2022 DURHAM COUNTY COUNTY-WIDE COMMUNITY HEALTH ASSESSMENT SURVEY REPORT

Results of the 2022 County-wide Community Health Assessment are contained within this document. Data is disaggregated by race when sample sizes were large enough.

Survey Purpose, Methods, Data Collection, and Results of the 2023 Durham County County-wide Community Health Assessment

Durham County Department of Public Health (DCoDPH), the Partnership for a Healthy Durham, and Duke Health extends their gratitude to the residents of Durham County for participating in this survey. The data collected in this survey helps provide information to public health leadership to make important decisions about the health and well-being of Durham County residents. The data is also used to apply for grants that government agencies and local organizations can use to enact change in the community. Randomly selecting neighborhoods and meeting people in their homes results in better and more robust data. This opportunity allows community voices to be heard and provide outreach to populations not traditionally reached. This could not be possible without the honest conversations held in the community during this survey experience.

Purpose of the Community Health Assessment Survey

The Community Health Assessment is done every three years as part of the accreditation process for the health department in addition to meeting the Affordable Care Act requirements for Duke Health. This assessment has been conducted every three years since 2010 in collaboration with the Partnership for a Health Durham and Duke Health by going door-to-door to randomly selected households in Durham County for a variety of reasons:

- One-on-one time spent with community members meant that thoughtful and genuine responses were recorded to better understand what key health issues community members identify in Durham County.
- The two-stage cluster sampling method captured a geographically wide range of Durham County to reach a representative sample.
- Meeting people at their homes helped find and interview people that normally wouldn't be reached in traditional survey methods.

The survey is the first step in the Community Health Assessment process.

Survey Development

The 2023 Durham County Community Health Assessment survey process included members of the DCoDPH Population Health Division and internal divisions within the health department such as Health Education and Community Transformation, Nutrition, and Environmental Health as well as external partners including LATIN-19, El Centro Hispano, the Partnership for a Health Durham, El Futuro, Duke Health, the LGBTQ Center of Durham. The 2022 survey was modeled closely after the 2019 survey to ensure that trends between pre- and post- COVID-19 pandemic could be analyzed. The surveys were reviewed by all partners whose feedback was incorporated into the final survey. This assessment places equity at the helm and the survey design process intentionally included culturally appropriate questions. Many drafts of the survey were developed and each time it improved to be as equitable and inclusive of all of Durham County's residents as possible.

This year, an additional eight question survey was attached to the end of the survey that relates directly to resident's experience with COVID-19.

DCoDPH staff tested the survey in the lobby of the Durham County Health Department and it's COVID-19 vaccine clinic. To ensure an equitable approach, individuals of different backgrounds and cultures were asked to take the survey.

Sampling Methods

The survey team partnered with the North Carolina Institute of Public Health (NCIPH). In total, 75 clusters were randomly selected from census tracts in Durham County and seven unique homes were selected within each cluster. The goal was to have seven surveys completed from each cluster for a total of 525 surveys. Completing 80% of this sample is considered powerful and successful.

Survey Administration

The survey team relied on volunteers from DCoDPH, Duke University, Duke Health, local organizations, and community members to go door-to-door to collect surveys. Over 50 volunteers administered surveys from September 24 to November 5, 2022.

For the first time, door hangers were left on the doors of the seven selected homes within each cluster if there was no answer. Included on the door hanger was the phone number to a call center with staff at the health department trained to administer the survey over the phone and a QR code if the participant preferred to take the survey online. This new option was utilized to boost the likelihood that seven surveys would be collected from each cluster. Door hangers were not left at every unanswered door to avoid getting too many surveys in one cluster thus skewing the results and risking overrepresentation of a population.

Results

In total, 205 surveys were collected. Though 80% of 525 surveys were not completed, this sample size is powerful enough to analyze the data as a representative sample of Durham County. In some responses, the survey is underpowered to be analyzed by race and ethnicity. Thirty surveys were completed either over the phone or online and 175 surveys were completed door-to-door. This is a similar sample size to surveys conducted in 2010, 2013, and 2016. The sample size of 424 in 2019 was larger to disaggregate by race and ethnicity. Though the 2022 sample size was smaller than 2019 it remains just as powerful for the overall analysis of the responses. When the 2022 sample size was large enough (>10), data was analyzed by race.

