IJCMCR Open Access

ISSN 2692-5877
DOI: 10.46998/IJCMCR.2020.01.000010

International Journal of
Clinical Studies & Medical Case Reports

Short Commentary

Healthcare Disparities and Socio-Economic Inequities Raise the Risk for COVID-19 in Children

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Received: May 12, 2020 Published: June 17, 2020

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As COVID-19 has spread across continents, great attention via public health professionals and media outlets is paid to the fact that children often present with mild symptoms, and rarely become life threateningly sick with COVID-19, as compared to adults and people with age groups over 65 years. While the reasons for low rates of severe pediatric cases are not yet researched or understood, a small proportion of them progress to severe or critical stage. When considered in totality, these observations can create complacency in general public about COVID-19 risk and it's severity in children. In places and societies with larger populations even a small proportion of severe and critical pediatric cases can overwhelm entire health care machinery and strain the already strained health systems quickly.

When an epidemic becomes pandemic, it shows dark lines of health care disparities, socio-economic inequities with unequal distribution of risk factors and disease spread. Pandemic spread is determined by socio-economic inequities, health disparities, and geo-political scenarios. The social environment, health care access and economic structure of families in which children live is of prime importance and greatly influences exposure risks in a pandemic. Children living in poor households with marginalized circumstances with socially or economically disadvantaged parents and families will lead to greater spread of COVID-19, more complications, with poorer health care outcomes. Health and wellbeing of parents, guardians and children's families impact children's health. Initial phase of COVID-19 saw the impact of disease been substantially higher on older age groups. As COVID-19 emerges, patterns of it indicate that families and their children are experiencing effects of inequality on their health.

For already low income and socially disadvantaged families, it has become extremely difficult to maintain jobs and income as under-stay home orders in most states are in effect. Parents or guardians of children who have less education and income levels usually have limited employment options. They are more likely to hold jobs in labor market sectors that precludes them the ability to work from home and comply with stay at home or public health orders. Due to low education, high socio-economic disparities such parents or guardians works in jobs that include for example- construction workers, retail industry, agricultural field labor, and high types of informal work with low wages. Such parents and families have very low job security, survive pay check to pay check due to low wages which prevents such workers from having any savings, health benefits, paid sick leave or paid vacation time. Such socio-economic factors delay low income families ability to even obtain timely medical care. Low income, less education, burden of children's and family needs, stress to survive increases food insecurity levels, limits clean or safer housing or residential options for such parents or guardians and families. Majority of such families therefore live in subsidized, low income housing. Across the US, majority of such families living in such subsidized housing are located in very densely populated urban areas where such hygienic and living conditions trigger quick transmission of COVID-19, due to density and higher contact rate. Therefore, children living in urban, communal subsidized housing will have higher likely hood of getting the infection and spreading it due to vulnerability to the disease.

It is important to note that not only urban subsidized low income housing areas will make children highly vulnerable, but rural areas will also impact faster infection and transmission. Much of rural US is lived by farm working communities which are migrant seasonal farm workers. Almost all of them live on low daily wages, have low educational background, no employment benefits or health insurances, inability to access health care due to already poor access in most of the rural US to primary and preventive care. This constitutes the socio-economic environment of farm workers, and is crucial to control COVID-19 spread and transmission. Agricultural states with high farming communities such as Texas, California, Idaho, Nebraska, Florida etc. have major agricultural industries, and majority of their farming labor workforce is migratory seasonal farm workers, living pay check to pay check. Such seasonal migrant farm workers do not have stable housing, they are highly dependent on labor circuit, and they migrate frequently for their field work based on harvesting and farming needs. This prevents them from staying locally or reside at one particular geographic address or place for long term. Therefore, seasonal farm workers are in a cycle of regular geographic migration to follow the harvest work to earn a living and sustain their children and families. Such work will play substantial

role in public health's and governments' ability to fully stop the spread and new infections of COVID-19. Farm workers geographic migration will continue to sustain disease transmission. Besides this, since such farm workers and their families are mostly uninsured with poor ability to access health care, possess higher risk for COVID-19 sustenance and continued transmission where new infections may not get detected soon due to lack of testing in such areas and continuous migration.

There are cultural and linguistic barriers to farm workers as well. Many are illegal immigrants who come from Mexico with limited English proficiency. They are unable to access or readily understand public health information and Government orders during COVID-19 crisis. For almost all of them their jobs are seasonal and migratory, so they are strongly concerned with securing money within the limited time to help their children and families survive. Therefore, health precautions, stay at home orders, preventive measures that will limit their job are of no great concern for them. This makes disease transmission and control even more difficult. Large proportion of this work force being undocumented, therefore their voluntary participation in seeing timely medical advice or test screenings when necessary will be hindered due to their fear of immigration officials and lack of trust in new, temporary health settings that are arising to accommodate widespread testing and COVID-19 treatment. Most farm workers constitutes parents with children. Young children usually accompany parents in field labor. Federal child labor protections allow for children as young as 10 to 12 years old to work in agriculture with parental consent for any amount of time outside of regular school hours. When growers base earnings on piece rate wages, children's labor can be essential to a family's household income. In addition to health risks of agricultural field labor, poverty limits most migrant farm worker families housing options to substandard housing either rented in the private housing sector or on growers lands. In summary, these conditions render children in farm worker families more vulnerable to poor health in general and increased risk during COVID-19 pandemic.

It is seen historically that low income, poor, marginalized communities bear disproportionate burden of disease in pandemics. When assessing children during this pandemic, health practitioners should consider how poverty may affect pediatric risk of infection and the potential for serious critical illness, poor health outcomes and complications in children. It is recommended to give special consideration to populations such as children of migrant and seasonal farm worker families, who face unique challenges in preventing transmission of COVID-19. In addition, clinical providers, public health practitioners state and local government would benefit from working in partnership with national networks, rural health networks, rural health clinics (RHC's), federally qualified health centers (FQHC), state, local and faith-based community organizations, safety nets, community health clinics that already have an established trust and history of serving farm worker and other high-risk populations. There are high chances to connect with such farm workers, their children, trace them via above mentioned entities, since most of the entities mentioned above provide health care to low income, un-insured farm workers and families. Therefore, such partnerships would yield quicker results towards preventing COVID-19 spread.

The success of mitigating the transmission of COVID-19 is largely predicated upon strategically planned large scale behavior change. The understanding of COVID-19 infection risk in children, potential for critical illness and transmission must be rooted in the social and economic environment contexts in which risk, health and illness arise and are sustained.

DOI: *10.46998/IJCMCR.2020.01.000010*