



Six Months into the Pandemic, 40 Percent of Parents with Young Children Have Experienced Economic Fallout

Findings from the September 11–28 Coronavirus Tracking Survey

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Early childhood experiences play a crucial role in shaping outcomes in adulthood. But limited attention has been given to the risks associated with hardships currently being experienced by families with young children. In this brief, we examine how families with children under age 6 are faring six months into the pandemic. Using data from the most recent wave of the Coronavirus Tracking Survey, a nationally representative survey of nonelderly adults conducted September 11–28, 2020, we assess food insecurity¹ and other key indicators of material hardship and well-being in September among families with young children. We find the following:

- Four in 10 parents (40.3 percent) living with a child under age 6 reported they or their family experienced a loss of employment or work-related income during the first six months of the pandemic, and this economic turbulence can make it difficult for families to meet basic needs at a sensitive point in early child development.
- Parents reported using a variety of coping strategies, including cutting household spending on food (34.4 percent), using all or most of their savings (26 percent), and increasing credit card debt (25.5 percent). As the recession persists, many families may have few resources to weather further hardship.
- More than 1 in 5 parents (22.9 percent) reported that their household experienced food insecurity, which was the most common form of material hardship, in the past 30 days, followed by unmet need for health care because of costs in the past 30 days (21.4 percent). Although a smaller share reported struggling to pay utilities (13 percent) or rent (11.8 percent), these challenges may indicate a risk of future housing instability.
- Moreover, many families with young children have missed out on or delayed health care because of worry about exposure to the novel coronavirus or because providers limited services because of the COVID-19 outbreak. Almost half of these parents (46.2 percent)

reported an unmet need for health care in the family for these reasons. Three in 10 parents (31.9 percent) reported an unmet need for health care for a child for these reasons, including almost 1 in 10 (8.9 percent) who reported an unmet need for a child's immunizations.

Background

Young children's health and well-being is an ongoing primary concern because their environments and experiences affect almost every aspect of their physical, emotional, and social development (Shonkoff and Phillips 2000). The cumulative effects of early childhood experiences can influence the development of skills and behaviors that shape adult outcomes (Heckman 2006). Although the profound health and economic impacts of the COVID-19 pandemic are prompting new questions about how families with young children may be affected both in the short and longer term, there has yet been limited attention to the specific ways that safety net policies and pandemic relief programs can be leveraged to buffer the pandemic's adverse consequences (Yoshikawa et al. 2020) for the youngest members of US society. As a result, opportunities have been missed to reduce harm among families with young children. A few examples are offered here:

- Although a first round of economic assistance during spring 2020 helped buffer growing child poverty during the recession (Giannarelli, Wheaton, and Acs 2020), the absence of further action on economic relief in the second half of the year led to additional economic hardship for families with young children. A recent Urban analysis estimated that absent another round of assistance for the second half of 2020, almost 4 million children under age 6 would experience poverty between August and December,² with greater levels of hardship falling on communities of color. Key policies in the HEROES Act passed by the House (but not advanced in the Senate as of early December 2020) could have reduced the number of young children in poverty by 1.5 million in the second half of 2020.
- The Centers for Disease Control and Prevention³ released a toolkit for parents of young children in summer 2020 highlighting several points of social, emotional, and health risk for young children during the pandemic, but the toolkit did not discuss how food insecurity and material hardship may undermine child well-being or how the social safety net and related resources can help parents and communities maximize positive outcomes for young children.
- In October 2020, a continuing resolution that was passed to continue funding the government included an expansion of the Pandemic EBT program to provide additional resources for purchasing groceries to families with children out of child care who might otherwise be receiving program-based meals through the federal Child and Adult Care Food Program. As of early December 2020, however, the US Department of Agriculture had not provided guidance on how states could implement the program, which as written would require extensive information on child care enrollment and program status that is not typically available to state agencies. Absent federal guidance on simplifying assumptions or further clarity on Congressional intent, states will likely be hesitant to implement this new option.