The survey revealed common themes among responses. Below includes some of the key findings:

- There were significant differences in demographics between the door-to-door and online surveys.
- Racial disparities exist across most outcomes.

Access to Care

- There are many explanations for the trends seen across questions. For example, younger people (<41) reported more that they had a lapse in health insurance or coverage at some point within the past year from the date the survey was given. Younger people were less likely to have someone they think of as a personal healthcare provider (PCP).

Personal Health

- Most participants reported that they felt their health was excellent or very good. More Black or African Americans reported their health was good or fair or poor than whites.
- Those 66 years or older were more likely to report no bad days out of the last 30 while people under 36 years old or younger more often reported >20 bad days (days feeling stressed, depressed, or experiencing other mental health issues). Women were more likely to report > 20 bad days than men.
- The top three primary causes of stress were finances, work, and personal relationships. In 2019, the top three primary causes of stress were finances, work, and dealing with my own illness or disability.

Discrimination

- Most participants reported not experiencing any discrimination within the past 12 months. Those that did cited racism and sexism as the most common forms of discrimination.

Physical Activity

- The majority of participants reported walking as their primary form of exercise followed by lifting weights and gardening. These are the same top three forms of exercise as in 2019.

Nutrition

- More Black or African Americans reported worrying that food would run out before they got money to buy more than whites.

Tobacco Use

- Most participants reported not smoking cigarettes or e-cigarettes.

Household

- The most common reason for having difficulty finding housing was affordability followed by the commute being too far.
- Most participants reported living in Durham County less than 21 years.
- Over half the participants reported that housing impacts their health in a positive way followed by a good location. The third most common way housing impacts participant's health was living in poor housing conditions.
- Of participants who own their home, whites were three times more likely to own their home than Black or African Americans. This gap has expanded since the 2019 survey in which whites were only 0.68 times more likely to own their home.

Community Improvement

- Most participants reported that their neighbors made their community a good place to live followed by the neighborhood being quiet and safe.
- Affordable housing and violent crime were the top issues that have the greatest effect on quality of life.
- COVID-19, mental health, and obesity were the top three diseases or conditions identified by participants.

COVID-19

- Many participants (40%) reported their mental health worsened since March 2020.
- More whites (25.3%) reported getting COVID-19 than Black or African Americans (10.5%).
- Most participants (78.5%) reported receiving at least one stimulus check.
- Most participants (93.9%) reported receiving at least one COVID-19 vaccine.

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Introduction and Methods

The Community Health Assessment is done in partnership with the Durham County Department of Public Health (DCoDPH), the Partnership for a Healthy Durham, and Duke Health. This assessment results in a comprehensive document that provides information to state and local organizations, public health leadership, and to community residents. This document covers a variety of health topics including access to care, mental health, physical activity and more. This document contains data that is gathered directly from community members either by going door-to-door, over the phone through a call center, or online.

The Community Health Assessment is a requirement for local health department accreditation as well as Duke Health for the Affordable Health Act. This assessment has been conducted every three years since 2010. Durham County has over a decade of data including pre- and current COVID-19 pandemic data. The 2022 survey is particularly interesting as it provides the first Community Health Assessment data current COVID-19. The survey was modeled heavily after the 2019 survey so many of the results are comparable across the years.

The purpose of this report is to provide the data to make informative and evidence-based decisions for Durham County residents, to apply for grants to initiate change, and to provide a platform for Durham County residents to have their voices heard on the health and wellbeing of themselves and their community.

Survey development

Two surveys were developed concurrently. One was for the County-wide assessment and one was with the Comunidad Latina assessment. The latter is a survey exclusively for the Hispanic and Latino population of Durham County and contains culturally appropriate questions. For both surveys, internal and external partners provided input. Partners included the Health Education and Community Transformation, Environmental Health, and Nutrition Divisions at the health department as well as Latin-19, El Centro Hispano, El Futuro, LGBTQ+ Center of Durham, Duke Health, and the Partnership for a Healthy Durham. Partners were provided the survey and asked to revise questions and/or add any new questions. Due to the length of the survey, not all new questions could be added. To be as consistent as possible across the years, questions that appeared across multiple surveys were prioritized. Several drafts of the survey were reviewed by all partners and the survey was finalized in June of 2022.

