

Ohio Families Struggle during COVID-19 Pandemic:

*Preliminary findings
from the Crane Center
COVID & Families Study*



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CRANE CENTER FOR EARLY CHILDHOOD
RESEARCH AND POLICY

*Improving children's well-being through
research, practice, and policy.*

On March 12, 2020, after a fifth case of the rapidly spreading and deadly coronavirus was confirmed in Ohio, Governor DeWine ordered the closure of K-12 schools and prohibited mass gatherings. As the virus continued to spread, businesses were ordered to close, and child care centers were put under new restrictions (many of them temporarily closed). On March 22, Governor DeWine announced an official “stay-at-home” order from March 24 to April 7, which would limit out of house activities to those that were essential – to get food, medical care, or work for “essential” businesses. This stay-at-home order was eventually lifted, but not until months later, on May 29. However, schools remained closed, as did many businesses, and many family members remained at home in the months that followed.

Immediate concerns over illness and lives lost due to the virus dominated many public-health discussions and policy efforts to contain the damage of COVID-19. But the virus posed other risks to individuals and their families: social isolation, psychosocial stress, and economic hardship.

The social distancing, stay-at-home policies and quarantining due to the pandemic are particularly unique in that families have been forced to spend most of their time at home while experiencing stressful conditions, economic hardship, and anxiety over an unpredictable future. These have the potential to significantly strain parents' ability to care for themselves and their children. Research finds that instability and financial distress in children's family contexts, even under normal circumstances, reduces parental time and emotional support for children, and increases harsh parenting (Beck et al., 2010), in part due to increased caregiver stress and depression (Williams and Cheadle, 2016). In addition to creating stress and instability, financial loss can have direct effects on families' well-being by reducing their access to adequate shelter, food, and other basic necessities.

Crane Center COVID & Families Study (CCCFS)

Recognizing the potential crisis growing in Ohio families during the pandemic, leaders of ongoing research studies at The Ohio State University Crane Center for Early Childhood Research and Policy, came together to design a rapid-response study of family conditions: The Crane Center COVID and Families Study (CCCFS).

The CCCFS was designed to provide a glimpse into the lives of parents with young children during Ohio's stay-at-home order. To do so, Crane Center researchers designed and administered an online survey to caregivers with young children who were participating in ongoing Crane Center studies of young children (birth to second grade). The focus of the CCCFS was to increase our understanding of the **social and economic conditions of families and the psychosocial distress experienced by caregivers since the onset of the stay-at-home order.**

While the present white paper does not examine impacts of the pandemic conditions on children's well-being, it allows us to draw inferences about the extent to which the coronavirus pandemic during the early months may have affected children's family environments.



Table 1: Sociodemographic Characteristics of CCCFS

CHARACTERISTIC	% OF SAMPLE
CAREGIVER MARITAL STATUS	
Married	54%
Unmarried, living with partner	15%
No partner	31%
CAREGIVER RACE/ETHNICITY	
White	66%
Black	24%
Latino/a	6%
Asian	<1%
Multi-racial	3%
Other	<1%
CAREGIVER EDUCATION	
High school degree or less	27%
Some college	26%
Associates degree	13%
Bachelor's degree	34%
2019 ANNUAL HOUSEHOLD INCOME	
Less than \$30,000	37%
\$30,000-\$59,999	21%
\$60,000-\$89,999	16%
\$90,000 or more	26%

CCCFS SAMPLE

The sample comprised 559 caregivers, primarily parents, with young children who were participants or prospects in three ongoing studies: Small Talk (NIH 1R01DC018009-01), Kindergarten Transition Project (IES R305A180004), and Early Learning Ohio (IES R305N160024). Respectively, 94, 210, and 255 caregivers from these studies participated in the present study, and 99% of the sampled families lived in an urban area. These studies were designed to improve our understanding of young children's development and to focus specifically on children reared in low-income households. Most families were located in central Ohio, although the Kindergarten Transition Project sample also includes families in the Cleveland and Dayton areas.

