



Social, Behavioral, and Economic Health (SBE) Impacts of COVID-19 Webinar

September 29, 2020

Logistics

- We value the diversity of views, expertise, opinions, and experiences of all participants.
- Please participate using the chat feature to ask questions or engage with your colleagues.
- Please ensure that your microphone is muted during the presentation.
- For technical support during this webinar, please email Aracely Martinez at aracmartinez@deloitte.com.

COVID-19 SBE Initiative Grantee Webinar Agenda

Topic	Speaker	Time
Webinar Introduction	Dr. Joshua Gordon, M.D., Ph.D. (Director, NIMH) Dr. Eliseo Pérez-Stable, M.D. (Director, NIMHD)	5 minutes
Goals of the Webinar	Dr. Lindsey Martin, Ph.D. (NIEHS)	5 minutes
Overview of the SBE COVID-19 Initiative for Health Disparity and Vulnerable Populations	Dr. Erica Spotts, Ph.D. (OBSSR) Dr. Courtney Aklin, Ph.D. (NIMHD) Rayneisha Watson, MSc, MBA (Deloitte Healthcare)	20 minutes
Data Harmonization and Data Sharing Across the SBE Initiative	Dr. William (Bill) Riley, Ph.D. (Associate Director for Behavioral and Social Sciences Research and OBSSR Director)	30 minutes
COVID-19 Research Challenges Among Health Disparity and Vulnerable Populations	Moderator: Dr. Lindsey Martin, Ph.D. (NIEHS) Grantee Panel: Dr. Paloma Beamer, Ph.D. (University of Arizona) Dr. Sandra Hofferth, Ph.D. (University of Maryland) Dr. Arie Kapteyn, Ph.D. (University of Southern California) Dr. Wendy Troxel, Ph.D. (RAND Corporation)	50 minutes
Next Steps	Dr. Rebecca Clark, Ph.D. (NICHD)	10 minutes

Speakers



Joshua Gordon, M.D., Ph.D.

Director of the National Institute of Mental Health (NIMH)

Email: joshua.gordon@nih.gov



Eliseo J. Pérez-Stable, M.D.

**Director of the National Institute on Minority Health and Health
Disparities (NIMHD)**

Email: eliseo.perez-stable@nih.gov

WEBINAR INTRODUCTION

Purpose

The COVID-19 pandemic and its associated mitigation efforts have had profound effects and will disproportionately affect racial/ethnic minorities, less privileged SES, and other vulnerable populations who already experience health disparities.

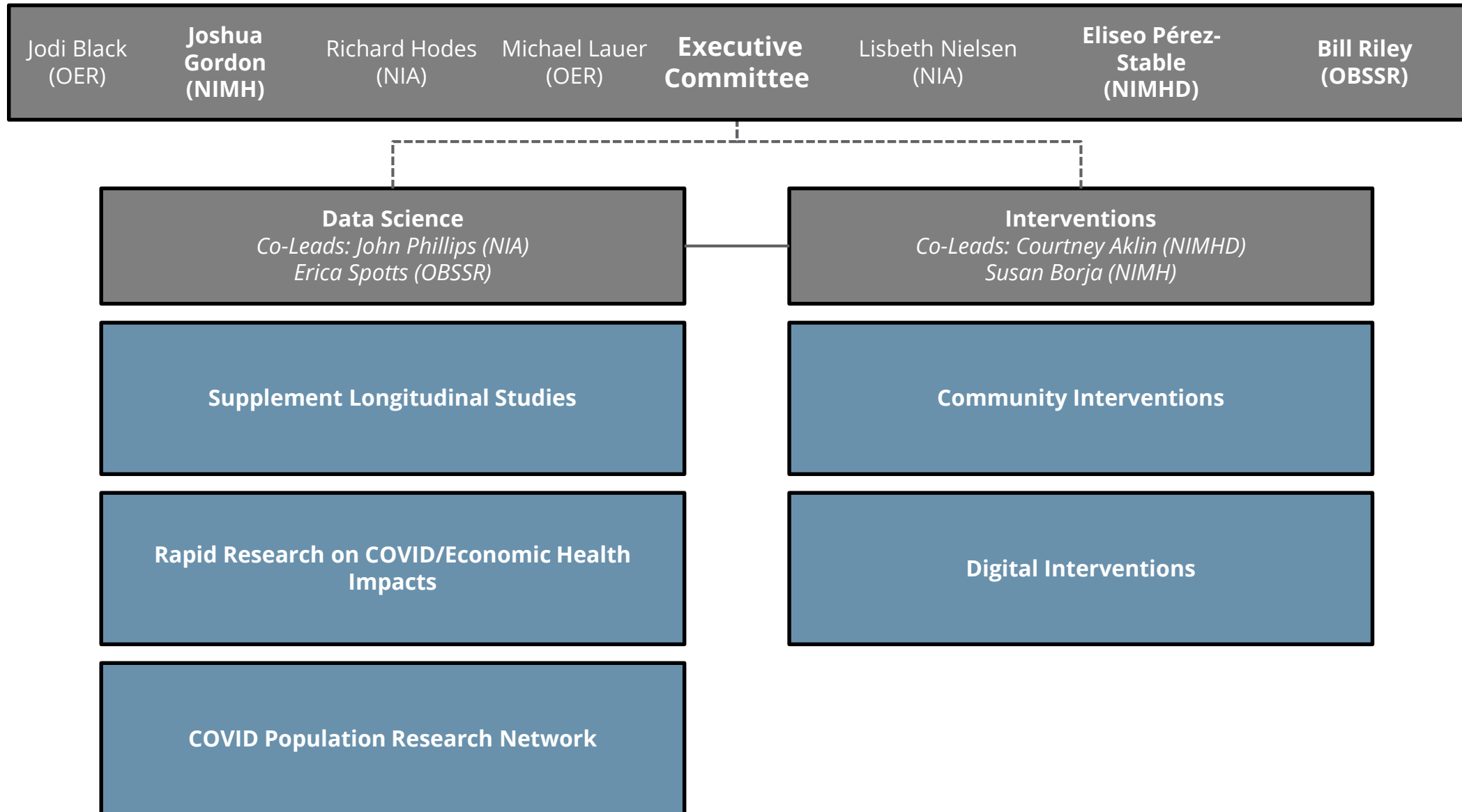
- The purpose of this initiative is to **assess the social, behavioral, and economic health impacts of COVID-19 and its mitigation**, particularly in health disparity and vulnerable populations, and to evaluate interventions to ameliorate these impacts
- This initiative aims to understand the costs and benefits of the strategies to mitigate transmission, particularly in health disparity and vulnerable populations, to **improve our response to the current pandemic** and **prepare more effectively for future infectious disease epidemics**

Priorities

This initiative proposes a comprehensive approach to understanding and insulating against these impacts in 5 broad areas:

- The **effects of various mitigation strategies** on reducing transmission and the **role of adherence** to these strategies
- The **social and economic impacts** of various mitigation efforts
- The **downstream effects** of these impacts on mental health, suicide, substance abuse, and other disorders
- The effects of the pandemic and its mitigation on **health care access** and on **health outcomes**
- The effects of **interventions**, including telehealth and digital health interventions, in reducing these impacts

TransNIH COVID-19 SBE Initiative: Organizational Structure



FY20 Jumpstart Funds

The SBE initiative received \$11 million in NIH OD Jumpstart Funds

The OD Jumpstart funds supported research aimed at addressing the following:

- Supplement **longitudinal data to facilitate research on SBE** research areas and relevant health disparities and vulnerable populations.
- Evaluate **digital and community health interventions** to 1) prevent COVID-19 transmission, 2) evaluate policies to mitigate exposure and 3) reduce the negative impact of the social, behavioral, and economic changes, particularly among populations who experience [health disparities](#) and other vulnerable populations.
- Support **economic research** on COVID-19 conducted by the National Bureau of Economic Research (NBER).

Highlights of the funded research is outlined to the right.

21 ICOS REPRESENTED



- This initiative engaged over 60 members participating in the Data Science and Interventions WGs



FUNDED 52 SUPPLEMENTS

- 28 Longitudinal Studies
- 15 Digital Health Interventions Studies
- 9 Community Interventions Studies

IMPACTFUL RESEARCH



- Multiple studies with health disparity populations (e.g., racial and ethnic minorities, less privileged SES, rural residents)
- Vulnerable populations included community older adults, frontline workers, children and adolescents

BROAD AREAS OF HEALTH

Research focus areas included but are not limited to:

- Alcohol, substance abuse, mental health outcomes
- Public health mitigation impact and adherence
- Chronic diseases

GOALS OF THE WEBINAR

Speaker



Lindsey Martin, Ph.D.

**Program Officer
National Institute of Environmental
Health Sciences (NIEHS)
Email: lindsey.martin@nih.gov**

SBE Grantee Webinar

The purpose of this webinar is to facilitate the engagement and collaboration of grantees in order to provide resources for research challenges and to maximize cross-study comparisons.

The goals of this webinar include:



1. Introduce the NIH SBE initiative.
2. Provide guidance on common data elements and data harmonization.
3. Better understand COVID-19 research challenges among health disparity and vulnerable populations.

OVERVIEW OF THE SBE COVID-19 INITIATIVE FOR HEALTH DISPARITY AND VULNERABLE POPULATIONS

Co-Leads



John Phillips, Ph.D.

**Chief, Population and Social Processes Branch (PSP)
National Institute on Aging (NIA)**

Email: john.phillips@nih.gov



Erica Spotts, Ph.D.

**Health Scientist Administrator
Office of Behavioral and Social Sciences Research (OBSSR)**

Email: spottse@mail.nih.gov

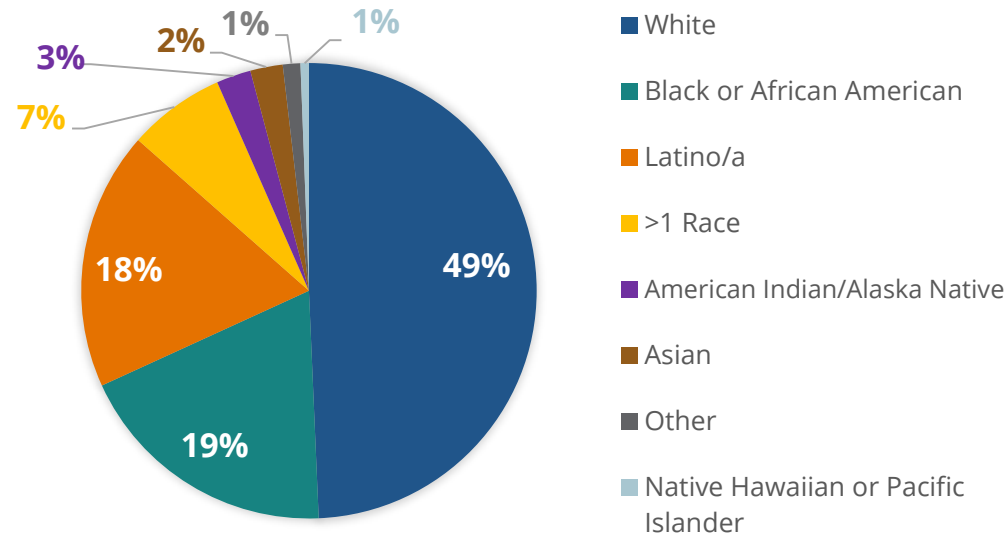
Data Science Working Groups Overview

Co-Leads: John Phillips (NIA) and Erica Spotts (OBSSR)