Once the survey was finalized, the DCoDPH and an intern began testing the survey with the public. An equitable approach was used by finding a neutral location to reach people of all backgrounds and cultures. Survey testing was conducted in the lobby of the Durham County Department of Public Health as well as in the COVID-19 vaccination clinic in the same location. The epidemiologist and an intern approached people of a variety of backgrounds to test the survey. Amazon or Walmart gift cards were offered as compensation for the survey tester's time. The demographics of those that were surveyed were tracked to ensure a representative sample was collected. Feedback on the survey were taken into account to improve the survey before going door-to-door.

To be eligible to take the county-wide survey, the participant must be 18 years or older and live at the selected address.

Survey sampling methods

As in previous years, DCoDPH used the two-stage cluster sampling method to collect survey responses. In 2022, 75 census blocks, or 'clusters', were identified randomly within Durham County limits for the county-wide sample. In each of the clusters, seven homes were randomly selected. These are known as selected homes. Randomly selecting the census tracts and homes ensures obtaining a scientific sample. The goal sample size is 525 surveys for the county-wide surveys. A sample of 80% of either size is considered powerful.

To select the clusters and homes, DCoDPH partnered with the North Carolina Institute of Public Health (NCIPH). NCIPH utilized ArcGIS files and maps to randomly select the census tracts for both surveys. DCoDPH's data scientist created maps with the addresses of the selected homes and a detailed image of the neighborhood. This was used for tracking which homes had been surveyed.

As a new method, each selected home was given a unique ID. If the home was one of those selected for the county-wide survey, the unique ID began with 'C'. The following four numbers were the cluster number followed by the home number. Each selected home was randomly given a number between 1 and 7. For example, if you were in cluster 5 at home 6 then the unique ID would be 'C0506'. Volunteers wrote in the unique ID at the top of the door hanger and left it at selected homes if no one answered. When a participant called in or completed the survey online, the code was required to complete the survey. DCoDPH used the unique IDs to track how many surveys were completed in each cluster and to ensure that volunteers weren't going back to the same homes for a second survey.

