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The Psychosocial Impact of Covid 19 on Children and Families: A Social Determinant Perspective

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April Hightower

BIS 437

Integrated Studies

The Psychosocial Impact of Covid 19 on Children and Families: A Social Determinant

Perspective

Abstract

The present study examines COVID-19s' negative impact on the lives of children and families. In the process disrupting the social determinants of health. In 2019, the virus swept the nation. As a result, our education, which has students failing grades increasing by 70% (Lecher,2020), the lack of economic stability, which has many people without jobs (Bureau of Labor Statistics). Built environments, health and community efforts were disrupted (HealthyPeople.gov). A review of the available research literature collected from the CDC, Bureau of Labor Statistics, the World Health Organization, Child Abuse and Neglect (C.A.N), and many more explains said impact. The findings indicate the impact COVID-19 has on children and families. Given the relationship between the social determinants of health. The conclusion points to the importance of mental health agencies as well as prevention program/solution efforts to offset the negative impact of COVID-19.

The Covid-19 pandemic has had an impact on our children and families in the United States. The impact including education, economic stability, built environments, our health, and our social and community efforts. These impacts affect several aspects of our social determinants of health.

What is Covid19?

What is Covid-19? "COVID-19 is a respiratory disease caused by SARS- CoV-2, a new coronavirus discovered in 2019. The virus spreads from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. Some people who are affected may not have symptoms. For people who have symptoms, illness can range from mild to severe. Adults 65 years and older and people of any age with underlying medical conditions are

at higher risk for severe illness” (CDC,2019). As of August 24, 2021, there are 38,074,886 cumulative cases reported in the United States (CDC,2021).

Social Determinants of Health

“Social Determinants of health include five domains: Education, Access and Quality, Economic Stability, Health Care Access and Quality, Neighborhood and Built Environment and Social and Community Context. Social determinants of health are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health have a major impact on people’s health, well-being, and quality of life” (Healthy People.gov). Losing this way of living due to COVID left a considerable impact on our children and families.

Education

With the world shutting down due to COVID-19, schools closed. School closings caused children to learn remotely, sports to cease, social and extracurricular activities to all come to a screeching halt. Education suffered as a result. One of the most significant impacts of COVID-19 is the effects it has on education. Education plays a big part in our overall health. Education can affect us throughout our lifetime. It has also been known to increase healthy behaviors and improve health outcomes. Education is something that helps provide stability and is something no one can take from you. Education can increase opportunities and improve your overall health and well-being. But, In the efforts of slowing down the virus, schools were shut down. As a result, children were forced to learn remotely. Grades were impacted as a result of the closure. Lecher, C. (2020). “It has been seen in attendance figures which are below those typically seen when students are in school. And we can see it in the assessment of progress students are making in their studies. Ten weeks into the semester, the portion of students in both middle school and

high school receiving D's and F's have grown compared to last year. Some middle school students saw the rate of D's and F's go up as much as 30 percent. Around the U.S, as grades trickle in, it becomes clear how devastating the switch to remote learning has been for many students. Failing grades increased by 70 percent" (Lecher C, 2020). There was also a study comparing non virtual students and virtual students along with their parents. This was a survey conducted from October 8- November 13, 2020, on children ages 5-12. Verlenden 2020 concludes, "among 1,290 respondents with children enrolled in public or private school, 45.7 percent reported that their child received virtual instructions, 30.9 percent in-person instruction, and 23.4 percent combined instruction. For 11 of 17 stress and well-being indicators concerning child mental health and physical activity and parental emotional distress, findings were worse for parents of children receiving virtual combined instruction than those with children in-person schooling.

This article contributes to the psychosocial impact COVID has had on children and families. Despite the government's effort to slow down widespread closures of based services and disruptions in the educational experiences of school-aged children. In March 2020, efforts to slow transmission of SARS-CoV-2, the virus that causes COVID-19, resulted in widespread closures of school buildings, shifts to virtual educational models, modifications to school-based services, and disruptions in the educational experiences of school-aged children. Changes in modes of instruction have presented psychosocial stressors to children and parents that can increase risks to mental health and well-being and might exacerbate educational and health disparities. According to Verlenden 2020, "CDC examined differences in child and parent experiences and indicators of well-being according to children's mode of school instruction (i.e., in-person only [in-person], virtual-only [virtual], or combined virtual and in-person [combined])

using data from the COVID Experiences nationwide survey. During October 8-November 13, 2020, parents or legal guardians (parents) of children aged 5-12 years were surveyed using the NORC at the University of Chicago Ameri Speak panel, * a probability-based panel designed to be representative of the U.S. household population. Among 1,290 respondents with a child enrolled in public or private school, 45.7% reported that their child received virtual instruction, 30.9% in-person instruction, and 23.4% combined instruction. For 11 of 17 stress and well-being indicators concerning child mental health and physical activity and parental emotional distress, findings were worse for parents of children receiving virtual or combined instruction than were those for parents of children receiving in-person instruction. Children not receiving in-person instruction and their parents might experience increased risk for negative mental, emotional, or physical health outcomes and might need additional support to mitigate pandemic effects. Community-wide actions to reduce COVID-19 incidence and support mitigation strategies in schools are critically important to support students' return to in-person learning". Virtual learning impacted the students' grades; it also posed another concern, which was child mistreatment. Following (Barron 2020), To combat the spread of COVID- 19, many primary and secondary schools in the United States canceled classes, and more findings for the debate surrounding school reopening's. They suggested several responses that may mitigate this hidden cost. The hidden cost being maltreatment towards children. Usually, this would be detected by school officials and later reported to the proper authorities.

I chose this article because it goes along with the impact COVID has had on the world, one of which being our children. School closures play a significant part in that impact. Due to the school closures, children are left at home with stressed-out parents and suffering in silence. Many schools report said instances of abuse, but because schools are closed, children have no

advocate to help them get the help they need; thus, the maltreatment continues. Not only are children affected parents are too. After interviewing behavioral health professional CSW Jose Morris, I was able to reevaluate my preconceived notions about the effects of COVID 19 shutdowns on children and their families. The biggest effect as mentioned before being their education. I didn't give as much thought until now about the role education plays in our children's lives. For many years I believed children should just go with the flow. They should do what they are told no questions asked. But this pandemic has proved me wrong. Children need guidance and structure. Morris states, "From my experience, the biggest effect has been on children's education. Children are expected to access NTI through their computers and attend classes remotely from home. Children are failing school. Typically, parents have work during the day and trust that their children will log onto the class and complete their work independently. Due to lack of structure and oversight in homes, children either refuse to attend class and complete their homework and are uncomfortable asking their teachers for help. In some instances, some parents are unfamiliar with NTI, so some children take advantage of this and deceive their parents about being involved in class and completing their homework. Lastly, due to many places closing or shutting down early, this leaves minimum options for children to stay active. Therefore, children sit at home eating, watching tv, and playing video games. In my opinion, this weakens their immune system and makes them susceptible to contract the virus or other illnesses" (Morris, Personal communication).

The effects of the COVID shut down have hit home in the Henderson, Kentucky community as well. A teenage boy in this community that was observed by me had a difficult time adjusting to staying at home. His education and his retention of information online via NTI is slim to none. Typically, an avg C student, to now mostly F's. He was spending most of his

days sleeping, staying up all night, and playing video games for hrs. on end. The parent thinks the work is being done and that it is coming easy for him. Only to find out he is flunking and turning in assignments whenever and sometimes not at all. Taking away basketball left a 16-year-old questioning what he is going to do with his life. The adverse effects and the depression had set in due to isolation and not having school. It was then realized a change needed to be made. He needed structure again. He needed the social interaction that schools and the educational setting provided. Parents are being affected by the COVID shutdowns, and these effects are being trickled down to the children. Morris explains that “parents are stressed because they are now responsible for having to pay for daycare or spend more money on food during the week because their children no longer go to school for breakfast or lunch. When children don’t attend class or complete assignments, someone from the school contacts the parents. Lack of motivation, and in some cases coupled with behavioral issues, the parents are unaware of how to hold their children accountable so this resorts to punishments and consequences that may lead to abuse and neglect cases being reported to Child Protected Services. These external stressors lead to parents self-medicating with drugs and alcohol to cope with the stress” Morris, Personal Communication). Education has played a more significant part in our children’s lives than we ever thought it would. Because of COVID shutdowns, the impact of lack of education on our children through this interview and past research. Families and children are going through the ringer psychologically, and everyone needs to be aware of how important education is to our overall health. It begs the question of whether depression has developed as a result of COVID 19 shutdowns. Morris gives just a few examples of the impact. Education plays a vital role in our children and parents’ lives. According to The Lancet Public Health, “education has been linked with life expectancy, morbidity, health behaviors, and educational attainment plays an impacted

role in health by shaping opportunities, employment and income”. Under the social determinant education, we found out our schools were shut down, activities seized, sporting events were slim to none. Grades failed; children learned remotely. Parents became home schoolteachers. Child abuse was reported via emergency room visits and children loss structure. Parents stressed out and turning to alternative measures to cope. Education has been impacted as a result of the COVID-19 Pandemic.

Health-mental

The Covid 19 pandemic has taken a toll on our health in particularly our mental health. Health Care, Access and Quality being one of the social determinants of health (Healthy People 2030). People are mentally stressed and anxious. So many parts of life have changed; from the way we mourn, to the hospitalization policies (when and how many can see a loved one once hospitalized), to stress due to COVID-19 death rates. Not including the alarming trends in domestic violence along with child abuse and neglect. All these factors affecting our mental health. One common impact of the pandemic has been psychological distress (Schneider, 2021). Psychological distress being defined as emotional suffering that is not a result of a specific mental health disorder and can involve a range of somatic mood, and anxiety symptoms. “Estimates as high as one-half of the general population is experiencing symptoms of anxiety or depression at an alarming rate during the pandemic, including but not limited to PTSD and MDD” (Schneider, 2021). They’re being a distinction between experimental normative distress and mental health disorders. You can be stressed without having an actual mental illness. Covid-19 playing a big role in the consequences for the mental health and wellness in adults and children in the United States of America. “COVID-19 has created many stressors which can negatively impact mental health such as social isolation, fears of death and illness as well as

disruptions of normal routines.” (Schneider 2021). Even though there is little to know data at this time differentiating between mental health disorders and normative distress when applied to the COVID pandemic but across studies, rates of anxiety disorders, MDD, PTSD, and distress have been alarming high, as high as ½ of the general population.

