

UNDERSTANDING HOW TO BEST ADAPT OUR PUBLIC HEALTH RESPONSE TO COVID-19 TO SUPPORT MINNESOTA FAMILIES

The goal of the Minnesota Families study is to explore specific ways to better support families of young children as they navigate the various challenges brought on by the COVID-19 pandemic.



Key Findings

Significant worries many parents reported relating to the COVID-19 pandemic include:

- Affording food
- COVID-19 infecting them or family members
- Providing care for their child(ren)
- Being laid off or a reduction in work hours
- Being able to pay the bills

Trusted informants related to the COVID-19 pandemic:

Most parents identified **public health experts**, followed by **state and local governments** as the most trustworthy sources of information on COVID-19; **President Trump and social media** were seen as untrustworthy sources.

"I think community knowledge is power. I think transparency in numbers of cases and severity is needed. I believe something should be passed forgiving rent late fees and bills that go un-paid during these times where work is unavailable."

Lifestyle behaviors for families and their young children have been impacted in the following areas:

- Screen time and media use
- Stress and mood
- Physical activity with family (increase & decrease)
- Eating for children



"I am going to have to give birth during this (the pandemic) and that scares me."



"We are on our electronics more to get updates on the news and media and to complete e-learning."

"We can only go out for a walk, no real gym time or doing sports activities since we can't meet in groups anymore, no more going to the park or indoor kid places."



Families with young children have been impacted by the COVID-19 pandemic in the following ways:

- **CHILDCARE:** Children's daycare/school has been closed for now, so parents have started to home-school or care for their children at home.
- **FEEDING:** More home-cooked food, reduction of grocery shopping due to fear of illness, and replacing meals/snacks child(ren) received in daycare/school.
- **WORK:** Being laid off/job ended for the time being or hours reduced.
- **FAMILY:** Changes to partner's work schedule left some of them with added household duties (e.g., cooking, cleaning, etc.). Most have not had work inside the home impacted.

Implications

- 1 Families need YOUR support.** Physicians, teachers, daycare providers, and community members should strive to identify creative and meaningful socially-distanced opportunities to connect with families of young children. Their current challenges are numerous and intensified by isolation. It is important to find ways to share community resources and emotional support with them.
- 2 POLICIES to support families are needed.** Policy makers should seek to improve the lives of families through their support of family-friendly policies. Families identified multiple needs that could be met through specific policy changes, including the need for improved access to affordable food and household supplies; financial support for rent, utilities, childcare and food; and additional educational supports for their children.
- 3 Families trust in the guidance of PUBLIC HEALTH OFFICIALS.** Families are craving clear, reliable, and consistent information on how to keep themselves healthy and safe throughout this pandemic. Public health professionals must seek opportunities to provide families within their community answers to questions about the COVID-19 pandemic in accessible ways. There should be a focus on dispelling misinformation and helping families navigate confusing information.

Methods

Participants (N=75) were recruited from an existing cohort of families with children aged 2-5 (Kids EAT!), a subset of the EAT 2010-2018 study cohort. During April and May of 2020, all Kids EAT! cohort members (N=81) were invited to complete an online survey exploring the perceived impact of the COVID-19 pandemic on their family; a 92.6% response rate was achieved. The families in the sample were racially/ethnically and socioeconomically diverse (83% non-white; 36% earned less than \$25,000 annually; 39% had a high school education or less; 63% participated in at least one type of government assistance [e.g., SNAP, WIC]).

Author Contact Information & Funding Source

This summary was prepared by University of Minnesota School of Public Health student Tricia Alexander (MPH Nutrition Candidate | @tricialexander) and Dr. Katie Loth, PhD, MPH, RD (kloth@umn.edu | @KLothPhD) from the Department of Family Medicine and Community Health, University of Minnesota. This research was led by Dr. Loth and supported by a COVID-19 Rapid Response Grant from the University of Minnesota Medical School (PI: KA Loth), an R35 grant from the National Heart, Lung and Blood Institute of the National Institutes of Health (R35HL139853, PI: Neumark-Sztainer), and a K23 Career Development Grant from the National Institute of Child Health and Human Development of the National Institutes of Health (K23-HD090324-01A1; PI: Katie Loth). Content is solely the responsibility of the authors and does not necessarily represent the official views of University of Minnesota Medical School, the National Heart, Lung and Blood Institute, the National Institute of Child Health and Human Development or the National Institutes of Health.