

Evaluation of Calvary Student Ministry Plans, Fall 2020

A Summary of Findings

- The teen demographic has a low mortality rate, making up 0.17% of COVID deaths since the beginning of the pandemic in the US.
- The teen demographic has shown fewer cases than other demographics with only 6,597 cases (as of August 10, 2020) in the state of PA.
- The teen demographic is likely to be a high spreader of any infectious disease due to their large social circles and low levels of symptoms.
- Prolonged social isolation increases likelihood of long-term mental illness in subjects of all ages, but especially when experienced during developmental years
- Among older adults, social isolation has as strong a link to heart disease and early death as smoking or obesity.
- The solution to social isolation is primarily more face-to-face time and an alleviation of social distancing guidelines just enough to feel normal.

Plan of Action

- Return of face-to-face ministry in the Fall, beginning entirely outside in September
- Once it is too cold or too dark for outdoor ministry, we will meet directly in small groups
- We will constantly evaluate and if danger of death or severe illness increase among teens or we find cases among our teens we will and change plans

Explanation

This paper is an assessment for the future programming for Calvary's Student Ministries. Our aim is to glorify God by integrating students into the life of the church, mentoring them to be part of the church today and training them to lead the church tomorrow. It is with careful research and discernment that I present to you threat risks for teens during this pandemic, a potential solution and share our plans for the Fall of 2020.

As I begin to assess the future programming for Calvary's Student Ministries, we must assess risk for teens regarding COVID. In the state of Pennsylvania, as of August 10, 2020, teens represent one of the lowest groups of confirmed cases with just 6,597 cases confirmed within the State.¹ Additionally the death toll nationally among teens is comparatively low. To date, there have been 225 deaths among 15-24 year old and 20 deaths among 5-14 which are directly linked to COVID. There have been an additional 427 deaths which have been the result of pneumonia, influenza and possibly a combination with COVID.² In comparison, there have been 16,353 deaths among teens from all causes of death in the same time span. It is of important note that teens make up 0.17% of all COVID deaths in the United States to date. Although the

¹ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

² https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

mortality rate worldwide for all age groups is currently 3.7%, the state of PA has seen almost no death among teens and children.³

The real danger for teens is the likelihood of being spreaders of the virus. An article written in 2006 addressed social distancing designs for Pandemic level Influenza. It identified teens as one of the groups most likely to spread a pandemic. Adults who go to work generally interact with the same 10-50 people each day, the same is true of grade school children who go to school. Teens comparatively may have 6-7 classes where they interact with 20-30 people in each class, additionally teens frequently hold part-time jobs, participate in extracurriculars and socialize with friends outside of any of those groups.⁴ For these reasons, teens more than any other age demographic are the most *potentially* threatening spreaders of COVID because of the breadth of their social interactions.

The social distancing efforts imposed on teens may be the biggest threat to their wellbeing both immediately and long-term. Studies have been conducted on loneliness and its link to mental health, but such cases cannot distinguish whether mental illness results from loneliness or loneliness from mental illness.⁵ However, studies have been conducted on animals in which subjects are placed in extreme isolation. The results of these studies yielded changes in brain behavior especially when the isolation occurred during the age of development.⁶ Isolation is itself a stressor. Stress alone can cause ongoing effects especially in cases of prolonged exposure but social isolation was more extreme, found to cause a “deprivation of stimuli critical for the maintenance of neurobiological mechanisms and development.”⁷ Bringing subjects back into social circles remedied short term issues, but there were observed long-lasting consequences, especially for adolescent aged subjects “including increased anxiety like behaviours, depression-like behaviours, and reward seeking, but impaired reward learning and habituation to novel stimuli.”⁸ While these studies have only observed rodents and could not be performed on human subjects, in prison environments where solitary confinement is used there was noted an increase in likelihood of self-injury by inmates of teen years who were exposed to this kind of extreme isolation.⁹

The results of this one study does not prove anything but other studies on the effects of loneliness echo these findings. Another study linked adolescent social disconnect with future mental health issues, “...adolescent social deprivation is detrimental for normal development and may be particularly relevant to the investigation of developmental psychopathology.”¹⁰

³ <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx>

⁴ Glass, Glass, Beyeler, Min. *Targeted Social Distancing Designs for Pandemic Influenza*. Ncbi.nlm.nih.gov, 12 Nov, 2006.

⁵ Obren, Tomova and Blakemore. *The Effects of Social Deprivation on Adolescent Social Development and Mental Health*, mit.edu, 2.

⁶ Ibid., 3.

⁷ Ibid., 3.

⁸ Ibid., 3.

⁹ Ibid., 4.

¹⁰ Lander, Linder-Shacham, Gaaisler-Salomon. *Differential Effects of social isolation in adolescent and adult mice on behavior and cortical gene expression*. Science Direct, 9 September 2016.

Another study conducted during the pandemic highlighted an increase in use of alcohol and cannabis among teens.¹¹ These studies highlight signs of the effects of loneliness caused by social distancing, but they have not been able to be conducted with the longitude necessary to be conclusive. However, studies have been conducted on Older Adults.