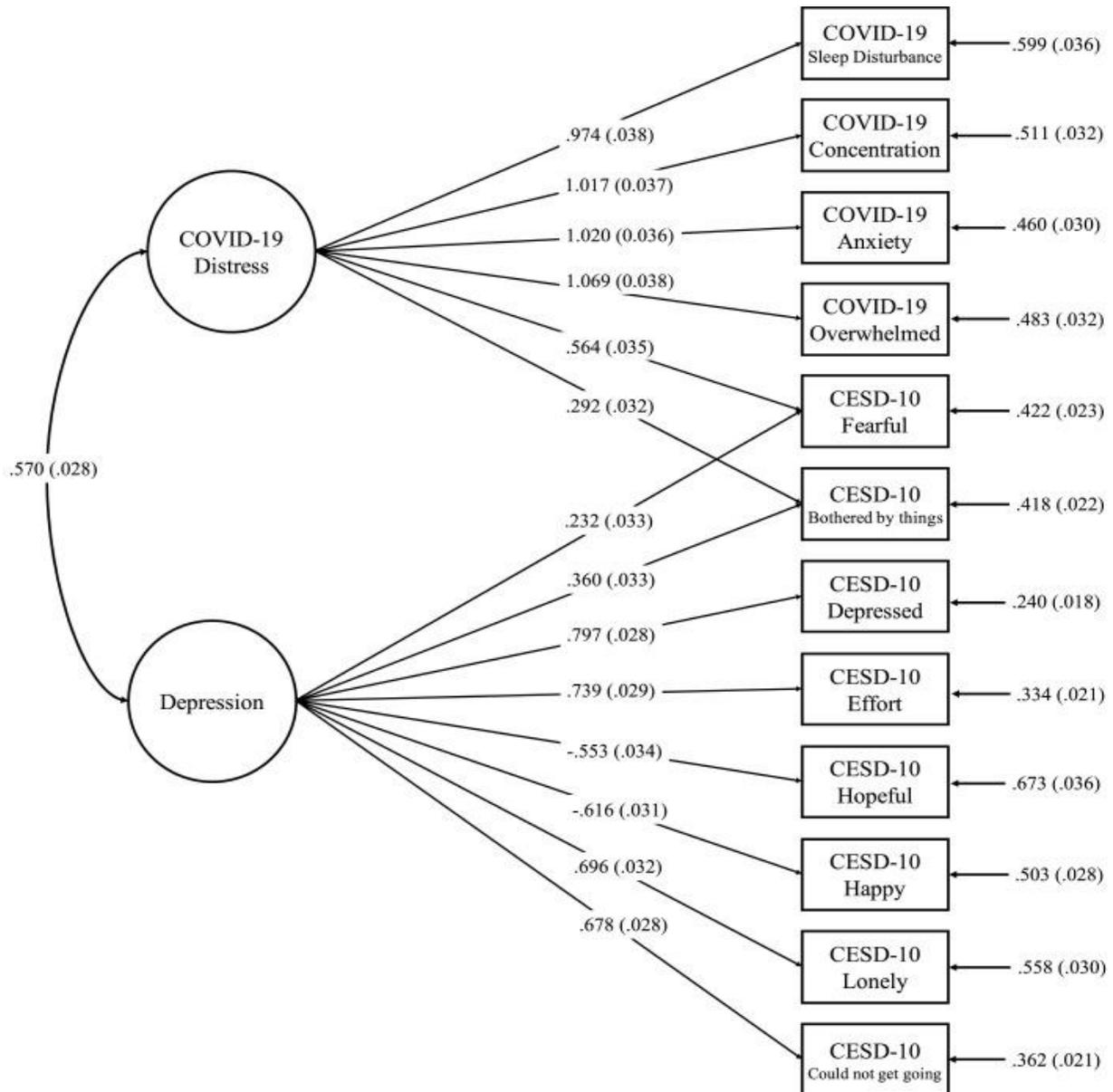


Figure (1)

Shows the distress in the time of COVID-19 AMONG United States adults. It also shows a distinction between COVID-19 and specific mental distress and depression. These results

implicating disruptions in sleep disturbances, concerns with concentration, anxiety, and feelings of overwhelm. Distress and Depression adding to the list of impacts that the COVID-19 pandemic has had on U.S families (Sneider,2021).

Health-deaths

Another issue that has really disturbed and stressed the nation is the number of deaths that have occurred as a result of the pandemic. Many have died and became ill. “They are comparing the death rates to the September 11th death rates. This terrorist attack claimed 2,988 lives. The COVID death rates are equivalent in the sense that you take that number and increase it every 1.5 days. 150 passengers crashing every day” (Wolf, 2020). Figure 2, produced by Wolf 2020 shows the 8-month mortality rate for Covid 19. This does not include the current mortality rates or deaths caused by the pandemic itself. “Between Nov 1st, 2020, and December 2020, the 7-day moving avg for COVID-19 deaths tripled, from 826 to 2430 deaths per day” (Wolf, 2020).

Table. Age-Specific Mortality Rates (per Million) for COVID-19 (March-October 2020) and Other Leading Causes of Death (March-October 2018)^a

Age, y	Causes of death ^b												
	COVID-19	Heart disease	Malignant neoplasms	Chronic lower respiratory disease	Unintentional injuries Transport accidents	Accidental drug overdoses	Intentional injuries Suicide	Homicide	Leading causes of infant deaths Birth defects			Short gestation	SUID
<1	7.4	51.6	8.6	2.9	15.5	1.6	0.0	46.7	773.7	682.2	603.4		
1-4	1.0	4.8	13.1	2.0	17.5	0.3	0.0	15.6	15.9				
5-14	1.0	2.7	13.5	2.0	14.6	0.4	9.4	4.7	6.4				
15-24	9.9	13.8	20.9	2.8	108.3	66.1	97.0	72.1	5.5				
25-34	38.6	52.1	53.7	4.2	113.2	220.7	120.9	78.8	6.4				
35-44	109.9	169.1	172.0	10.1	93.8	234.0	128.1	54.7	7.2				
45-54	294.8	509.7	597.5	56.1	100.7	208.2	140.3	33.9	11.2				
55-64	683.3	1239.8	1802.4	285.8	105.0	161.2	139.8	23.7	17.8				
65-74	1574.6	2516.9	3702.0	809.9	99.2	50.8	114.1	15.7	13.4				
75-84	3832.4	6478.5	6845.7	2117.3	129.9	16.0	129.6	13.2	14.9				
≥85	10 699.7	24 530.2	10 442.4	4 278.4	139.1	14.7	133.4	13.3	31.2				
Total	698.8	1287.7	1219.8	307.5	89.2	122.3	102.3	39.0	19.4				

Abbreviations: COVID-19, coronavirus disease 2019; SUID, sudden unexpected infant death (including sudden infant death syndrome).

^a Table presents 8-month aggregate COVID-19 mortality rates during the period of March through October 2020⁵ and mortality rates for other causes during the period of March through October 2018,⁴ the most recent year for which detailed cause-of-death data are available.

^b Causes of death are defined by *International Statistical Classification of Diseases and Related Health Problems* codes for heart disease (I00-I09, I11, I13, I20-I51), malignant neoplasms (C00-C9), chronic lower respiratory disease (J40-J47), transport accidents (injuries) (V01-V99, Y85), accidental drug overdoses (X40-X44), suicide (*U03, X60-X84, Y87.0), homicide (*U01-*U02, X85-Y09, Y87.1), birth defects (Q00-Q99), short gestation (P05-P08), and sudden unexpected infant death (R95, R99, W75).

Figure 2

For quite some time heart disease and cancer were the 2 leading causes of death. COVID deaths surpasses both heart disease and cancer. This disease being both infectious as well as deadly. According to Wolf 2020, “Adults 45 years or older were more likely to die from COVID-19 during these months than from chronic lower respiratory disease, motor vehicle fatalities, drug overdoses, suicide or homicide. The escalation of this virus is astronomical. Seeing these numbers is no surprise as to why people are stressed. Adding to an already stressful situation, the way we memorialized changed. We used to be able to gather with family and friends alike. People who cared about the deceased would get together. Some gatherings would be large, and some would be small. The right to gather was allowed. Hugs would be exchanged; tears would

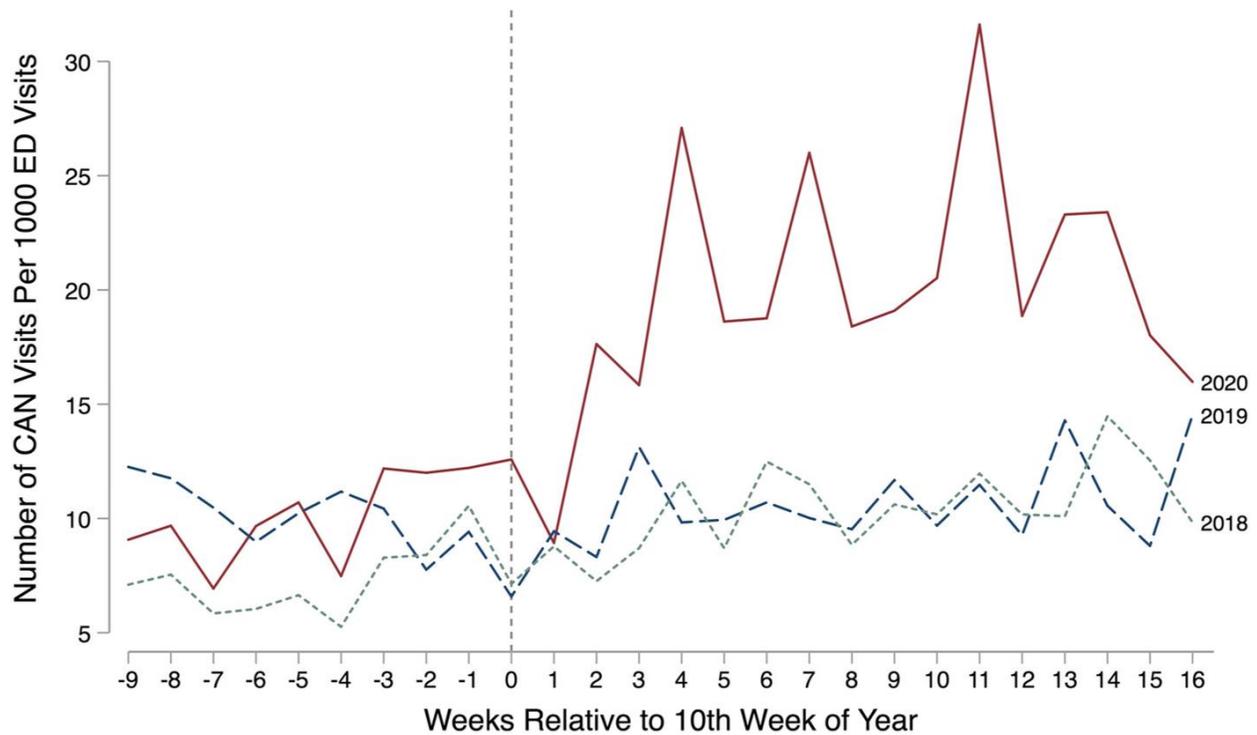
fall from many who grieved, and stories were told about the deceased usually in gatherings. “By October 2020, the number of confirmed cases of COVID-19 worldwide passed 41 million, resulting in more than 1.1 million deaths, across 235 countries. In the weeks following the World Health Organization (WHO) announcement of the global pandemic on March 11, 2020, governments around the world-imposed measures to minimize the spread of the novel coronavirus” (Lowe, 2020). Thus, imposing social distancing rules. Even though roadside memorials, the scattering of ashes outside the cemetery, cremation over the burial, digital memorialization, virtual gravesites, and memorialized media pages were all on the uprise prior to covid there is something to say about not being able to gather and grieve as in the past. “There is evidence to suggest that not attending a funeral or lack of participation in memorialization practices may lead to poorer grief adjustment and bereavement outcomes, seen in children not allowed to attend funerals and adults prohibited due to incarceration” (Lowe, 2020). In the event to reduce the spread of the virus restrictions were placed on funerals reducing the number of people allowed at a funeral. Many suggested drive by public viewings, where you wouldn’t be able to touch the deceased but view them as you drive by in your vehicle. Some people left out due to the amount of people allowed at the funeral could have frightening mental health consequences (Lowe, 2020). Not only that, but many families being backlogged by funeral homes due to too many bodies, therefore resulting in families waiting to bury their loved ones. The COVID- 19 has accelerated changes in memorialization. Despite whether the changes in memorials are good or bad, the changes were drastic and a disruption to the traditional memorizations that were previously set up. People did not get to gather in a way that they had in the previous years. This affecting the way they mourned. “Already governments have responded to mental health challenges arising from social distancing measures, including increased funding