2022 CHA Survey Block Groups

Legend

Selected Block Groups
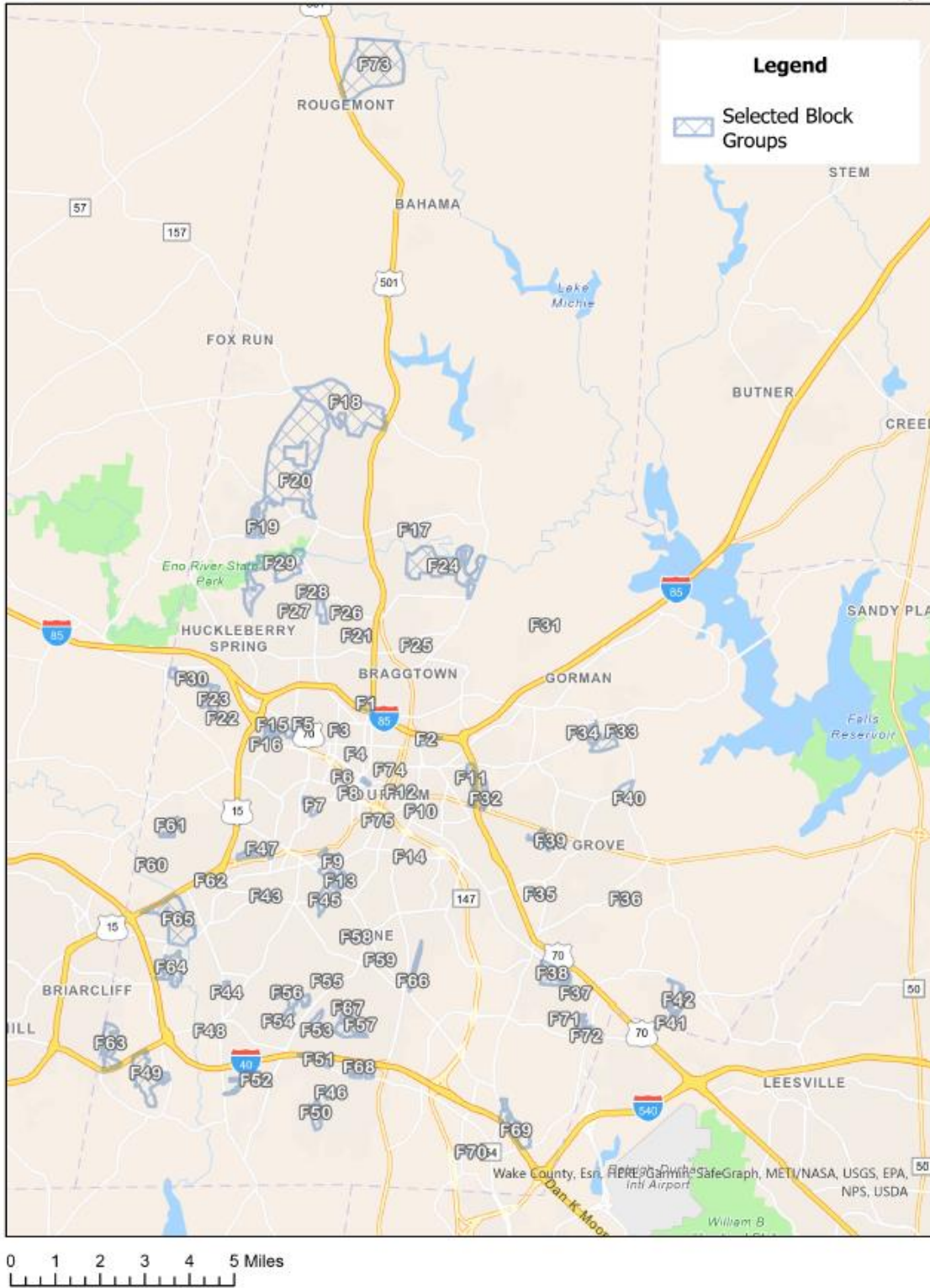
Above: Map of 75 clusters randomly selected by the North Carolina Institute of Public Health (NCIPH). Map generated using ArcGIS by the Population Health Division's data scientist.

Survey administration:

In 2022, DCoDPH invited volunteers from the health department, Duke Health, Duke University, the Partnership for a Health Durham, local organizations including the Durham YMCA, and community members to help administer the surveys. Volunteers were trained either in person or online through a recorded training prior to going door-to-door. Volunteers were able to sign up for shifts (either 10am-6pm or 1:30pm-6pm) Wednesdays through Saturdays beginning September 24, 2022. On the day of their shift, volunteers were assigned a partner and clusters.

Incentive bags containing an insulated lunch bag, personal hand sanitizer, 2 COVID-19 tests, and pamphlets and flyers containing information on community services and programs were offered to residents who completed the survey. Spanish incentive bags contained the same information but translated into Spanish.

The survey was conducted using three methods: going door-to-door, over the phone through the call center at the health department, and online with a provided Quick Response (QR) code. The online survey was accessed by holding the open camera app on a smart phone up to the QR code. A link appeared when the camera identifies the QR code which took the participant to the first page of the survey. Both the phone number and the QR code were provided on door hangers left at selected houses. The door hangers were a new addition to the Community Health Assessment process. In 2022, door hangers were left at the selected homes within the cluster if no one answered the door.

Survey administration finished on November 5, 2022.

Data analysis

NCIPH weighted the data using the Center for Disease Control and Prevention (CDC's) Community Assessment for Public Health Emergency Response (CASPER) methodology. The weight was measured by dividing the total number of households in the sampling frame by the product of the number of households interviewed within the cluster and the number of clusters selected.

Weight   =   Total number of households in the sampling frame
(# of households interviewed within the cluster)*(# of clusters selected)

The epidemiologist analyzed the data using SAS 9.4. When numbers were large enough (10 or greater), data was disaggregated by race. Each question was analyzed using the weighted frequency, percent, and standard error. In addition, the 95% confidence intervals were included but not represented in the figures. Standard error was used to create the error bars on figures. DCoDPH analyzed the data and common themes were identified. For example, for the question, 'how does housing impact your health', the qualitative responses were categorized into themes such as living in poor housing conditions, the home is in a good location, and more. These frequencies were totaled and divided by 205 to get the percent. These percentages were not weighted.

