

## Coronavirus Pandemic's Effect on Kids

OLIVIA RICHTER (PRODUCER): Hello and welcome to Big and Little, a brand new podcast from Boston Children's Museum. The Big and Little Podcast aims to provide unique insights on promoting the healthy and joyful development of our kids, especially right now, as families are at home together, dealing with the effects of the coronavirus pandemic. Episodes will feature conversations between museum CEO and President Carole Charnow and experts from various professions, communities, and points of view.

We're getting things started today with the conversation between Carole and Dr. Michael Yogman, a practicing pediatrician in Cambridge, Massachusetts, and the immediate past chair of the Board of Trustees at Boston Children's Museum.

Along with being in practice for over 20 years, Dr. Yogman is the Assistant Clinical Professor of Pediatrics at Harvard Medical School and has authored numerous articles and chapters on childhood development and the importance of play in children's lives. So without further ado, here's Carole and Dr. Yogman.

CAROLE CHARNOW: Good afternoon, Michael. How are you today?

DR. MICHAEL YOGMAN: Well, I'm as well as anybody can be in the current pandemic. I just want to give a shout out to all the wonderful things you and the Children's Museum are doing for our children and families. It's obviously a very stressful time. But I think all the support you're providing is really enormously helpful. So hopefully, we can summarize some of that today.

CAROLE: Yeah, Thank you so much. And thanks again for being with us. So just to get us started, can you just give me, from your point of view as a pediatrician, the view of the pandemic and its impact on your patients, and generally on society at large?

DR. YOGMAN: Well, I think what's so discombobulating about this pandemic is how much behind the curve we are in understanding the virus and understanding the spread, and in the inadequacy of our testing. We lost two months of testing and limiting the spread of this virus. And we've now had to focus on just protecting our health care facilities from the surge and protecting the PPE. But we have so much to learn about this virus. We really need to just support the science. Because we're never going to get it under control, to say nothing about the need for a vaccine. But until we really understand so many issues, like the prevalence of asymptomatic shedding, how long people are contagious, even after they recover, do they have immunity-- there's so many questions we don't understand. And I think it's going to be very hard to get our minds around it. One of the things I just learned today-- I've been hearing from a lot of my young patients about various skin manifestations who are totally healthy otherwise. And it's become apparent, for example-- and this is important for a lot of our parents to know that kids, 20% of kids can present just with a purple cold toe as a systemic vasculitis manifestation of the coronavirus.

CAROLE: Wow.

Dr. YOGMAN: And has become apparent to dermatologists across the country. I just listened to the head of dermatology at the University of Michigan describing this. So there are all kinds of things beyond just the fever, the cough, the respiratory stuff that's so dangerous and life-threatening, that-- other manifestations of this virus that we just don't understand. So I think our work is cut out for us. I'm hoping,

on my optimistic side, that once we can go beyond focusing on the surge and PPE, and really expand testing enormously. Because until we understand who's spreading virus and how to isolate them, we're never going to be able to tamp down the spread.

And I'm hoping that with a couple of months' catch-up time, by late June or early July, we may have a better handle on how to manage this going forward so we don't end up with another surge. But in the meantime, we need to be very careful, as all of you I know are, with hand-washing and staying at home, wearing masks, and keeping that physical distancing. I actually prefer the term physical distancing to social distancing. Because I think that social isolation is a real risk factor for mental health morbidity. And what we want to do is keep people six feet away from each other physically, but find other ways for them to connect virtually and socially, so they're not feeling as lonely and isolated and stressed as could happen.

