks of influence from physicians and other health professionals; organized labor; clergy; musicians; visual artists; poets; communication specialists; academicians; business and organized labor leaders; and community-based health organizations and advocacy leaders, among others, the BCAC has worked steadily to organize a wide variety of well-received initiatives with and for the Black community in the Washington D.C area.

Early in our journey, the paramount necessity of realizing access to safe and effective vaccines became clear. As such, the Coalition prioritized getting as many people of color as possible to participate in the requisite clinical trials designed to demonstrate the efficacy and safety of COVID-19 vaccines in minority populations. The coalition has expanded to include the expertise of the four Black academic medical schools (Howard University, Morehouse School of Medicine, Meharry Medical College, and the Charles R Drew University of Medicine and Science); the National Medical Association and its affiliated W. Montique Cobb Institute; and the National Black Nurses Association. The National Urban League and the leading digital publisher of health information for the Black community, Blackdoctor.org, also joined the Coalition. Together, we have facilitated more than 30 national town halls on every aspect of the pandemic and reached a conservative estimate of 4 million people with trustworthy expert information and guidance.

In our recently published report on "The State of Black Health and COVID-19: A Two-Year Assessment", we documented how this pandemic has exacted a disproportionate impact on the Black Community and we proposed several recommendations aimed at ameliorating existing and future challenges. Based on our collective intensive local community and national experience perspective over the past two years, and a thorough review of available data, we now feel compelled to document the tragic and disproportionate consequences that this pandemic has visited on Black children and to propose recommendations pertinent to the amelioration of their future harm and suffering.

We are especially motivated by a pervasive misunderstanding by many that the COVID - 19 pandemic has not been of consequence to children. Unfortunately, the facts are that there have been more than 14 million, 700 thousand, reported child COVID-19 cases, representing 18.4% of all reported cases in the United States.<sup>1</sup>

Regrettably, the disproportionate impact of the COVID-19 pandemic on people of color has also been replicated amongst children of color and is an uncomely reflection of the inequities that plague the social and work environments of people of color as well as their access to quality healthcare. Not only is the narrative that children were spared from the pandemic false, as documented by this Report, but it is also dangerous to the well-being of children, especially Black children. Perhaps no demographic is at more risk today and in the future than Black children. Their futures deserve the full attention of our society.

Consider that, as documented in several reports, including our recently published report on “The State of Black Health and COVID-19: A Two-Year Assessment”, this pandemic has exacted a disproportionate impact on the life expectancy of the Black community. Older Black Americans aged 65-74 were five times more likely to die compared to White Americans. Those aged 75-84 died almost four times as often as their White counterparts. Also, between April 2020 and June 2021, one in 310 Black children lost a parent or caregiver, compared to one in 738 White children.<sup>2</sup> There has also been a concerning and disproportionate increase in the number of Black families raising children in poverty, and who are suffering the effects of financial losses, housing, and food insecurity, all of which have significant impacts on the wellbeing of children. Black children themselves have experienced greater rates of hospitalizations, death, and secondary health consequences such as Long COVID. Finally, consider that Black children’s pandemic-related loss of in-person schooling has had significant implications for their educational achievement, socialization, and even nutritional status.

The complex and interconnected challenges of the health and well-being of Black children as a result of the ongoing pandemic deserve to be elevated in the public and policy communities’ consciousness. Therefore, we are calling the nation to appropriate and urgent action on behalf of our beloved and vulnerable children. We are hopeful that the observations and recommendations in this report will translate into actionable steps that will pave the way for lasting change that creates a more equitable society for our children.

# 1 The Data:

## COVID-19 Cases, Hospitalizations, Deaths, and Complications Amongst Black Children

### 1.1. Cases

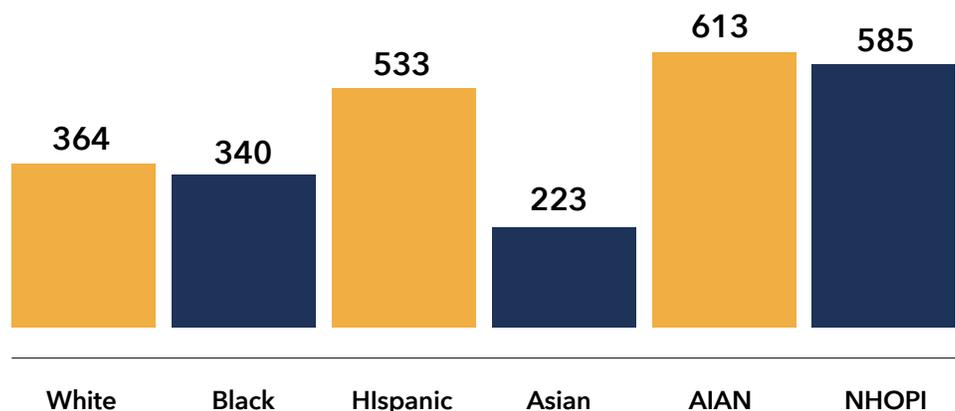
Children make up over 18% of all cases, with over 14 million children testing positive for COVID-19 since the onset of the pandemic. This is likely a significant undercount as testing was not readily available for children until May 2020. Also, due to the presumed decreased risk of infection and challenges in testing availability, children were not tested as often as adults. Each new variant facilitated a significant increase in pediatric COVID-19 cases. There were 7.7 million additional pediatric cases following the Delta variant. Another spike occurred during the Omicron variant surge that yielded an additional 4.8 million cases. At the peak of this wave, those under eighteen, who make up around 22% of the U.S. population, accounted for over 30% of new COVID-19 cases affecting another 4.8 million children.

While the data indicates that the rate of documented cases of 300 per 10,000 was essentially the same in Black and white children (AIAN, Native Hawaiian and Other Pacific Islander and Hispanic children were highest at over 500 cases per 10,000 people) it is known that Black children had lower rates of testing but were more likely to be infected than white children.<sup>3,4</sup> It is difficult to accurately assess disparities in the number of cases in African American children because of testing challenges affecting many Black communities.

Figure 1  
(ref. 3)

**COVID-19 Cases Among Children by Race/Ethnicity, August 31, 2021**

Total cases among children ages 0 to 19 per 10,000 population



For all children, COVID-19 surpassed influenza in annual rates of hospitalizations for viral diseases per 100,000 children.