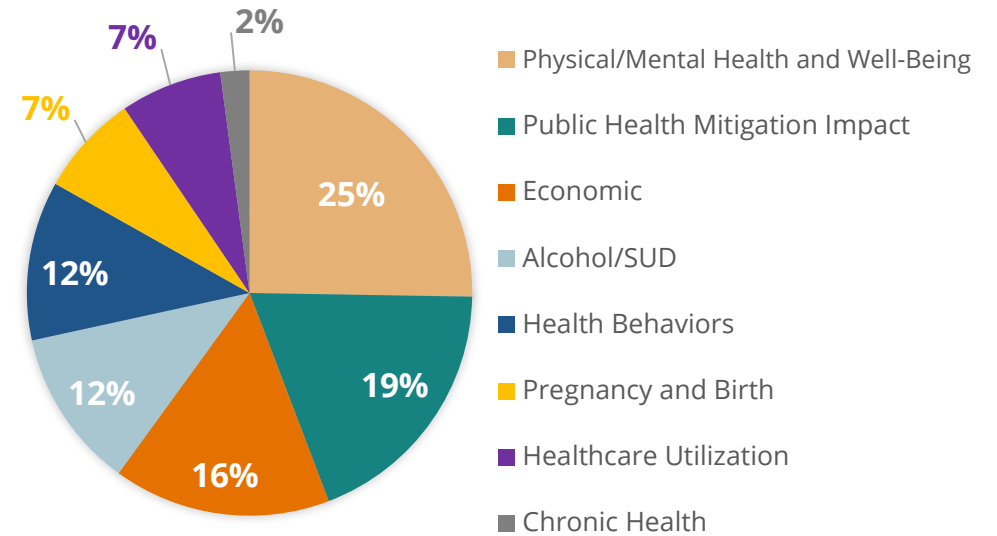
- 1 Supplement Longitudinal Studies**
Provide funding and data harmonization guidance to urgent competitive and administrative supplements in response to various SBE supplement NOSIs.
- 2 Rapid Research on COVID/Economic Health Impacts**
Estimate the impact of COVID and the economic downturn from mitigation interventions on mortality and health (NBER Contract).
- 3 COVID Population Research Network**
Develop FOAs to fund a network of population health projects to extract, integrate & analyze data sources to support SBE research on COVID.

Data Science Supplements Recommended for Funding: Populations and Topics

Racial Ethnic Breakdown

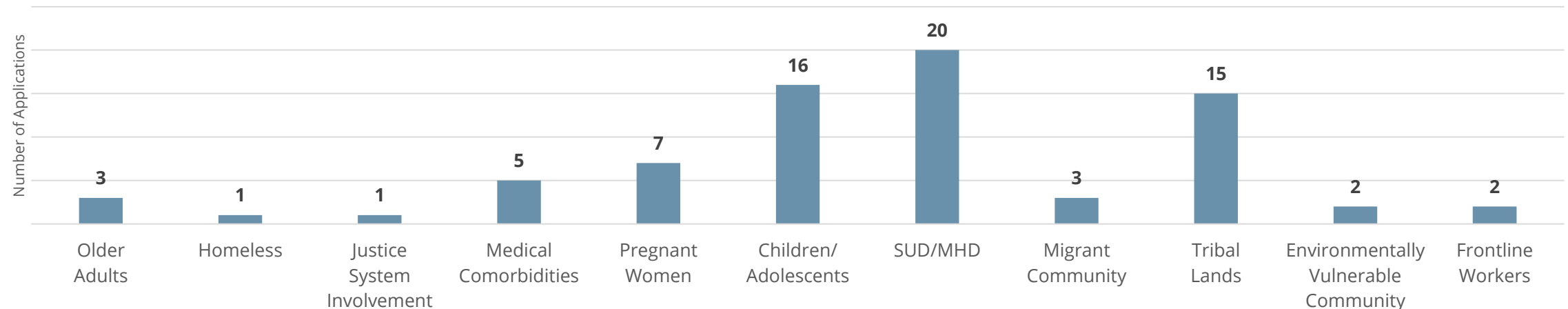


Research Focus Areas (Not Mutually Exclusive)



Note: Racial and ethnic breakdown does not include large study of >2,000,000 participants. Additionally, 13 studies included a Latino/a population count that was not mutually exclusive from other categories.

COVID-19 Vulnerable Populations (Not Mutually Exclusive)



Co-Leads



Courtney Aklin, Ph.D.

Chief of Staff

**National Institute on Minority Health and Health Disparities
(NIMHD)**

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Susan Borja, Ph.D.

**Program Chief, Division of Translational Research (DTR)
National Institute of Mental Health (NIMH)**

Email: susan.borja@nih.gov

Interventions Working Groups Overview

Co-Leads: Courtney Aklin (NIMHD) and Susan Borja (NIMH)

1

Community Interventions

Evaluate the effects of community interventions to prevent and mitigate transmission and/or address the adverse psychosocial, behavioral, and socioeconomic effects of mitigation, particularly in vulnerable or health disparity communities.

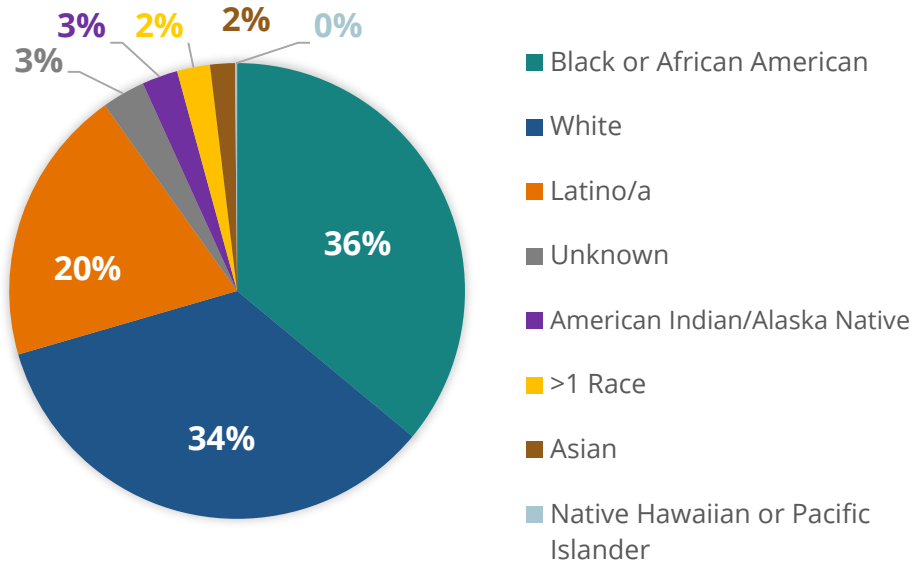
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Digital Interventions

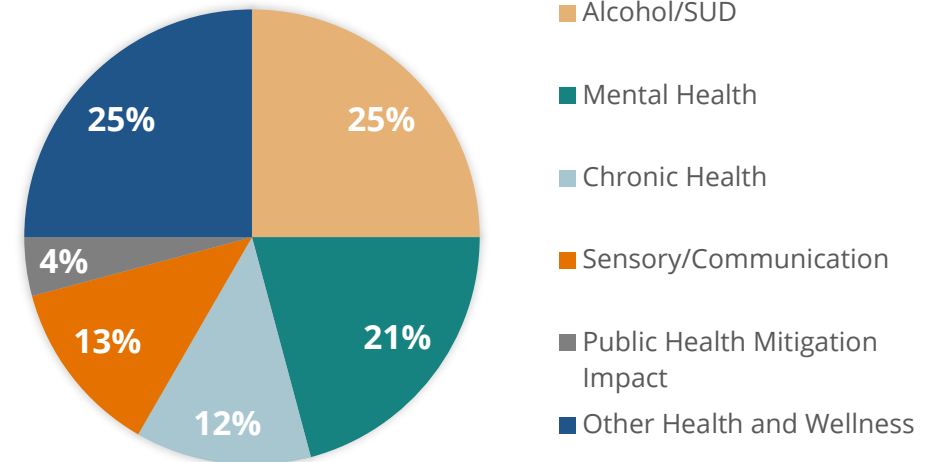
Evaluate the effects of telehealth and mobile or remote interventions to deliver care to those unable to access traditional care during the pandemic, especially for those patients disproportionately impacted by the pandemic and its mitigation impacts.

Interventions Supplements Recommended for Funding: Populations and Topics

Racial Ethnic Breakdown

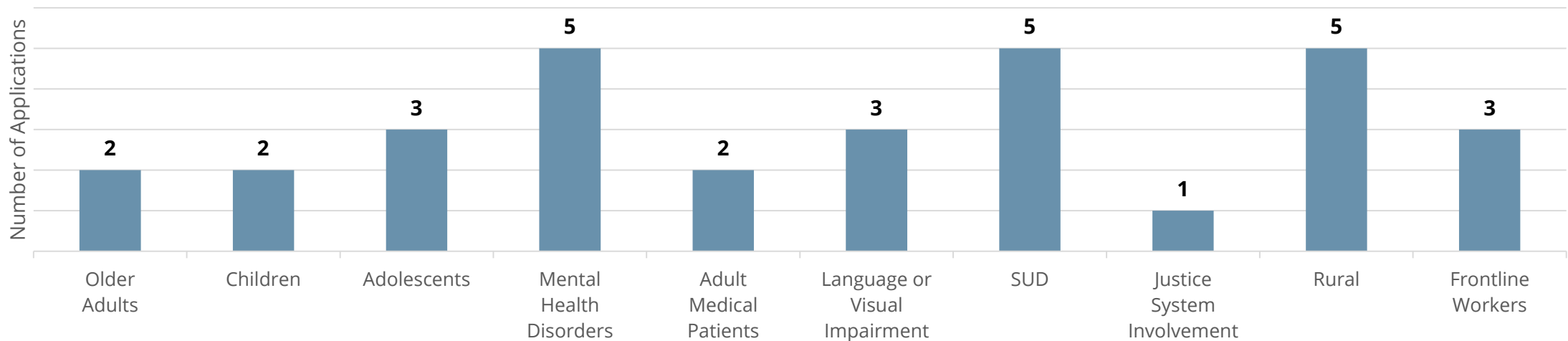


Research Focus Areas



Note: Racial and ethnic breakdown does not include large study of >118,000 participants and white participants skewed by inclusion of a SUD study of nearly 2,000 participants in Iowa that includes large rural populations.

COVID-19 Vulnerable Populations (Not Mutually Exclusive)



Interventions PARs

The Interventions working group is currently accepting applications for two PARs

- 1** | **Digital Healthcare Interventions**
Digital Healthcare Interventions to Address the Secondary Health Effects Related to Social, Behavioral, and Economic Impact of COVID-19 – PAR-20-243.
- 2** | **Community Interventions**
Community Interventions to Address the Consequences of the COVID-19 Pandemic among Health Disparity and Vulnerable Populations – PAR-20-237.

Speaker



Rayneisha Watson, MSc, MBA

**Senior Manager
Deloitte Healthcare**

Email: rayneisha.watson@nih.gov

DATA HARMONIZATION AND DATA SHARING ACROSS THE SBE INITIATIVE

Speaker



William Riley, Ph.D.

**Associate Director for Behavioral and
Social Sciences Research, and Director of
the Office of Behavioral and Social
Sciences Research (OBSSR)**

Email: william.riley@nih.gov

COVID-19 Assessment Recommendations for SBE Supplement Grantees

- 1 | NIH is providing additional guidance to facilitate data harmonization and integration among investigators receiving awards for supplement and revision applications to support data collection via [COVID-19 Notices](#).
- 2 | NIH encourages investigators to utilize existing items in their proposed data collections to:
 - Facilitate data linkages to the sources of these items or questionnaires.
 - Promote the ability for supplement grantees to link data among each other.
- 3 | Investigators are expected to collect a minimal set of sociodemographic variables including age, gender identity, race/ethnicity, educational attainment, and home physical address and/or zip code (for linkages to geolocation datasets).
- 4 | This document provides researchers with tailored recommendations for COVID-19 specific and non-COVID-19 specific items and measures through resources such as DR2, PhenX toolkit, and surveys.