The CCCFS caregivers' mean age was 35 years. Most were mothers (92%), but we did have a small number of fathers (4%), grandparents (2.5%) or foster parents, step-parents, or other relation (1.5%). Over one-half of the sample (55%) had at least one child under age 5 in the household, 88% had one or more child between ages 5 and 12 years old, and 22% had one or more adolescent ages 13 to 18 years living at home.

As Table 1 indicates, the CCCFS sample is quite diverse in terms of sociodemographic characteristics with 46% not married, 34% non-white, and 66% with less than a 4-year college degree. The 2019 household income level also varied across the sample, representing both low-income (37% below \$30,000) and higher-income (26% at \$90,000 or more) households (see Table 1).

Results

EXPOSURE TO COVID-19

The CCCFS surveys were conducted before testing became widespread, yet almost one-third of our sampled caregivers reported that they knew someone who had been diagnosed with coronavirus. Though we do not have a representative sample, for comparison, the highest 7-day moving average in the state of Ohio was 23% (Source: <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/key-metrics/testing>).

While we did not ask about specific illness or death related to coronavirus, 14% of caregivers reported that they themselves (3%) or a close family member or friend (11%) became seriously ill or hospitalized during this time. Another 12% reported that a close family member or friend had died since the Ohio stay-at-home order was put in place. Not surprisingly, 73% of caregivers worried in the past month that they or their family members would be infected with the virus. This suggests that many of the CCCFS families were at least indirectly exposed to the health consequences of COVID-19 during this early stage of the pandemic.

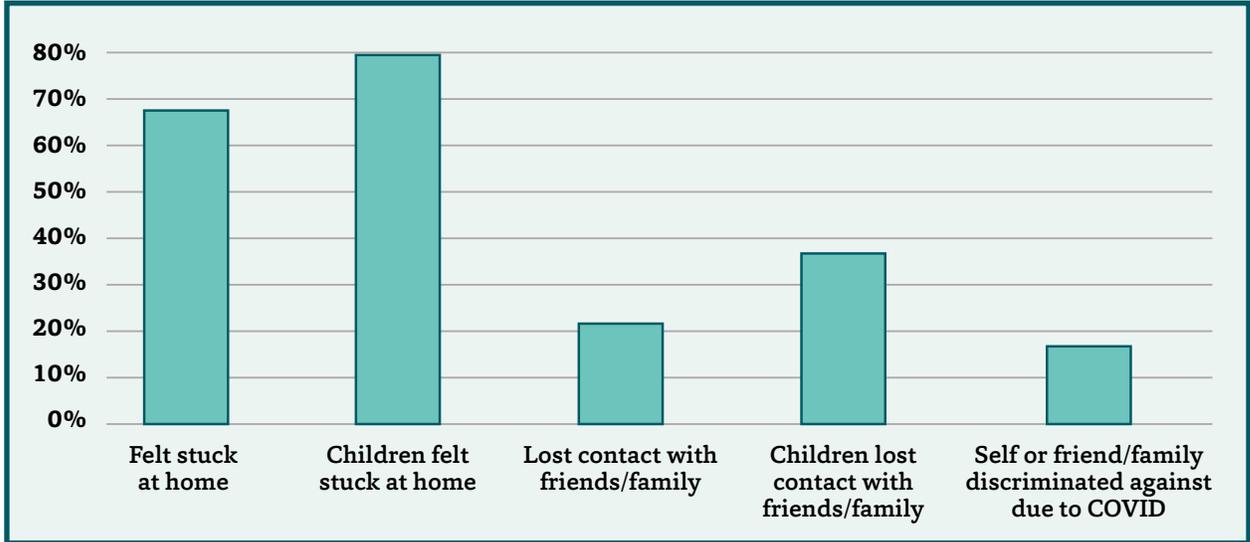
SOCIAL EXPERIENCES RELATED TO COVID-19

We asked caregivers to report on various aspects of their social lives, including at home and in connection with others outside the home, that they and their children had experienced since the stay-at-home order in March. Figure 1 indicates the social experiences of CCCFS caregivers and their children during the months in which the stay-at-home order was in place.

