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Background

Children with craniofacial conditions (CFCs) may face social isolation and lower quality of life.

COVID-19 restrictions have disproportionately impacted the local CFC community by limiting access to resources on both sides of the California-Mexico border.

Virtual day-camps were developed to provide psychosocial support and health resources for this diverse and vulnerable community.

Methods

Virtual day-camps were hosted for the CFC community in June and December 2020, in English and Spanish. At each camp, professionals led motivational speeches and activities in arts, fitness, and mental health.

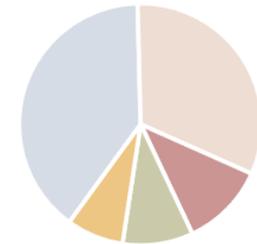
Surveys were administered before and after each camp in English and Spanish. Parent responses pre-camp (N=53) and post-camp (N=31) were analyzed.

Pre-camp findings

Average age of child	5-10 y
Sex of child	58.5% M
Ethnicity	
Hispanic	32.1%
Annual income	
< \$50K	41.5%

Most desired outcomes

Parent-parent connections	4 ± 1.0 out of 5
Child-child connections	4 ± 0.9 out of 5
Self-esteem activities	3.9 ± 0.9 out of 5



CFC diagnoses

- Cleft lip/palate (39.6%)
- Craniosynostosis (32.1%)
- Treacher-Collins (11.3%)
- Micrognathia (9.4%)
- Other condition (7.6%)



Among ethnicities, Hispanic parents were significantly more interested in interacting with **healthcare professionals**



Among age groups, parents of 11-13 year olds significantly stated their child is seeking **self-esteem activities**

Post-camp findings

Top 3 activities for children

- Motivational speaker
- Therapeutic activities
- Physical activities

Most beneficial for parents

Parent group discussions	4.6 ± 0.8 out of 5
Motivational speaker	4.2 ± 0.6 out of 5
Resources & advice	3.6 ± 1.2 out of 5

Significant results

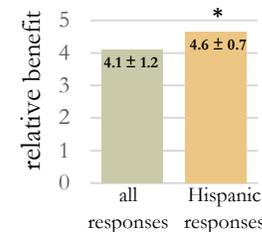
Hispanic parents benefit more from resources

Hispanic families want more resources on handling social stress

Low-income families felt more connected with other families after camp

Parents of children under 5 want more frequent camps

Virtual vs. in-person "more beneficial"



96.77% would participate in another camp

Conclusion

Multi-disciplinary teams can engage in cross-border health outreach through virtual day-camps that offer psychosocial and healthcare resources.

This virtual paradigm has demonstrated success in this CFC community, with benefits across ethnicities, income, and age groups.

Future Directions

Families who attended both camps (N=6) indicated increased child-child connection, parent-parent connection, and satisfaction from resources/advice offered. As this cohort grows with subsequent camps, analysis will yield ways to optimize virtual, and eventual in-person, health outreach for this vulnerable population and its subsets.

Acknowledgements

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