Utilization of the tools in this guidance promotes coordination and enhances comparability across investments intended to support health research on COVID-19.

Harmonization and Data Sharing Expectations for Supplement and Revision Projects Addressing SBE and Health Impacts of COVID-19

NIH issued [this Notice](#) to highlight the need for and value of data harmonization and data sharing

Data Harmonization

1

- Encourage investigators to use a common set of tools and resources to facilitate collection of common data elements (CDEs).
- NIH has worked with relevant communities to develop and provide access to tools and resources that can improve the consistency of data collection.
- A trans-NIH working group is making existing COVID-19 survey items and investigator contact information publicly available through DR2 and the PhenX Toolkit.

Data Sharing

2

- Supplemental and Revision projects collecting data should use best practices in data sharing to spread knowledge about social, behavioral, economic, and health impacts of COVID-19.
- NIH strongly encourages the use of NIH-supported, domain-specific data repositories as a first choice for storing data and making it accessible.

NIH recognizes that data harmonization and data sharing can increase the scientific impact of any individual study by facilitating collaborations, comparisons, and replications across studies.

COVID-19 Urgent Competitive and Administrative Supplements

Funding Announcements

Funding Opportunities Specific to COVID-19 and the Behavioral and Social Sciences

The following is a list of recently released NOSIs for Urgent Competitive Revisions and Administrative Supplements encouraging COVID-19 behavioral and social sciences research. Key areas of research encouraged by these NOSIs include various aspects of the Novel Coronavirus (SARS-CoV-2) and COVID-19 including risk communication, adherence to and transmission risks from various public health mitigation efforts, economic and social impacts from these mitigation efforts, downstream health and healthcare access effects as a result of these economic and social impacts, and interventions to ameliorate these downstream health impacts. In addition to a number of NIH institute or center (IC) NOSIs, OBSSR also has issued a trans-NIH NOSI to address common areas of interest across ICs and provide a mechanism for ICs to fund urgent competitive revisions and administrative supplements without publishing their own NOSI.

To sort by title, organization, dates or announcement number, click the table headers below.

Title ▲	Announcement Number ▼	Issuing Organization ▼	Opening Date ▼	Closing Date ▼
Notice of Special Interest (NOSI) regarding the Availability of Administrative Supplements and Urgent Competitive Revisions for Mental Health Research on the 2019 Novel Coronavirus	NOT-MH-20-047	NIMH	3/27/2020	4/16/2021
Notice of Special Interest (NOSI) regarding the Availability of Administrative Supplements and Urgent Competitive Revisions for Research on the 2019 Novel Coronavirus	NOT-DA-20-047	NIDA	3/19/2020	3/31/2021
Notice of Special Interest (NOSI) regarding the Availability of				

- Adherence to mitigation
- Mitigation risk reduction
- Economic impacts
- Social impacts
- Downstream health impacts
- Interventions to ameliorate impacts
- Healthcare access
- Natural experiments

<https://obssr.od.nih.gov/research-support/funding-announcements/>

Rationale for a COVID-19 Survey Item Repository

- 1 | Survey items and clinical research PROs specific to COVID-19 were being generated rapidly.
- 2 | Insufficient time to fully test or evaluate these items and questionnaires.
- 3 | Definitely not enough time to develop consensus “best measures” for harmonization.
- 4 | To discourage “one-off” items and encourage data comparisons and integration across studies using the same items.

COVID-19 Survey Item Repository



COVID-19 OBSSR Research Tools

The table below lists and links to data collection instruments, including surveys, for assessing COVID-19-relevant Behavioral and Social Science (BSSR) domains for clinical or population research. The [NIH Office of Behavioral and Social Sciences Research \(OBSSR\)](#) has compiled this list, with assistance from the NIH Disaster Research program (DR2). DR2 is a collaborative effort by the National Institute of Environmental Health Sciences and the National Library of Medicine (NLM) that aims to improve our nation's capabilities for performing timely environmental health research in response to emerging threats and disasters. OBSSR has selected these instruments using the expertise of its staff and based on the high credibility of tool sources. However, NIH does not endorse any specific instrument as best practice for development, testing, or validation. Researchers are encouraged to test instruments (e.g., cognitive testing, pilot testing) before fielding them in their studies, to the extent possible in this rapidly evolving COVID-19 research landscape. For questions related to specific instruments, source contact information is provided (where available).

Additional research tools can be found by searching for various keywords of interest in the results of this targeted search Disaster Lit® database.

The **Database ID Number** links to full descriptive information about each tool. **Instrument Name** links provide direct access to the tool.

Database ID Number (full record)	Instrument Name (access to tool)	Question Areas Included in Instrument
ID: 22039	Cyber-Abuse Research Initiative (CARI) COVID-19 Impact on Domestic Abuse	<ul style="list-style-type: none"> Domestic Violence victimization and perpetration during COVID-19 Help-seeking and fear of violence during COVID-19
ID: 22038	Healthcare Worker Exposure Response & Outcomes (HERO) HERO: Daily Impact Index HERO: Registry Protective Equipment Survey	HERO daily impact index (PI-designated concepts measured) <ul style="list-style-type: none"> Sleep disturbance Pain Anxiety Depressive symptoms Stress Anger Fatigue Registry Protective Equipment Survey <ul style="list-style-type: none"> PPE survey

Over 100 surveys posted to date

The screenshot shows the PhenX Toolkit website interface. At the top, there are navigation links for Home, Protocols, Search, Resources, News, Help, About, and Contact. A search bar is present with the text "Search: Search all protocols in the Toolkit using keywords (e.g. diabetes) or PhenX ID (e.g. 011502)". Below the search bar, the page title is "COVID-19 Protocols". The main content area contains the following text:

COVID-19 Protocols

This page provides a list of COVID-19 related measurement protocols (CRFs, DCFs, instruments, surveys, questionnaires) that are *currently in use*. We hope that investigators will consider choosing from these protocols rather than developing new ones. The source of each protocol has been verified and contact information is provided in case additional information is needed. In the future, we plan to provide data dictionaries to enhance data interoperability and to support data harmonization. Please note, these protocols have not been selected via the standard PhenX consensus process and cannot be considered broadly validated; investigators are encouraged to perform validation studies.

Another important resource is the **NIH Public Health Emergency and Disaster Research Response (DR2)**. The NIH DR2 provides a wide array of data collection tools and resources for use in public health emergencies and disasters, including the COVID-19 pandemic. To visit the NIH DR2, [click here](#).

A button below the text reads: "To submit a COVID-19 related protocol for consideration, please click here".

Available COVID-19 Protocols

American-Islamic Relations (CAIR)
 Pandemic Impact Questionnaire (PIQ) Council (CAIR-PIQ)
[CAIR-PIQ Contact](#)

CAIR-PIQ Council on American-Islamic Relations (CAIR)
[Pandemic Impact Questionnaire \(PIQ\)](#)

At the bottom right, there is a link "Expand to view modules" with a dropdown arrow.

What's Different Between DR2 and PhenX Repositories?

DR2

- Provides the complete survey.
- Filters to identify surveys that include main topic areas (e.g., symptoms, risk reduction behaviors, perceptions, mental health concerns, travel history, comorbidities).
- Allows a researcher to replicate the entire survey administered by another researcher.
- DR2 includes other COVID-19 data resources and measures used in other “disasters.”

PhenX

- Provides specific item modules within each survey.
- Further granularity of sub-topics assessed by each module.
- Allows a researcher to build a survey from various item modules of other surveys.
- PhenX includes other consensus determined “best practices” for measuring a range of “phenotypes.”

Phase II of These Repositories

- Shifting to less submissions and more downloads.
- Need to address “COVID-attributable” items.
- Obtaining additional documentation about surveys.
- Prioritize and resolve items or item modules assessing similar constructs.
- Generate the tools to foster further data integration (e.g., data dictionaries, CDEs, LOINC codes, Redcap integration).

Connect with OBSSR



[@NIHOBSSR](https://twitter.com/NIHOBSSR)



[@OBSSR.NIH](https://www.facebook.com/OBSSR.NIH)

Sign up for our newsletter and email updates:
<https://obssr.od.nih.gov/>

COVID-19 RESEARCH CHALLENGES AMONG HEALTH DISPARITY AND VULNERABLE POPULATIONS

Moderator



Lindsey Martin, Ph.D.
NIEHS
lindsey.martin@nih.gov

Panel



Paloma Beamer, Ph.D.
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Sandra Hofferth, Ph.D.
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Arie Kapteyn, Ph.D.
kapteyn@usc.edu



Wendy Troxel, Ph.D.
wtroxel@rand.org

Panel Questions

- 1 | Could you briefly describe for us your COVID-19 supplemental research, including the health disparity or vulnerable population? What impact has COVID-19 had upon the population or communities that are the focus of your research?
- 2 | What are your top 1 or 2 concerns moving forward with your research during these unprecedented times?
- 3 | The COVID-19 pandemic is constantly evolving. What insights do you have on how to adapt research designs/methods to a situation that is ever-changing?
- 4 | How has the pandemic shaped how you approach research on health disparities?