The vast majority of caregivers reported feeling “stuck at home” and even more reported that their children felt stuck at home (80%). One-fifth of caregivers reported losing contact with family and friends living outside of their home. Almost 40% reported that their children had lost regular contact with family members or friends. Regarding more serious negative social experiences outside the home, 17% of caregivers reported that they, a family member, or a close friend had experienced discrimination or stigma related to coronavirus. (See Figure 1).

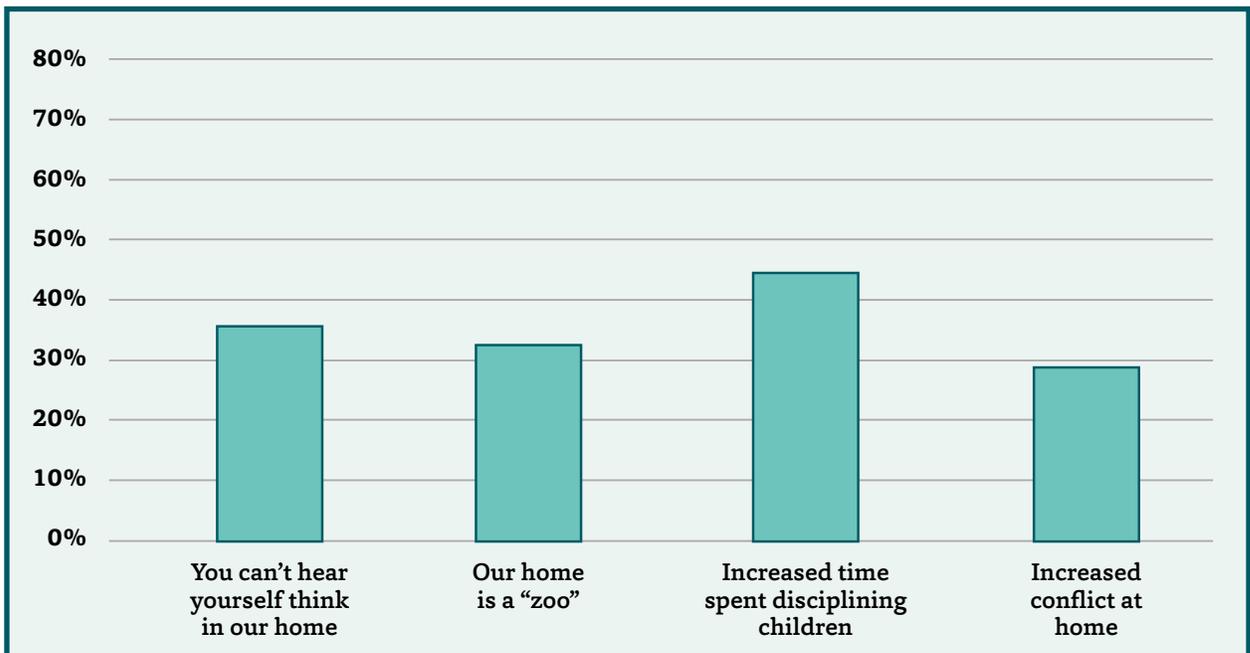
32% of caregivers of young children in the CCCFS families knew someone diagnosed with coronavirus during the early months of the pandemic, and 73% of caregivers worried in the past month that they or their family members would be infected with the virus.

▼ **Figure 1:** Social experiences of Ohio families with children during the COVID-19 pandemic: CCCFS sample



Regarding within-home conditions, we asked about various aspects of the social/relationship environment at home since the stay-at-home order was enacted. When asked about social disorganization in the home, 35% agreed that “you can’t hear yourself think in our home” and one-third agreed with the statement “It’s a real zoo in our home.” Forty-five percent reported increased time spent disciplining children, and 29% of caregivers reported increases in family conflict. (See Figure 2.)