to services and enlisting volunteers to provide informal online support. Bereavement, however, presents specific support issues that are strongly linked with memorialization” (Lowe, 2020).

Another issue affecting our health by stressing the public out is through the hospital visitation restrictions due to the Coronavirus. Many people were getting sick as a result of being infected by COVID. Not only were people dying, but they were also heading to the hospitals in swarms. With the intentions to reduce the spread of the virus visitation restriction policies were set in place. Due to said restrictions many families were denied access to their loved ones in their dying moments. Current restricted visitation policies were prioritized, above all else, containment of the coronavirus. Andrist 2020 stressed that, “severely restricted visitation policies undermine our ability to provide humane, family- centered care, particularly during critical illness and end of life. The enforcement of these policies consequently increases the risk of moral distress and injury for providers. Dr. Andrist also said that children admitted to the PICU in his institutions are permitted a single designated visitor, leaving one loved one to stay and the other to walk away. Being in the presence of a loved one while ill and especially at the end of life is an essential interaction, long supported in the medical and legal frameworks. There is no substitute” (Andrist, 2020). If the patient dies and the loved one was not able to see or say their goodbyes where does that leave the one left behind? What psychological toll does that impose? The impact of Covid and the way it has affected our health whether it be through stress or abrupt changes has really caused havoc. Part of our social determinants is health. Mental health playing a big role as well. From mentally being stressed due to the COVID- 19 pandemic, to changing the way we mourn, to being surrounded by death rates, to increased domestic violence, to child abuse, and neglect, to psychological distress, it’s a wonder why the impact of COVID-19 on one’s mental health is so great.

Adults are not the only ones being impacted due to the COVID- 19 pandemic. Children are being affected as well. Yes, stress is at an ultimate high due to the virus itself. Restrictions have been placed as a result of the pandemic. Deaths have occurred but how has the children been affected? We have discussed previously the impact school closures have had on children, their failing grades and lack of sports and activities. What we haven't discussed was the pediatric emergency department visits due to child abuse and neglect following COVID-19 public health emergency declaration in the southeastern United States. We will compare ED visits before and after a COVID- 19 public health emergency declaration in 2020, relative to trends over the same period in 2018 and 2019. Over the course and prior to the pandemic parents reporting changes in mental health, lower patience with children and feelings of being overwhelmed (Bullinger, 2021). According to Bullinger and displayed in figure 3, the reports states that, "although the number of both overall pediatric ED visits and Child Abuse and Neglect (C. A. N) visits have declined, the number of CAN related visits due to neglect from inadequate adult supervision increased by 62%. The number of CAN visits per 1,000 pediatric ED visits also increased by 97%. Finally, the proportion of CAN- related ED visits due to neglect from inadequate supervision increased b7 100%." Usually, such cases are reported by teachers, school officials, social workers and law enforcement but stay at order limited those resources from reporting child abuse and neglect. There has also been other maltreatment reported as well, accidental injuries due to neglect. Trauma abuse reported by US Level 1 trauma centers related to physical abuse related injuries. Rape, Abuse and Incest, a US National assault hotline reported calls from March 2020. Many 79% disclosed residing with a person who was abusing them during the quarantine (Bullinger, 2021).

Figure 3



What is the cause of the social structure changes in the household? Are jobs being lost? Is there too much time with one another the cause? Financial strains? Whatever the cause something needs to be done. Policy makers not realizing the severity of those stay-at-home orders placed. Not only are emergency room visits increasing as a result of the COVID-19 pandemic there are alarming trends in US domestic violence during the COVID-19 pandemic. It makes you wonder if people really like one another when they must spend a significant amount of time with each other. As mentioned previously children as well as adults are impacted as a result of the pandemic and stay at home orders affecting our overall health and wellness. In an article posted by Brad Boserup, “domestic violence can include neglect, physical harm, sexual violence, and emotional harm”. According to the CDC, approximately 1 in 4 women and 1 in 10 men report some form of intimate partner violence each year. “US police departments provide some early insight as to the insight into the effect of COVID-19 has had on domestic violence.

Portland Police Bureau recorded a 22% increase in arrests related to domestic violence compared to prior weeks. In San Antonio, Texas schools closed as well due to the pandemic. The San Antonio Police Department subsequently noted they received an 18% increase in calls pertaining to family violence in March 2020 compared to March 2019. In Jefferson County Alabama, the sheriff's Office reported a 27% increase in domestic violence calls during March 2020 compared to March 2019. In New York school closed as a result of the stay-at-home orders. The New York Police Department responded to a 10% increase in domestic violence reports compared to March 2019" (Bosurup,2020).

Between Intimate Partner Violence and Co- Occurring Substance Abuse/ Addiction. It is a major health concern (Intimate Partner Violence and Co-Occurring Substance Abuse/ Addiction. One issue to discuss is COVID-19 role in substance abuse? The COVID-19 has created more stress than ever before. COVID has brought substance abuse to light. Alcohol and drug use surged during the pandemic, forcing substance use disorders- one of the last taboo subjects in corporate America-into the spotlight (Agorino, 2021). Part of Adverse Childhood experiences is substance abuse. Vulnerable groups of people include children. Child traumatic stress refers to the physical and emotional responses of a child to events that threaten the life or physical integrity of the child of someone critically important to the child such as a parent or a sibling (The National Child Traumatic Network). This can affect the way a child copes and the way they behave and handle situations in the future. According to The National Child Traumatic Network: Effects, "trauma in children can be expressed through mood regulation, dissociation, behavioral control, cognition, self-concept. Children who have experience chronic or complex trauma frequently can be diagnosed with PTSD" (The National Child Traumatic Network: Effects, n.d). We all have had adverse childhood experiences. This can be some type of

emotional or physical abuse or even some sort of disfunction in the house (CDC: Adverse Childhood Experiences). These adverse experiences can also be abuse, neglect, or family violence. It can be mental illness, parental separation, divorce or substance abuse (CDC: Adverse Childhood Experiences). Early childhood intervention programs for moms and parents is also available because parents are facing stress at home due to unemployment cause by COVID and many other factors. Even the best of family's experiences hardships during this time. How do we ease the stress, so people don't reach out to substance abuse? According to the CDC, it has identified ways to prevent Adverse Childhood Experiences. There are parent training programs aiding both child and adult with past trauma. They have intimate partner- training program which learning how to talk and deal with one another. They have parent support programs for teens and teen pregnancy. They have mental illness and substance abuse treatment, high quality childhood care, and they also have resources for sufficient income support for lower income families (Rymanowicz, 2018). Early detection and early intervention can possibly improve outcomes. Your experiences and your environment are tied into your over all health and wellness. When we experience something stressful, we tend to go into that fight or flight mode it's an automated response that we all do. The National Child Traumatic Stress Network lists 7 essential elements of a Trauma- Informed Child Welfare System:

Element 1- Identify trauma related to needs of the child

Element 2- Identify Trauma related to needs of children and families. Think of it like how trauma meets behavior

Element 3-enhancing child well-being and resilience by minimizing disruptions in relationships.

Basically, build positive relationships.

Element 4- Enhancing family well-being and resiliency by working with birth parents and resource parents, relatives as well because they to might have trauma as well.

Element 5- Enhancing the well-being and resilience of those working in the system. Helping the working that are aiding in the process of well-being such as social workers. Also, one must promote system resiliency which includes implementing strategies designed to assist those working in the child welfare system by managing stress caused by helping.

Element 6- Partnering with the youth and families. The purpose is to get the input of the families on how to improve the system they are in.

Element 7- Partnering with system agencies collaborating with different agencies to assist the child, treating them as a whole person and not parts. Together they would exchange information, coordinate assessments (CDC: Adversed Childhood Experiences).

