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# THE VANDERBILT CHILD HEALTH POLL

THE IMPACT OF COVID-19 ON CHILDREN AND  
FAMILIES IN TENNESSEE // FEBRUARY 2021



**VANDERBILT**  
Center for  
Child Health Policy

## ECONOMIC IMPACTS

As protective measures were taken to limit the spread of the virus, many workplaces cut employee hours or closed completely, and the United States experienced the highest level of unemployment since the Great Depression. Changes to insurance coverage, difficulty affording healthy food, and other economic impacts affected children. Poll results found:

**9% of Tennessee children were uninsured, twice the rate as in 2019.**

The rate of uninsured children in Tennessee in fall 2020 was 9%, an increase from 4% in the 2019 poll. From 2019 to 2020, the number of Tennessee children with private insurance decreased from 56% to 47% and those covered by TennCare or CoverKids increased from 43% to 46%.

Many children enrolled in TennCare or CoverKids have experienced disruptions in their insurance coverage during the last two years; 1 in 5 parents reported a loss in coverage. In 2020, the top reasons for losing public insurance coverage were issues with paperwork (35%), family income above the eligibility cutoff (35%), a switch to insurance through the parent's employer (27%), and not receiving a renewal notice (15%).

**1 IN 5**

**PARENTS  
OF CHILDREN  
IN TENNCARE  
OR COVERKIDS  
REPORTED  
A LOSS IN  
COVERAGE  
IN 2020**



**Two out of five** parents could not always afford good nutritious meals for their families.

More than 40% of parents reported that they could not always afford good nutritious meals, more than a quarter of whom reported they sometimes or often could not afford enough to eat. These rates are higher than the national levels of food insecurity when compared to our June 2020 poll.

Nearly half of parents reported receiving some form of food support for their families, most commonly the Supplemental Nutrition Assistance Program (SNAP) (24%), food directly from their child's school (16%), and the Pandemic Electronic Benefit Transfer (P-EBT) (15%), a special program enacted early in the pandemic. Additionally, more than 1 in 10 parents reported getting food from a food bank, church or community center. However, 35% of families who reported food insecurity received none of these services, emphasizing a substantial unmet need.



**22% OF  
TENNESSEE  
PARENTS ARE  
CONCERNED  
THEIR CHILD HAS  
UNDIAGNOSED  
ANXIETY**

## MENTAL HEALTH

The poll asked parents about their top concerns for the health and well-being of their children, and nearly one third of Tennessee parents listed their child's mental health as a top concern. Poll results found:

**More than 1 in 5 Tennessee parents are concerned their child has undiagnosed anxiety.**

Concerns regarding anxiety in children grew among Tennessee parents since the pandemic began. Nearly 22% of parents worried that their child had undiagnosed anxiety in 2020, compared to 14% in 2019. Ten percent of Tennessee parents reported that their child had been diagnosed with anxiety by a medical professional in 2020, remaining relatively unchanged since 2019 (11%).

Parental reports of diagnosed depression in children and concern about undiagnosed depression were similar in 2019 and 2020. Roughly 7% of parents reported that their child had been diagnosed with depression, and 11% reported concern about undiagnosed depression, across both years. Notably, concern regarding undiagnosed post-traumatic stress disorder (PTSD) rose from 2.4% to 5.3% between 2019 and 2020.

**Mental health concerns varied by household income.**

There were substantial differences among parents who reported concern that their child had undiagnosed anxiety, depression or stress by family income. Nearly half of parents (48%) from low-income families (household incomes of <\$25,000 annually) reported concern for these diagnoses compared to less than a third among high-income groups.

**Nearly 20% of children's health care providers aren't offering a telehealth option.**

Access to care has presented a barrier for many families during the pandemic, affecting both the mental and physical health of kids. When asked if they'd ever had an appointment via telehealth (a video or phone-only visit), 40% of parents said yes, though over 70% of parents said they would be likely or very likely to use this visit type for their child in the future, if offered.

When asked about barriers impacting parents' ability to use telehealth for their child's health care, 18% of parents reported that their child's provider doesn't offer a telehealth option. Other barriers included the reliability of internet access (9%), the availability of internet access (6%) and telehealth not working properly on a parent's computer, tablet, or smartphone (5%). Barriers varied by household income, with 55% of parents in a household making less than \$25,000 facing barriers to utilizing telehealth, and only 28% of parents in households making more than \$75,000 reporting barriers.