▼ **Figure 2:** In-home social conditions of Ohio families with children during the COVID-19 pandemic: CCCFS sample

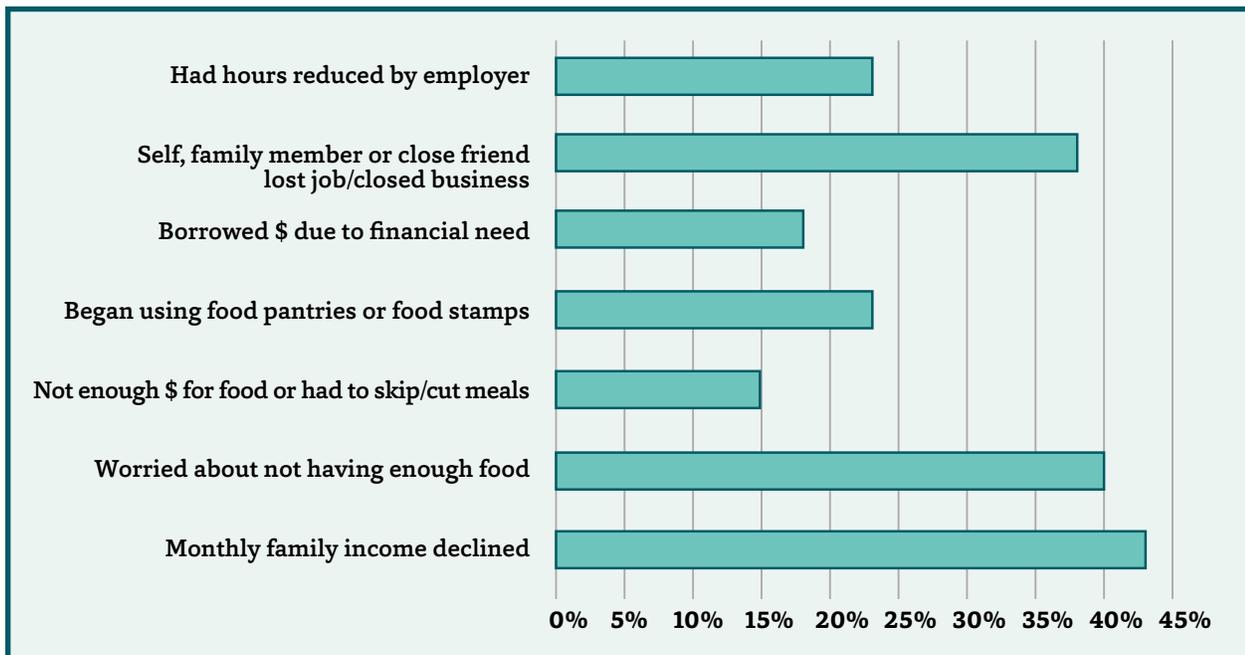


ECONOMIC EXPERIENCES RELATED TO COVID-19

With the closure of businesses and spikes in job loss related to COVID-19, particularly during the stay-at-home period, Ohio families experienced important changes in their economic security. We aimed to assess family economic experiences in a number of ways. One important indicator is the short-term (and likely unexpected) loss of family income. Given the economic precarity of many of our study families, short-term losses in income can lead to material hardship, or the lack of access to basic needs, such as food, housing, and health care. A further issue, particularly for families already in need of economic support, is the loss of existing services (including school lunch and other school-based assistance) that buffer them from severe economic hardship.

In Figure 3, we indicate the economic difficulties reported by our study families, all of whom have at least one child under age 12. Importantly, over 40% of the caregivers reported their monthly family income had declined since mid-March and 40% worried about having enough money for food. While over 20% began using food pantries and food stamps, 15% reported they had already experienced some level of food insecurity (e.g., adults or children went hungry or had to skip/cut meals).

