



Expert perspective:

Bert Sorongon, PhD Managing consultant, The Lewin Group

Bert Sorongon, PhD, joined The Lewin Group in October 2012 with recognized technical expertise in child development and early childhood education research, including early literacy, classroom practices, cognitive development, contextual factors and parent involvement. He has over 20 years of experience conducting and overseeing primary and secondary data collection, including statistical programming and data analysis with numerous statistical software packages. He has significant experience in driving survey instrument development, evaluation design, child assessments, testing and training, field management and quantitative research methodologies for federal, state and private sector clients.

Dr. Sorongon holds a doctorate in developmental psychology from George Washington University. He earned a bachelor's degree in English from Georgetown University.

Q&A

Q: In what ways has COVID-19 impacted youth in terms of access to health and education?

BS: Over the past year, social distancing policies and the economic downturn have had important implications for the health and well-being of children, with more severe impacts on disadvantaged children. During the global health crisis, children have been at risk for emotional and behavioral challenges due to pandemic-related disruptions to their routines as well as increases in parent stress and family hardships as a result of the economic downturn. Children have also been at risk of restricted access to health care due to social distancing policies or parents' concern about exposure to COVID-19. This restricted access is particularly problematic for children with special health care needs.

In addition, remote learning has affected the learning experiences of children in the 130,000 K–12 schools across the country. Even though schools have been introducing new technology into the classroom for years, all schools and districts had to address technology issues last year, including students' access to computers and other devices and the internet. The new learning environment has posed a disruption in student engagement with teachers and peers that may threaten their mental well-being as well as academic engagement. Remote learning may limit children's access to health care services, and physical activities, typically provided through school. For special populations, remote learning can present difficulties in online learning and limit access to mental health supports. Finally, barriers to effective communication with families and caregivers may cause additional stress on teachers and students.

My work at OptumServe has allowed me to lead efforts to monitor the response of the Head Start program in adapting to social distancing policies to ensure that needed services continue to be provided to disadvantaged and vulnerable children and their families. The information we collect informs the Office of Head Start on how the programs are providing services and what supports they may need to continue to do so.

Q: What will be the most notable innovations and outcomes in children's health and education post-COVID-19?

BS: The pandemic-induced shift to remote learning has accelerated schools' reliance on technology. While many schools faced challenges during this transition, new and existing learning tools have been brought into the mainstream. A high-quality, in-person learning environment will continue to be an essential part of children's education. However, hybrid learning models and the ability to move between remote and in-person experiences will increase teachers' flexibility, allow for multiple teaching approaches and individualization of teaching plans, and minimize disruption in future crises.

Likewise, technology is continuing to be leveraged to support students' mental health. Online counseling sessions and support groups can provide mental health supports when in-person services are not available. Mental health applications ("apps") can serve as a supplement to the work that is done in counseling or therapy sessions. Studies have shown that various web-based tools can be effective in reducing anxiety, depression and stress. And digital social and emotional learning curricula can teach students to implement positive emotional habits and responsible relationships in a mode that can overcome physical barriers to learning. Finally, digital monitoring software can monitor students' school accounts for mentions of mental health situations or potential self-harm. While issues such as students' access to computers and other devices and the internet will still need to be resolved, technology can be an important tool to promote the development and mental well-being of the next generation.

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