**84% OF  
TENNESSEE  
PARENTS HAD  
CONCERNS  
ABOUT THEIR  
CHILD ATTENDING  
SCHOOL REMOTELY**

## EDUCATION & SPORTS

More than one third of parents in Tennessee reported concerns about education and school quality for their children. The impact of COVID-19 on education has been vast, though it has affected families differently, and experiences have varied substantially based on race. Poll results found:

**Less than 40% of Tennessee children are attending school exclusively in-person.**

The pandemic compelled major changes in the way children accessed K-12 schooling in the last year, with a nearly universal shift to some form of digital or hybrid instruction early on. When asked how their children were attending school, 38% of Tennessee parents indicated their children were learning in-person at school, 31% virtually only, another 15% learning in a hybrid form, and 15% homeschooling.

The poll revealed stark differences in children's mode of schooling by race. Children in Black families were substantially more likely to be attending only virtual school (58%) compared to children in White families (23%); only 16% of Black parents reported that their child was going to school in-person only, versus 43% of White parents.

**Over 80% of parents who have a child attending school remotely had concerns about that method of education.**

Parents' primary concern with children attending school virtually was their child's lack of social interaction with other children their age (52%), followed closely by their concern about a lack of one-on-one attention from their child's teachers (48%). Many parents (42%) noted their children have difficulty paying attention and learning virtually.

Nearly 20% of parents expressed concern about their inability to assist with virtual learning due to work or work-related responsibilities; however, physical space and technology were lesser concerns. Thirteen percent of parents worried about the lack of an acceptable, quiet space for learning, and 8% were concerned about lacking the appropriate technology to support virtual learning (internet, computer/tablet, etc.).

**Two in five parents think it's unsafe to play organized sports.**

Nearly 40% of Tennessee parents of school-aged children and adolescents felt it was unsafe for young people to participate in organized sports, considering the risk of COVID-19 infection. Concerns were greater among Black parents – nearly 60% thought it was unsafe for kids to play vs. 34% of White parents.

Household income also impacted parents' likelihood to consider organized sports unsafe. Less than one third of parents with an income of \$75,000 or more thought it was unsafe for their children to participate, compared to 45% of parents with a household income between \$25,000 and \$50,000, and 43% of parents with a household income of less than \$25,000.

## COVID-19 CONTROL MEASURES

Mask-wearing and vaccinating are two of the most effective ways to control the spread of COVID-19. When parents were asked about these control measures for themselves and their children, poll results found:

### Many Tennessee parents aren't wearing masks consistently.

Although evidence is clear that masks reduce viral transmission at the individual level and reduce case spread at the population level, only 57% of parents reported wearing a mask or face covering every time they were in stores, businesses, or outside the home in the past month. Overall, 57% of parents believed that masks protect themselves and most parents believed that wearing a mask is important for children (68%), easy (67%), and protects others (67%).

Mask wearing and perceptions of masks varied by race/ethnicity. Most Black parents (76%) reported always wearing a mask, compared to 53% of White parents. Larger percentages of Black parents compared to White parents believed that masks protect themselves (75%, 53%), protect others (76%, 65%), are easy to wear (75%, 66%), and are important for children (82%, 65%).

Since the start of the pandemic, Tennessee has not issued a statewide mask mandate and instead has permitted mayors to choose whether to implement and enforce local mandates. Overall, 49% of parents strongly agreed or agreed they would be more likely to wear a mask if there was a state mandate. Forty-six percent were more likely to wear a mask if there was a national mandate.

### Nearly half of Tennessee parents are unlikely to get the COVID-19 vaccine for their child.

Tennessee parents were asked how likely they would be to get the COVID-19 vaccine for their child if a safe and effective vaccine was developed and approved by the U.S. Food and Drug Administration in the next 12 months. Overall, only about half (53%) of parents reported that they were very likely or likely to get the COVID-19 vaccine for their child. White parents were more likely (55%) than Black parents (39%) to plan to vaccinate their children against COVID-19.

As the pandemic surged, public health officials have also encouraged influenza vaccination to protect individuals and alleviate stress to our health system. Despite these recommendations, 64% of parents reported that they were very likely or likely to vaccinate their child against influenza this season. White parents (67%) were more likely to plan to vaccinate their children against influenza than Black parents (55%).

**ONLY 53%**  
**OF TENNESSEE**  
**PARENTS**  
**WOULD GET**  
**THE COVID-19**  
**VACCINE FOR**  
**THEIR CHILD IF**  
**AVAILABLE.**







## TRUST

Parents were asked who they trust to provide accurate information about the COVID-19 pandemic and vaccines. Poll results found:

### **Mistrust is common among Tennessee parents.**

Regarding whom to trust for COVID-19 information, parents ranked the CDC (38%), Tennessee Department of Health (38%), research (38%) and their child's health care provider (35%) as the most trusted sources, but no person or group exceeded 40%. A similar pattern followed for vaccines, with a child's health care provider described as the most trusted source for information (42%) followed by the CDC (39%), research (34%), and Tennessee Department of Health (31%).