Some other vulnerable people who can be impacted by substance abuse disorders are pregnant women with Fetal Alcohol Spectrum Disorders. Fetal Alcohol Spectrum Disorder is the continuum of consequences of fatal exposure to alcohol. According to the National Organization of Fetal Alcohol Syndrome, in pregnant women fetal exposure to alcohol can affect growth, retardation, facial malformation and neurodevelopmental abnormalities and alcohol related birth effects (National Organization of Fetal Alcohol Syndrome). The CDC reports: 2020 data: 10 % of pregnant women report current alcohol use. Forty percent of these women report use of one or more substances. Associate factors include domestic violence, poor nutrition, lack of prenatal care, smoking, use of illicit drugs, poor socioeconomic conditions (CDC: Violence Prevention). Associate factors include “head circumference below tenth percentile, underweight and shortened height. There are discriminating facial features, feeding difficulties, sleep disturbances, hyper arousal responses to noise/ stimulation amongst several other things. Shortened attention

spans, delayed speech, delayed speech, legal problems, inappropriate sexual behavior, alcohol, drug problems along with employment problems (The National Organization of Fetal Alcohol Syndrome). According to SAMHSA (Substance Abuse and Mental Health Services Administration), “23 million people need treatment for substance abuse disorders (SUD), a behavior health disorder. Some people develop substance abuse disorders after a disability or to cope with social isolation or some sort of depression. Risk factors for people with disabilities can include pain, depression, social isolation, unemployment, chronic medical problems, little exposure to SUD prevention. An active SUD can interfere with educational advancement, lead to job loss, underemployment, housing instabilities, inter with successful engagement along with a host of other issues... Warning signs could consist of inability to focus, dilated pupils, irritability or agitation, nasal irritation. Eye irritation, insomnia, and black outs. SUD services include prevention education, which helps you learn about the roles associated with substance abuse. There is the in-depth assessment which is an evaluation that determines if there is a SUD present and then gives treatment options. Outpatient assessment medically supervised withdrawal from alcohol or drugs. Outpatient treatment is the psychosocial interventions and individual group counseling on substance use. There is also medication assisted treatment and counseling such as methadone. In addition is the Residential programs that can be long or short structures that help with reentering their communities” (SAMHSA, n.d). SAMHSA also lists ways to help and how others can help. First learn and behavioral health issues such as SUD’s and promote prevention. Don’t ignore signs SUD in clients with disabilities such as screen the client and give feedback to the clients regarding the harmful effects of substance use on the body. Build a directory of loan treatment providers. Also, help the SUD treatment administrators to make their facilities more accessible to people with disabilities, (SAMHA, n.d). One of the substance abuses is alcohol.

According to Benjamin Han author of Prevention and Screening of Unhealthy Substance use by Older Adults, “Alcohol remains the most commonly used substance among older adults and is expected to continue to rise considerably. The National Survey on Drug Use and Health (NSDUH) showed estimated prevalence for alcohol use within the past year among older adults to be 62% with rates of binge drinking to be 21.5% on older men and 9.1 in older women, and alcohol use disorders were estimated to 5.1% in men and 2.4% in women. Prevention Strategies include abstinence and reduction of use along with health education programs, careful prescription practices and prescription drug monitoring programs” (Han, 2018). Universal Screening is the next step. You may use the CAGE or The Michigan Alcohol Screening Test-Geriatric Version or the Alcohol Use Disorder Identification Test. Also, it is important after the assessment to let the patient know that their substance use is unhealthy and the harm it is having on their bodies (Han, 2018). The elderly along with children that suffer from some sort of substance abuse or trauma as a result of substance abuse, there are prevention strategies set in place to aide. Covid has made the stressors worse for the American people.

Economic Stability

The Covid 19 pandemic has not only impacted our schools through education and mental health. It has adversely affected our economic stability. According to the Healthy People 2020 social determinants of health (SDOH) organizing framework, factors that affect economic stability include:

- Employment and work environment
- Food access to address food insecurity
- Affordable housing
- Access to transportation

-Income/ poverty and financial resources

Employment being the top of the list. Many people lost their jobs, homes, and belongings. Poverty sweeping the nation. Americans need help with feeding their children and paying their bills. One of the greatest impacts was the employment situation. According to the Congressional Research Service, “in April 2020, the unemployment rate reached 14.8%—the highest rate observed since data collection began in 1948. In July 2021, unemployment remained higher (5.4%) than it had been in February 2020 (3.5%). The labor force participation rate declined to 60.2% in April 2020—a level not seen since the early 1970s—then began a partial recovery in May 2020. The labor force participation rate was 61.7% in July 2021, 1.7 percentage points below the level in January 2020, before the pandemic and the economic recession. Nonfarm payrolls shed 22.1 million jobs between January 2020 and April 2020, with employment declining to 86% of its pre-recession level. In July 2021, aggregate employment remained 5.4 million jobs below its pre-recession level. The COVID-19 pandemic has impacted economic sectors disparately. The COVID-19 pandemic affected the labor force participation rates in every major demographic group. The analysis in this section compares the pre-recession (January 2020) labor force participation rate to the current labor force participation rate, calculating the difference between the two for each month between January 2020 and July 2021. Figure 11 shows the sharp decline in the labor force participation rate for individuals ages 16 years and older between February 2020 and April 2020. During this period, 8.3 million individuals left the labor force. The overall rate recovered between May 2020 and August 2020 before stagnating. The labor force participation rate in July 2021 remains 1.7 percentage points below its pre-recession level” (Congressional Research Service). Americans losing their jobs, being laid off, or having to work from home, all play a part in the impact the pandemic has caused on the

American people as well as people around the globe. Being at home and losing one's job is the beginning of some of the problems associated with the pandemic and the changes occurring as a result. If we look at the toll of being unemployed you will see the impact is great. "Losing a job and being unemployed for a long period of time is psychological trauma and a financial trauma and the two are closely intertwined," says Carl Van Homes, Ph.D., a professor of public policy and an expert on workforce and unemployment policy at Rutgers University. "Mental health support can be lifesaving, he says. While psychologists can't solve economic problems, they certainly help people cope and manage it, those at the most risk for mental health challenges after a job loss are those whose unemployment is an immediate threat to survival" (Pappas, 2020).

The article Tracking the COVID-19 Recessions Effects on Food, Housing, and Employment speaks on the unemployment and economic crisis sparked by COVID-19 which are expected to have far-reaching mental health impacts. It boils down to people need to eat, people need a roof over their heads and people need health care. It also ties into the mental state in which people are in, due to the losses the COVID pandemic has caused. More and more people are struggling mentally with all that they have to give up and mental health advisors are needed. The need for such mental health advisors is important when all the social determinants of health are missing in your life. Due to Covid-19, our lives have changed drastically. In accordance with Social Determinants of Health 2020, our health in part is determined by access to social and economic opportunities; the resources and support available in our homes, neighborhood, and communities, the quality of our schooling, the safety of our workplace, the cleanliness of our water and air, and the nature of our social interactions and relations. Covid has impacted the way we gather thus impacting the social aspect through isolation and closures. Covid has

impacted when and how we work- unemployment. Covid has also affected resources through our healthcare system. Because of job loss many people were not able to adequately feed themselves and their families. According to the article Tracking the Covid-19 Economy's Effects on Food, Housing, and Employment Hardships, "Joblessness remains high, and millions report that their households did not get enough to eat or are not caught up on rent payments. Emerging data shows high rates of hardship. Tens of millions of people are out of work and struggling to afford adequate food and pay rent. Some 22 million adults- 11 percent of all adults in the country reported that their households sometimes or often didn't have enough to eat in the last seven days, according to Household Pulse Survey Data collected March 3- 15. This was far above the pre-pandemic numbers. Most jobs lost in the crisis have been in industries that pay low average wages, with the lowest-paying industries accounting for 30 percent of all jobs but 55 percent of the jobs lost from Feb 2020 to February 2021, the latest month of Labor Department employment data" (Tracking the COVID 19 Recession Effects, 2021).

One of the basic needs in survival is being able to get food, to eat. Many people suffer from a lack of jobs which turns into no money to buy food. This article falls under the category of economic stability. Without a job, one is not stable. Food is a key social determinant of health. It has a direct impact on a patient's well-being. Not having the ability to buy quality foods, foods rich in vitamins and minerals can result in chronic illnesses and bad health. Not only did the pandemic impact how much we were able to eat but also it impacted the ability to pay mortgage and rent.

The household pulse data shows that millions are not caught up on their rent or mortgage payments (Tracking the COVID-19 Recessions Effects on Food, Housing, and Employment, 2021). "The number of adult renters reporting to the Census Bureau that their household was not

caught up on rent has fallen from a peak of 15 million people — 1 in 5 adult renters — in January 2021 but has remained above 10 million people — about 1 in 7 adult renters — since the end of March. These households, particularly those who have lost employment during the pandemic, maybe accumulating debt from multiple months of back rent and late fees. Renters of color and families with children have consistently reported higher rates of rent hardship throughout 2020 and 2021” (Tracking the COVID-19 recessions Effects on Food, Housing, and Employment, 2021). Life was already challenging without a pandemic but with a pandemic it made it very difficult to juggle day to day tasks especially being jobless, and not having enough to eat. Covid 19 has not only impacted our schools through education and mental health. It has also impacted our world financially. Many people lost their jobs, homes, and belongings. Poverty sweeping the nation. Americans need help with feeding their children and paying their bills. One of the greatest impacts was the employment situation. According to the Congressional Research Service, “in April 2020, the unemployment rate reached 14.8%—the highest rate observed since data collection began in 1948. In July 2021, unemployment remained higher (5.4%) than it had been in February 2020 (3.5%). The labor force participation rate declined to 60.2% in April 2020—a level not seen since the early 1970s—then began a partial recovery in May 2020. The labor force participation rate was 61.7% in July 2021, 1.7 percentage points below the level in January 2020, before the pandemic and the economic recession. Nonfarm payrolls shed 22.1 million jobs between January 2020 and April 2020, with employment declining to 86% of its pre-recession level. In July 2021, aggregate employment remained 5.4 million jobs below its pre-recession level. The COVID-19 pandemic has impacted economic sectors disparately. The COVID-19 pandemic affected the labor force participation rates in every major demographic group. The analysis in this section compares the pre-recession (January 2020) labor force