## 1.2. Hospitalizations

A large percentage of infected children went on to require hospitalization and/or died. While current data indicates that children have not been hospitalized for COVID-19 at the same rate as adults, the available data covers only the twenty-five states that report age demographics for hospitalized pediatric patients. These states recorded a cumulative total of 39,974 child hospitalizations and accounted for 3.2% of total hospitalizations. To put this into context, for all children, COVID-19 surpassed influenza in annual rates of hospitalizations for viral diseases per 100,000 children. It is important to note that hospitalization rates for children varied significantly by vaccination status. Children under 5, who did not have access to the vaccine until June 2022, made up the largest percentage of children hospitalized with COVID during the Omicron surge in January, 2022.<sup>5</sup>

**Black children required hospitalization 2.2 times more often than White children. In an analysis of 281 pediatric patients across eight hospitals in New York, New Jersey, and Connecticut, scientists from Yale and other pediatric centers found that three out of four children hospitalized with severe cases of COVID-19 were Black or Hispanic (23.3% Black and 51% Hispanic).<sup>6</sup>**

### Children hospitalized with severe cases of COVID-19

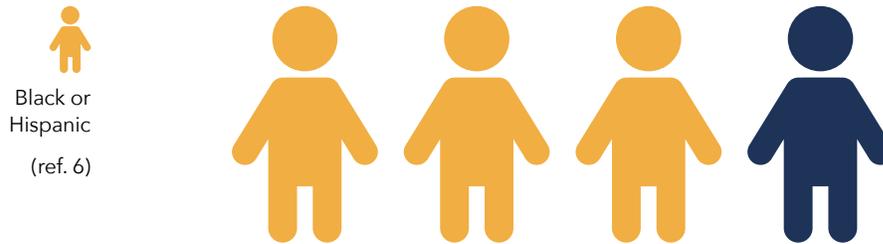


Figure 2 (ref. 6)

### Baseline characteristics of patients hospitalized with SARS-CoV-2

Race/ethnicity	Total, N = 281		Clinical Group Respiratory, N = 143	
Hispanic	125/245	(51.0%)	70/120	(58.3%)
Non-Hispanic black	57/245	(23.3%)	21/120	(17.5%)
Non-Hispanic	49/245	(20.0%)	25/120	(20.8%)

Barely one year into the COVID-19 pandemic, nearly three hundred children lost their lives.

### 1.3. Deaths

Tragically, as of November 30, 2022, **593 children under 4 and 963 children between the ages of 5 and 18, making a total of 1,556 children have lost their lives to COVID-19 since the beginning of the pandemic.**<sup>7</sup> To put the numbers into perspective, 199 pediatric deaths were reported in the 2019-2020 flu season; barely one year into the COVID-19 pandemic, nearly three hundred children lost their lives.<sup>8</sup> Compared to other vaccine-preventable diseases among children, deaths due to COVID19 are highest.<sup>9</sup>

**Black children have been disproportionately represented in this group, dying 2.7 times more often than white children.**<sup>10</sup>

#### Death rate comparison between white and black children

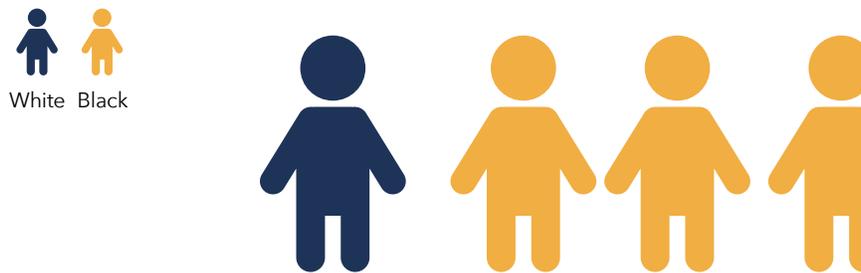
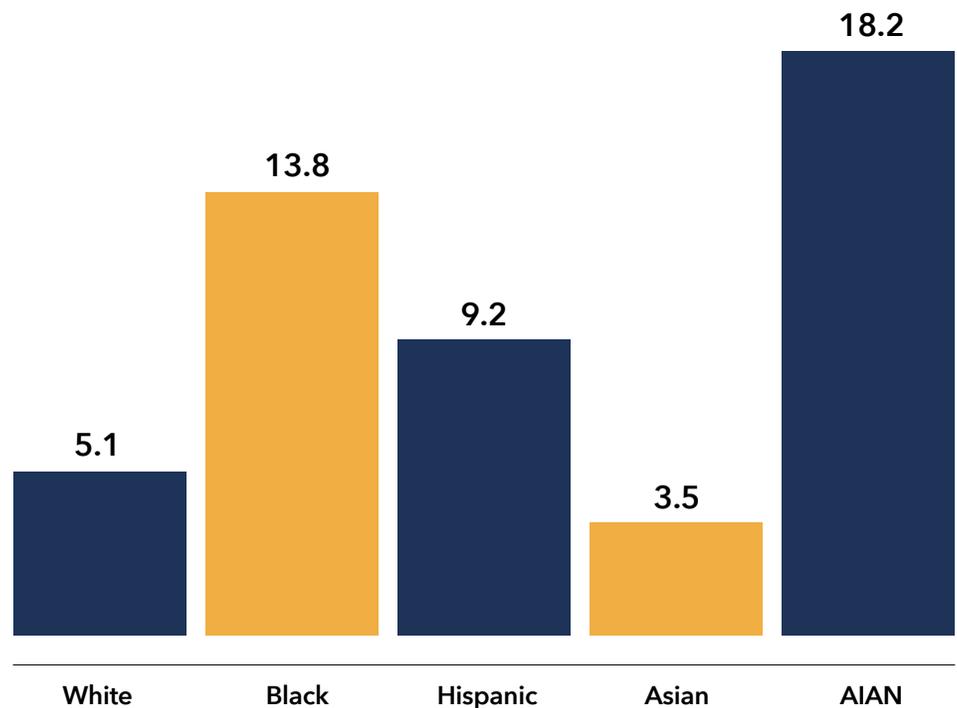


Figure 3 (ref. 10)

#### COVID-19 Death Rates Among Children by Race/Ethnicity August 31, 2021

Total deaths among children ages 0 to 19 per 1,000,000 population



## 1.4. Vaccinations

Vaccination rates are key determinants of hospitalizations, deaths, and, as noted below, other COVID-19-related health complications. Based upon the available data, which is sub-optimal for monitoring, targeting, and funding vaccination efforts, Black children continue to have lower vaccination rates in most states compared to white children. According to the latest data from the CDC and the American Academy of Pediatrics available for this Report:



- 17.6 million (70%) US children and adolescents ages 12-17 have received at least one dose of the COVID-19 vaccine and 15.0 million (60%) completed the 2-dose vaccination series.
- 10.7 million (38%) US children ages 5-11 have received at least one dose of the COVID-19 vaccine and 8.7 million (31%) completed the 2-dose vaccination series.
- 1.3 million US children ages 6 months-4 years have received at least one dose of the COVID-19 vaccine.<sup>11</sup>
- According to CDC's COVID-19 Vaccination Coverage and Vaccine Confidence Among Children report, as of September 22, 2022, for children aged 5-17, 43.6% of White, non-Hispanic children have received 2 or more vaccinations vs 40.2% of Black, non-Hispanic children. 45.8% of White, non-Hispanic children have received one or more doses vs 45.0% of Black, non-Hispanic children.<sup>12</sup>

Figure 4  
(ref. 12)