Although the COVID-19 pandemic's longer-term effects on young children will not be known for some time, evidence suggests that intentional and timely action would mitigate risks for children during this sensitive developmental period. Data can help policymakers and practitioners assess emerging risks and inform policy and program responses that can buffer young children and their families during this challenging time. In this brief, we analyze several indicators of hardship and well-being among parents of young children under age 6.

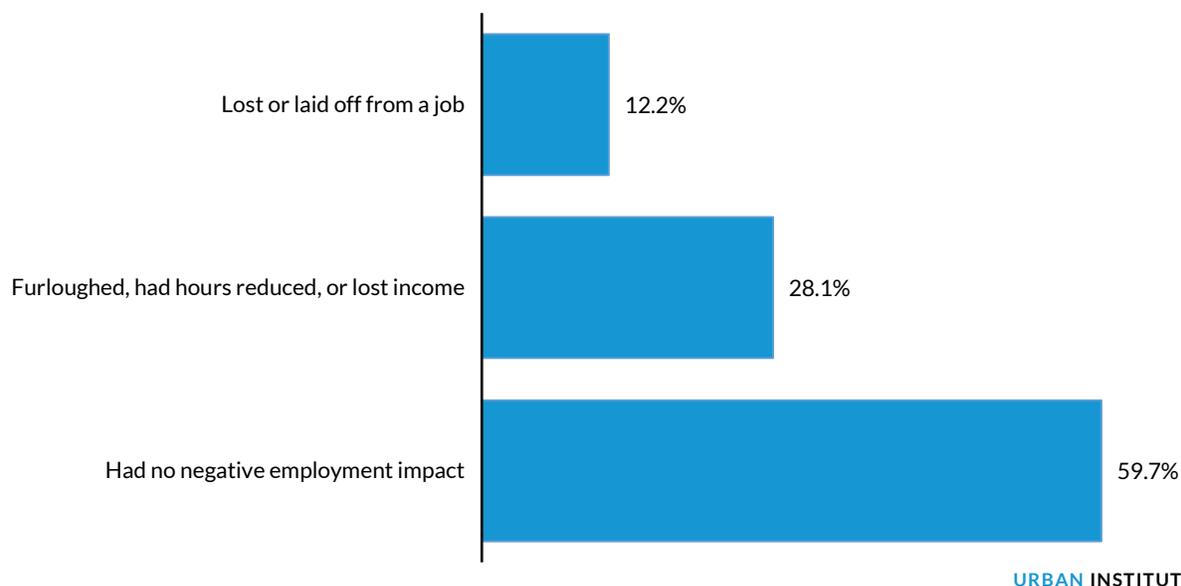
Results

Approximately 4 in 10 parents living with a child under age 6 reported some type of negative economic consequences during the first six months of the pandemic.

Overall, 40.3 percent of parents with young children reported that their family lost work or work-related income since the beginning of the pandemic (figure 1). Nearly 1 in 8 parents (12.2 percent) reported that they or their spouse or partner lost or were laid off from a job. More than 1 in 4 (28.1 percent) reported that their families faced other negative employment impacts, such as a child under age 19 losing a job, someone in the family being furloughed or having work hours reduced, or someone in the family losing earnings or income from a job or business.

FIGURE 1

Impact of the Pandemic on Family Employment Among Parents Ages 18 to 64 Living with a Child Under Age 6, September 2020



