More than 140,000 U.S. Children Lost a Caregiver Due to the COVID-19 Pandemic

Identifying and caring for these children is a necessary and urgent part of the pandemic response.

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One U.S. child loses a parent or caregiver for every four COVID-19 deaths, a new modeling study published today [October 7] in Pediatrics reveals. The findings illustrate orphanhood as a hidden and ongoing secondary tragedy caused by the COVID-19 pandemic and emphasizes that identifying and caring for these children throughout their development is a necessary and urgent part of the pandemic response—both for as long as the pandemic continues, as well as in the post-pandemic era.

From April 1, 2020 through June 30, 2021, data suggest that more than 140,000 children under age 18 in the United States lost a parent, custodial grandparent, or grandparent caregiver who provided the child's home and basic needs, including love, security, and daily care. Overall, the study shows that approximately 1 out of 500 children in the United States has experienced COVID-19-associated orphanhood or death of a grandparent caregiver. There were racial, ethnic, and geographic disparities in COVID-19-associated death of caregivers: children of racial and ethnic minorities accounted for 65% of those who lost a primary caregiver due to the pandemic.

Children's lives are permanently changed by the loss of a mother, father, or grandparent who provided their homes, basic needs, and care. Loss of a parent is among the adverse childhood experiences (ACEs) linked to mental health problems; shorter schooling; lower self-esteem; sexual risk behaviors; and increased risk of substance abuse, suicide, violence, sexual abuse, and exploitation.

"Children facing orphanhood as a result of COVID is a hidden, global pandemic that has sadly not spared the United States," said Susan Hillis, CDC researcher and lead author of the study. "All of us – especially our children – will feel the serious immediate and long-term impact of this problem for generations to come. Addressing the loss that these children have experienced – and continue to experience – must be one of our top priorities, and it must be woven into all aspects of our emergency response, both now and in the post-pandemic future."

The study was a collaboration between the Centers for Disease Control and Prevention (CDC), Imperial College London, Harvard University, Oxford University, and the University of Cape Town, South Africa. Published in the October 7 issue of the journal Pediatrics, it was jointly led by CDC's COVID Response and Imperial College London, and partly funded by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH), as well as Imperial College London.

"The magnitude of young people affected is a sobering reminder of the devastating impact of the past 18 months," said Dr Alexandra Blenkinsop, co-lead researcher, Imperial College London. "These findings really highlight those children who have been left most vulnerable by the pandemic, and where additional resources should be directed."

The analysis used mortality, fertility, and census data to estimate COVID-19-associated orphanhood (death of one or both parents) and deaths of custodial and co-residing grandparents between April 1, 2020, and June 30, 2021, for the U.S. broadly, and for every state. "COVID-19-associated deaths" refers to the combination of deaths caused directly by COVID-19 and those caused indirectly by associated causes, such as lockdowns, restrictions on gatherings and movement, decreased access or quality of health care and of treatment for chronic diseases. The data were also separated and analyzed by race and ethnicity, including White, Black, Asian, and American Indian/Alaska Native populations, and Hispanic and non-Hispanic populations.

The study authors estimate that 120,630 children in the U.S. lost a primary caregiver, (a parent or grandparent responsible for providing housing, basic needs and care) due to COVID-19-associated death. In addition, 22,007 children experienced the death of a secondary caregiver (grandparents providing housing but not most basic needs). Overall, 142,637 children are estimated to have experienced the death of at least one parent, or a custodial or other co-residing grandparent caregiver.

"The death of a parental figure is an enormous loss that can reshape a child's life. We must work to ensure that all children have access to evidence-based prevention interventions that can help them navigate this trauma, to support their future mental health and wellbeing," said NIDA Director Nora D. Volkow, MD. "At the same time, we must address the many underlying inequities and health disparities that put people of color at greater risk of getting COVID-19 and dying from COVID-19, which puts children of color at a greater risk of losing a parent or caregiver and related adverse effects on their development."

Racial and ethnic disparities in COVID-related caregiver loss

There were significant racial and ethnic disparities in caregiver deaths due to COVID-19. White people represent 61% of the total U.S. population and people of racial and ethnic minorities represent 39% of the total population. Yet, study results indicate that non-Hispanic White children account for 35% of those who lost a primary caregiver (51,381 children), while children of racial and ethnic minorities account for 65% of those who lost a primary caregiver (91,256 children).

When looking at both primary and secondary caregivers, the study found that findings varied greatly by race/ethnicity: 1 of every 168 American Indian/Alaska Native children, 1 of every 310

Black children, 1 of every 412 Hispanic children, 1 of every 612 Asian children, and 1 of every 753 White children experienced orphanhood or death of caregivers. Compared to white children, American Indian/Alaska Native children were 4.5 times more likely to lose a parent or grandparent caregiver, Black children were 2.4 times more likely, and Hispanic children were nearly 2 times (1.8) more likely.

Overall, the states with large populations – California, Texas, and New York – had the highest number of children facing COVID-19 associated death of primary caregivers. However, when analyzed by geography and race/ethnicity, the authors were able to map how these deaths and disparities varied at the state level.

In southern states along the U.S.-Mexico border, including New Mexico, Texas, and California, between 49% and 67% of children who lost a primary caregiver were of Hispanic ethnicity. In the southeast, across Alabama, Louisiana, and Mississippi, between 45% to 57% of children who lost a primary caregiver were Black. And American Indian/Alaska Native children who lost a primary caregiver were more frequently represented in South Dakota (55%), New Mexico (39%), Montana (38%), Oklahoma (23%), and Arizona (18%).

The current study follows closely in line with a similar study published in The Lancet in July 2021, which found more than 1.5 million children around the world lost a primary or secondary caregiver during the first 14 months of the COVID-19 pandemic. In both the global and US studies, researchers used the UNICEF definition of orphanhood, as including the death of one or both parents. The definition includes children losing one parent, because they have increased risks of mental health problems, abuse, unstable housing, and household poverty. For children raised by single parents, the COVID-19-associated death of that parent may represent loss of the person primarily responsible for providing love, security, and daily care.

“We often think of the impact of COVID-19 in terms of the number of lives claimed by the disease, but as this study shows, it is critical to also address the broader impact – both in terms of those who have died, and those who have been left behind,” said study co-author Charles A. Nelson III, PhD. who studies the effects of adversity on brain and behavioral development at Boston Children’s Hospital. “We must ensure children who have lost a parent or caregiver have access to the support services they need, and that this additional impact of the COVID-19 pandemic is comprehensively addressed in both our rapid response and our overall public health response.”

There are evidence-based responses that can improve outcomes for children who experience the COVID-associated death of their caregivers:

- Maintaining children in their families is a priority. This means families bereaved by the pandemic must be supported, and those needing kinship or foster care must rapidly receive services.
- Child resilience can be bolstered via programs and policies that promote stable, nurturing

relationships and address childhood adversity. Key strategies include:

  - Strengthening economic supports to families.
  - Quality childcare and educational support.
  - Evidence-based programs to improve parenting skills and family relationships.

- All strategies must be age specific for children and must be sensitive to racial disparities and structural inequalities. They must reach the children who need them most.

In the closing words of the paper, “Effective action to reduce health disparities and protect children from direct and secondary harms from COVID-19 is a public health and moral imperative.”

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