### COVID-19 Vaccination Coverage and Vaccine Confidence Among Children

Indicator Group	Vaccination Coverage							
	Unvaccinated		Fully vaccinated (≥2 doses)		Vaccinated (≥1 dose)		Received first booster dose (among fully vaccinated)	
Indicator	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI
<b>Group Level</b>								
All children 5-17 years	52.9	51.1-54.7	43.7	42.0-45.5	47.1	45.3-48.9	33.5	31.1-36.0
<b>Demographics</b>								
<b>Sex</b>								
Female	52.0	49.4-54.5	44.9	42.4-47.4	48.0	45.5-50.6	34.3	30.7-37.8
Male	53.9	51.4-56.4	42.5	40.0-44.9	46.1	43.6-48.6	32.3	29.0-35.5
<b>Race/Ethnicity</b>								
Hispanic	49.6	45.5-53.8	45.7	41.7-49.8	50.4	46.2-54.5	32.1	26.5-37.6
White, non-Hispanic	54.2	51.8-56.6	43.6	41.3-46.0	45.8	43.4-48.2	36.8	33.5-40.0
Black, non-Hispanic	55.0	49.9-60.1	40.2	35.2-45.1	45.0	39.9-50.1	26.2	19.8-32.6
Other or multiple races, non-Hispanic	44.4	38.8-50.0	51.1	45.6-56.7	55.6	50.0-61.2	32.4	25.2-39.6

- KFF has documented that, as of the week of July 11th, ten states (California, Connecticut, Kansas, Maine, Michigan, Minnesota, North Carolina, Oregon, Vermont, and Wisconsin) and Washington D.C. reported COVID-19 vaccination data by race/ethnicity for children. While these states report the race/ethnicity of vaccinated children, it is difficult to draw conclusions because they vary in their racial/ethnic categorizations and age groups for reporting.

**It was observed that Black children had lower vaccination rates than White children in most but not all reporting states. Maine, North Carolina, and Oregon reported slightly higher or comparable rates when comparing Black vaccination vs White<sup>13</sup>**

### Percent of Children Under 12 Who Have Received a COVID-19 vaccine Dose by Race/Ethnicity, July 11, 2022

Figure 5  
(ref. 13)

State	White	Black	Hispanic	Asian	AIAN	NHOPI	BIPOC
California	38%	25%	23%	59%	NA	NA	NA
Connecticut (ages 5-9)	76%	32%	33%	81%	NA	NA	NA
DC	89%	35%	60%	54%	NA	NA	NA
Maine	43%	62%	40%	>99%	76%	NA	NA
Michigan	30%	19%	23%	87%	38%	NA	NA
Minnesota	38%	30%	32%	67%	37%	NA	NA
North Carolina	21%	20%	21%	52%	10%	NA	NA
Oregon	40%	41%	24%	72%	50%	90%	NA
Vermont	56%	NA	NA	NA	NA	NA	64%

### Percent of Children of other ages that have received the COVID-19 vaccine

Figure 5  
(ref. 13)

State	White	Black	Hispanic	Asian	AIAN	NHOPI
California (ages 12-17)	74%	54%	52%	82%	NA	NA
Connecticut (ages 12-15)	67%	52%	71%	93%	NA	NA
DC (ages 12-15)	>99%	67%	>99%	NA	NA	NA
DC (ages 16-17)	>99%	72%	>99%	NA	NA	NA
Kansas (under 18)	23%	12%	30%	28%	6%	NA
Michigan (ages 12-15)	48%	39%	69%	61%	50%	NA
Minnesota (ages 12-18)	57%	66%	65%	93%	62%	NA
North Carolina (ages 12-17)	35%	41%	52%	74%	22%	NA
Oregon (ages 12-17)	63%	81%	44%	91%	>99%	>99%
Wisconsin (under 18)	19%	15%	20%	31%	NA	NA

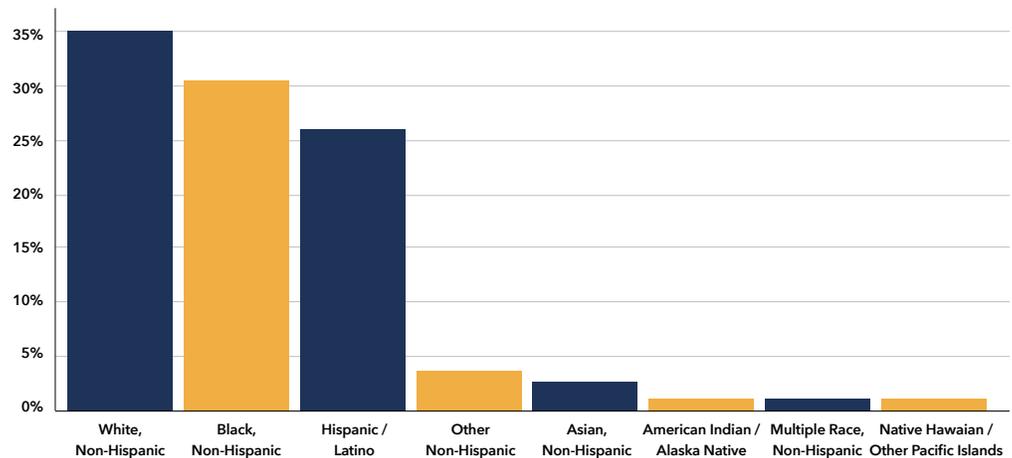
## 1.5 Multi-system Inflammatory Syndrome (MIS-C)

COVID-19 infection in children can result in respiratory diseases similar to those experienced by adults, as well as a constellation of symptoms that are more common in children than adults designated as **multisystem inflammatory syndrome in children (MIS-C)**. This syndrome, which can affect the heart, blood vessels, and other organs is a serious sequela of previous COVID-19 infection and often requires longer-term medical engagement. MIS-C occurs in 1 out of every 3,000 children who get COVID-19. As of November 28, 2022, according to the CDC, there have been at least 9,139 cases of MIS-C and 74 deaths. Factoring in undercounting, the real numbers are likely to be higher. It is important to note that 75% of cases have occurred in otherwise healthy children with no prior medical conditions.<sup>14</sup>

- The incidence of multisystem inflammatory syndrome in children (MIS-C) varies by race and ethnicity. Compared with children in the general population, MIS-C was more frequent among Hispanic and Black children (Hispanic children accounted for over 25% of cases and Black children accounted for more than 30% of cases). 57% of cases that reported race and ethnicity information occurred in children who are Hispanic/Latino (2,198 patients) or Black, Non-Hispanic (2,553 patients).

Compared with respiratory COVID-19, patients with MIS-C were 18% more likely to identify their race/ethnicity as Black.<sup>15</sup>

Figure 6 MIS-C Patients by Race & Ethnicity (ref. 15)



A report in the *Journal of Pediatrics* indicates that in a study population of 281 patients, 143 (51%) presented with respiratory disease, 69 (25%) with MIS-C, and 69 (25%) with one of the other acute SARS-CoV-2-related clinical syndromes or conditions. **Black children and youth were more likely to present with MIS-C than respiratory COVID-19, they found. Previous MIS-C case series also have shown that Black children represent a significant percentage of MIS-C cases in the US, ranging from 25-40%.<sup>16</sup> This data augments the reality that minority children suffered, and continue to suffer, a disproportionate burden of COVID -19 related diseases.**

If we are going to effectively address health equity among Black Americans, having access to the most precise data is vital.

