Orphaned children—more than 140,000 US children lost a primary or secondary caregiver due to the COVID-19 pandemic

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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 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 Oct. 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 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, Ph.D. 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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