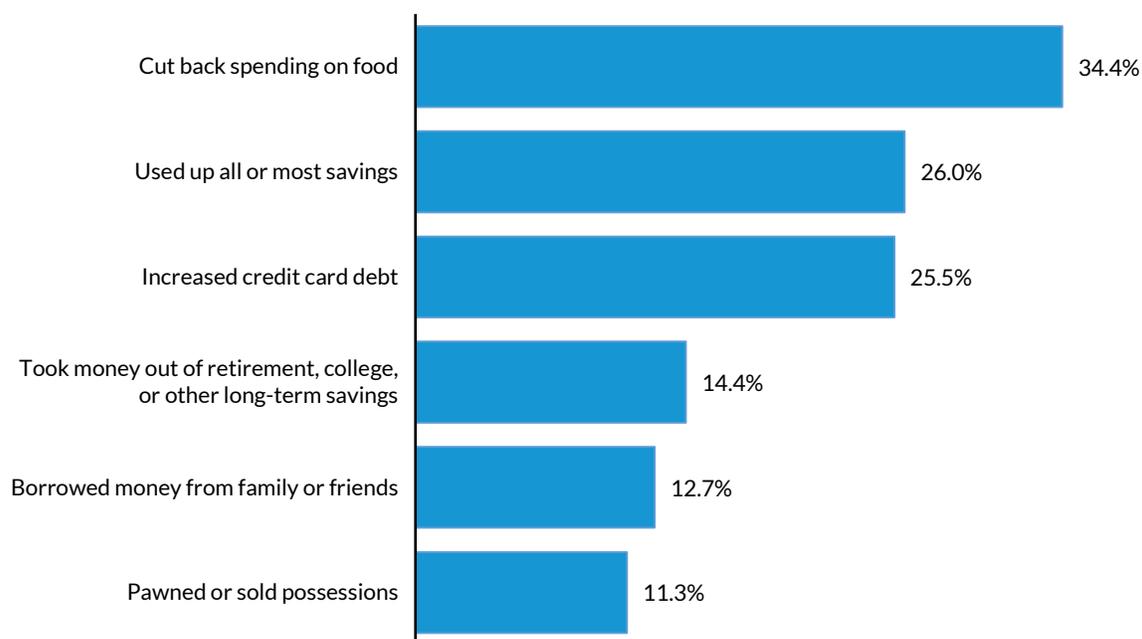
Source: Urban Institute Coronavirus Tracking Survey, wave 2, conducted September 11–28, 2020.

Notes: Estimates of those reporting a furlough, reduced hours, or lost income exclude adults who also reported they or their spouse or partner lost or were laid off from a job but include adults who reported a child under 19 losing or being laid off from a job.

Among parents whose families experienced job or work-related income loss, approximately one-quarter reported using all or most of their savings, which may leave families with few resources to weather further hardship.

Parents with young children whose families experienced a job loss or loss in job-related income reported using a variety of strategies to cope with these losses. More than one-third of families with young children (34.4 percent) reported that they reduced household spending on food. Besides using up savings, parents employed other strategies to gain more short-term resources to cover expenses, including increasing their credit card debt (25.5 percent); withdrawing money from retirement funds, college savings accounts, or other long-term savings (14.4 percent); and borrowing money from family or friends (12.7 percent). More than 1 in 10 (11.3 percent) reported selling or pawning possessions to make ends meet (figure 2).

FIGURE 2
Family Financial Decisions among Parents Ages 18 to 64 Living with a Child Under Age 6, September 2020



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Source: Urban Institute Coronavirus Tracking Survey, wave 2, conducted September 11–28, 2020.