## 1.6 Long COVID

This is another significant consequence of the virus that affects both adults and children. It is characterized by the development of new, returning, or ongoing symptoms, four or more weeks after the initial COVID-19 infection. Long COVID, regardless of the severity of the initial infection, can affect multiple organ systems and cause tissue damage, resulting in a variety of symptoms such as fatigue, cognitive impairment (or “brain fog”), muscle or joint pain, shortness of breath, heart palpitations, sleep difficulties, and mood changes.

**Determining the burden of long COVID among kids in general, and Black children has been incredibly challenging because of the broad array of presenting symptoms that could be initially misclassified, and the difficulties children have in verbalizing their symptoms;<sup>17</sup> in addition to the gaps in race-based data reporting and aggregating across the country.** We note that there are multiple studies demonstrating an increase in long COVID in the unvaccinated vs vaccinated pediatric population.<sup>18,19</sup> As such, the disparities in children’s vaccination noted above take on special significance.



# 2 The Story Behind the Data:

The factors that enabled the disparate rates of transmission, hospitalizations, and deaths by COVID-19 amongst Black Americans and People of Color



Although the overall disparities in age-adjusted risk for infections, hospitalizations, and deaths by COVID-19 have widened and then narrowed over time depending on periods when there has been a surge in cases and periods when case rates have fallen, disparities based on race and ethnicity have remained constant.<sup>20</sup> The Social and Political determinants of health have played a crucial role in creating COVID-19-related racial disparities. The key factors that need to be understood and addressed by policy leaders and others include:

## 2.1. Underlying Health Conditions:

Black and Hispanic parents and children have suffered from disproportionately higher rates of diabetes, obesity, chronic lung disease, and heart disease, all of which are risk factors for increased mortality due to COVID-19. For children hospitalized with COVID-19-related illnesses, 29.8% of Black children had a pre-existing medical condition including obesity, chronic lung disease, or prematurity compared with 14.9% of white children.<sup>21</sup>

## 2.2 Social environment: The Workplace and Living Conditions Affecting Black Children and Families

### 2.2.1 COVID's Impact on Black Parents

Black adults in general, and Black parents suffered disproportionately from COVID-19.

As noted in our previous Report, older Black adults (aged 65-74) died 5 times more often than their white counterparts. These deaths are a result of pre-existing health disparities prior to the pandemic in combination with the factors listed below. As a result, life expectancy for Black Americans decreased by 2.9 years because of the pandemic compared with 1.2 years for white Americans. The impact on children has been dramatic given that one in 310 Black children lost a parent or caregiver, compared to one in 738 White children between the period April 2020 and June 2021.<sup>22</sup>

Children and other family members of essential workers were more exposed to COVID-19 infections.

### **2.2.2 The Nature of Work:**

According to the Economic Policy Institute “There are three main groups of workers in the COVID-19 economy: those who have lost their jobs and face economic insecurity, those who are classified as essential workers and face health insecurity as a result, and those who are able to continue working from the safety of their homes.<sup>23</sup> Unfortunately, Black workers are less likely to be found in the last group.”

During the COVID-19 lockdown “Essential Workers” were categorized as employees in industries essential for maintaining critical infrastructure. These are the workers who couldn’t “zoom” their work remotely. During the pandemic, Black parents were disproportionately exposed to the COVID-19 virus as they kept stores open; drove the buses and subways necessary for other essential workers to get to their jobs; cleaned buildings and streets and handled the garbage; worked in the warehouses and cared for the elderly in nursing homes and the sick in hospitals. Because car ownership is disproportionately lower in Black families, many Black parent essential workers often used public transportation which further increased their exposure.<sup>24</sup>

Access to sick leave in a pandemic that requires quarantine and isolation as key mitigation strategies is critical. Unfortunately, essential workers earn lower wages and lack access to paid sick leaves.<sup>25</sup> Although the implementation of the Family First Coronavirus Response Act (FFCRA) granted paid sick leaves to employees that hitherto lacked paid sick leaves, it was limited in its effectiveness as exemptions were provided for employers with over 500 and less than 50 employees. As a result of these exemptions, approximately 68 million to 106 million employees in the private sector were excluded from paid leave protections.<sup>26</sup> These exemptions caused employees, including a significant number of Black parents, that lacked paid sick leave to go to the workplace even though they were infected by COVID-19 because they could not afford to miss work. As a result, children and other family members of essential workers were more exposed to COVID-19 infections.

### **2.2.3 Financial Insecurity and Poverty Worsened for Black Families with Children During the Pandemic**

According to the data, 31 percent of Black households and 29 percent of Latino households with children are experiencing three or more co-occurring economic and health-related hardships because of the pandemic. This is approximately two times the 16% rate for White households with children.<sup>27</sup>

Historically, Black workers have faced unemployment rates twice as high as those of their white counterparts. According to the Center on Budget and Policy Priorities, “the unemployment rate jumped in April 2020 to a level not seen since the 1930s – and stood at 4.9 percent in October 2021, compared with 3.5 percent in February 2020. That official unemployment rate, moreover, understated job losses. There were still 4.2 million fewer jobs in October 2021 than in February 2020.” According to Labor Department statistics, most jobs lost in the crisis have been in industries that pay low average wages, which significantly impacted Black families.<sup>28</sup>

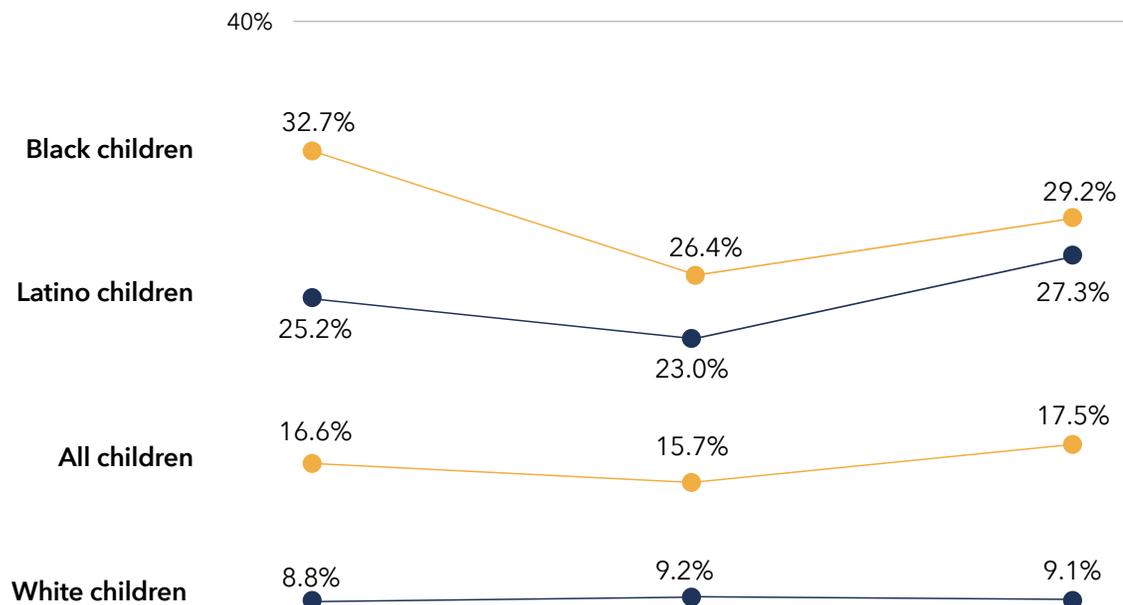
This amounts to an increase of approximately 268,000 more Black children living in poverty in 2020, relative to 2019.