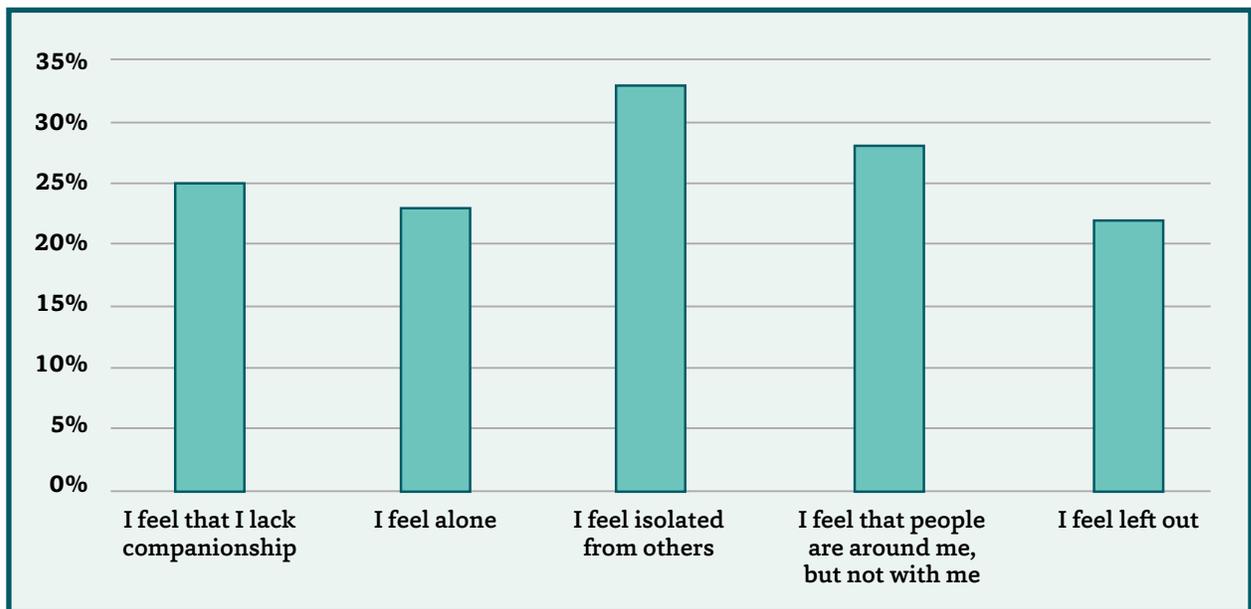
▼ **Figure 3:** Economic experiences of Ohio families with young children during the COVID-19 pandemic: CCCFS sample



CAREGIVER PSYCHOSOCIAL DISTRESS DURING THE STAY-AT-HOME ORDER

Given our interest in understanding the dynamics of the “stay-at-home” period for families, and particularly for the caregivers, we asked a series of questions about potential feelings of disconnectedness or loneliness (using the UCLA loneliness scale). We asked caregivers whether they agreed or disagreed with statements about feelings and thoughts they had been having since the coronavirus stay-at-home order went into place. Figure 4 below shows the percent of caregivers who agreed or strongly agreed with several negative feelings and thoughts.