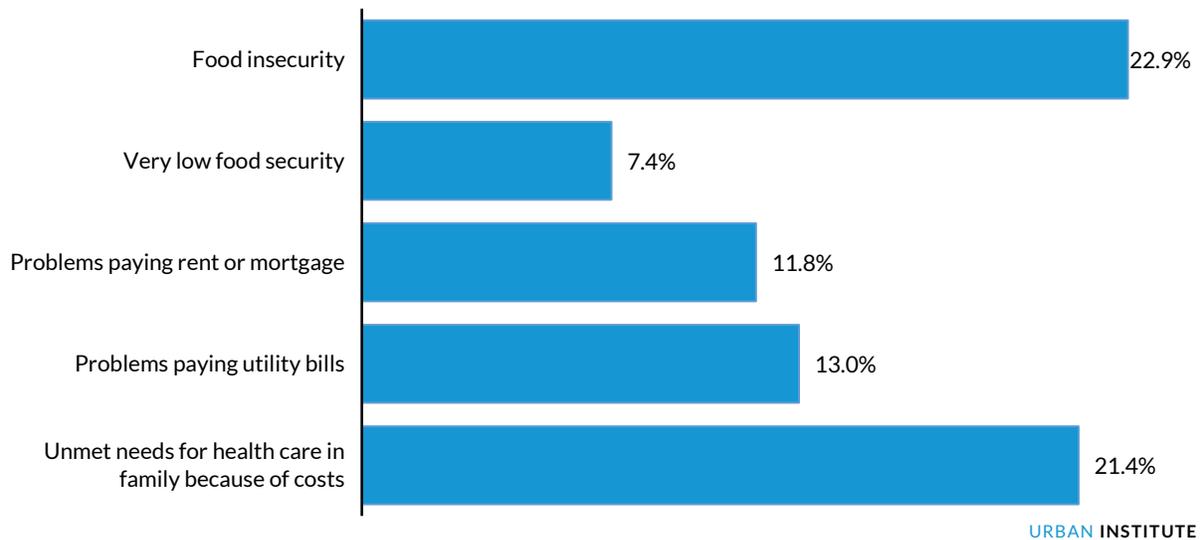
More than 1 in 5 parents reported that their household experienced food insecurity, which was the most common form of material hardship.

Food insecurity was reported by 22.9 percent of parents, and a subset of these (7.4 percent) reported very low food security, which reflects a more severe form of hardship, including reduced food intake and skipped meals because of limited resources (Coleman-Jensen et al. 2020). More than 1 in 5

parents (21.4 percent) also reported an unmet need for health care in the family because of costs in the past 30 days.

Other reported hardships may signal risk for future housing instability. More than 1 in 8 parents (13 percent) reported problems paying utility bills in the past 30 days, and nearly that many (11.8 percent) reported trouble paying rent or mortgage in the past 30 days (figure 3).

FIGURE 3
Share of Parents Ages 18 to 64 Living with a Child Under Age 6 Experiencing Material Hardship in the Past 30 Days, September 2020



Source: Urban Institute Coronavirus Tracking Survey, wave 2, conducted September 11–28, 2020.

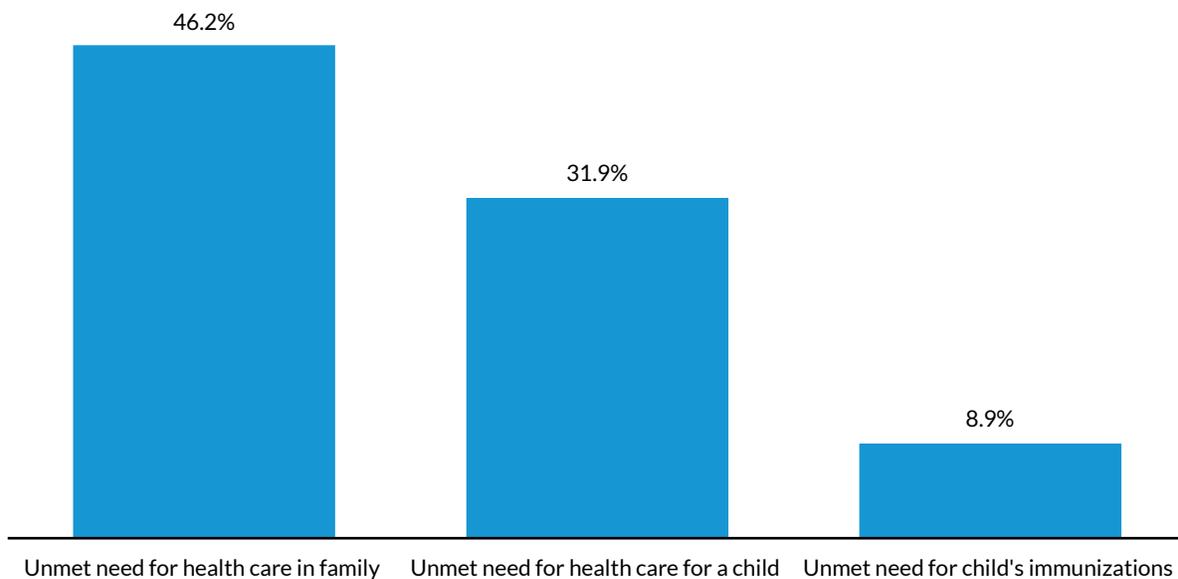
Almost half of parents with young children reported an unmet need for health care in the family because of concerns about exposure to the novel coronavirus or provider limits on services, while 3 in 10 parents reported an unmet need for care for a child because of these reasons.