The Census Bureau usually releases two measures of poverty every year known as the Official Poverty Measure (OPM) and the Supplemental Poverty Measure (SPM). The OPM calculations are based on pretax cash income, while the SPM takes account of noncash benefits such as food stamps and housing subsidies in addition to net income after payroll taxes, tax credits, and deductions of other necessary expenses.

An analysis of the Current Population Survey by Child Trends which is based on the OPM found that child poverty increased by an average of 1.8 percentage points—from 15.7 percent in 2019 to 17.5 percent in 2020. This translates to roughly 12.5 million children living in poverty in 2020, or an additional 1.2 million children living in poverty than was the case in 2019. Poverty rates for Black children rose by 2.8 percentage points, from 26.4 percent to 29.2 percent. This amounts to an increase of approximately 268,000 more Black children living in poverty in 2020, relative to 2019. The rates of White children living in poverty remained relatively stable.<sup>29</sup>

Figure 7  
(ref. 29)

**Poverty rates have increased for Latino and Black children during the pandemic**  
Child poverty rates by race/ethnicity, 2018-2020





On the other hand, based on the SPM, there was a decline in child poverty from 12.5 percent to 9.7 percent from 2019 to 2020.<sup>30</sup> Research by the Center on Budget and Policy Priorities found that the SPM-based declines in poverty may be attributed to the policy triumphs of the COVID-19 pandemic safety nets such as the American Rescue Plan's expanded child tax credit, economic impact payments (stimulus checks), and enhanced employment assistance.<sup>31</sup>

With the expiration of the safety nets which cushioned the economic impact of the COVID-19 pandemic, it is likely that we may be confronted with the stark reality of the disproportionate number of our nation's Black children that still live in poverty. The COVID-19 safety nets, which were mostly cash-based and easily accessible by families with children, established a blueprint of efficient, effective, and actionable steps toward mitigating child poverty in our nation.

#### **2.2.4 Housing Insecurity**

A link has been established between housing insecurity and chronic health conditions. Black families have been historically relegated to suboptimal housing with increased exposure to environmental hazards such as lead poisoning due to housing segregation. Lead poisoning has been associated with delayed growth and physical development, impaired brain and nervous system development, and increased risk of Asthma. A report by the CDC documented that non-Hispanic Black children had the highest average blood lead levels, twice the average blood levels found in White children.<sup>32</sup> The pandemic heightened the risk of lead poisoning in Black and Hispanic communities because in addition to people spending more time indoors, fewer lead screening tests were carried out and there were fewer follow-up visits for patients with elevated blood lead levels.<sup>33</sup>

Also, according to a report by the Consumer Financial Protection Bureau, in 2020, there was a 250 percent increase in people who have fallen behind in their mortgages for at least three months. This translates to over 2 million households. Such high rates of default have not been recorded since the height of the Great Recession in 2010. Simultaneously, over 8 million rental households are behind in their rent. As a result, there are a significant number of households at risk of losing their housing just as the U.S. economy is poised to emerge from the pandemic. A disproportionate number of these households reside in our communities of color. As of December 2020, Black and Hispanic households were more than twice as likely to have reported being behind on housing payments than white households. Black and Hispanic households are more than twice as likely to rent than white households. Therefore, households of color were more likely to spend a larger share of their income on housing before the pandemic and were more likely to suffer an income shock during the pandemic.<sup>34</sup>

The loss of in-person schooling compounded food insecurity as children were shut off from access to their source of free or reduced-price meals.

### **2.2.5 Multigenerational Homes and COVID-19**

Combined with factors such as high rates of incarceration, increased prevalence of debilitating chronic illness, and single female-led households, almost 25% or approximately 3.6 million Black households are multigenerational.<sup>35</sup>

The health consequences of multi-generational dwellings in the context of a pandemic that is characterized by often lethal airborne virus transmission are obvious. The COVID-19 virus spread more easily in these homes and public health measures were severely compromised because living conditions created a fertile environment for virus transmission. Additionally, parents employed in essential jobs routinely expressed their anxiety about returning home to their vulnerable children and elderly parents.

### **2.2.6 Food Insecurity:**

“Food insecurity is a long-standing problem that disproportionately places children of color and those living in households under the federal poverty line at risk for physical, cognitive, and emotional harm.”<sup>36</sup>

The Urban Institute’s Coronavirus Tracking Survey conducted September 11-28, 2020 observed that 40.8% of Black families with school-age children had experienced household food insecurity in the Past 30 Days. By October 2021, due to the enactment of the American Rescue Plan Act on March 11, 2021, which included \$1,400 payments for most Americans in addition to the federal government issuing monthly payments from the expanded Child Tax Credit, food hardship among adults with children decreased to nearly 1 in 8 adults (approximately 20 million adults) during one surveyed week in October of 2021.<sup>37</sup> Black adults were more than twice as likely as white adults to report that their household did not get enough to eat, 17 percent of the surveyed group were Black adults whilst 6 percent were white adults.<sup>38</sup>

The loss of in-person schooling compounded food insecurity as children were shut off from access to their source of free or reduced-price meals. Before the pandemic, the National School Lunch Program offered either free, reduced-price, or full-price meals to students. In a significant intervention, during the pandemic, waivers allowed for all meals to be free for those children able to attend in-person schools. More than just providing meals, the waivers also eased requirements for how kids could access them, making a tray of cafeteria food more accessible nationwide.

On June 25, 2022, a few days before the school lunch waivers would expire President Biden signed the Keep Kids Fed Act. The Act is aimed at extending all pandemic school meal waivers through the summer, providing supply chain flexibility, and increasing federal reimbursements for schools through the 2022-23 school year. The bill included only free and full-price options and eliminated the reduced-price category.<sup>39</sup>

### 2.2.7 Misinformation and Mistrust

Long-standing and continually reinforced predicates of distrust of government agencies; politicians; and the health system among others combined with the ubiquitous rise of social media have produced a fertile atmosphere for the proliferation of misinformation that often frustrates personal and community-appropriate disease prevention. As a result, “conspiracy” theories regarding masking, physical distancing, and especially the COVID-19 vaccine, were difficult to debunk and required considerable time and effort to counteract, and not always successfully. Misinformation regarding vaccines in general, and specifically the vaccination of children, fed into distrust which fostered more misinformation. While the collective efforts of the Black community can be largely credited with eliminating the disparities in primary series vaccinations between adult Black Americans and White Americans, as noted above, closing the gap in childhood vaccination rates remains a challenge.