▼ **Figure 4:** Caregivers’ agreement with loneliness statements: CCCFS sample



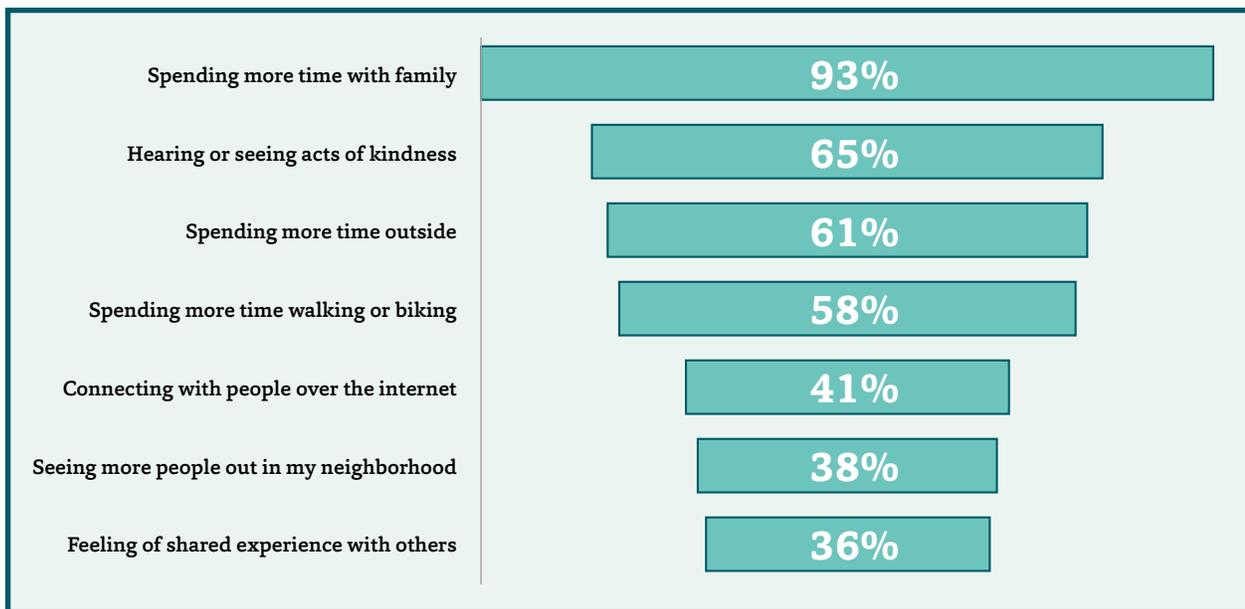
Given the potentially high levels of social, economic, and psychosocial stress associated with the pandemic and stay-at-home order, we asked caregivers about recent symptoms of anxiety and depression. They completed the Generalized Anxiety Disorder 7-item scale (GAD; Löwe et al., 2008; Spitzer et al., 2006) and Center for Epidemiological Studies of Depression 10-item Short Form (CESD; Björgvinsson et al., 2013). **More than one-half of caregivers (52%) reported experiencing mild to severe anxiety, whereas 38% reported experiencing depression.** In addition, these measures showed that:

- 18% were experiencing major depressive symptoms (CESDR score ≥ 15)
- 13% were experiencing moderate anxiety (GAD score = $10 \leq x \leq 14$)
- 10% were experiencing severe anxiety (GAD score = $15 \leq x \leq 21$)

POSITIVE EXPERIENCES DURING THE CRISIS

As the previous sections indicate, families with young children experienced significant adversities related to the pandemic conditions and the stay-at-home and business closure orders. While the coronavirus crisis, and particularly the stay-at-home order, pushed individuals, families, and whole communities into uncharted waters, we asked caregivers about changes that may have been positive experiences during this time. Specifically, we asked parents whether they had positive experiences related to the items listed in Figure 5. Additionally, 8% of caregivers reported an increase in monthly family income since the issuance of the stay-at-home order.

▼ **Figure 5:** Caregiver reports of positive experiences: CCCFS sample





Study Implications

The COVID-19 pandemic and related health and economic crises are unlike anything American families have experienced before. This initial assessment of the experiences of Ohio families with young children in urban areas shows that many have experienced significant challenges related to virus exposure, changes in social relationships, economic loss, and psychological distress. While we found some evidence of positive experiences during this crisis, the negative exposures of caregivers and their families far out-shadow any potential positive experiences during the early months of the coronavirus pandemic.

52%
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38%
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These social, economic, and psychological strains have the potential to significantly affect not only caregiver mental and physical health, but also their children's short and long-term development. Research finds that instability and financial distress in children's family contexts, even under normal circumstances, reduces parental time and emotional support for children, and increases harsh parenting (Beck et al., 2010), in part due to increased caregiver stress and depression (Williams and Cheadle, 2016). In addition to creating stress and instability, financial loss can have direct effects on families' well-being by reducing their access to adequate shelter, food, and other basic necessities.

The pandemic conditions also have the potential for serious risks to young children's emotional, physical, and cognitive development during this critical stage of the lifespan. This is particularly true for young children reared in poor and near-poor homes, whose caregivers may not have the psychological and economic resources to buffer the impacts of the crisis on their children's well-being. Young children, in general, are highly dependent on their families (particularly parents), and need supportive, nurturing and stable family environments to support their physical, mental, and emotional health (Bronfenbrenner, 2001).

While concerns over illness and lives lost due to the virus remain, policy makers must make time and resources available to address the social strain, economic hardship and psychological distress experienced by Ohio families with young children who are living through this crisis.

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