Among older adults, prolonged loneliness is directly linked to an increased risk of heart disease and stroke (increase of 29% and 32% respectively). It was also associated with higher rates of depression, anxiety and suicide. Among heart failure patients loneliness was “associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.”¹² Douglas Nemecek, MD, chief medical officer for behavioral health at Cigna stresses the application of loneliness’ detriment to all ages stating, “Loneliness has the same impact on mortality as smoking 15 cigarettes a day, making it even more dangerous than obesity.”¹³ An article published by the CDC in May of 2020 indicates that Generation Z report being lonelier than any other demographic within the United States putting them at risk of long-term health issues.¹⁴

In efforts to approach a solution many have pointed to the accessibility of social interaction through media, but reports have yielded unclear results. In short, it seems that teens who by nature are social people tend to grow healthy in online interactions as well as in face-to-face interactions. Conversely, teens who are more likely to be passive in face-to-face social situations adopt the same passivity online and lean towards further isolation, exclusion and distancing. “Those who already have strong offline friendships might benefit most from digital interaction, while those with a liability to mental health issues might be more susceptible to the negative effects. For example, those who have been victimised in person are more likely to be victimized or bullied online.”¹⁵

The pandemic adds its own set of stressors beyond just the social isolation that can be caused by social distancing. These stressors include economic crisis, loss of public events and key rites of passage, general uncertainty and fear, and anxiety caused by the constant disputes surrounding the best policies for the pandemic.¹⁶ While digital interaction seems to be an initial solution, with time passing this approach seems unable to stop the deluge of mental health issues on the horizon.

The obvious solution comes with a deep tension: teens need face-to-face connection with others.¹⁷ Social connection is a fundamental human need, a need which is amplified during

¹¹ Dumas, Ellis, Litt. *What does Adolescent substance use look like during the COVID-19 pandemic? Examining changes in frequency, social contexts and pandemic-related predictors*. Science Direct, 18 June 2020.

¹² *Loneliness and Social Isolation Linked to Serious Health Conditions*. Cdc.gov, 26 May 2020.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Obren, Tomova and Blakemore. *The Effects of Social Deprivation on Adolescent Social Development and Mental Health*, mit.edu, 5.

¹⁶ Ibid., 7.

¹⁷ Tate. *Loneliness Rivals Obesity, Smoking as Health Risk*. Webmd.com 14 May, 2018.

the teen years, crucial to their well-being and even survival into their adult years.¹⁸ Researchers have proposed that teens who struggle with loneliness need to go one step further than improving social skills. They need to focus inward to address the negative thoughts that underly loneliness.¹⁹ What group of people could be better placed to meet these needs than the church? As followers of Christ we find our deepest value in our identity in Christ and can help teens to address the inward problems by finding their value in Him. As the church we are called into a deep community of love for one another and should be a haven for young people seeking social belonging.

With this evidence before me I am compelled to see the grave importance of continuing ministry face-to-face with our students. The dangers of long-term loneliness far outweigh the potential threat that COVID poses to our teens directly. What is far more difficult to weigh is the potential threat that our teens could pose as carriers of this disease to family and friends. The most logical request would be that our students limit social interaction outside of church. However, for many students this will not be possible—especially for students who attend school in a face-to-face setting—and would place a high level of constriction on parents and students. As long as possible, ministry should continue outdoors with spacing of students appropriate to mitigate risks of spread. We will do what we can to enable interaction of the teens with one another while encouraging good hygiene, and appropriate spacing. The only measure we are considering beyond this is to take temperatures upon arrival. Once we reach a time in the year which is too cold or too dark to continue outdoor ministry we will move inside and will limit the number of persons that we interact with by sending students directly to small groups.

Of course, if the situation changes (e.g. a huge increase in COVID cases in Northampton, a sudden rise in teen deaths or health complications, if we start seeing cases in the groups) we will carefully change our plans for the fall and winter seasons. We do not know what challenges or blessings God will bring our way but these decisions seem to be prayerfully, the best godly wisdom that I can discern.

I will leave the decision in the hands of the families as to whether or not to send your students. I feel that I can strongly point to statistics that say that this virus is not a threat to your teen and children, but it is a threat to us adults and older family members. The more people our children interact with the more likely it is for them to become spreaders, even unknowingly, of this virus. This is a difficult decision and I hope that you will see the same threat that I see in asking teens to socially distance and encourage your students to be a part of our student ministry. If we had a few students who wanted to be part of a zoom-based bible study I would be happy to accommodate that group. If you choose to send your children to our student ministry, please be wise: do not send a child who appears to be sick, even if you are *sure* it is just a common-cold or allergies. Thank you for the opportunity to minister to your student, we love them and you, please pray with us for the future of Calvary Student Ministry.

¹⁸ Tate. *Loneliness Rivals Obesity, Smoking as Health Risk*. Webmd.com 14 May, 2018.

¹⁹ Ibid.