There were some key differences noted by race and ethnicity. For example, the highest rated source of information for COVID-19 was research studies (41%) for White parents and the Tennessee Department of Health for (47%) Black parents.

## IMPLICATIONS FOR TENNESSEE CHILDREN

Prioritizing the basic needs of children and families (e.g., food, housing, health insurance, and physical and mental health) is critical to supporting communities during the pandemic. Furthermore, addressing disparities that have led to the disproportionate effect of COVID-19 on marginalized racial and ethnic groups is paramount to mitigating the impact of the virus and promoting the health and well-being of all Tennesseans. State and federal policymakers, educators, health care providers, and parents all have a role to play in helping children navigate this pandemic.

**State and federal governments should bolster insurance and food support, and families need better connections to existing programs.**

Our results highlight an urgent need to bolster supports for families with children and to ease administrative burdens in connecting families with programs in place. The rate of uninsured children in Tennessee has doubled in the past year, reinforcing the need for communication about families' options for children's health insurance and for reducing barriers in enrollment. The state and organizations working with families, such as health care providers, schools, and daycares, should advertise options for families who have lost insurance for their kids.

**THE  
DISPROPORTIONATE  
IMPACT OF  
COVID-19 ON  
MARGINALIZED  
RACIAL AND  
ETHNIC GROUPS  
MUST BE  
ADDRESSED TO  
SUPPORT THE  
HEALTH OF  
CHILDREN AND  
FAMILIES**

Over 850,000 Tennessee children are covered by TennCare or CoverKids, and that number could grow as the pandemic surge places continued pressures on the economy. Currently, TennCare and CoverKids cannot disenroll children due to conditions connected to increased federal support of the programs during the pandemic. When that support ends, our results suggest that TennCare and CoverKids should minimize paperwork barriers for families to remain enrolled to ensure children who are eligible remain insured.

The Coronavirus Aid, Relief, and Economic Securities (CARES) Act was signed into law at the end of March 2020 and directed \$450 million to The Emergency Food Assistance Program for food banks and other agencies. The Families First Coronavirus Response Act provided additional funding to nutrition programs and allowed states to offer P-EBT to students who receive free or reduced school lunch, SNAP benefits at the maximum allotment for family size, and temporary flexibility in program administration to make access easier. A recent bill expanded P-EBT benefits through September 2021, and the state is making efforts to get P-EBT cards directly to families. Yet despite many federal and state efforts during the pandemic, a substantial portion of Tennessee families continue to not have enough food, and many are not receiving any nutrition assistance.

State agencies should continue to prioritize ways to identify families in need and ease barriers to enrollment in programs, but additional federal support will be required to help Tennessee meet the needs of its families. Families enrolled in food programs should ensure the program has their most current contact information, and families needing additional support can find options through the resources listed at the end of this report.

**Mental health and education are closely tied for kids. Tennessee lawmakers must address both.**

When COVID-19 shut down schools, it cut off regular access to a host of school-based health and social services that support children's health and help them focus on learning. This is particularly true for many economically disadvantaged children who rely on their school as a source for meals, mental health counseling, and sometimes direct health care through school-based health centers.

Research on mental health access in schools shows that 57% of adolescents receiving mental health services in a year received some school-based services, and 35% exclusively used mental health services offered at school. Although a number of mental health agencies have offered continuity of care by shifting school-based services to telehealth, access to the Internet and privacy are significant barriers for children accessing these services. Studies indicate that children whose mental health care needs are inadequately addressed are more likely to experience disciplinary problems, to be chronically absent from school, and to leave school without completing.

**MANY KIDS  
ACCESS  
HEALTH &  
SOCIAL  
SERVICES  
AT SCHOOL-  
ESPECIALLY  
ECONOMICALLY  
DISADVANTAGED  
CHILDREN.**





**POLICYMAKERS,  
EDUCATORS,  
HEALTH CARE  
PROVIDERS, &  
PARENTS MUST  
WORK TOGETHER  
TO SUPPORT  
CHILDREN IN  
THIS PANDEMIC**

The poll is a reminder of the pervasive effects of public health uncertainties on the risk for anxiety. Educational policies should consider the disparities in access and identify system opportunities to proactively address parental concerns regarding anxiety and possible trauma. This should include behavioral health programming for school personnel and for parents, guiding parents in ways to provide support for their children and ensuring that parents have knowledge of and access to mental health resources that are culturally sensitive and address the context of public health uncertainty.

We found substantial differences in educational experiences based upon families' race – including learning location, virtual school concerns, and perceived safety of sports. Given that parents report their children have difficulty paying attention in the virtual classroom and that there are a greater proportion of Black children reportedly receiving virtual education, there is a need to address the interface between the negative impact on learning opportunities, anxiety, and the loss of social-emotional learning that can disproportionately affect Black children.