Overall, 46.2 percent of parents living with a child under age 6 reported at least one unmet need for health care in the family for reasons directly related to the pandemic (health care includes accessing prescription drugs, preventive health screenings, dental care, or mental health care; seeing a general doctor or specialist; and receiving treatment or counseling for alcohol or drug use). An unmet need for any of these includes delayed or forgone care because of worry about being exposed to the novel coronavirus or because health care providers limited services because of the pandemic.

Almost one-third of parents of young children (31.9 percent) reported unmet need for health care for their child because of the COVID-19 pandemic. Many wellness-check or other health care appointments for children include immunizations that are part of scheduled vaccinations. However, 1 in 10 parents (8.9 percent) reported either delaying or missing these immunizations because of exposure concerns or provider limits on services, pointing to a concerning level of other potential health risks for young children (figure 4; McMorrow et al 2020).

FIGURE 4

Share of Parents Ages 18 to 64 Living with a Child Under 6 Reporting Unmet Needs for Health Care in the Family because of the COVID-19 Pandemic, September 2020



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Source: Urban Institute Coronavirus Tracking Survey, wave 2, conducted September 11–28, 2020.

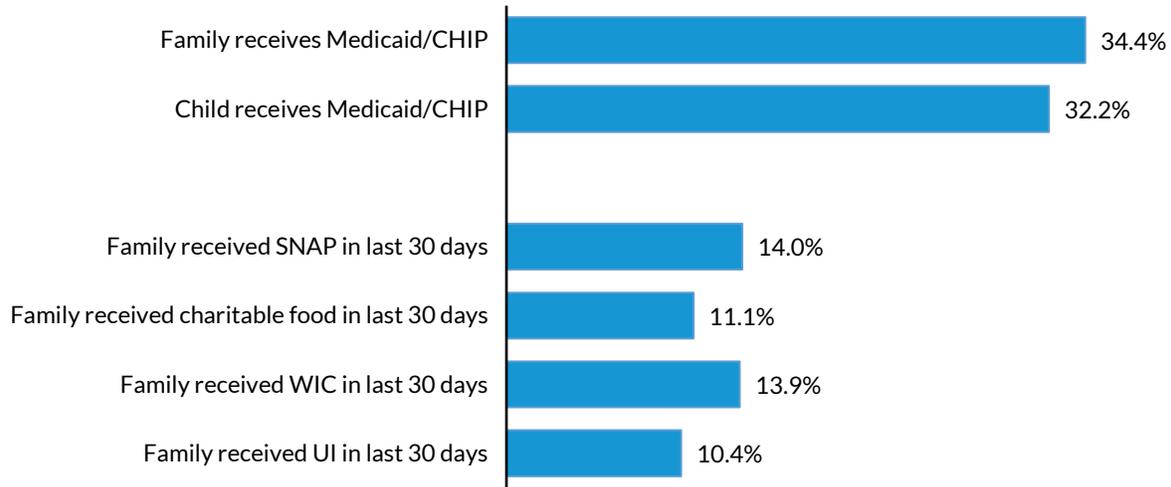
Notes: Includes not getting care because of worry about being exposed to the novel coronavirus or because health care providers limited services because of the COVID-19 outbreak. Estimates include those who delayed care or never got care. Estimates may include unmet need for immunizations or other health care for children in the family who are not under age 6.