Tu Trabajo no te Debe Dañar: Your Job Shouldn't Hurt You

Paloma Beamer
September 29, 2020



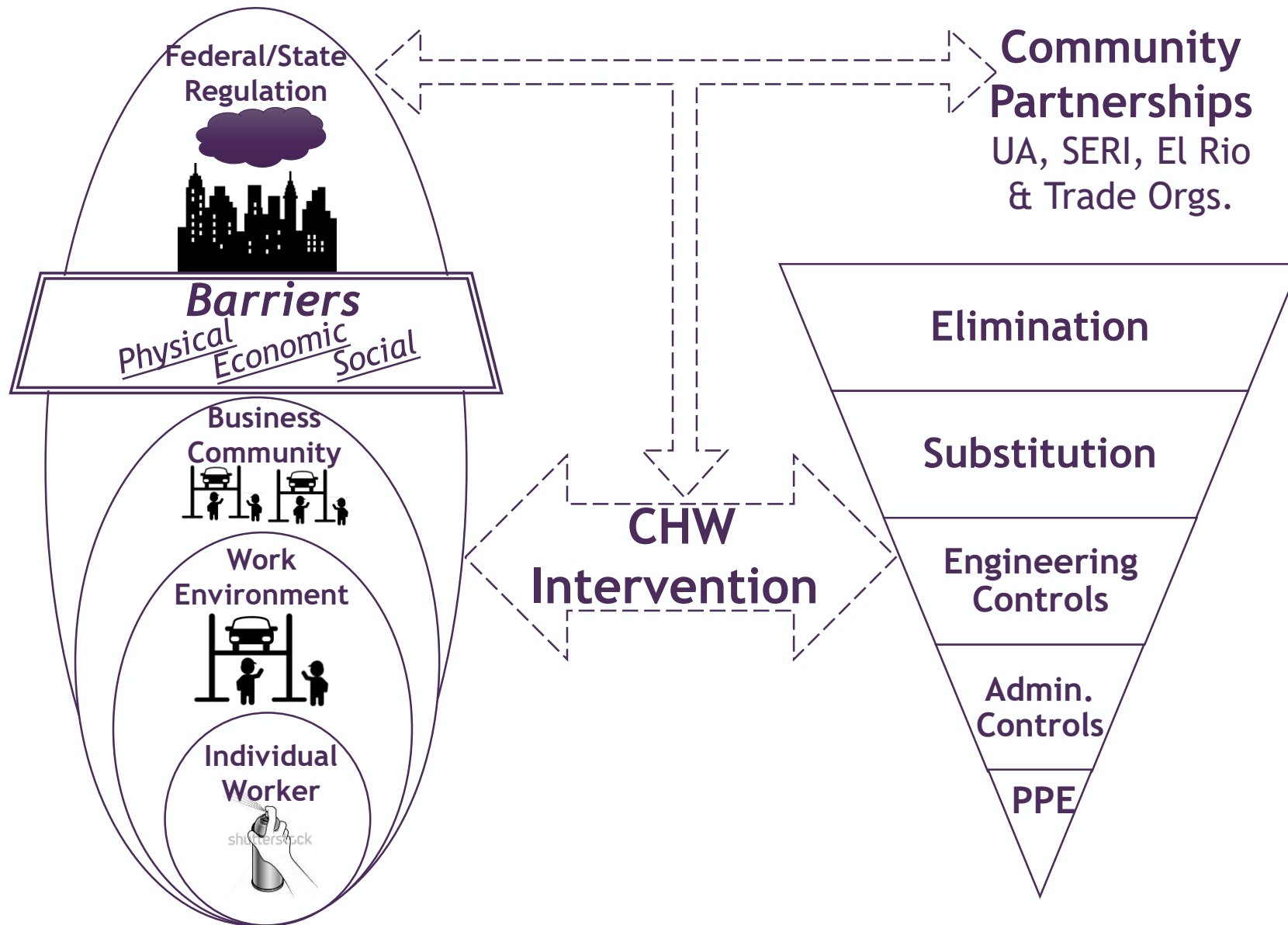
**TU TRABAJO NO
TE DEBE DAÑAR**
YOUR JOB SHOULDN'T HURT YOU



EL RIO
HEALTH



THE UNIVERSITY OF ARIZONA
Mel & Enid Zuckerman
College of Public Health

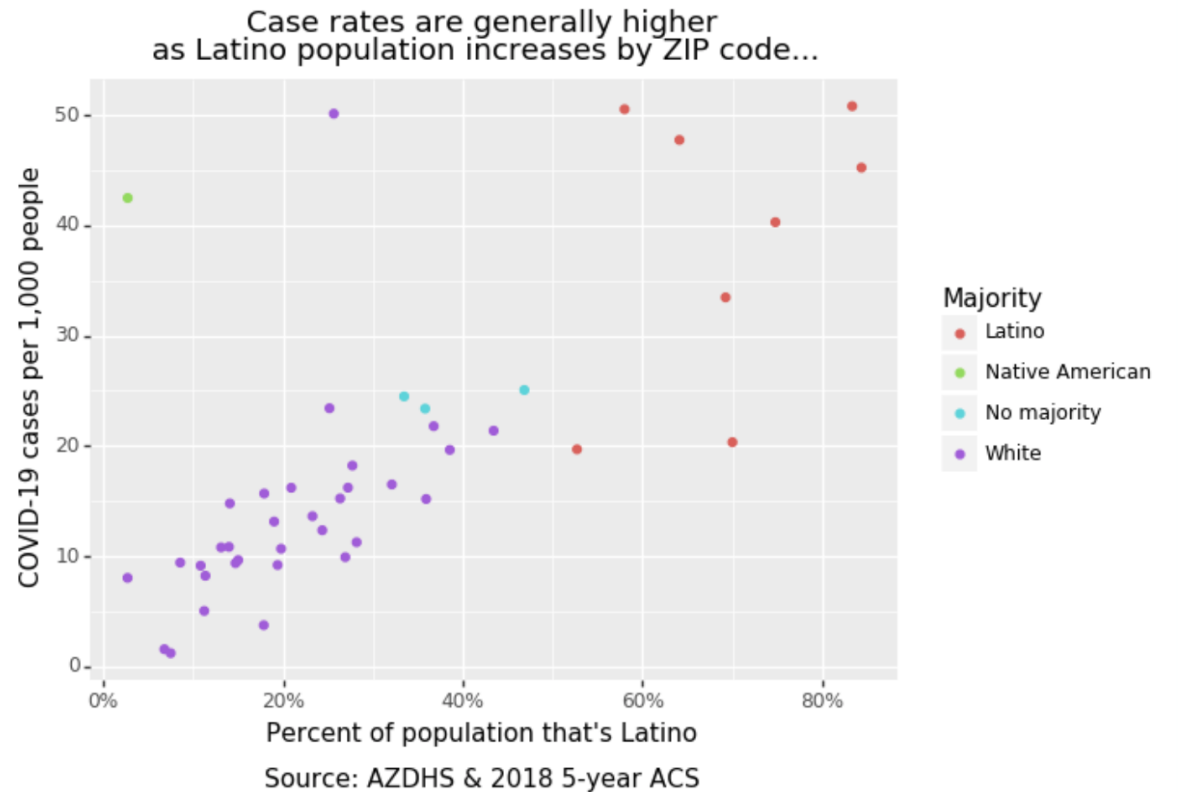
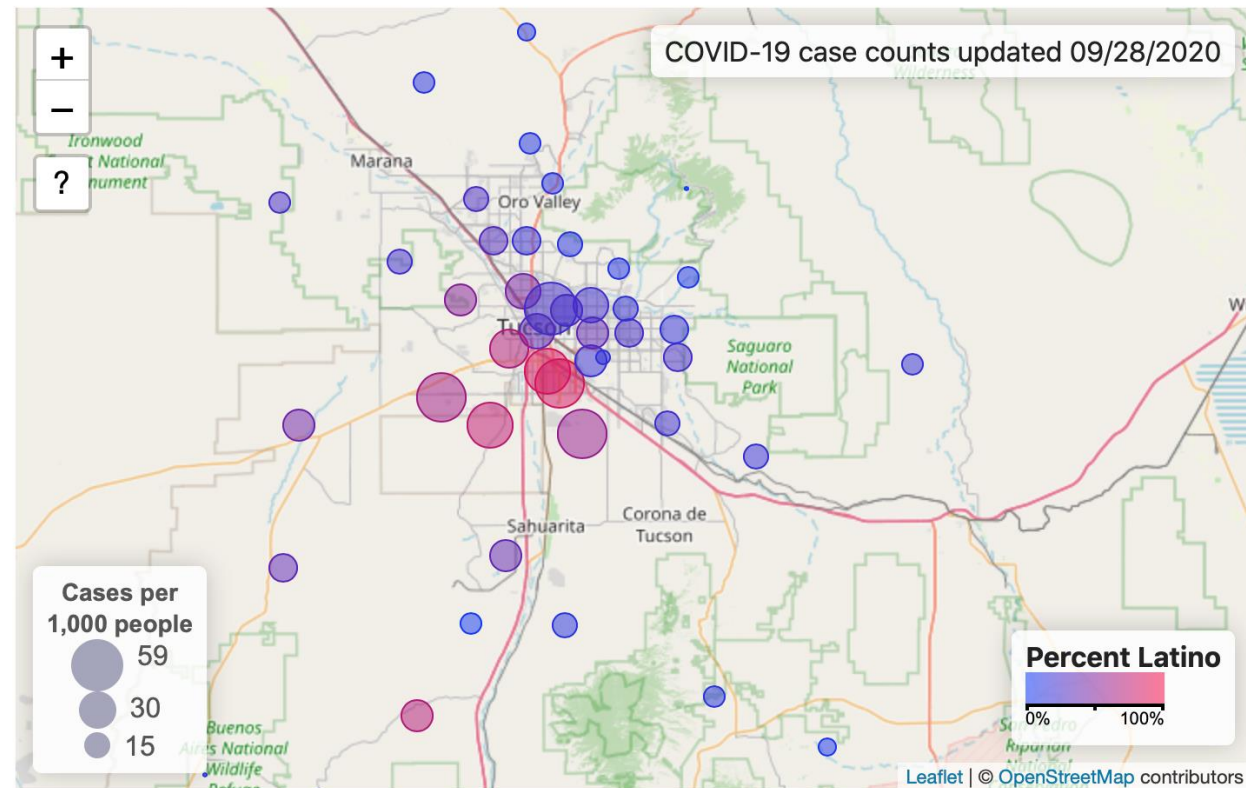


Socio-ecological model
*Occupational & Environmental
 Health Disparities*

Hierarchy of Controls

In Tucson's Latino communities, coronavirus didn't create problems, it exposed existing ones

Justin Sayers , Stephanie Casanova , Alex Devoid Sep 19, 2020 Updated Sep 25, 2020



**TU TRABAJO NO
TE DEBE DAÑAR**
YOUR JOB SHOULDN'T HURT YOU

COVID-19 Impacts on Time Use and Well-Being

Sandra Hofferth and Liana Sayer, University of Maryland

Sarah Flood, University of Minnesota

September 29, 2020



1. Describe Your Research

- Focus on overall impact on Behavior and Well-Being rather than Infection
- Add a Well Being Supplement in 2021 to the nationally representative American Time Use Survey. Replicate 2010, 2012, 2013, which has health (five-category) and well being items ([happy](#), [tired](#), [sad](#), [stressed](#), [pain](#), and [meaningful](#)).
- From time diary can define amount of time spent:
 - caregiving, helping with and investing in children's schooling, employed outside the household, and doing remote work.
- Add one question on specific domains of stress due to the Pandemic
 - finances, health, caregiving for child or adult family member
- About 9,000 respondents 15 plus, who have in the household 5,100 children under 15 and an additional 1,300 children between 15 & 18.
- Families with children have been the hardest-hit group because of the burdens of managing work and caregiving/education for children.
- Minority groups are represented as in the population.

2. Top Concerns

- Response rate is always a concern, especially for minority groups. Will work with BLS and Census Bureau to maximize response.
 - Two fixes: Compute/use population weights and offer financial incentives to respondents
- These data will enable the scientific community to investigate adherence to and effects of containment and mitigation efforts on daily behaviors, and subsequent impacts on well-being, quality of life, and health, by vulnerable subgroup.
- After processing, we will incorporate the WBM data into our data dissemination system, IPUMS Time Use (<https://timeuse.ipums.org/>), which is easily and freely accessible to the research community, and promoted broadly through webinars and a video training library.
- We will be giving a lot of thought to the data we include within the archive and guidance we give researchers, each of whom will be conducting their own research. We are facilitators even more than research analysts at the moment, so what we do will need to be helpful in the future.

3. How to Adapt to an Evolving Situation?

- Four important types of contextual data will be needed:
 - a. Geographic location and Time of data collection
 - can then add characteristics of state level policies for that time period
 - can add state characteristics such as unemployment levels, income, housing costs, weather.
 - can add levels of coronavirus infection for those geographic areas and time period
 - c. Longitudinal cohort definitions
 - Cohorts may be defined as families with same age or birth date of children, similar family structure, and similar caregiving responsibilities.
 - Well-being can be compared from 2010, 2012 and 2013. Behavior change from 2019 and 2020.
 - Additionally, we will be able to examine well-being at different points in the pandemic through 2021
 - d. Longitudinal panel
 - Link to earlier Current Population Survey panel with employment data

4. How has thinking about Health Disparities Changed?

We expect to focus on:

- Behavior of low income as well as minority families, health care workers, essential service workers, parents of young children.
- Well-being of groups who changed their behaviors: caregivers, employed remote workers, unemployed family members, single parents
- Differential exposure to potential risk through social contact, and differential well-being. Can measure contact with within- and outside-household individuals by examining “with whom” the respondent was engaged in an activity.