**Addressing the impact of the pandemic with a health equity lens is essential.**

The morbidity and mortality associated with the COVID-19 pandemic has disproportionately affected marginalized racial and ethnic groups, due, at least in part to structural racism that has adversely affected where families live, work, learn, and play. These inequities manifest in greater likelihood of being a front-line essential worker, living in a crowded, multi-generational home, or not having access to health care, leading to greater risk of virus exposure and the conditions associated with severe disease.

Poll results revealed no racial/ethnic group wearing masks at recommended levels, but Black parents were more likely to wear masks and facial coverings than White parents. Black parents were much less likely to endorse vaccinating their children against both seasonal influenza and COVID-19, which is particularly relevant given their increased risk of COVID-19. There is an urgent need for medical and public health communities to better understand COVID-19 vaccine hesitancy among parents and focus on building trust by creating a rigorous process focused on transparency and inclusion.

The Vanderbilt Child Health Poll revealed myriad challenges affecting the health and well-being of children and families in Tennessee, especially in communities of color. Policymakers at the local, state, and federal levels, as well as teachers, health care providers, and community leaders must work together to help meet families' basic needs and address emerging challenges for kids related to mental and physical health, food security, insurance coverage, and education. Additional resources for parents are available below.





# RESOURCES FOR PARENTS

## INSURANCE

TennCare/CoverKids eligibility  
Or call 855-259-0701  
Other insurance options

## FOOD & NUTRITION

Locate a foodbank  
SNAP - aid to eligible low-income families  
WIC - Provides food assistance to low-income pregnant, post partum, and breastfeeding women and their children until age 5  
Pandemic EBT - If your child receives free or reduced-price school meals, your child may be eligible for Pandemic EBT (P-EBT) benefits. Call 833-496-0661 and select option 3.  
Food assistance, help paying bills, and other free or reduced cost programs: United Way 211  
Findhelp.org  
If you would like to give to support other families in need:  
United Way COVID-19 Community Response and Recovery Fund

## MENTAL HEALTH

TN Department of Mental Health and Substance Abuse Services  
Helpline: 1-800-560-5767.  
Any type of crisis, free 24/7 support: Text "TN" to 741741  
TN Mental Health Crisis Line: Call 1-855-274-7471  
TN 211  
Child mind institute: education and information about children's mental health and remote learning (some articles also in Spanish)  
National Alliance on Mental Illness  
Effective Child Therapy: Free tools to help assess mental health and advice on how to find and select a therapist  
Boston Children's Hospital  
American Academy of Child & Adolescent Psychiatry: Resources for helping kids and parents cope amidst COVID-19

American Academy of Pediatrics: Resources specific to kids and coping with COVID-19 in English and Spanish

## EDUCATION

PodUp - helps connect families with caregivers, teachers and other families  
Partner Pods - helps connect families with other families, educators, therapists or teachers, and children with friends  
Khan academy - a free education tool that covers a variety of topics through learning videos and exercises  
Education.com - a free website full of worksheets, learning plans, activities, and games  
Learning hero - tips and support for parents with kids learning at home  
Readwritethink - classroom resources for at home learning & parent & afterschool resources  
National Center for Education Statistics - games and quizzes to build math skills  
US Department of Education - A number of resources for parents and interactive lessons for kids  
We are Teachers - online resources, virtual field trips, hands-on activities  
Best for All - video lessons, interactive resources, and professional development tools

## COVID-19 & KIDS

CDC Help Stop the Spread of COVID-19 in Children  
CDC Vaccine Information for You and Your Family  
Benefits, safety, FAQs, and more about COVID-19 vaccines  
AAP Healthy Children - Protecting your family and others  
AAP Healthy Children - Physical Distancing  
AAP Healthy Children - Hand washing  
AAP Healthy Children - Cloth face coverings for children during COVID-19  
AAP Healthy Children - The Flu



**CLICK RESOURCE  
NAME TO LINK  
TO WEBSITE**



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## THE VANDERBILT CHILD HEALTH POLL

aims to understand the concerns and experiences of Tennessee parents. The poll explores parental concerns as a mechanism to inform the public and policymakers of the challenges faced by Tennessee's children. The Vanderbilt Child Health Poll is sampled to be representative of Tennessee families and covers a variety of child health issues.

[CLICK TO READ MORE ABOUT POLLING METHODS](#)

**The Vanderbilt Center for Child Health Policy (CCHP)** strives to improve the well-being of children and families through research that transforms clinical care and public health policy. CCHP is a multidisciplinary Center comprised of teams with expertise in neonatology, pediatrics, obstetrics, health policy, biostatistics, economics, implementation science and public health from across Vanderbilt University and Medical Center. CCHP focuses on conducting and disseminating salient children's health research, informing evidence-based policy, and building partnerships between clinicians, researchers, policymakers, and the public.

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