Medicaid/Children’s Health Insurance Program is the most commonly reported safety-net program that families of young children participate in: over one-third of parents reported someone in the family receiving Medicaid/Children’s Health Insurance Program at the time of the survey.

More than 1 in 3 parents of a child under age 6 (34.4 percent) reported that someone in the family receives Medicaid or the Children’s Health Insurance Program, and 32.2 percent reported that a child participates in one of these programs. In the 30 days before the survey, 10.4 percent of parents reported receiving unemployment insurance, 14 percent of parents reported someone in the family receiving Supplemental Nutrition Assistance Program (SNAP) benefits, and 13.9 percent reported receiving benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children.⁴ During the pandemic, families are also turning to charitable food sources to help meet their needs, with more than 1 in 10 parents (11.1 percent) reporting receiving charitable food in the past 30 days (figure 5).

FIGURE 5

Share of Parents Ages 18 to 64 Living with a Child Under Age 6 Whose Families Are Participating in Safety-Net Programs, September 2020



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Source: Urban Institute Coronavirus Tracking Survey, wave 2, conducted September 11–28, 2020.

Notes: CHIP is the Children's Health Insurance Program; SNAP is the Supplemental Nutrition Assistance Program; UI is unemployment insurance; WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

Discussion

Data from the September wave of the Coronavirus Tracking Survey suggest that a significant share of families with young children are experiencing hardship six months into the pandemic. A wealth of research on early childhood documents that material hardship and financial instability can have negative consequences for children in both the short and long term. Nobel Prize-winning economist James Heckman (2006, 1,902) has noted that “investing in disadvantaged young children is a rare public policy initiative that promotes fairness and social justice and at the same time promotes productivity in the economy and in society at large.” Unfortunately, attention to the needs of young children during the pandemic has been uneven, and many opportunities have been missed to strengthen the resilience of young children and their families. On a positive note, several evidence-based policies can be harnessed to better support vulnerable young families. The following are just a few:

- **Providing additional economic assistance for families struggling with the loss of employment or work-related income.** Stimulus payments, weekly boosts to unemployment compensation, and emergency allotments to increase SNAP benefits for households not receiving the maximum benefit all reduced the risk of poverty for many Americans in the early months of the pandemic, but the effects of those supports have been fading without further action in the second half of the year. Additional support to address ongoing economic challenges will be critical given evidence that many families with young children are experiencing hardship and have already depleted their resources by using up savings and increasing credit card debt.

- **Increasing the amount of the maximum SNAP benefit.** Food insecurity among young children carries a host of health and developmental risks. Although SNAP is an evidence-based safety-net program for reducing food insecurity, the nearly 4 in 10 households who have the greatest need for food assistance and qualify for the maximum SNAP benefit have not seen an increase in SNAP resources during the pandemic. This contrasts with the approach taken during the Great Recession, when the American Recovery and Reinvestment Act boosted the typical SNAP benefit for all households about 16 percent. Research has indicated that policy lever played an important role in reducing food insecurity during that period (Nord and Prell 2011).
- **Acting quickly to facilitate the use of the Pandemic EBT program for families with young children.** The child care landscape has been shifting rapidly, and many families may no longer be able to count on meals previously provided through child care services. A combination of Congressional and US Department of Agriculture action may be needed to simplify the process for states to quickly issue Pandemic EBT benefits to families with young children.
- **Centering the importance of young children in outreach for health care, food assistance and other social services, especially among children of color and children in immigrant families.** Greater efforts are needed to engage with families of young children and connect them to available supports, especially among communities of color. Although limited sample size prevents more detailed analysis of hardship data presented in this brief by race and ethnicity, preexisting disparities for young children of color are well documented. A companion brief focusing on school-age children highlights startling levels of food insecurity among Black and Hispanic/Latinx households. Other recent research has also documented high rates of food insecurity among young children of color during the pandemic.⁵ Moreover, research has indicated that public-charge rules and a challenging immigration environment have chilled participation in safety-net programs that many young children in immigrant households may be eligible for (Bernstein et al. 2020). Moreover, some pandemic relief programs have excluded citizen children if one of their parents does not have a Social Security number (Marr et al. 2020). The country's future health and well-being is inextricably linked to inclusive and proactive investment in all young children and their families.
- **Targeting efforts to address children's unmet need for health care during the pandemic.** Delayed or missed needed health care, made worse during the pandemic, threatens children's long-run health and well-being. Leveraging existing tools in Medicaid and CHIP-managed care organizations, expanding resources for school-based health centers, and improving messaging campaigns that encourage families to seek needed care during the pandemic are just some of the strategies that can help bridge gaps in care (McMorrow et al. 2020).