THREE RESOURCES TO STUDY TIME USE.

These projects provide free individual-level time use data for research purposes. The data extract systems make it easy to create data sets containing time use and other variables a user needs.

ATUS

AMERICAN TIME USE SURVEY EXTRACT BUILDER

Annual American Time Use Survey (ATUS) data from 2003 forward.

[GET DATA](#)

AHTUS

AMERICAN HERITAGE TIME USE STUDY EXTRACT BUILDER

Historical American time use data since 1965 harmonized for comparison over time, including the ATUS samples.

[GET DATA](#)

MTUS

MULTINATIONAL TIME USE STUDY EXTRACT BUILDER

MTUS is a project dedicated to making it easy for researchers to use data from around the world.

[GET DATA](#)

SUPPORTED BY



Understanding Coronavirus in America

Arie Kapteyn

We gratefully acknowledge financial support from the Bill & Melinda Gates Foundation, the National Science Foundation, and the National Institute on Aging (3U01AG054580-04S3)

Description of the project

- Since 2014, longitudinal, national probability-based internet panel of currently approximately 9,000 US residents, collecting information at multiple time points each year on economic, labor, attitudinal, and health measures, etc.
- Tracking pandemic effects started March 10, 2020
 - First survey in field March 10-31
 - As of April 1, two-weekly tracking surveys

Every day ~500 respondents answer UAS questions, 7000 over a two-week period

- The process repeats every two weeks providing continuous tracking information of how the pandemic affects households.
- Thousands of graphs updating daily show results:
<https://covid19pulse.usc.edu/>
- Full wave data files released for public use every two weeks, including a harmonized longitudinal file and codebooks:
<https://uasdata.usc.edu/page/Covid-19+Home>
 - Currently **twelve** waves of national data and **twenty-three** waves of LA County data available.
 - Currently about **150** research groups worldwide are using UAS COVID19-related data
 - We have added contextual data that can be downloaded with the longitudinal data
- With current funding, we expect to continue the tracking surveys until mid-2021

- Symptoms, Testing, and Medical Care
- Coronavirus Knowledge and Expectations
- Protective Social and Health Behaviors
- Risk Perceptions
- Mental Health and Substance Abuse
- Discrimination and Stigma
- Economic and Food Insecurity
- Social Safety Net
- Housing and Debt
- Crime and Safety
- Labor Market Outcomes

- K-12 Education / Post-secondary Education
- Behavioral Health
 - Social media use
 - Alcohol and cannabis use
 - Chronic disease diagnoses
 - Mental health condition diagnosis
 - PTSD, OCD, eating disorders, loneliness
- Sexual and Gender Identity
- Food Security / Food purchasing behaviors
- Entrepreneurial activities and plans
- Use of cash
- Attitudes towards lifting stay at home order
- Vaccination attitudes/expectations

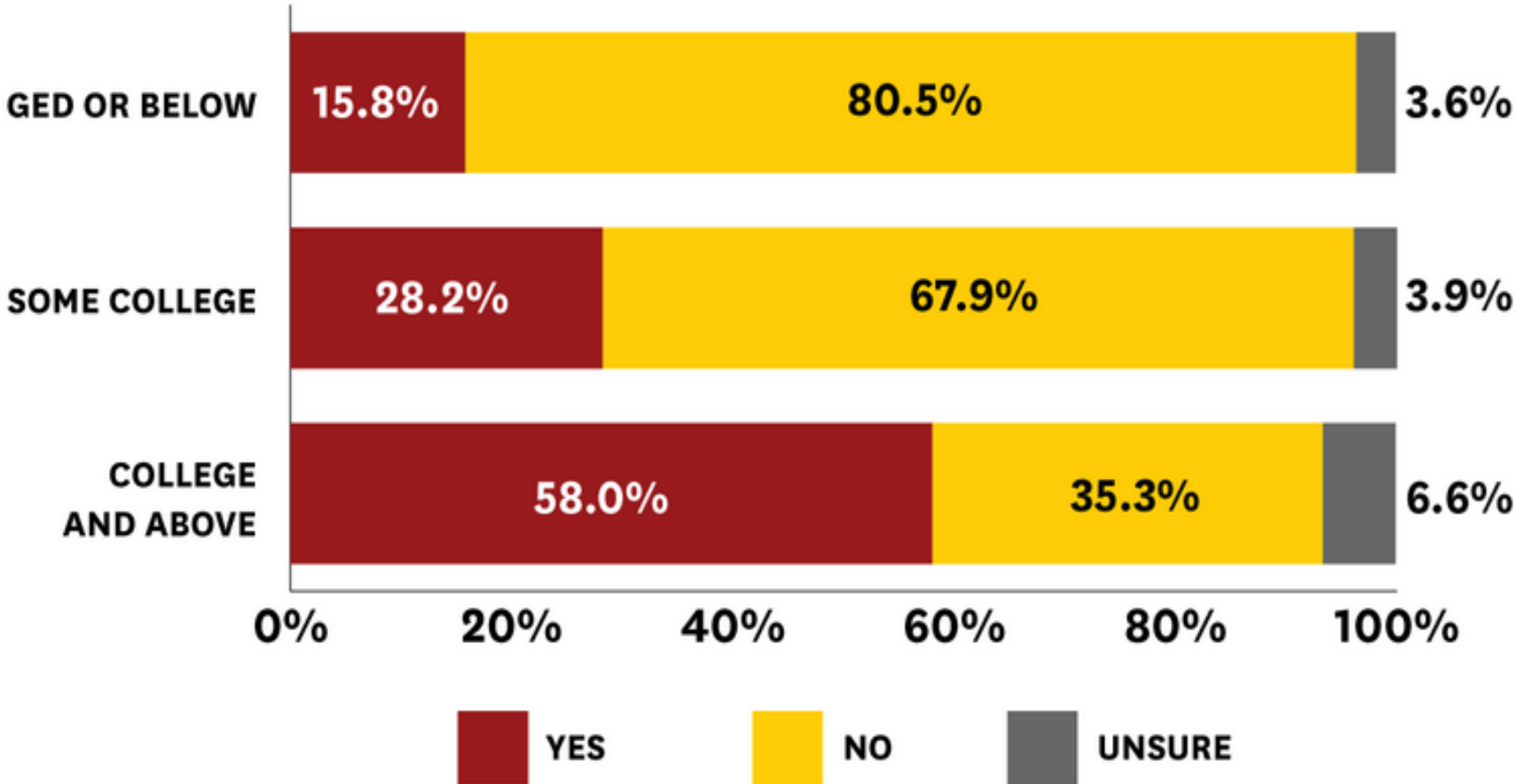
Potential for Analysis

- UAS has thousands of background variables that can be used to inform understanding of how families experience the pandemic
- Daily tracking illuminates developments in real time
- New questions build on six years of collected data on the same households and we can add new questions quickly
- Use of contextual data allows for assessment of the effects of policy measures on behavior and outcomes

Disparities

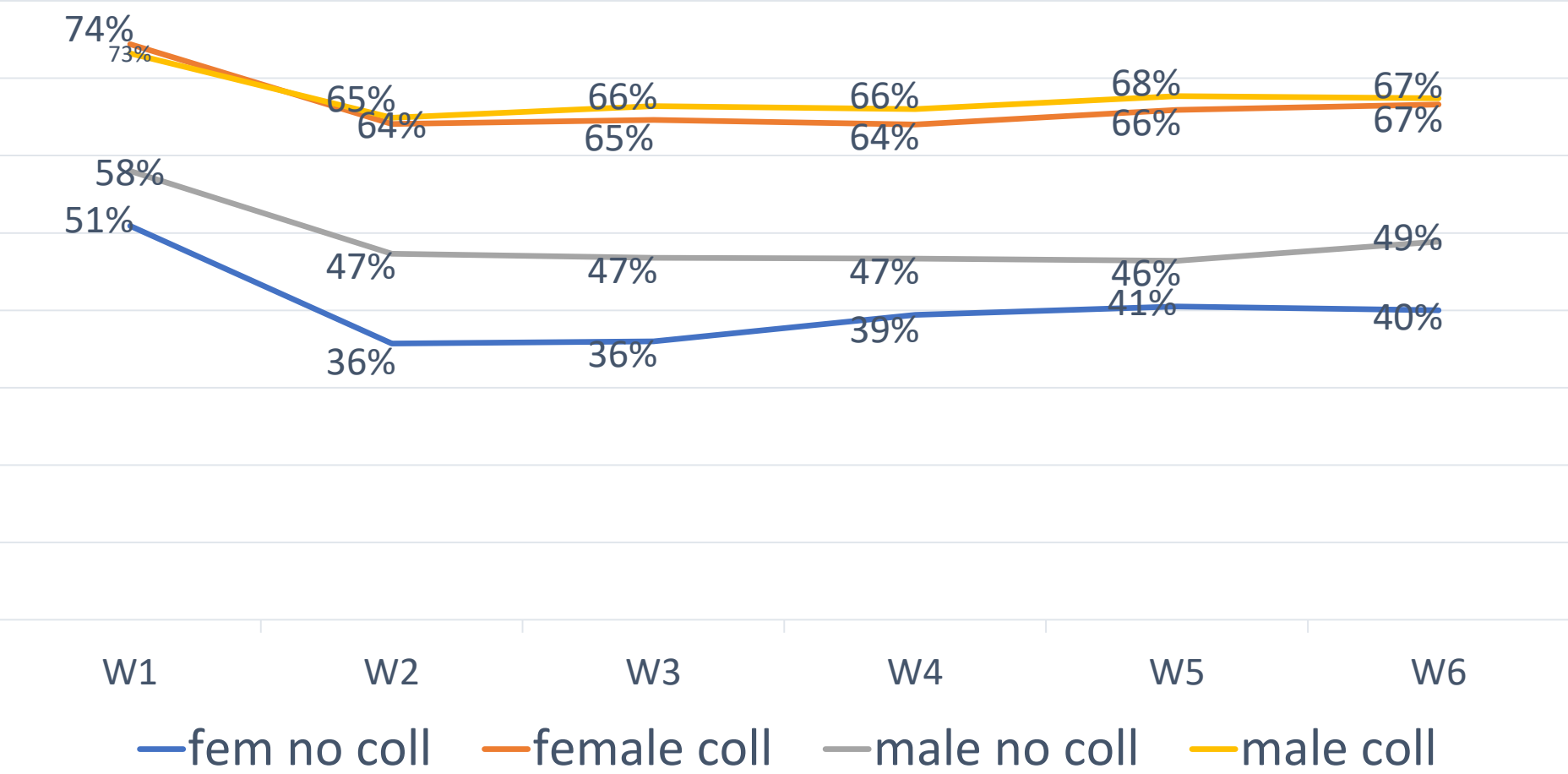
(a very small sampling)

Do You Have the Kind of Job Where Working From Home Could Be an Option, If Required?