CAROLE: Yeah, you mentioned about additional symptoms kids may have. Now we've been hearing that children are less vulnerable to the virus. But I know there are exceptions. So two questions, really. What are you telling parents about the kids' vulnerability to the virus? And also, are you actually getting calls from parents about your typical pediatric questions that you would have during the week, just related to their general health? So first of all, we are, although there's some sense that kids are less likely-- in fact, we just did a wonderful review at Grand Rounds at Children's Hospital yesterday. And although kids are less likely to be infected with COVID than older folks, I think they're not they're not totally protected. So there are children who do get the illness, more likely the kids starting at around late teens, 20s, and 30s. Actually, it's not just the people over 50 or 60. There are lots of illnesses, and sometimes surprisingly severe illness in 20 and 30-year-olds. So no one is totally protected. For kids, although the illness is still relatively rare and much less common, the ones we worry about are babies under a year of age. Because they do seem, if they get it, although it's rare, to get sicker. The other issue also that people are grappling with is, when you have a mother delivering a baby who is positive for the virus. How does she manage social distancing from a baby, and yet still nurse the baby? And there are all kinds of protocols in place to try to walk that tightrope, which is quite complex, as you can imagine. So in answer to your second question, pediatric practices are really struggling. Because the good news is-- and it's not exactly clear. But no one is calling pediatric offices for any of the routine stuff anymore. Now whether it's because kids are not in school and they're not getting exposed to other illnesses, or they're not outside playing on the playground and falling off the monkey bars, the need for illness visits has plummeted. And the safety of doing well-child visits in older kids because of both asymptomatic shedding and social distancing has really essentially truncated pediatric offices. And we're very concerned about the economics of being able to support our staff and keep our offices open and available for phone calls. Because there certainly are some urgent issues that need to be responded to, as well as questions about COVID, and also, how we're going to manage the catch-up, when we're able to bring people back in for the well-child visits and vaccines we had to postpone. We're almost all seeing young infants for well visits and vaccines, with only one parent, everybody wearing a mask. But of course, most pediatric offices have almost no personal protective equipment. So we need to avoid unnecessary exposure, which is why we're waiting to bring people back in when it's safer. And hopefully, we'll have more PPE. But we're very concerned about how we're going to manage that crush, hopefully during the summer, to get kids, the older kids caught up on vaccines and their physical exams.

CAROLE: Thank you for that. I'm going to move a little bit to what parents are facing in their homes right now. So what challenges are you seeing that parents are facing in their homes right now, juggling their own work, their home schooling?

Of course now, schools in our state have been suspended until next fall. So some of the parents are also facing unemployment. It's very complex, what families are going through right now. And I would just love to hear, from your pediatrician perspective, what you see happening.

DR. YOGMAN: Yeah, I think it's a bimodal answer. So to be on the bright side-- I'm amazed at how well many parents are managing. I want to balance my pessimism with my optimism. And there are some really positive things that come out of this. I think that the opportunity for parents to really play with their kids and be home with their kids and have more time with their kids, for many families, has been a blessing. And I've been amazed at how resilient and how much parents are able to have a conversation with kids. My colleague, Fatima Watt, was on GBH last night. And they asked what the most positive thing she had experienced in the past few weeks. And she pointed out, the caring that people display for one another, the fact that kids are thinking about providing groceries to neighbors, concerned about checking in on neighbors and connecting with other people, that is maybe one of the positive things that come out of this. However, I don't want to gloss over the stress. The stress is enormous for many parents who are really feeling quite isolated and stressed, for single parents, for parents that have lost enormous amounts of income. We're concerned about hunger and food scarcity. We're concerned about immigrant children. We're concerned about people trying to isolate in one room apartments with three or four kids. It's just beyond belief what people are having to grapple with, and to say nothing about the impact of crowding on racial and ethnic disparities, and why the incidence of COVID is so much higher in some of our ethnically diverse communities. Something like this just brings out all the vulnerabilities in our social fabric. And it's really quite terrifying. And I don't think it's enough money, even in the federal budget, to really mitigate this, even though we keep passing bills to do that. But tragically, we're now hearing that big companies violated the rules for small businesses, hired law firms to get in first and reap all this money from the Paycheck Protection Program. That's the downside of lack of integrity. The level of anxiety and depression and mental health stress and trauma that people are experiencing is huge. And we're doing a lot to try to get the message out to families, that they can call their pediatricians. Even if offices are not seeing people in person, they can do a lot virtually, providing some support, and even mental health services virtually. So that is a real shout out to not suffer in silence.

CAROLE: That's really great advice. And on that same subject, what would you recommend at the moment for families to promote their mental and physical health during this incredibly challenging time?

DR. YOGMAN: Well, one is, I wanted to mention-- I want to come back to that. But I also want to mention one other group that is very concerning, and that is kids with special needs. I think they are not receiving some of the services that they're so dependent on, and some of the challenging behaviors that kids with autism can manifest when they're not getting their ABA services have been incredibly problematic for some of the parents that I've been speaking with. Remind me, your question was about--

CAROLE: Promoting mental and physical health-- what do you see that's working?

DR. YOGMAN: So number one, I think we have to think outside the box. A lot of the rules that we had when everything was hunky-dory no longer apply. So when parents are feeling frustrated and angry, I think that is totally expectable in this situation. And I think you often have to put on your mask, and take a walk around the block, go to another room, take some time out for yourself, to just get some fresh air, take

some deep breaths. Everybody talks about the importance of exercise and mindfulness and scheduling and routines. I think everybody's going to have their own strategy. But I think self-care is incredibly important for parents.