Data and Methods

This brief uses data from the second wave of the Urban Institute's Coronavirus Tracking Survey, a nationally representative internet-based survey of nonelderly adults designed to assess how the COVID-19 pandemic is affecting adults and their families and how those effects change over time. A

total of 4,007 adults ages 18 to 64 participated in the second wave, which was fielded September 11–28, 2020; 91 percent of respondents completed the survey between September 11 and 17. The first wave of the tracking survey was fielded May 14–27. Respondents for both waves were sampled from the 9,032 adults who participated in the most recent round of the Health Reform Monitoring Survey (HRMS), which was fielded March 25 through April 10, 2020. The HRMS sample is drawn from Ipsos’s KnowledgePanel, the nation’s largest probability-based online panel. The panel is recruited from an address-based sampling frame covering 97 percent of US households and includes households with and without internet access. Participants can take the survey in English or Spanish.

The Coronavirus Tracking Survey includes an oversample of Black and Hispanic/Latinx HRMS participants. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of the national nonelderly adult population based on benchmarks from the Current Population Survey and American Community Survey. We also adjust the September tracking survey weights to address different nonresponse rates among participants in the March/April HRMS. Because nonresponse in the September survey is greater among HRMS participants experiencing negative employment effects and material hardship during the pandemic and these effects differ based on demographic characteristics, we adjust the weights so that work status and employment and hardship outcomes reported in March/April among the September sample are consistent with the outcomes reported among the full March/April HRMS sample both overall and within key demographic subgroups. These adjustments make the September tracking survey sample more representative of the sample initially drawn in March/April and mitigate nonresponse bias in estimated changes over time in the pandemic’s effects.

The margin of sampling error (including the design effect) for the full sample of adults in the second wave of the tracking survey is plus or minus 2.0 percentage points for a 50 percent statistic at the 95 percent confidence level. Additional information about the March/April 2020 HRMS and the questionnaires for the HRMS and first and second waves of the Coronavirus Tracking Survey can be found at hrms.urban.org.

Notes

- ¹ Our estimate of household food insecurity is based on the six-item short form of the US Department of Agriculture’s Household Food Security Survey Module and uses a 30-day reference period. Respondents with two to four affirmative responses are defined as having low household food security, and respondents with five to six affirmative responses are defined as having very low household food security. These groups are jointly defined as food insecure. Affirmative responses include reporting that it was often or sometimes true that the food the household bought didn’t last, and the household didn’t have money to get more; it was often or sometimes true that the household could not afford to eat balanced meals; adults in the household ever cut the size of meals or skipped meals because there was not enough money for food; meals were cut or skipped for 3 or more of the past 30 days; the respondent ate less than they felt they should because there wasn’t enough money for food; and the respondent was ever hungry but didn’t eat because there wasn’t enough money for food.
- ² Ilham Dehry, “Without Additional Support, Nearly Four Million Children Younger Than 6 Will Experience Poverty This Fall,” *Urban Wire* (blog), Urban Institute, October 30, 2020, <https://www.urban.org/urban-wire/without-additional-support-nearly-four-million-children-younger-6-will-experience-poverty-fall>.