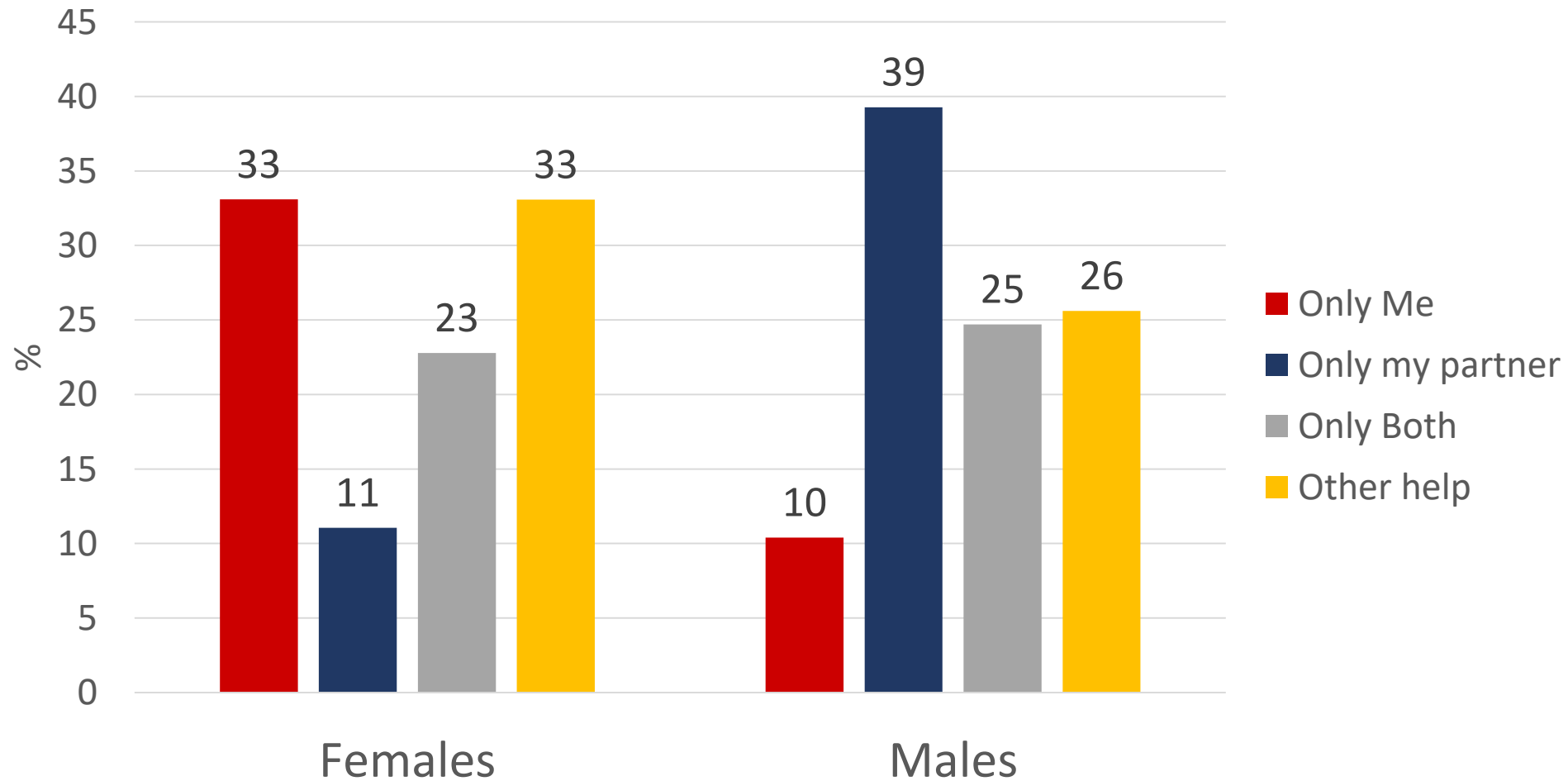
Non-College Women Hit Hardest with Job Losses

Percentage Employed By Gender and Educational Level

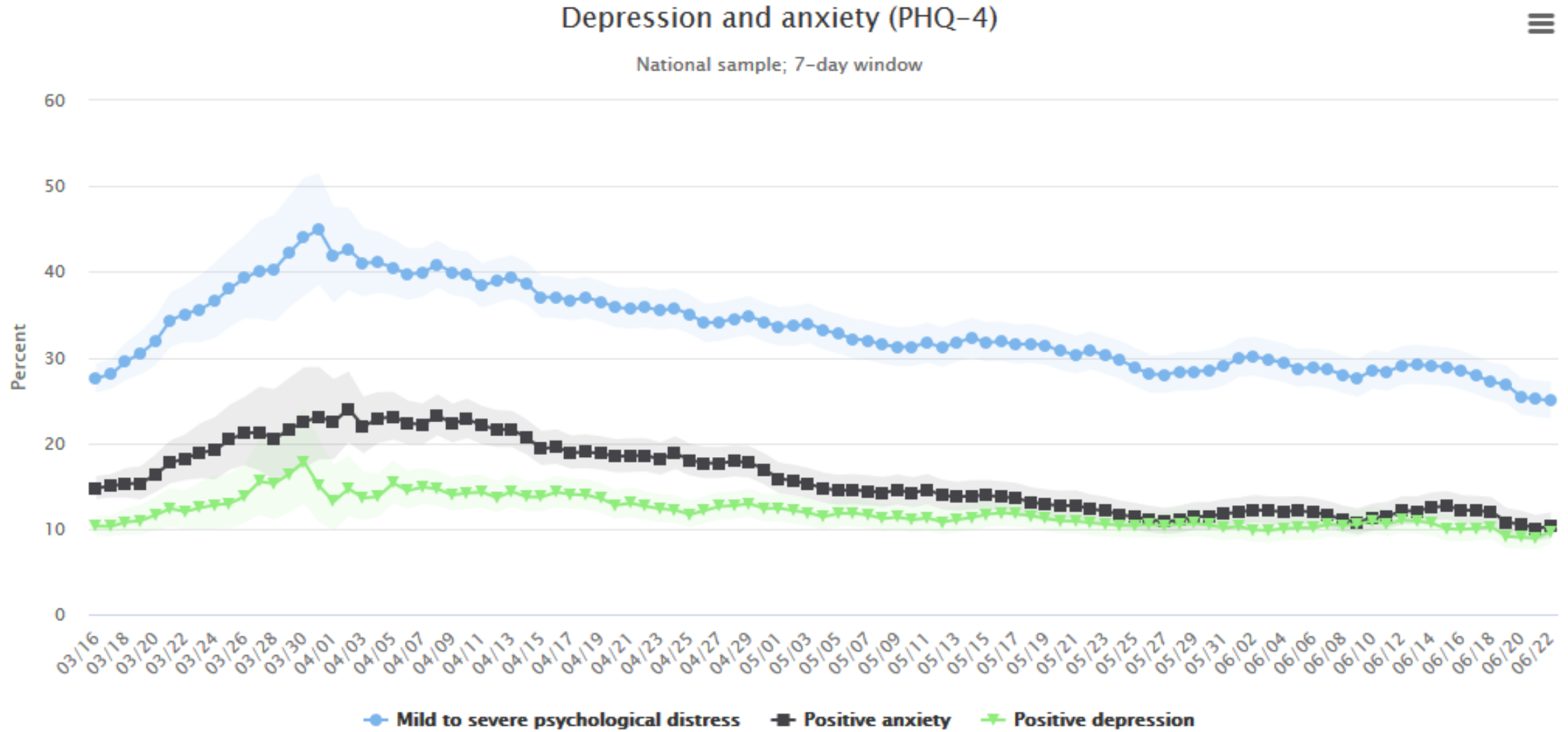


Working Women Balancing Work and Child Wrangling

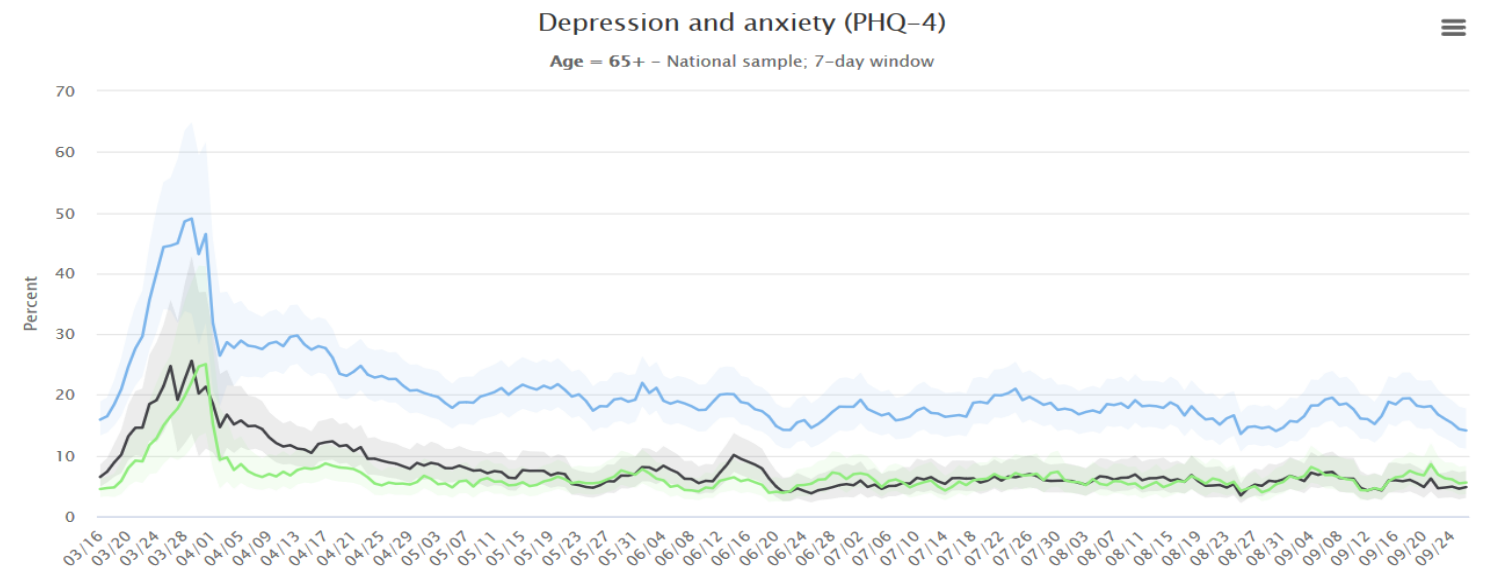
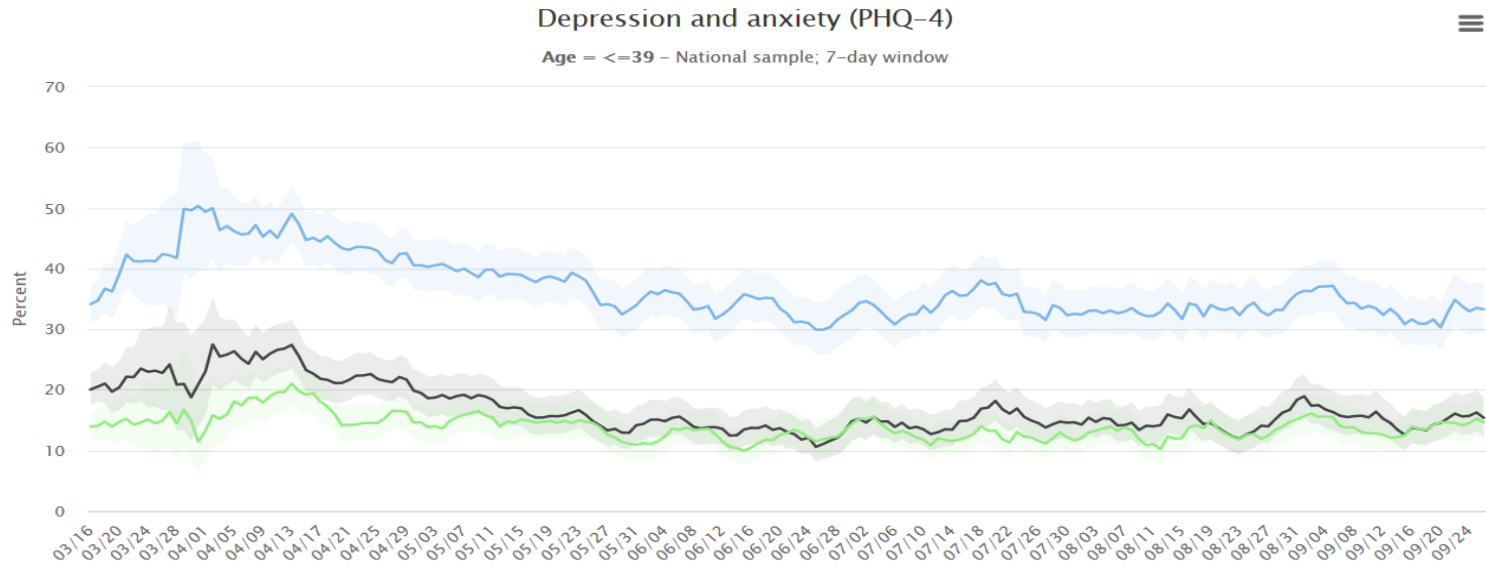
Primary Responsibility for Children When School is Closed?-
Among those currently working-Early April 2020