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all the social determinants of health are missing in your life. Due to Covid-19, our lives have changed drastically. In accordance with Social Determinants of Health 2020, our health in part is determined by access to social and economic opportunities; the resources and support available in our homes, neighborhood, and communities, the quality of our schooling, the safety of our workplace, the cleanliness of our water and air, and the nature of our social interactions and relations. Covid has impacted the way we gather thus impacting the social aspect through isolation and closures. Covid has impacted when and how we work, example unemployment. As a result of job loss many people were not able to adequately feed themselves and their families. “Joblessness remains high, and millions report that their households did not get enough to eat or are not caught up on rent payments. Emerging data shows high rates of hardship. Tens of millions of people are out of work and struggling to afford adequate food and pay rent. Some 22 million adults- 11 percent of all adults in the country reported that their households sometimes or often didn’t have enough to eat in the last seven days, according to Household Pulse Survey Data collected March 3- 15. This was far above the pre-pandemic numbers. Most jobs lost in the crisis have been in industries that pay low average wages, with the lowest-paying industries accounting for 30 percent of all jobs but 55 percent of the jobs lost from Feb 2020 to February 2021, the latest month of Labor Department employment data” (Tracking the COVID 19 Recession Effects, 2021). One of the basic needs in survival is being able to get food, to eat. Many people suffer from a lack of jobs which turns into no money to buy food. This article falls under the category of economic stability. Without a job, one is not stable. Food is a key social determinant of health. It has a direct impact on a patient’s well-being. Not having the ability to buy quality foods, foods rich in vitamins and minerals can result in chronic illnesses and bad health. Not only did the pandemic impact how much we were able to eat but also it impacted the

ability to pay mortgage and rent. The household pulse data shows that millions are not caught up on their rent or mortgage payments (Tracking the COVID-19 Recessions Effects on Food, Housing, and Employment, 2021). “The number of adult renters reporting to the Census Bureau that their household was not caught up on rent has fallen from a peak of 15 million people — 1 in 5 adult renters — in January 2021 but has remained above 10 million people — about 1 in 7 adult renters — since the end of March. These households, particularly those who have lost employment during the pandemic, accumulating debt from multiple months of back rent and late fees. Renters of color and families with children have consistently reported higher rates of rent hardship throughout 2020 and 2021. Life was already challenging without a pandemic but with a pandemic, it made it very difficult to juggle day-to-day tasks especially being jobless, and not having enough to eat. Not only has lack of food been an issue so has health insurance. “Although Medicaid coverage is an option in some states, many are going without health insurance. Many of the 42 million people who have lost jobs during the COVID-19 pandemic also lost employer-based health insurance. The uninsured rate was 26.3% among newly unemployed people as of April, compared with 10.79% for those with jobs. The recent \$2 trillion bailout bill did not provide health insurance coverage or subsidies” (AJN 2020).

Taking away the jobs, therefore taking away the income needed for insurance is just one of the ways COVID is impacting the American people. Health insurance through employee-based jobs aids in the affordability and management of funds contributing to our overall health. Being able to go to the doctor and get quality even preventive health is part of our social determinants of health. Health Care, Access, and Quality. Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes (Healthy People

2030). Now let's shed some light on the statistics associated with the affects COVID has had on the healthcare system. At first glance it believed that the healthcare system was booming with profits not accounting for what COVID has cost the industry. To my dismay, "The American Hospital Association estimates a financial impact of 202.6 billion in lost revenue for American hospitals and healthcare systems. That number estimates to 50.7 billion per month. This number is supposed to provide an effective healthcare response to COVID-19" (Kaye, n.d). This cost in return is going to trickle down to the consumer. COVID has impacted all aspects of the social determinants of health including health care. Another question that pegs the American people as well as people around the globe is what happens to me once I get the Covid- 19 virus? What does it feel like and how does it affect me? These questions are vital because there is a scare surrounding the virus and its unknowns. Questions emerge as to how the virus will affect each person. Most importantly will I die? How much time is one off work? How much will the virus cost me financially? We won't answer all these questions, but we will discuss the symptoms associated with the virus, who all the virus affects and the typical time off work. According to the CDC, COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms to severe symptoms. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

-Fever

-cough

-Shortness of breath or difficulty breathing

-Fatigue

-Muscle or body aches

-Headache

-New loss of taste or smell

-Sore throat

-Congestion or runny nose

-Nausea or vomiting

Diarrhea

According to the U.S Department of Labor, The Families First Coronavirus Response Act (FFCRA or Act) requires certain employees to provide paid sick leave. You are required by federal mandates to be off and quarantined for two weeks, effect date through December 2020. All covered employees are also eligible for specific reasons related to COVID. Under FFCRA, an employee qualifies for paid sick time if one of the following occur; if the employee is unable to work due to quarantine restrictions, a healthcare provider suggestions to self-quarantine, experiencing COVID- like symptoms, caring for an individual that has to self-quarantine or caring for a child whose school, or daycare is closed and if also experiencing any other substantially-similar conditional specified by the Secretary of Health Services in consultation with the Secretary of Labor and Treasury (United States Department of Labor, n.d)

Built Environments

The Covid-19 pandemic not only has impacted our health and healthcare system, but it has also affected our built environments. According to the United States Environmental Protection Agency, the built environment touches all aspects our lives, encompassing the buildings we live in, the distribution systems that provide us with water and electricity, and the roads, bridges, and transportation systems we use to get from place to place. The way we do things have changed. These things include the way we gather (The Biden Administrations vaccination mandates), our job requirements (to vaccinate or not to vaccinate) and public opinion

regarding those changes in our built environment. Covid 19 is not the first disruption nor disease to hit our country that has caused our environments to change. The CDC past pandemics article describes the 1918 pandemic (H1N1 virus) which is the flu/ influenza A having 60.8 million cases from April 2009 to 2010. The 1957-1958 Pandemic (H2N2 virus) estimated number of deaths was 1.1 million world- wide and 116,000 in the United States. There was also the 1968 Pandemic (H3N2 virus) estimated number of deaths being 1 million worldwide and 100,000 in the United States (CDC, Past Pandemics). We are no stranger to disruptions. In the past, experts had their way of preventing the spread of those diseases. First, we must realize the built environment has both affected infectious disease transmission and evolved in response to infectious diseases (Franklin, 2021). Covid-19 has changed the way we gather. Crowding defined as, of a number of people leaving little or no room for movement. Crowding of the sort would consist of churches, restaurants, neighborhood gatherings, prisons, sporting events, and school activities just to name a few. Now that COVID has hit most of the environments that we like to gather causing things to change. There are new requirements/ suggestions to prevent the spread of Covid-19. We used to be able to walk in an establishment with little to no care nor precautions. Now it is recommended per the CDC to wear masks, wash, and sanitize hands sometimes gloves as well (CDC, 2021). Take the restaurant industry for example. They took a big hit in the way their environment has changed beginning with the shutdowns. I conducted an in-person interview with Angela Sutherland, owner and operator of the Henderson, Kentucky Golden Corral regarding the Impact COVID-19 has had on her restaurant. Understanding for those who don't know Golden Corral is an American buffet style restaurant. She stated that, "she needed to start the story from the beginning. In the beginning COVID was affecting other states further North. I felt as if we had more time. It was only a scare in the beginning. We did not

think that it would get as bad as it did then suddenly, we were forced to close. What was I going to do? I can't afford be off indefinitely. What about my workers, some of them are already living check to check? I had a meeting with my employees informing them of the shutdown. I believe it hurt me more than it hurt them. Some of my employees I was aware would be eligible for unemployment and some I really worried about. These people had worked for me 5, 10 and some 20 years. I did not conversate with the employees after the meeting. I was to hurt. I just shut the lights off. I seen tears, hugs, and goodbyes. I was hopeful that we would open back up, but I wasn't sure when. Eventually we opened back up with some PPA loan money. I was able to open back up offering to-go plates and cafeteria style. Operating with a crutch and not offering the services I normally provide which is a full buffet with all the fixings destroyed me. I was not making the money I needed to make. It was better to close than to operate under those conditions. Me and my husband took from our savings. We took from our 401k's. I put my house up all to keep from losing this restaurant! My husband also took side jobs to the extent of 60,000 to help with the expenses of the restaurant. We were about to lose everything. October the 31st there was no longer any PPP money left. I was emailing, calling the right officials pleading to let me operate with a full buffet with no response. I turned in my paperwork for funds as well as made calls to government officials who determined how and when we could operate. Once again, no response. I pleaded to the officials that I could operate with sneeze guards, gloves, tables 6 feet apart, cleaning supplies and masks, but still a no go. The SPA money took 8 or 9 months. The SPA money was in the amount of \$150,000. Indiana got to open up 6 weeks or more before us. I was losing my customers to Indiana. Shortly after Indiana opens back up maybe 6 weeks later Kentucky opens back up but with restrictions. I was told I could open back up but it must operate Cafeteria style. With this style of service people can't go up to the buffet. The wait staff

takes their order, and we just replenish whatever else they ask for. Well, the customers hated the idea of not getting their food on their own and it was extremely exhausting for the staff members to get each individual table by table endless amounts of food. We got busy. We could no longer do the cafeteria style. It wasn't working, the people didn't like it and I was losing money.

Stressful times. The health department insisted I operate under the above conditions with the food brought to each table and if I didn't comply, I would be shut down. No one was to go to the buffet and touch all the utensils. The stress on my marriage due to COVID was immeasurable.

The financial strain was very difficult. Wanting to work and operating again with a crutch of restrictions made for a very frustrating time in my life but I knew within, it wasn't time to end. In addition to the financial aspect, the food supply chain was a constant issue. I never knew what I was going to get. Order one thing, get another. We closed for 6 months total. Pre COVID, I had 54 workers, 32 of my original workers came back. I was happy that they didn't seek other employment. They chose to support the crowd. We are family here. Now I have an avg off 55 to 60 employees. I have to run more employees now than before. Where it use to take one employee on a certain position it now takes two. The job market now is producing C workers at best. They have no drive, no work ethic. They are ok with mediocracy. On a positive note, eventually the funds I had waited on came in. I knew my run with this restaurant had not ended yet. The community still wanted Golden Corral. The shut down impacted the Community. Some people come to Golden Corral every day. They have built relationships with each other as well as the coworkers. We became part of their lives. Forty years Golden Corral has served Henderson Kentucky, 40 years! The community did not want us gone. How did I handle all the stress? Faith was my coping mechanism. With prayer and all the right channels, the money I had waited on came in, every dime. I got paid back every cent. Out of 150,000 restaurants in the United States

my restaurant got those funds. If that isn't God, I don't know what is. I am no longer losing my house; my 401k is back in good standing and my husband is paid back all the money owed to him. God is good" (A. Sutherland, "personal communication", November 15, 2021).