# 3 The Consequences of the COVID-19 Pandemic for Black Children

## 3.1. Mental Health:

Children, particularly Black children have experienced unprecedented stressors throughout the pandemic.

At no prior point in recent history have children and adolescents dealt with such a deluge of uncertainty and devastation while simultaneously being isolated because of the pandemic and its aftermath. Children had to confront an unknown virus and its complications, the disproportionate loss of loved ones, prolonged disruptions from routines, social isolation, remote learning, the financial impact of family members losing employment, and the subsequent threat of housing and food insecurity. Additionally, many children were affected by the expression of their parent's pandemic-related economic concerns, as well as the effects of quarantining and isolation, increases in substance use, and physical abuse. Children also bore witness to racism and recurrent assaults on Black lives at the hands of law enforcement officers. With the police killing of George Floyd on May 25, 2020, came a reawakening of the fear of being Black amongst Black children and youth.

Also, sixty-five percent of the more than 200,000 children experiencing COVID-associated orphanhood or death of a primary caregiver are of a racial and ethnic minority.<sup>40</sup> Black children have had to endure all of this in the face of an already existing mental health crisis with insufficient resources to meet the growing need.

A news report stated that Black parents and students alike experienced disproportionate levels of anxiety and a renewed distrust for authority upon the return to in-person learning.<sup>41</sup>

Evidence suggests that the rate of clinically significant anxiety for the pediatric population was approximately 11.6% before COVID-19. It is now estimated that cases of adolescent anxiety have doubled. Some sources state that it may be as high as 63.8%, with females and older teens being at greater risk. This figure does not likely include the mental health impact of long COVID as pediatric long COVID symptoms are not yet well documented. The evidence further suggests that Black children ages 5 to 12 are now twice as likely to die by suicide as their white counterparts.<sup>42</sup>

Before the COVID-19 pandemic, LGBTQ youth were disproportionately impacted by mental health issues such as anxiety, depression, suicide, and substance use. Their sexual and gender identities are risk factors for discrimination, trauma, and abuse. However, during the pandemic, people with intersectional identities, such as Black LGBTQ youth were particularly more vulnerable.<sup>43</sup>

**Children, particularly Black children have experienced unprecedented stressors throughout the pandemic.**

## 3.2. Physical Health

As noted above, Black children have disproportionately experienced COVID-19's direct health effects of hospitalization and its lingering consequences such as MIS-C. We also observe that the challenges of access to regular sources of care because of insurance, transportation, and other challenges, have affected routine childhood vaccination compliance and other preventive engagements.

As discussed above, Black children have been especially challenged to find affordable and accessible healthy food. The consequences are concerning. A study of 432,302 children ages 2 to 19 years found that the rate of body mass index (BMI) increases amongst children of color nearly doubled during the COVID-19 pandemic compared to a pre-pandemic period, especially among younger school-aged children and children with obesity. Pre-pandemic obesity prevalence is now 24.8% among non-Hispanic Black children.<sup>44</sup>

## 3.3. Educational/ Achievement Gaps:

Past and present social, economic, and political factors have played a critical role in creating and sustaining the educational and achievement gaps that exist between Black and White Communities. At the heart of the educational achievement gap is the issue of racial segregation in our schools.<sup>45</sup> Long-standing disparities in schools in Black neighborhoods compared to schools in white neighborhoods manifest in the areas of funding, staffing, infrastructure, and safety among others. With the conversion to remote learning caused by the COVID-19 pandemic, Black children were forced to learn at home. Remote learning highlighted the digital divide between White children and children of color and established a link between the lack of high-speed internet services and personal computers to the economic hardships experienced by families of color.

More than one-third of Black and Brown children lack high-speed internet and home computers compared to their White counterparts. Owing to the digital divide, many Black children were left behind for the lack of tools and resources required to thrive in a remote learning environment.<sup>46</sup> A survey showed that Students of color could be six to 12 months behind in learning, compared with their white counterparts that were four to eight months behind. Although the internet and device access gaps have narrowed over time, disparities remain for Black children.<sup>47</sup>

Another unfortunate consequence of the suspension of in-person learning at the onset of the pandemic was an increase in the dropout rates amongst Black high school students. According to a 2021 analysis, at the end of the school year, the average graduation rate for Black students in nine states (California, Georgia, Maryland, Michigan, Missouri, New York, Texas, and Washington) and the District of Columbia was 77.5 percent for Black students compared to 89.2 percent for white students.<sup>48</sup> A link has been established between attaining higher education and increased earning potential and imbibing healthier behaviors.<sup>49</sup>

**Owing to the digital divide, many Black children were left behind for the lack of tools and resources.**

## The pandemic facilitated higher rates of high school incompleteness among Black and Brown high school students.

The pandemic facilitated higher rates of high school incompleteness among Black and Brown high school students that may in turn prohibit achieving a higher education and increase the risk of poverty. Research has shown that those who do not complete high school are more likely to face economic challenges and suffer a variety of adverse health conditions as tertiary education is one of the crucial factors that influence life expectancy.<sup>50</sup>

The return to in-person learning was to a large extent facilitated by the trust that Black communities placed in schoolteachers who are predominantly people of color. However, with the return to in-person learning came the mass resignation of teachers, especially in schools within Black communities. Teacher shortages have translated to overcrowded classrooms and a decrease in the quality of education being provided to our children.<sup>51</sup>

Before a child's introduction to the school system, there is the issue of early intervention for children with developmental delays. Early intervention has been proven to enable developmentally delayed children to achieve the best outcomes.<sup>52</sup> A pre-pandemic survey showed that Black and Latino children with developmental delays were 78% less likely to have their need for early intervention services identified, and 78% less likely to receive early intervention services even after their need had been identified. The lack of appropriate screening tools as well as culturally and linguistically competent evaluators were some of the factors responsible for these disparities.<sup>53</sup>

Available data shows that the COVID-19 pandemic further exacerbated these disparities by causing a decline in referral rates, an increase in wait times, and an overall drop in the utilization of services by Black and Latino children from families with limited English proficiency.<sup>54</sup>

### 3.4 Justice-Involvement:

Black American youth are disproportionately represented in the justice system. The evidence suggests that race plays a critical role at each stage of the juvenile and criminal justice process, from the initial contact with law enforcement at the point of arrest to incarceration.<sup>55</sup> Although the juvenile justice system was established in recognition of the global obligation to treat children differently from adults, there has been a significant shift from rehabilitative intervention to punitive action over the last thirty years.<sup>56</sup> State laws can now remove children from the protective coverings that the law had hitherto provided by transferring children to adult courts for trial.<sup>57</sup> Early contact with law enforcement, the proverbial gatekeepers of the justice system, has been shown to increase the likelihood of future contact.<sup>58</sup>

Black justice-involved youths represent 47.3% of the cases that are transferred to adult courts even though they make up 14% of the total youth population.<sup>59</sup> According to the Health Equity Tracker, there are 3,232 children confined in adult jails and prisons in the U.S.<sup>60</sup>