Psychological distress peaked early April



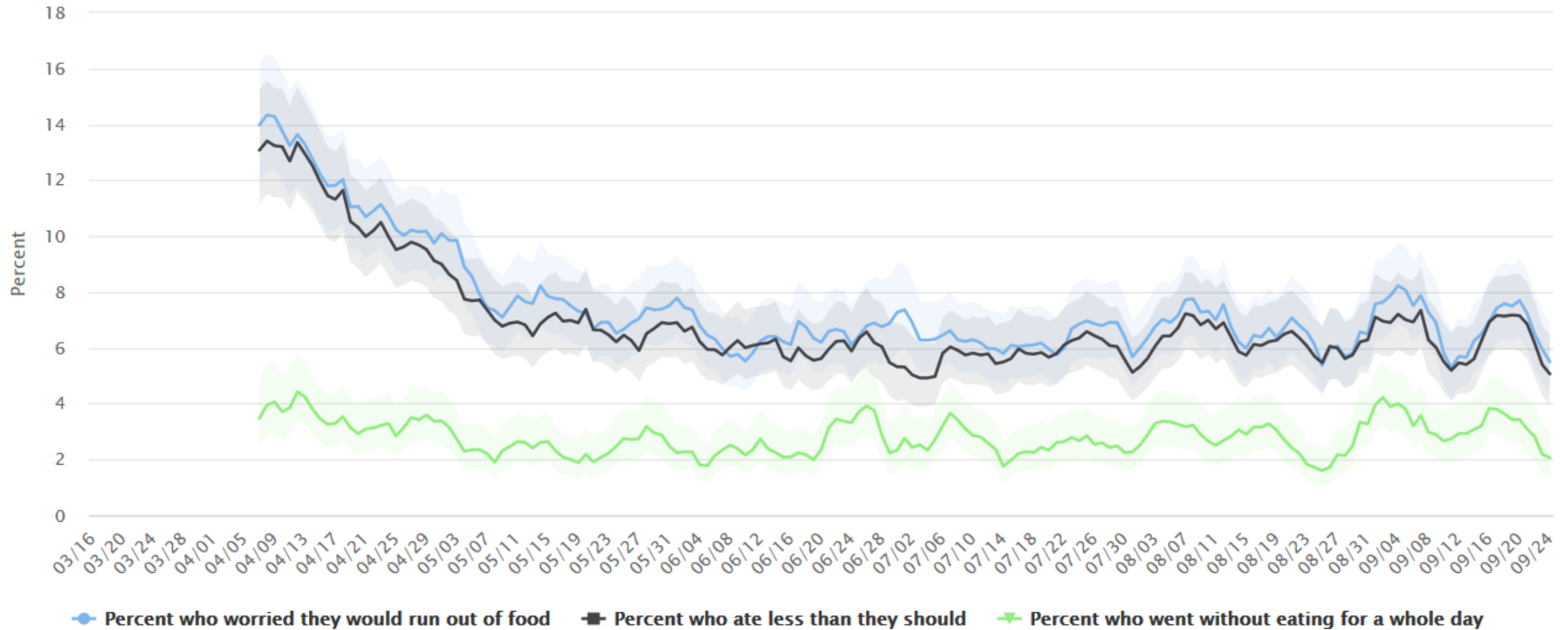
Elderly cope better on average



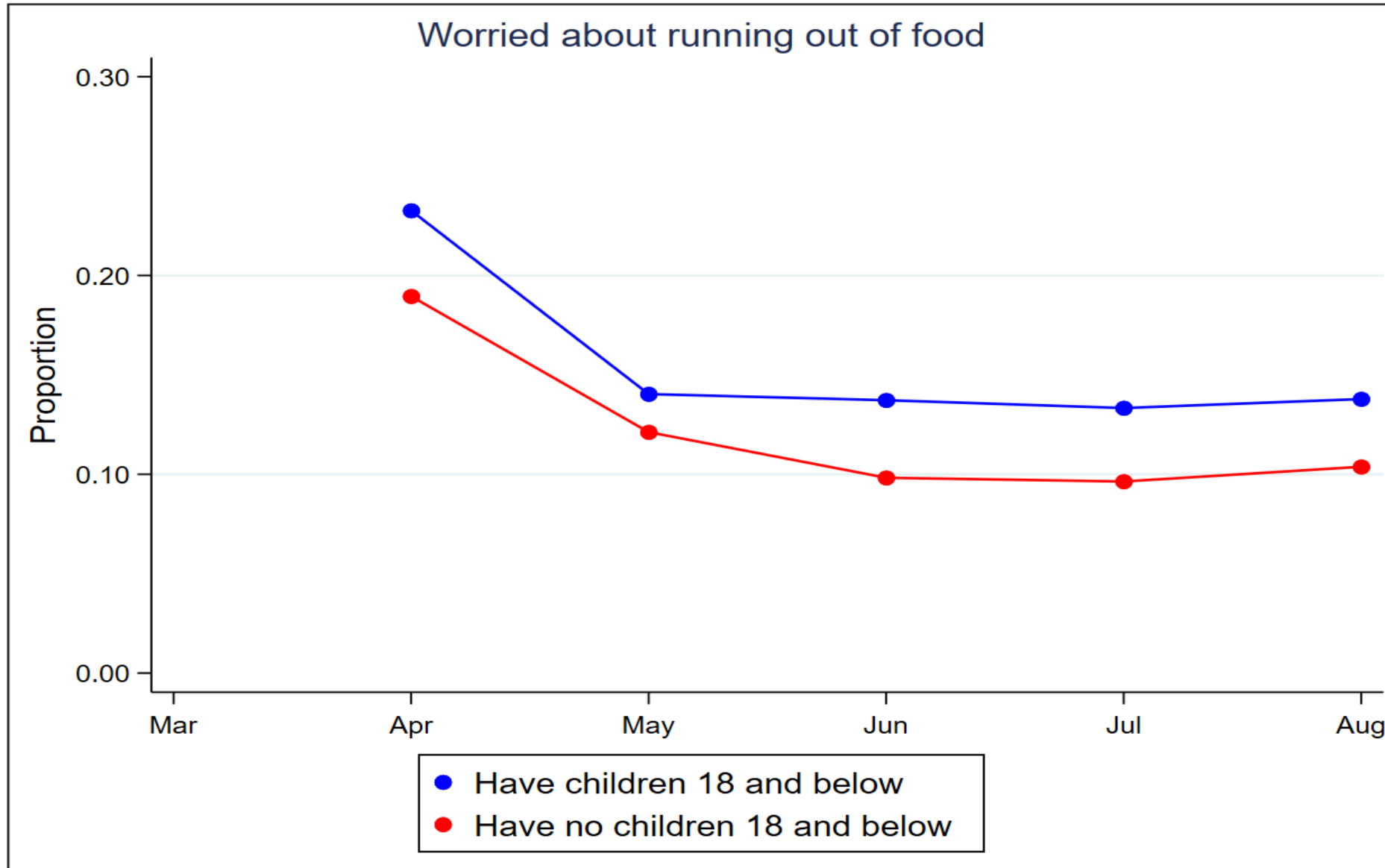
On average food insecurity has been stable since May