Restaurants weren't the only ones impacted by the pandemic so was retail stores. We were no longer allowed to shop in the stores the way we use to. According to Grant Suneson 24/7 Wall Street at USA Today, reviewed industry publications and data from the Bureau of Labor Statistics to determine the U.S industries being devastated most by the outbreak. Retail and restaurants make up that list. Stores account for 75 % of sales in the retail business. Ten million Americans work in the food service industry. For many restaurants take out becomes the only option as a preventative measure. The only option resulting in job cuts and loss wages (Suneson, 2020). So how has these job losses, closing of restaurants, and changing the way we shop due to COVID-19 shutdowns and closures impacted our mental health? According to the CDC Morbidity Weekly Report, " Overall, 40.9 % of 5,470 respondents who completed who completed surveys during June reported an adverse mental or behavioral health condition, including those who reported symptoms of anxiety disorder (30.9 %), those with TSRD symptoms related to COVID-19 (26.3%), those who reported having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%), and those who reported having seriously considered suicide in the preceding 30 days (10.7%). At least one adverse mental or behavioral health symptom was reported by more than one half of respondents who were aged 18-24 years (72.9%) and 25-44 years (51.9%) of Hispanic ethnicity (52.1%), who held less than a high school diploma (66.2%), as well as those who were essential workers (54%), unpaid caregivers for adults (66.6%), and unreported treatment for diagnosed anxiety

(72.7%), depression (68.8%), or PTSD (88.0%) at the time of the survey” (CDC Mortality Weekly Report, 2020).

A big part of the change in environment is the decision whether to get vaccinated. Many jobs are mandating the vaccination. Getting sick due to the virus is one thing, getting fired as a result of not getting the vaccine is another issue. According to White House Briefing Room, the Biden administration announced a policy to fight COVID-19 one of which was vaccination mandates. Employees are required by OSHA to develop, implement and enforce a mandatory COVID-19 vaccination policy with an exemption for employers who are not fully vaccinated to elect to undergo weekly COVID-19 testing and wear face coverings at the workplace. Employers must determine vaccination status. Employers must also give employees ample time for vaccinations. Employers must also ensure each not fully vaccinated person is tested and does not come out of pocket for said cost. Employers must also provide the information in a language that the employee understands. Covid 19 fatalities and hospitalizations must be reported to OSHA along with the vaccination records when needed (White House, 2021). In a study conducted by KFF of 1,519 adults which is an ongoing research project tracking the public attitudes and experiences with Covid-19 vaccinations. One in four workers say that their employer required them to get COVID-19 vaccinations. Twenty five percent of workers say they have a vaccination requirement. Eleven percent say that would get the vaccination, 46 percent would opt for weekly testing and 37 percent say that they would leave their jobs if their employer did not offer an option for weekly testing. The share of unvaccinated workers who say they would get the vaccine increases to 17 % (2 % of all adults and the share saying they would leave their job increases to 72% which is 9 percent of all adults (KFF, 2021). Again, we can't gather the way we use to. To be vaccinated or not to be vaccinated is now a question of employment. The virus

itself is everywhere, and we are left with the aftermath of such a disruption. Crowding which was once a positive thing is now a safety issue. The restaurants we have once loved are taking hits and fighting to stay afloat financially. The way we shop is different. Things seem to steer more to online shopping. People are reporting adverse as well as behavioral health conditions as a result of COVID 19 hitting our nation.

What an impact COVID has had on our built environments. Another way to look at our social determinants of health is through wellness. There are many components that make up our health and wellness. The 5 domains as mentioned previously that affect a wide range of health are economic stability, education access and quality, health care access and neighborhood and built environments. Also adding a little spice by including capacity building and global interdependence for dept. I know everyone has asked the question, how are you? Many respond with the answer doing “well”. Wellness and health go hand and hand. According to Yvonne Caputo, “Wellness is more than just being free from illness; it is a dynamic process of change and growth. It is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (Caputo, n.d). Today, like family and consumer science, the field of FCS is the study of relationships between individuals, families, and communities and the social, economic, political, biological, physical, and aesthetic environments in which people function. All, playing a part in our overall health. Let’s begin by elaborating on economic stability and how it is measured. Some measure economic stabilities by consumer prices and the national unemployment rate, which can also include food access and affordable housing. “Economic stability allows people the ability to access resources essential to life, including financial resources, quality, housing, food and a job that provides a stable, living wage” (Healthy People, 2030). Let’s look at unemployment numbers. Unemployment is determined by the

amount of people in the work force which in return measures the performance of a country's labor market. Unemployed meaning you don't have a job. Why does this affect you? It limits your purchasing power. No job means no money. No money to purchase food so how do you eat? You don't. No job means you can't pay your mortgage. That results in losing your home therefore no shelter. No money means you can't pay your car note. NO car note, no way to get to the money. The cycle continues, that's why our financial state is so important to our overall well-being. Global interdependence, as it relates to the U.S economy, is affected because "70% of what the U.S economy produces is purchased by domestic consumers through their personal consumption habits" (Picardo,2020). According to "The U.S. Bureau of Labor Statistics, when workers are unemployed, their families lose wages and the nation as a whole loses their contribution to the economy in terms of goods and services that could have been produced" (Picardo,2020). This economy is a circle. It goes round and round. Kentucky unemployment rate is at 4.3 %.

Education

Education is an intricate part in our social determinants of health. Education gives us the knowledge and key for success. Education allows you to get that better paying job and produce more income. "In n the words of Nelson Mandela, "Education is the most powerful weapon which you can use to change the world." "It helps people become better citizens, get a better-paid job, shows us the importance of hard work, and, at the same time, helps us grow and develop. Thus, we can shape a better society to live in by knowing and respecting rights, laws, and regulations. Habitat for Humanities lists the 10 benefits showing why education is important in our society and I agree with them, 1. Employment opportunities. Educated people can see and receive more jobs. 2. Securing a higher income. Educated people make more money on average

than those that aren't educated. 3. Developing Problem Skills. Educated people are taught how to develop critical thinking skills. 4. Improving the economy. Making more money allows a decrease in society's poverty rate. 5. Providing a prosperous and happy life. Money may not necessarily bring all the happiness you desire but it will make you more resourceful and give you options. 6. Giving back to the community. Most know what it is like to be on the bottom so when educated one gets involved in the community and contributes to its improvement. 7. Creating modern society. It develops one need to understand culture and history. 8. Building borders. Technology allows there to be no borders with communication therefore allowing the ability to share information. Creating equal opportunity. Educated people are more likely treated as equal based on knowledge and competence. Finally, yet important, introducing empowerment. This allows you to turn a weakness into a strength. The more you know, the more you grow, the more you share" (10 Benefits Showing Why Education is Important to our Society)! Now, to discuss healthcare as it relates to our over all health and wellness. According to Healthy People 2030 healthcare improves quality of life. In addition to that, high quality healthcare helps prevent diseases and improve quality of life (Healthy People 2030). Let's look at community health. Community is a group of people living in the same places or having a particular characteristic in common. Within a community they share health characteristics, ethnicities, and socioeconomic conditions. For example, some communities might experience high diabetes rates due to limited availability of nutritious foods in the grocery store possibly struggling to buy nutritious food due to cost. One might have trouble getting to a hospital. Educating the community on preventive care, affordable medical, dental, and healthcare services is part of establishing health and wellness for all. Community healthcare being important because about half of Americans suffer from a chronic health concern. Some are hindered by socioeconomic factors beyond their

control. Examples of such would be an elderly woman missing her doctor's appointment because she does not have transportation or a pregnant mother with toxemia having to drive 50 miles to her nearest hospital. These things happen but they need to improve in order to progress ones health journey. You live longer with better, quality healthcare (Why Community Health Is Important for Public Health). The last Social Determinant is neighborhood and built environments. One of the greatest things influencing our way of life and our environment right now is the Coronavirus Pandemic. We can't gather the way we use. Crowded spaces produce health risks. We must wear masks and where gloves when we enter establishments. We must sanitize and clean more. Unemployment is at ultimate high. Education is suffering and kids are failing. Our basic needs are being challenged. Food (no job), shelter (no job), good health (hard to obtain this without a job), our community (which is told to distance from one another due to stay at home orders). COVID or the Coronavirus has impacted all those areas. Not to mention the scare that is associated with Covid, death and what it does to your body. What happens when you get infected? According to Coronavirus: What Happens When You Get Infected? Web MD, besides coughing and sneezing and not being able to sing. Symptoms feel like a normal cold, high fever, loss of taste. Until you can't breathe. It spreads to the respiratory system. It can also cause your body to produce an overactive immune response causing inflammation throughout the body. Spreading down the throat into the lungs, then pneumonia sets in. After pneumonia sets in the patient needs oxygen. When the organs are deprived of oxygen they fail. Just to clarify there are many types of coronaviruses. Some give you just the common cold. The new coronavirus behind the 2019-2020 pandemic causes an illness called COVID-19 (Coronavirus: What Happens When You Get Infected?).

Solutions

What we haven't talked about is the national policies that are going to help our 5 determinants of health. According to the World Health Organization-Europe, "Evidence indicates that actions within four main themes (early childhood development, fair employment and decent work, social protection and the living environment) are likely to have the greatest impact on the social determinants' of health and health inequalities" (Saunders, 2017). Saunders includes the following policies:

- "Proportionately re-profile resources for early childhood education and care (ECEC) to increase coverage and quality according to levels of need, especially for more deprived groups.
- Promote strong parental and community involvement in ECEC provision, along with better training, standards and monitoring, to improve quality.
- Use universal integrated multiservice delivery models alongside more intensive tailored support, with home visiting for more disadvantaged families, to optimize ECEC provision.
- Implement social protection measures to protect families at risk of poverty and improve family and community resilience.
- Support parents into employment and promote gender equality in employment and education to reduce child poverty.
- Create employment opportunities in more disadvantaged areas by expanding public and private infrastructure investments and investing in health services, social care, and education and training services. These investments can improve the employment potential of populations in need, enhance resilience and strengthen responses to crises.

Such approaches need to be sustainable, while avoiding insecure employment and poor-quality work.

- Implement good-quality active labor market programs (ALMPs) to support people into employment while enhancing resilience. ALMPs that provide job search assistance and vocational training, start-up finance for small businesses, and integrated support for disabled people are more likely to be effective.
- Improve working conditions through better worker representation, effective health and safety legislation, extended employment rights, an adequate minimum wage for healthy living and improved management practices.
- Increase investment in social cash transfer programmers. The International Labor Organization (ILO) has outlined several fiscal mechanisms for this.
- Improve the effectiveness of programmers by increasing coverage, adequacy and uptake and ensuring an effective combination of universal and targeted approaches (with appropriate use of conditionality).
- Improve the coordination and management of social transfer schemes to make them as simple and efficient as possible for beneficiaries, thereby saving costs and maximizing effective reach.
- Ensure legal security of tenure for all, protect citizens from unlawful eviction, establish and enforce minimum housing standards and upgrade homes in poorer areas (including better access to safe water, sanitation, energy and water efficiency, ventilation and indoor air quality).