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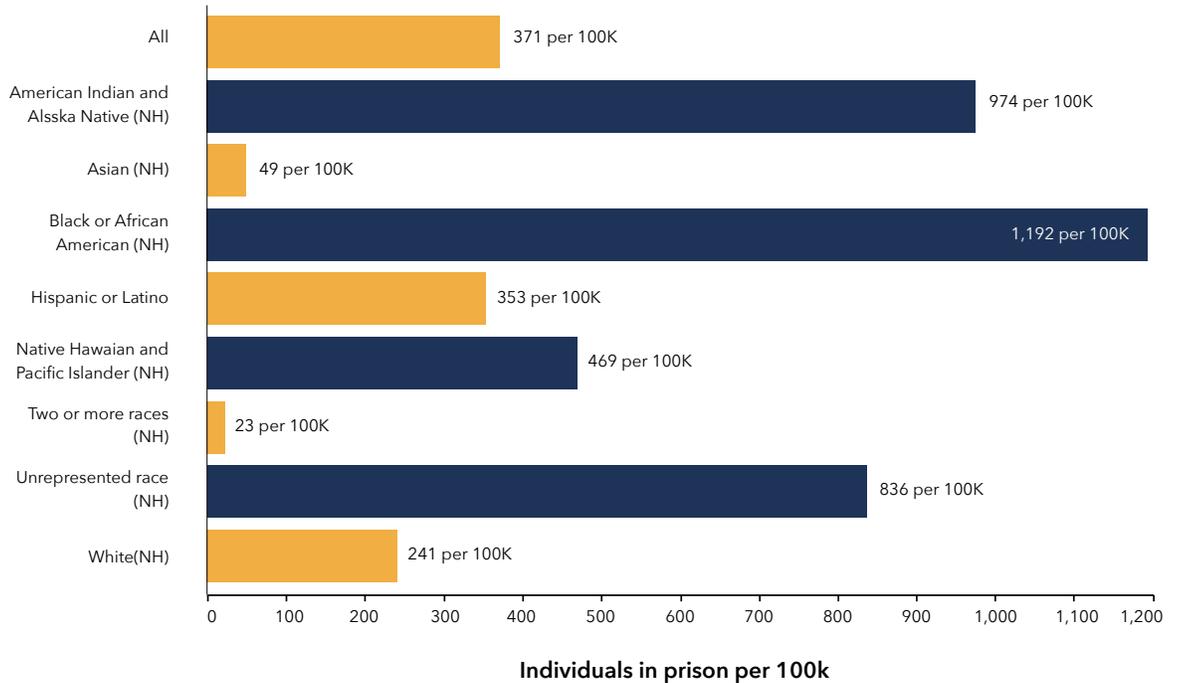
## 3,232 children are confined in adult facilities in the United States.

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Figure 8  
(ref. 60)

### Individuals in prison per 100k people in the United States

#### Race and Ethnicity



The health implications for justice-involved Black youth are higher rates of sexual and physical violence and trauma, an increased risk of suicide and heightened exposure to infectious diseases.<sup>61</sup> The evidence further suggests that Justice-involved adolescents die at a rate that is five to 41 times higher than their peers, often due to drug overdose, suicide, injury, or violence.<sup>62</sup>

A survey by the Annie E. Casey Foundation found that the second year of the pandemic (January 2021 to June 2022) has seen an increase in juvenile detention rates by approximately 40%. These rates are not accounted for by the number of youths in detention but for the duration of their stay. Black youth are currently detained at a rate that is 8 times higher than their White counterparts and are also more likely to be detained for longer periods than their White counterparts. These prolonged stays in detention increase the exposure of Black youths to the brutal and sometimes lifelong health consequences of detention, more so, during a pandemic.<sup>63</sup>

At the peak of the pandemic, some states expedited the release of detained youth to mitigate the spread of Covid-19 as detention centers became a breeding ground for the virus owing to the nature of life in confinement. As of March 31, 2021, there were 3,936 known cases of Covid-19 in juvenile detention centers.<sup>64</sup>

However, even with the rapid pace of case processing and expedited releases, the rates of release remained lower for Black and Hispanic youth compared to their White counterparts. Correctional authorities could have done more to ease the rules of confinement for those that remained inside and to improve access to health and hygiene products such as hand washing stations, hand sanitizers, and personal protective equipment. The data suggests that as of June 1, 2022, roughly 2 of every 5 young people in detention centers would not have remained in detention if the juvenile justice system was able to sustain the rapid pace of releases it achieved 26 months earlier.<sup>65</sup>

### 3.5 Gun Violence:

**In the first year of the pandemic, there was a 29.5% percent increase in gun violence amongst children and adolescents**

Firearm-related injuries have been identified as the leading course of death among children and adolescents in our nation.<sup>66</sup> In 2022, there have been at least 113 incidents of gunfire on school grounds including the tragedy at Robb Elementary School, Uvalde, Texas. These incidents have led to 41 deaths and 82 injuries.<sup>67</sup> Gun violence may affect children directly by being killed, threatened, or injured with a firearm or indirectly by witnessing gun violence, losing a friend or family member to gun violence, and living in a community where gun violence is rampant. Exposure to gun violence may lead to adverse health outcomes such as post-traumatic stress disorder. This may negatively impact student learning outcomes, emotional well-being, and physical health.<sup>68</sup>

A study published in the American Journal of Preventive Medicine found that prior to the pandemic, Black children were exposed to gun violence at a rate that was 4.44 times higher than their White counterparts.<sup>69</sup> Neighborhoods that were predominantly Black or Hispanic experienced higher levels of firearm-related deaths and gun violence than less-diverse neighborhoods.<sup>70</sup>

In the first year of the pandemic, there was a 29.5% percent increase in gun violence amongst children and adolescents, more than twice the increase in the general population.<sup>71</sup> Another study found that during the pandemic racial disparities in gun violence exposure increased for every non-White racial group except Native Americans. Black children followed by Hispanic children experienced the highest increases. The study also found significant variations in the exposure to gun violence amongst children at the regional level. Children in the South experienced the overall highest rates of exposure whilst children in the Northeast and Midwest experienced the severest racial disparities in gun violence exposure, both before the pandemic and during the pandemic. It has been suggested that the variations in exposure may be indicative of the regional differences in residential segregation.<sup>72</sup>

The Biden administration has made unprecedented and monumental efforts to provide funding to support gun violence intervention and public safety strategies such as the American Rescue Plan's \$350 billion in state and local funding and \$122 billion in K-12 funding for states and cities to invest in employing officers for accountable community policing, in addition to crime prevention and intervention.<sup>73</sup>

**The health of Black children is inextricably connected to the health of their parents, caregivers, and community.**

## Summary

The health of Black children is inextricably connected to the health of their parents, caregivers, and community. A complex and interrelated array of pre-existing health challenges; economic, food, and housing insecurities that confront Black families; and insufficient organization and financing of essential public policies, pose daunting obstacles for far too many parents as they seek to protect their children from the cumulative effects of the COVID-19 pandemic. There should be no doubt in anyone's mind that our precious Black children deserve the opportunity to maximize their health and flourish to the fullness of their potential. Nothing short of thoughtful, strategically proactive, coordinated, and well-financed engagement with health, education, social services, and active local community and faith-based organizations, among others, will reach the scale necessary to address the challenges to our children. To that end, we make the following recommendations:



# 4 Action Steps:

## 4.1 Health and Access to Healthcare

We recommend the following:

**4.1.1** That interventions that advance and protect the health of Black parents, with special attention on those working in “essential” jobs be enhanced. The health and well-being of children are intimately tied to the health of their parents. As such, safe and healthy work environments; affordable access to quality and culturally relevant care, and responsible paid sick leave policies should be advanced.