Percent of individuals who experienced food insecurity in past 7 days

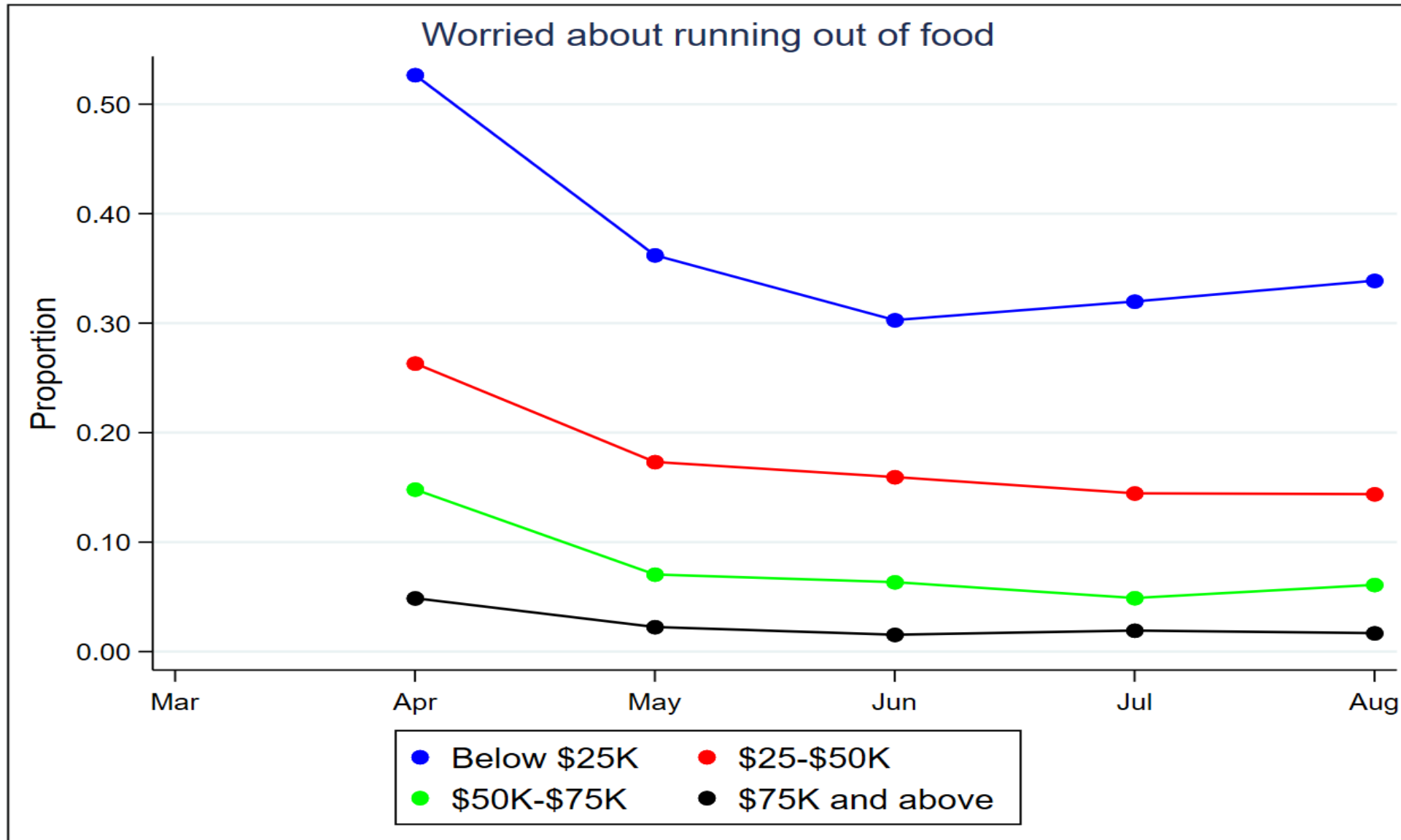
National sample; 7-day window



But it remains higher for families with children



And for households with lower incomes

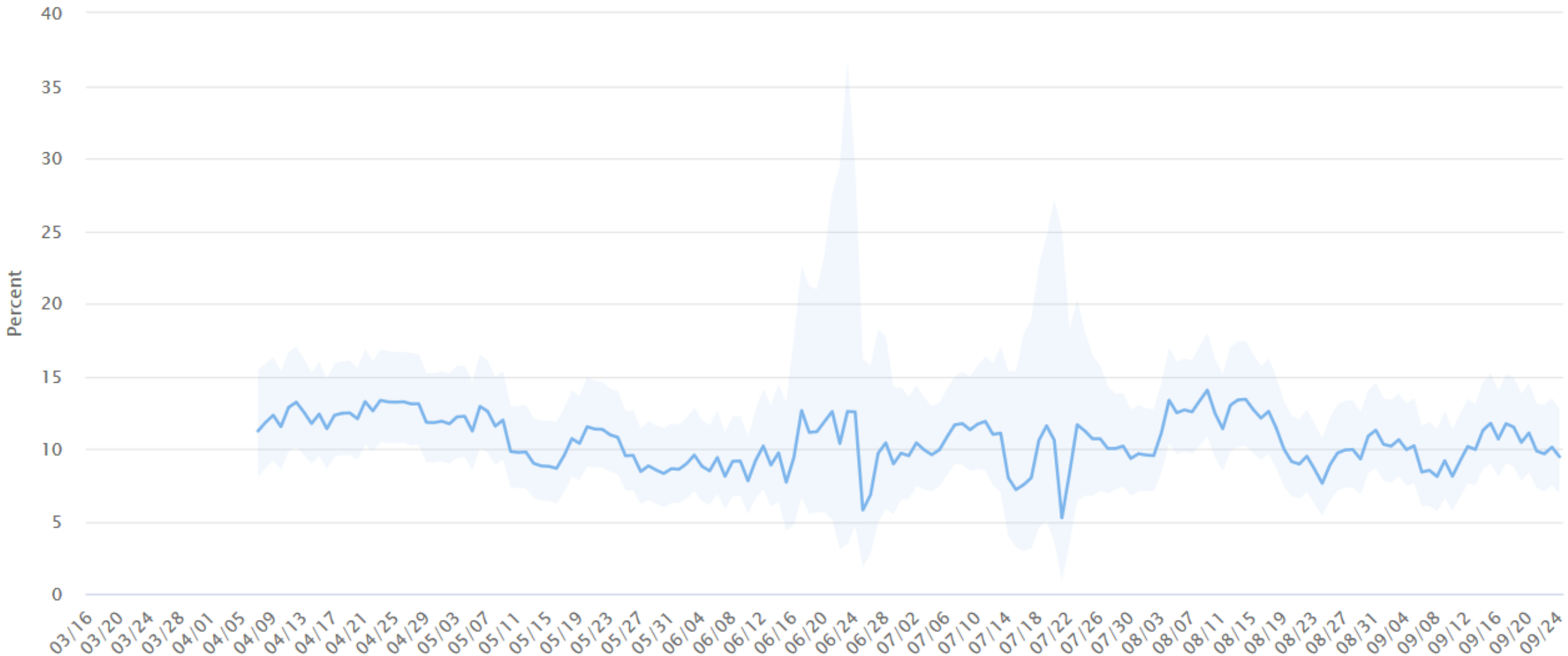


Problems with paying rent stable since early April

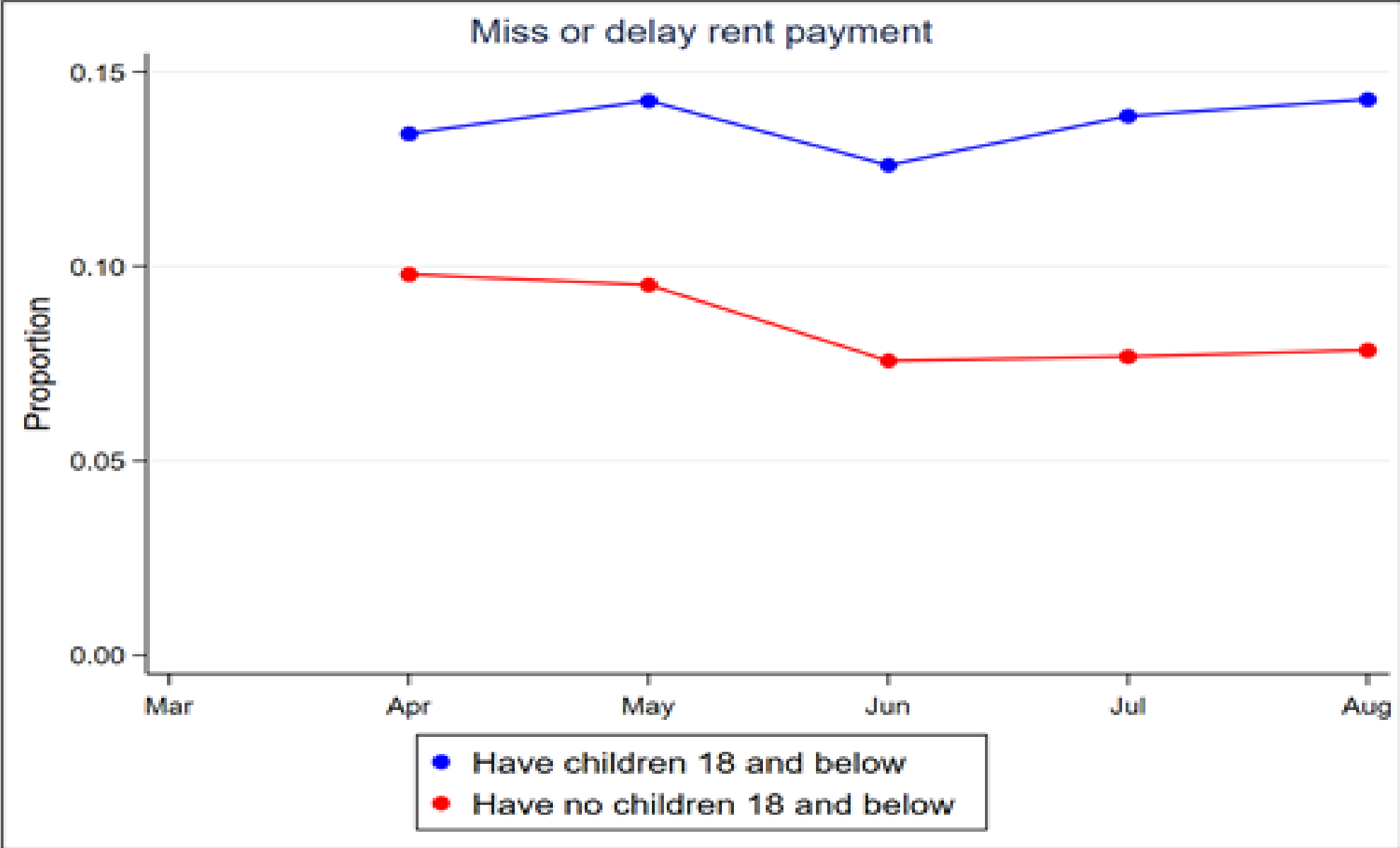
Percent of renters who missed/delayed a rent payment or paid less than full amount



National sample; 7-day window



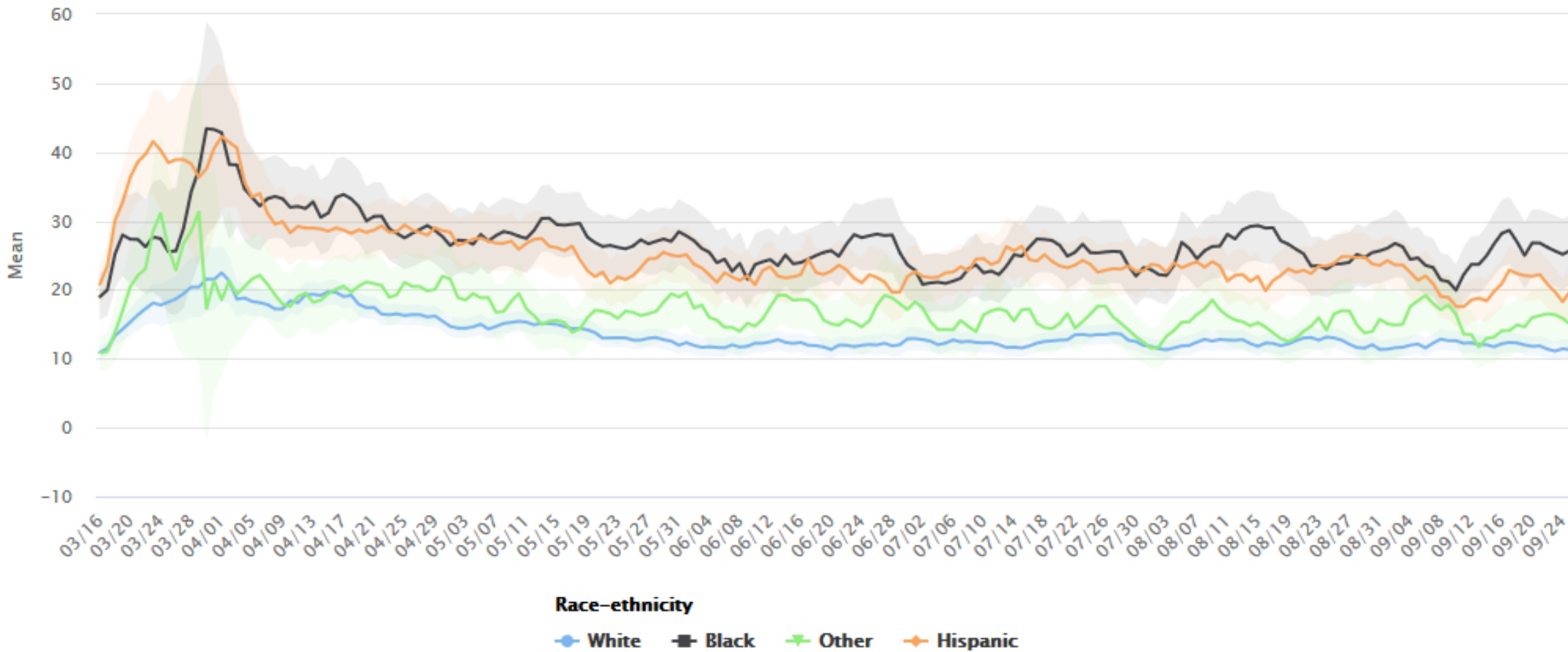
But higher for families with children



Economic stress by race-ethnicity

Perceived chance of running out of money in next three months

National sample; 7-day window



NEXT STEPS



Speaker



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Thank You for Participating!

Next Steps

1

Research findings, challenges, and solutions.

2

Post-meeting evaluation.

3

Please contact our mailbox at NICHDCV19SBE@mail.nih.gov if you have any follow-up questions.