- 3 “COVID-19 Parental Resources Kit – Early Childhood,” Centers for Disease Control and Prevention, last updated August 2020, <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/parental-resource-kit/early-childhood.html>.
- 4 Program participation is often underreported in surveys, so surveys likely understate uptake of these programs; see Laura Wheaton, Emily Peiffer, and Victoria Tran, “What Does It Mean for SNAP to Remove People from Poverty?” *Urban Wire* (blog), Urban Institute, February 21, 2018, <https://www.urban.org/urban-wire/what-does-it-mean-snap-remove-people-poverty>; and Meyer, Mittag, and Goerge (2020).
- 5 University of Oregon Center for Translational Neuroscience, “Facing Hunger: The Weight of the Pandemic Is Falling on American Families,” December 2020, <https://medium.com/rapid-ec-project/facing-hunger-the-weight-of-the-pandemic-is-falling-on-american-families-1cbeb047a955>.

References

- Bernstein, Hamutal, Jorge González, Dulce Gonzalez, and Jahnvi Jagannath. 2020. “Immigrant-Serving Organizations’ Perspectives on the COVID-19 Crisis.” Washington, DC: Urban Institute.
- Coleman-Jensen, Alisha, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2020. *Household Food Insecurity in the United States in 2019*. Washington, DC: US Department of Agriculture, Economic Research Service.
- Giannarelli, Linda, Laura Wheaton, and Gregory Acs. 2020. “2020 Poverty Projections: Initial US Policy Response to the COVID-19 Pandemic’s Economic Effects Is Projected to Blunt the Rise in Annual Poverty.” Washington, DC: Urban Institute.
- Heckman, James J. 2006. “Skill Formation and the Economics of Investing in Disadvantaged Children.” *Science* 312 (5782): 1900–02.
- Marr, Chuck, Samantha Jacoby, Chye-Ching Huang, Stephanie Hingtgen, Arloc Sherman, and Jennifer Beltran. 2020. “Future Stimulus Should Include Immigrants and Dependents Previously Left Out, Mandate Automatic Payments.” Washington, DC: Center on Budget and Policy Priorities.
- McMorrow, Stacey, Dulce Gonzalez, Clara Alvarez Caraveo, and Genevieve M. Kenney. 2020. “Urgent Action Needed to Address Children’s Unmet Health Care Needs during the Pandemic.” Washington, DC: Urban Institute.
- Meyer, Bruce D., Nikolas Mittag, and Robert M. Goerge. 2020. “Errors in Survey Reporting and Imputation and their Effects on Estimates of Food Stamp Program Participation.” *Journal of Human Resources* <http://jhr.uwpress.org/content/early/2020/08/06/jhr.58.1.0818-9704R2>.
- Nord, Mark, and Mark Prell. 2011. *Food Security Improved Following the 2009 ARRA Increase in SNAP Benefits*. ERR-116. Washington, DC: US Department of Agriculture, Economic Research Service.
- Shonkoff, Jack P., and Deborah A. Phillips. 2000. *From Neurons to Neighborhoods: The Science of Early Child Development*. Washington, DC: National Academies Press.
- Yoshikawa, Hirokazu, Alice J. Wuermli, Pia Rebello Britto, Bernard Dreyer, James F. Leckman, Stephen J. Lye, Liliana Angelica Ponguta, Linda M. Richter, and Alan Stein. 2020. “Effects of the Global Coronavirus Disease-2019 Pandemic on Early Childhood Development: Short- and Long-Term Risks and Mitigating Program and Policy Actions.” *Journal of Pediatrics* 223:188–93. <https://doi.org/10.1016/j.jpeds.2020.05.020>.

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