There was a wonderful construct of people talking about grief. And grief is not only about the loss of loved ones. But it's loss about the everyday activities that we've been so used to. And I think that-- acknowledge the feelings of sadness about the fact that the life we once knew no longer exists. And who knows for how long, and how we're going to reconstruct a different kind of safe existence that allows us to survive and be healthy, but still have relationships and social connections? So, I mean, a good example-- we talk a lot in general about kids avoiding screens. And it was a very good point, that we need to move beyond absolute prohibitions now, and think about, what is it that they can do with screens that's safe and adaptive? And I think that to the degree that kids can FaceTime with peers, that families maybe can have family dinners with neighbors on Zoom, I think that we need to think about ways like this to enable people to connect. So I think a lot of our old prohibitions and rules have to get bent in this new environment.

CAROLE: That's interesting. Lastly, I'd love to hear from you your vision of the future of Child and Family Health going forward, following this. What lessons will we learn? What are the new ways of doing child and family health going to lead us to in the future?

DR. YOGMAN: Well, for one thing, I think that when and if there's a vaccine available, I think we may change our thinking about the protective value of vaccines. And one of our concerns for kids is that we don't lose the herd immunity for measles and whooping cough. So that's one issue, right at the forefront. The second thing is, I think that we're going to have to pay much more attention to public health, to community health, and to mental health going forward. If there's one thing that this pandemic has taught us, it's that we were woefully unprepared, in terms of our public health infrastructure, in terms of our mental health support systems. So that needs to get rebuilt from the ground up. And I think that there's a lot that is going to be different, and we don't yet know when or how it'll be different, in terms of health care. There'll probably be a lot more health care done virtually. It's amazing how, for years, we've been trying to convince insurers to pay for telehealth and telemedicine. And literally, in a matter of weeks, all that's turned around. So things can happen quickly when they're needed. And I think we're going to have to take it one step at a time and figure out what's needed, and make those services available. I think that there are all kinds of potential nutritional repercussions of this pandemic. Some people are going to be so dejected and depressed that they will not be eating and will have nutritional deficiencies or weight loss. Other people may respond by overeating and gaining 15 pounds. And so I think balance, exercise, keeping things on an even keel, and regulating oneself-- and again, for parents, I think the importance of using this as an opportunity to play, and to play in a variety of ways, to use music, to use art, to use some of the wonderful things on the museum's website, the daily activities, to go out in the yard and explore nature, for kids to act out, reading and stories that they're sharing-- there are opportunities here that can reignite some of the playful experience parents had as children, and to mitigate stress, and to help them with their kids. And these kinds of things really build the kind of executive function that's going to really help kids when they go back to school, hopefully in the fall. And I hope we've written that when kids do go back to school, they have to ease back into it and give kids the time to have, rebuild those social relationships that they were missing, and not put the pressure on to make up for three months of lost schoolwork in the face of a month. That won't help kids' mental health.

CAROLE: So just in closing, Michael, I'm sure at some point, we will have this behind us. And I just wonder if there's any sort of hope that you can give parents that there is light at the end of the tunnel.

DR. YOGMAN: Well, I think so. I think that the time at home with kids, I think, for many parents who have been working multiple jobs, even if you're stressed economically, I think the opportunity to have more time with your kids may really help your relationship in the long term. And I think the fact that people are now focusing on neighbors and friends and taking care of each other, and have gotten out of this, to some degree, competitive rat race, again, could provide some much needed changes to our lives. But I think we don't know yet. Right now, we're so preoccupied with survival and getting through the surge, and helping our hospitals survive this, that it's a little premature to try to answer that question. Everything in our social fabric has been upended. I think we'll come out of this. But it's going to take a long time. And I think this is not the time to begin thinking long term. This is the time to think about getting through 24 hours at a time.

CAROLE: Well, thank you so much, Michael. I hope that you stay healthy and well through this, and that have the opportunity to continue to support your patients in such a loving and caring way. And I thank you so much for doing that for us, and being on the front lines of this crisis. And we appreciate you spending this little time with us today.

DR. YOGMAN: Well, I couldn't be more supportive of the museum and all the work you're doing. And just keep up everything you're doing. Fantastic.

CAROLE: Thank you. Take care.

DR. YOGMAN: Bye now.

Thanks for listening. That's it for Big and Little. We'll be back soon with more. So follow us wherever you get your podcasts.