



### *In Southeastern Ohio, Families and Teens Struggle to Manage Diabetes during the Pandemic*

October 7, 2020

Meet Hollie Goodell...



Hollie Goodell is a Diabetes Navigator working within the Diabetes Institute of Ohio University in Athens, Ohio. The Diabetes Institute of Ohio University is a collaborative group of research scientists, clinicians, educators, health administrators, and students with a common interest in diabetes. They work together to improve the quality of life for those affected by diabetes and related diseases through innovative research, progressive clinical care, education, and community outreach. In 2018, The Diabetes Institute received a three-year, \$600,000 grant from the Health Resources & Services Administration of the U.S. Department of Health and Human Services to expand services that focus on children with diabetes.

Hollie works with children ages 18 and under with Type 1 or Type 2 diabetes in Athens and the surrounding counties of Meigs, Vinton, Hocking, Morgan, Perry and Washington. She provides case management, health education, and support for children, families, diabetes care providers, and schools to assess and address barriers to care.

Diabetes is one of the most prevalent and serious chronic diseases in the United States, and it is the 7th leading cause of death in Ohio. Children are more likely to be diagnosed with Type 1 diabetes. Of the total cases of diabetes among youth under age 20 nationally, 90% are Type 1. Type 2 is still relatively rare among children, at 12.5 per 100,000 youth, but it is on the rise among children of color, increasing by 4.8% between 2002 and 2015.

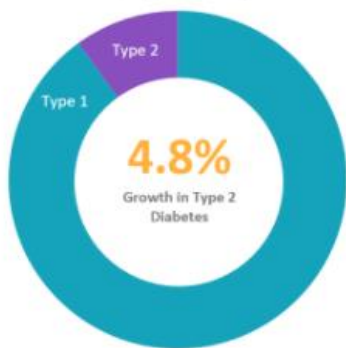


Before the COVID-19 outbreak, Holly had a caseload of 15 families with children diagnosed with diabetes. She helped teens establish goals as they begin to transition to adulthood where they will be responsible for managing their own health. After school buildings shut down in March 2020 and students moved to in-home distance learning, Hollie stayed in touch with her students via phone as often as she was able.

The stay-at-home order presented serious challenges to her ability to effectively help her students. It has been very difficult for her to stay in touch with many of her students which is concerning. Many of the families have not returned calls to stay connected since all of this began. Although many of schools in the area are offering in-person learning to some extent, many of her students were enrolled in home

school options and are not attending in person, and neither she nor the school nurses have been able to reach many of them.

Diabetes by Type among Children



When meeting with her students at school, away from their parents, they are more open to sharing information about health, eating habits, and testing adherence. When she transitioned to checking in with students at home by phone, she found that many were reluctant to share information with her, perhaps out of fear of their parents overhearing conversations. She also found that the structure of being in a classroom all day with a teacher was, of course, not replicated at home. Parents are working and often not available to monitor their child's behaviors at home. Eating and sleeping habits are changing and the students are not testing as they should. Sugar levels are going uncontrolled. Hollie is

concerned about how this lack of attention to their diabetes today could affect their future health.

Another barrier Hollie encountered is one that we have heard from other families and providers in this region, a lack of broadband connectivity. Many of her students have limited to zero access to high speed internet, and a lot of them don't have a cell phone. Provider offices are offering limited appointments or telehealth, and students are either not having appointments at all or using telehealth, but the A1C levels checks must be done in person. This makes it difficult to determine their current diabetes management. I have been able to meet with 3 of my older students via video chat but it is difficult with the limited availability of internet. Most of my contact has been via phone and in-person at the child's home. Last school year, I was working with 15 students on a regular, mostly weekly, basis. At this time, I only have regular contact with 2 students.

Many providers turned to telehealth during the stay-at-home order. The expansion of telehealth during the current public health crisis has been a great benefit to many Ohio families. However, families who live in an area where broadband isn't available or consistent, or if a family doesn't have a computer, cell phone, or a cable subscription, are unable to access this option. Many students in southeastern Ohio were unable to access telehealth because of this lack of technology.

Heading into fall, there are expectations that the pandemic will increase in severity as it collides with flu season, there is the possibility that schools will once again face the prospect of closing. We must act now to help vulnerable families and children and give them the tools they need to successfully navigate this new pandemic world.

### CDF-Ohio Recommendations

- Parent engagement is essential to the success of a child diabetes management program and encouraging parents to participate in training classes on daily task management, transitioning responsibility, and communications.
- Make the telemedicine expansion permanent. Telemedicine can address barriers to care for many families in rural areas.
- Fund greater broadband connectivity in underserved areas. HB 13 and HB 190 are positive steps in this effort. Families in rural areas of the state are at a disadvantage when technology is not available to them. Greater connectivity would allow the region to realize the full potential that telehealth offers in healthcare shortage areas.
- Extend internet service subscriptions and vouchers to families throughout Ohio who otherwise cannot afford it, similar to the HEAP program.

*Children's Defense Fund-Ohio thanks the individuals, families, and health practitioners who have shared their stories for the Child Watch Ohio series and the funders of the Ohio Finish Line project for their support. For more information, please contact Kelly Vyzral, Senior Health Policy Associate at [kvyzral@childrensdefense.org](mailto:kvyzral@childrensdefense.org).*