- Increase housing affordability (e.g. through access to more affordable credit, subsidies and an expanded supply of affordable housing) to both improve housing quality and decrease the proportion of income spent on housing, thereby releasing funds for more disadvantaged citizens to access other health-enabling resources.
- Use impact assessments to enhance the health benefits of actions to mitigate climate change and maximize the positive effects of health and social policies on climate change. Actions can include strengthening early warning systems for extreme weather events, improving preparation for disease outbreaks and raising awareness about climate change.
- Implement effective urban planning to promote cleaner, more energy-efficient and healthier transport and housing, which have beneficial effects on health, climate change and pollution.
- improving child development contributes to SDG 4 (quality education), SDG 8 (decent work and economic growth) and SDG 10 (reduced inequalities);
- improving access to fair employment and decent work is needed for SDG 8 and contributes to SDG 1 (no poverty) and SDG 10;
- improving social protection is essential for achieving SDG 1, SDG 2 (zero hunger), SDG 4, SDG 5 (gender equality), SDG 8 and SDG 10; and
- improving the living environment is essential for achieving SDG 11 (sustainable cities and communities), contributes to SDG 13 (climate action) and supports SDG 8.

Implementing the outlined policy options as part of a cross-governmental strategy should lead to long-term health benefits and reduce health inequities while achieving sustainable social, economic

and environmental development. The social return on investment (SROI) from many of the policy options identified in this report is explored in a companion report from the Health Evidence Network on investment for health and well-being.

- Proportionately re-profile resources for early childhood education and care (ECEC) to increase coverage and quality according to levels of need, especially for more deprived groups.
- Promote strong parental and community involvement in ECEC provision, along with better training, standards, and monitoring, to improve quality.
- Use universal integrated multiservice delivery models alongside more intensive tailored support, with home visiting for more disadvantaged families, to optimize ECEC provision.
- Implement social protection measures to protect families at risk of poverty and improve family and community resilience.
- Support parents into employment and promote gender equality in employment and education to reduce child poverty.
- Create employment opportunities in more disadvantaged areas by expanding public and private infrastructure investments and investing in health services, social care, and education and training services. These investments can improve the employment potential of populations in need, enhance resilience and strengthen responses to crises. Such approaches need to be sustainable, while avoiding insecure employment and poor-quality work.

- Implement good-quality active labor market programs (ALMPs) to support people into employment while enhancing resilience. ALMPs that provide job search assistance and vocational training, start-up finance for small businesses, and integrated support for disabled people are more likely to be effective.
- Improve working conditions through better worker representation, effective health and safety legislation, extended employment rights, an adequate minimum wage for healthy living and improved management practices.
- Increase investment in social cash transfer programs. The International Labor Organization (ILO) has outlined several fiscal mechanisms for this.
- Improve the effectiveness of programs by increasing coverage, adequacy and uptake and ensuring an effective combination of universal and targeted approaches (with appropriate use of conditionality).
- Improve the coordination and management of social transfer schemes to make them as simple and efficient as possible for beneficiaries, thereby saving costs and maximizing effective reach.
- Ensure legal security of tenure for all, protect citizens from unlawful eviction, establish and enforce minimum housing standards and upgrade homes in poorer areas (including better access to safe water, sanitation, energy and water efficiency, ventilation and indoor air quality).
- Increase housing affordability (e.g. through access to more affordable credit, subsidies and an expanded supply of affordable housing) to both improve housing quality and

decrease the proportion of income spent on housing, thereby releasing funds for more disadvantaged citizens to access other health-enabling resources.

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- Implement effective urban planning to promote cleaner, more energy-efficient and healthier transport and housing, which have beneficial effects on health, climate change and pollution.

Member States can support the proposed roadmap to implement the 2030 Agenda for Sustainable Development through practical policy options, including those outlined above. Countries with few of these policy options in place have the opportunity to do more and those with well-established systems have the opportunity to do even better.

The impacts of these policy options will be greater if actions are combined across multiple social determinants through effective intersectoral or whole-of-government strategies (requiring equity-focused approaches to planning, budgeting, and resource allocation across government departments). The outcomes of selected policies addressing the social determinants of health and health inequities should then be monitored through strengthened information systems and adapted to local contexts. With constrained resources, a graded approach to providing services and support proportionate to need is most likely to address inequity.

Many SDGs are important determinants of health, and their achievement will lead to improvements in health and well-being; likewise, health is an important contributory factor to achieving other SDGs. As well as reducing health inequities and directly contributing to SDG 3 (healthy lives and well-being), the identified policy options are likely to have multiple benefits across other SDGs:

- improving child development contributes to SDG 4 (quality education), SDG 8 (decent work and economic growth) and SDG 10 (reduced inequalities);
- improving access to fair employment and decent work is needed for SDG 8 and contributes to SDG 1 (no poverty) and SDG 10;
- improving social protection is essential for achieving SDG 1, SDG 2 (zero hunger), SDG 4, SDG 5 (gender equality), SDG 8 and SDG 10; and
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Implementing the outlined policy options as part of a cross-governmental strategy should lead to long-term health benefits and reduce health inequities while achieving sustainable social, economic and environmental development. The social return on investment (SROI) from many of the policy options identified in this report is explored in a companion report from the Health Evidence Network on investment for health and well-being” (Saunders, 2017).

We have discussed the problems and the impact COVID has had on our world but what about the solutions for the impact caused by this pandemic? We talked about the policies but what else can we do? We know that the social determinants of health are conditions in the environment where people are born, live, learn, work, play, worship, age, and function that affect

a wide range of health functioning and quality of life outcomes and risks. We know the 5 domains COVID has impacted which are Economic Stability (job loss), Education, Access and Quality (not enough beds, shortage of staff and access to loved ones during illness), Neighborhood and Built Environments (social isolation and the way we are allowed to gather and mourn), Social and Community Context (?) (healthy.gov). Covid has impacted our quality of life. Quality of life is determined by the 5 determinants of health. What do we do to offset the negative impact Covid has caused? The solutions should include bringing awareness to the issue that COVID has impacted the world. Share the data that we know we have already collected. What do the numbers say? According to the CDC, we know as of August 24, 2021, 38,074,886 cumulative cases of the COVID virus have been reported in the United States and this number is growing. We know that our kids are in trouble. They are failing in school (Lecher, 2020). We know that our parents are stressed out and children are left to teach themselves through virtual learning and that isn't going so well (CSW Jose Morris). Children need to be in school. We know that one-half of the general population is experiencing symptoms of anxiety or depression at an alarming rate during the pandemic including but not limited to PTSD and MDD (Sneider, 2021). We know that child abuse and neglect cases per 1,000 pediatric ED visits have increased by 97% (Bullinger, 2021). The Portland Police Bureau recorded a 22% increase in arrests related to domestic violence compared to prior weeks.

Prevention Efforts-media

We also know according to the Household Pulse Survey Data collected March 3-15, some 22 million adults reported households sometimes or often not having enough to eat in the last 7 days. How do we bring awareness? We should broadcast on the platforms we use the most Facebook, Twitter, Instagram, and news media. Facebook has roughly 2.91 billion monthly

active users as of the third quarter of 2021. Facebook is considered the biggest social network worldwide (Statista Research Department, 2021). As of July 2021, Twitter has 73 million users and Instagram has roughly 32 percent aged between 25 and 34 years old (Statista Research Department, 2021). The number of total day consumption users of tv is as follows: FOX 1.836mn, U.S networks 3.19mn and 5.35 total news audience on U.S. networks with a share of adults that view network news on a daily basis at 27% (Watson, 2020). There is not a shortage of people using the above platforms.

Prevention Efforts-Coalitions

We just need to get the word out. We need it to go viral. Another solution is to form a coalition with the sole purpose of lessening the impact COVID has already caused. Coalitions are an alliance of people representing diverse organizations who agree to work together to achieve a common goal. Coalitions unite leaders who represent different constituencies, such as elected or appointed officials and business, educational, health services, social and religious groups. They bring together organized grassroots groups and people with a shared interest in achieving a mutual goal or need. Churches and organizations in my current city that are aiding in the community are Holy Name, The Goodwill organization, and Mother's Holding it down just to name a few. These organizations help the needy with groceries, utility bills, and Mothers holding it Down helps with preventive measures keeping kids off the streets through basketball. One way of helping is to build your own coalition or join an existing coalition within your own community. These groups also include alcohol and drug treatment centers, government officials and agencies, recovery support groups, unemployment support groups, schools, universities, and educational centers. Each group has something to aid in the collective group which can be a coalition. Coalitions in Henderson County include Henderson County Hunger Coalition which is

committed to relieving hunger in Henderson County by raising awareness of and funds for hunger-related agencies. They provide "emergency food to needy families" and individuals facing a crisis. Henderson County also has a coalition called The Diabetes Coalition which puts on the 2nd annual "Putting it Down for Diabetes". It is basically a fundraiser consisting of golfing raising money for diabetes. It operates on grants, donations, and fundraisers. They provide insulin and diabetes medication for people in need. SPF (short for strategic- prevention- framework) is part of the solution as well even though this program is designed for drug prevention, I believe it can apply to the COVID pandemic solutions as well. It is the start of a game plan (Community Toolbox).

It consists in a nutshell an assessment and an action plan that includes using your community and its resources for prevention. This can consist of a coalition of small groups, none of the less it can't be done alone. The assessment in this framework consists of identifying the issue in the community. Diagnose the root of the problem. Educate the community regarding said issues. Find the resources you already have and utilize those resources making sure the same goal is in mind. Find out where the community hotspots are and how the children or client see their own environment. Is the environment healthy, no Covid hit, are resources available to that individual, yes, we have resources use them? Where are people gathering and spending the most time? If it is the schools, use the schools. If it is at churches use the churches. How can we utilize that area and make it better for our community? Gather data and use social media outlets to get the word out. In other words, use the necessary resources to gather the necessary data to inform the right people, the right groups in order to better the community.

It is important to find the existing groups in your community with like-minded agendas. One group that is helping in our community is the non-profit organization called Audubon Kids

Zone. According to Audubon Kids Zone, “They connect the family, school, and community to empower kids to achieve lifelong success. They believe in mentoring kids at an early age, and they believe in getting the community, parents, and volunteers involved. Their community goals include an increase in kindergarten readiness, goal setting, and achievement for the whole family, increasing high school education rates, better access to healthy food choices, access to community engagement opportunities, opportunity-rich neighborhoods where families can live safe, play, and thrive”. This is just a small list of things this agency assists with. This early aid from this organization, I believe aids in the prevention strategy.