**4.1.2.** That the protection of the health of Black children should be prioritized at the national level and included as a crucial objective in all state-level “Health in All Policies” strategies. Addressing and ameliorating the disproportionate incidence of preventable chronic disease in Black and minority children is a moral and practical imperative for the nation.

**4.1.3.** That special effort should be urgently undertaken to study the incidence and consequences of Long Covid and Mis-C in Black children and prepare their clinicians and families for optimally managing these cases.

**4.1.4** That the Children’s Health Insurance Program (CHIP) should be strengthened, and eligibility requirements should be relaxed to facilitate coverage for more children that fall into coverage gaps. Many Black and minority parents earn just a little above the Medicaid limits but not quite enough to afford quality marketplace coverage.

## 4.2. Mental Healthcare

We recommend that the mental health challenges faced by Black children be elevated on the national agenda as the pandemic and its aftermath have created the need for urgent mental healthcare. We further recommend the following:

**4.2.1** The provision of resources to parents, caregivers, and the community to facilitate honest conversations about mental health, identify the mental health challenges of their children, and have early access to care.

**4.2.2** The incorporation of standard mental health screenings in the school and clinical settings.

**4.2.3** The provision of access to counselors and mental health care providers to Children who have lost their primary caregiver to enable them to properly navigate the grieving process and to aid in the healing process.

**4.2.4** The enhancement and diversification of the mental health workforce focused on the needs of children and adolescents and the provision of the necessary support systems for Black children in school settings.



## 4.3 COVID-19 Mitigation strategies

We recommend that collaborative efforts across the health and medical care ecosystem should be urgently launched to overcome the health consequences of the triad of relative science illiteracy, misinformation, and mistrust. All sectors must accept responsibility for making their best efforts to respectfully engage Black families to advance, and not frustrate, patient-professional relationships or public health-community relationships that are essential for optimal preventive and therapeutic outcomes.

We further recommend the following:

**4.3.1** The recruitment of minority scientists and physicians into leadership roles for clinical trial design and at every stage of the approval process for drugs, vaccines, and other clinically relevant health innovations at the FDA, CDC, and other agencies.

**4.3.2** The prioritization of funding to enable minority communication firms and professionals in the field to launch routine, disease-specific, and crisis-oriented messaging for the Black community.

**4.3.3** The implementation of funding mechanisms that will facilitate sustainable community infrastructures such as local community, faith-based, and social organizations to address the complex array of health and social challenges confronting Black children and families by communicating prevention strategies during the pandemic; recruiting for clinical trials; addressing misinformation in real time; and organizing mass testing and vaccination events.

## 4.4 The Social and Political Determinants of Health

We recommend that Federal and local governments should have policies that focus on addressing the Social and Political Determinants of health such as housing, food security, socio-economic status, and justice involvement. We specifically recommend the following:

### 4.4.1 Housing:

4.4.1.a The closure of the Black homeownership gap by down payment assistance programs, increasing access to affordable credit, and providing home improvement loans and property tax reliefs for low-income homeowners.<sup>74</sup>

4.4.1.b The implementation of programs geared towards the provision of quality and affordable rental property in environmentally Safe neighborhoods for Black families to ensure family stability and sustainability.

4.4.1.c The creation of awareness about the legal rights of tenants in eviction proceedings, anti-discrimination laws, and tenant support programs by the local community, faith-based organizations, and social organizations.





#### **4.4.2 Food Security/ Nutrition:**

4.4.2.a The increase of the income limits for obtaining SNAP benefits from 130% to 200% above the Federal Poverty level to enable more households to become eligible to receive benefits in addition to an increase in benefit amount per person that takes cognizance of the current cost of living and present economic hardships.<sup>75</sup>

4.4.2.b The enhancement of the nutritional quality of the National School Lunch Program (NSLP) through scientific and evidence-based research to ensure that School breakfasts and lunches provide our children with adequate nutrition. Also, the implementation of strategic policies to ensure healthier food options such as fresh fruits and vegetables are made available in participating grocery stores in lower-income neighborhoods.

#### **4.4.3 Socio-economic Status/ Poverty:**

4.4.3.a The expansion of the Child Tax Credit (CTC). In addition to alleviating the poverty experienced by Black families with children, the projections are that the expansion will lift 9.9 million children that are above or closer to the poverty line (including 2.3 million Black children, 4.1 million Latino children, and 441,000 Asian American children) out of poverty.<sup>76</sup>

#### **4.4.4 Education / Achievement gaps:**

4.4.4.a The immediate mobilization of resources to improve the academic performance of Black children to overcome the long-standing, and COVID-induced exacerbation, in educational achievement disparities.

4.4.4.b The implementation of a non-geographically based taxing system that will enable a more equitable system of resource distribution to schools.

4.4.4.c The provision of financial incentives such as student loan forgiveness programs, increased pay, and retirement benefits to mitigate teacher shortages.

4.4.4.d The incorporation of cultural sensitivity and linguistic competency into the evaluation and provision of services for developmentally delayed Black children in addition to the utilization of standardized tools during the evaluation process.

#### **4.4.5 Justice Involvement:**

4.4.5.a The strengthening of juvenile defense standards to ensure the protection of the due process rights of justice-involved Black children and the monitoring of institutional treatment, aftercare, and reentry into society.<sup>77</sup>

4.4.5.b The prioritization of alternatives to confinement for minor and non-violent offenses and non-violent first-time offenders<sup>78</sup> and the provision of culturally appropriate training for law enforcement officers.

4.4.5.c The implementation of a standardized data collection system for cases, hospitalizations, and deaths of confined populations during future public health emergencies in addition to the immediate deployment of personal protective equipment, testing, and vaccinations to our correctional institutions.

4.4.5.d The establishment of an equitable framework for rapid case processing and release of youth in detention to mitigate the racial disparities in the duration of stay and the disproportionate representation of Black youth in detention centers.

#### **4.4.6 Gun Violence:**

4.4.6.a The CDC and the U.S Department of Health and Human Services should engage a public health approach towards the mitigation of gun violence especially amongst children by providing accurate and up-to-date data to support appropriate gun control legislation, funding multi-disciplinary research and providing science-based solutions that take the scale of the problem into full consideration.

4.4.6.b The close coordination with public health practitioners, community-oriented groups and faith-based organizations to provide science-based evidence to guide, maximize, and monitor the conduct of the programs and initiatives to support gun violence intervention and public safety which have been funded by the current administration.

4.4.6.c The creation of mechanisms to ensure a continuous learning cycle to discover best practices and performance improvement of programs and initiatives.



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