I was astonished to know according to the CDC, that the latest numbers suggest an acceleration of overdose deaths during the pandemic. This furthers my suggestion of using the SPF framework solution due to the impact Covid has had on our community including an increase in drug consumption. I hope to bring awareness to my community. It's also important to note bringing awareness is important but implementation and actions are even more important. Obtain resources, use the media outlets, confirm, collect and share the data collected regarding issues at hand and most of all share the data.

As a result of the Covid, 19 shut down, due to the rising cases of covid cases, many people loss their jobs. Schools closed down as we mentioned before, and uncertain times arose. Not knowing rather, you will pay your bills, or how your children will eat alone is stressful. William Stoops, Ph.D., a professor of behavioral science at the University of Kentucky says, “People are more stressed and isolated, so they make unhealthy decisions including drinking more and more and taking drugs” (Abramson, 2021). “People are also taking drugs they don’t normally take due to availability issues during the Covid Pandemic.” “But experts agree based on research and clinical observation that pandemic- related strains, from economic stress and

loneliness to general anxiety about the virus, are a major driver for the increase”

(Abramson,2021). I stumbled upon an organization that is aiding the world in these trying times.

Prevention Efforts- non profit organization

I had the privilege of visiting a wonderful non-profit organization called Audubon Kids Zone in Henderson Kentucky, located on 1325 Powell St. This small building is filled with four selfless workers along with a host of volunteers, averaging 35 children with caseloads up to 60 families. Their motto is ‘Connecting the Family, School, and Community to empower kids to achieve life-long success. I will demonstrate and list the prevention objectives, CSAP strategies used, and potential outcome assessments along with two scholarly article sources that mimic Audubon Kids Zones’ philosophies.

Upon my visit to Audubon Kids Zone, I was given a tour of the facility by a very resourceful caseworker by the name of Star. Star is in charge of helping the families get the resources that the family needs in order to survive and grow. The facility can hold 35 people at a time, that number includes parents. Star has access to resources which she then passes on to the people in the AKZ program, resources such as Thrive which is an organization that provides free medicine to those in need. Eco is another resource that includes free doctors and health care/ mental health clinic which provides for the needy through medical necessities. A company called For Good Community provides food for those in need. Star and Audubon Kids Zone associates also transport families to doctor and court appointments. AKZ is also connected to Salvation Army’s efforts regarding vouchers given to families to pay rent and utilities. Habitat Restore aids in the furnishing of homes for the needy in their homes. The Answer center provides uniforms and household start over necessities for families going to work. AKZ also has an in-house

therapist for your mental health needs, both parents and children. Not only is Audubon Kids Zone known for its resourcefulness it also hosts G.E.D classes conducted by Henderson Community College on Friday morning from 8:00- 12:00 pm. On Tuesday nights they have a Substance Abuse Support Group from 5:30- 6:30. They also have what is called Parent- Promise- Dinner where they support the parents' need for college or technical school. They also have a wonderful program led by Mrs. Lyndsey McAtee, BSW called Strong Steps. According to Lindsey, "Strong Starts works with kids and parents from 0-5 years old. The focus of the 0-3 program is working with parents and their babies/ toddlers on developmental milestones recognition and implementing interventions as needed at an early age so as to minimize the impact on the child. The Pre- K portion of the program for 4-5-year-olds is to assist the child to be ready to enter the world of kindergarten and to empower parents to feel confident building relationships with their school academically, socially, and emotionally." In order to be a part of the AKZ family, you have to live in the South Heights Elementary School District and be referred to by school officials. Star and her team also go to the schools to form their assessments.

Upon my arrival I noticed playful children interacting with one another, eating healthy snacks such as fresh cheese and veggie sticks along with water and fruit snacks. I also observed children playing mind craft. "Mind craft is educational because it enhances creativity, problem-solving, self-direction, collaboration, and other life skills. Importantly, Minecraft also teaches business principles, STEM knowledge, and a global perspective" (iD Tech,2016). I also observed teenagers helping the younger children with homework, playing basketball outside together, and treating one another like family. In my opinion, the children acted as if they cared for one another. They had a sort of cohesiveness to each other. During my 2-hr. stay, I also observed the

caseworker Star reading a book written by Kristen Bell and Benjamin Hart called ‘The World Needs More Purple People’. The life lesson that I learned from listening to this book being read is all about diversity and inclusion. Be yourself, but most importantly learn how to understand people who are different than you. You don’t have to choose red nor blue. You can choose to be purple. “The moral of the story, which is an activist one- becoming purple, the magical color “made when red and blue work together” (Bell). The reading of the book as Star mentioned, “encourages group discussion, demonstrates leadership skills, models empathetic responses and shows diversity and inclusion.” I also observed students and clients utilizing Tammy the in-house therapist office. I like the fact that at Audubon Kids Zone a mental health professional is easily accessible and pride themselves on mental health being of importance.

The CSAP prevention strategy being used at Audubon Kids Zone is the education strategy because it is an interaction between the educator/ facilitator and participants is the basis of its activities. Activities including critical life and social skills. An emphasis being placed on learning and social skills at Audubon Kids Zone. Also taught are systematic judgement abilities taught via books and discussion along with therapy sessions. At AKZ there are support groups for parents. Peer leader groups help in the since of the older kids helping the younger kids. There are education programs such as G.E.D classes and strong start programs. Lindsey McAtee from AKZ says, “Strong Starts employee the Ages and Stages Questionnaire (ASQ) to assess children’s emotional, mental and physical health as well as gage motor skills and inquire what concerns caregivers have for their children. These assessments are filled out with the caregiver and activities matching desired skills are provided for children during bi- monthly play and learn groups. Educational toys are purchased for families and sent home with children to practice developing these skills. The success outcomes from checking back with the teachers and redoing

those same skills again and seeing improvement”. I would also say the problem i.d prevent strategy is affective in this case as well because you must be referred by the teachers at South Heights Elementary School. In addition, AKZ includes the community resources to help the kids and families. It is the community’s money that is help supporting, referring, and collaborating to create a better environment for the kids. When asked how you are measuring the success of your program and how are you implementing the goals set forth Star from Audubon Kids Zone responds, “take J (names given for confidentiality) he is autistic. He used to act out all the time, throw stuff, not play well or interact with others, was addicted to drugs as an infant, abused by his biological mother, and socially distant. Now J is working well with others, is obedient in school and comes to Audubon Kids Zone everyday like here is his family. Take Z. She was a nerdy, former timid/ scared kid now coming out of her shell. Take my two teen boys that came to me when they were only 10 and 11. They came to me as felons, troubled kids, now they are peer leaders and aspiring to become lawyers and construction workers. One of them there’s nothing he can’t fix. I had one kid that was preparing for school who only knew two colors blue and red, crips and bloods, those are gang colors. Now he knows all his colors and is doing very well academically. We are meeting the needs of both children and parents in our process. We make available the resources necessary to have a healthy life and environment. We tackle life’s difficult conversations threw books such as ‘The World Needs More Purple People’. We provide a haven to come to after school for activities. We provide therapy and assist the parents. We are connecting the Family, School and Community. We base our assessment on strengths and needs but we look at strengths first. The prevention is and strengths is using the resources available to help meet basic needs along with support and a safe haven for the children.” The limitation to Audubon Kids Zone is the place can only hold 35 people. They need a bigger building and more

employees to aid the community. They are only servicing the South Heights School District but would like to service a larger population. Audubon Kids Zone also needs a larger van to transport kids. The personal vehicles being used now are just not doing the job efficiently.

A program and scholarly article that I found that mimics the needs of Audubon Kids Zone's philosophies are Carol Hayden children. These children have also been in trouble and committed crimes. They suffer from antisocial behavior, and mental health problems. The parents have negative parenting skills and are cold and hostile. (Hayden). Hayden puts great emphasis on parent- child attachment from which the child learns to respond to his or her social world, either with empathy and tolerance or suspicion and aggression. Hayden sees schools as a key institution for promoting pro-social behavior. Like Audubon Kids Zone Hayden believes using the schools and developing the social skills are/ is as important. Hayden also stresses that, "Communities and neighborhoods are spaces for troubled behavior and makes the connection between poverty, social problems and antisocial behavior." AKZ also believes and aspires to strengthen the community one child and parent at a time. Hayden and Audubon Kids Zone believe poverty constricts parental capacity. At Audubon kids zone poverty as well as need is the population to help. Carol Hayden as well as The Bridge Project: Connecting Home, School, and Community for Mexican Immigrant Children also agree with the psychosocial aspects of after school programs that are effective in change (McElvain,). McElvain states, "In this study it examines the academic and psychosocial effects of the Bridge Project after-school program on 25 pre-kindergarden through 6th grade English language learner Mexican immigrant children." The results of the study show that the program increased the children's reading comprehension by an average of 2.8 grade levels and increased English proficiency an average of 2.8. California English Language Development Tests levels over a two-year period. Parents also observed their

children growth in confidence, social skills, motivation, responsibility, and the ability to ask questions (McElvain). Like Audubon Kids Zone they have realized the great opportunity and need to combine school, family, and community. It being the key to academic achievement. McElvain says that “research indicates a strong need for schools to utilize public and privately funded resources found in neighborhood and community organizations. An example to use would be Audubon Kids Zone... Community- based programs that include after school tutoring provide out-of-school educational opportunities that can meet the social capital needs of Mexican immigrant children.” Audubon Kids Zone, The Bridge Program, and Carol Hayden’s Identification and Assessment of “Children in Trouble: The role of Families, Schools and Community are all doing one thing which is trying to create a better future for children. This future can include a better education, a better home environment or a better quality of life. They have in common the need for community, resources, and parent involvement. These efforts all aiding in prevention strategies of some sort.

In conclusion, imagine a world full of jobless, hungry people. Imagine them at home stressed about when they are going to get back to work. Imagine violence and substance abuse, increasing as a result of added stressors in one’s life. Imagine your children being at home presently instead of going to school! Imagine losing a loved one or getting sick yourself. Now imagine all of these events happening during a very small window. Do you think this warrants some help, a call for action of some sort? Yes! There are mental health programs in your area. COVID has impacted all of the social determinants of health that are impacting the American people. The world needs to know the impact.

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