Survey results

There were 205 completed surveys in the 2022 Durham County Community Health Assessment County-wide sample. A total of 30 were online or over the phone surveys and 175 door-to-door surveys were completed. The results of this survey are below.

The Comunidad Latina survey could not be completed at the same time due to low bilingual and Spanish-speaking volunteer sign-ups.

The demographics of both the online and door-to-door survey are below (Table 1).

Limitations

There were some limitations of the survey.

First, 80% of the original sample size (525) was not reached for the survey. DCoDPH and NCIPH decided to halve the sample size (262) and complete 80% of that sample. Once the survey was completed, 78% of the sample size was reached. This was due to low volunteer sign-ups, cancellation of survey days due to weather, and the time change in November making it dark before the shift ended. This means the survey is underpowered in most cases so that data cannot be disaggregated by race or ethnicity for all questions.

In addition, due to low bilingual and Spanish-speaking volunteer sign-ups, the Comunidad Latina survey could not be completed at the same time.

Reasons for inequities

Racial and health disparities were evident in the survey results. Historical reasons for inequities include mistrust of the healthcare system, lack of affordable housing, low-wage jobs, and more.

In this survey, more Black or African American respondents reported not having a personal healthcare provider compared to whites. This is deeply rooted in mistrust of the healthcare system, lack of access to healthcare, and structural racism for people of color. Mistrust of healthcare can be pervasive and can result from lack of healthcare providers for people of color. Yearby et al examined structural racism in the US healthcare system and concluded that the perpetuation of this system is harmful to people of color and makes winning back their trust in the medical system difficult. This problem is compounded by historical abuse of people of color including the Tuskegee experiment where 600 Black or African American men – 389 with syphilis and 201 that did not - in the 1932 and studied until 1972 despite penicillin being widely available by the 1940's.

More Black or African Americans reported experiencing eviction or displacement within the past 3 years in Durham County compared to whites. Those evictions have gone down since the 2020 moratorium, still disproportionately affecting people of color. In addition, white people own homes more than three times as much as Black or African Americans as reported in the survey. This has largely been attributed to redlining, a historical racist practice that results in lack of affordable housing for people of color. Redlining allowed financial institutions to create policies to inhibit people of color from buying homes in primarily – or exclusively - white neighborhoods. One way this was accomplished was by offering people of color higher interest rates on their mortgages.

In addition, financial inequities are evident based on structural racism in banking institutions. The barriers that exist in getting a bank loan affect people of color more than whites. Bhutta et al found that people of color tend to have poorer credit scores. This is a serious disadvantage to receiving loans for mortgages.

More Black or African Americans reported not making over 200% the Federal Poverty Line for their household size than whites. This is impacted by the fact that people of color are more likely to be offered low-wage jobs. According to a study performed by the National Bureau of Economic Research, people with distinctively Black names were 10% less likely to get a callback for a position than whites. Often, people of color are often not invited for interviews for high-paying job interviews even though they are just as qualified as their white competitors. According to the US Bureau of Labor Statistics, Blacks and African Americans and Hispanics or Latinos are more likely than whites to work in the production, transportation, and material moving occupations. Whites are more likely than Blacks or African Americans and Hispanics or Latinos to work in management, professional, and related fields. This report further states that the average weekly earnings of full time wage and salary workers in 2018 was $680 for Hispanics and Latinos and $694 for Blacks or African Americans where as the weekly income for whites was $916.

These, among other reasons, contribute to the health and racial inequities seen in this report and in county-wide data. People of color in this survey were more likely to report that they thought their health was Good or Fair compared to whites who would describe their health as Excellent or Very Good.

Durham County is committed to eliminating racial and health inequities. To provide further information for public health officials, this community health assessment was given to a racially representative sample in Durham County. Issues revealed in this survey are explored more in the following chapters.

What makes Durham County Great?

The Durham County Department of Public Health always strives to incorporate equity into its outreach and programs. There are many avenues for improvement, but this section will focus on highlighting the work that Durham County has done for all its residents.

Durham County is one of the most diverse counties in North Carolina. As of July 2022 census quickfacts, Durham County is comprised of 54.5% non-Hispanic whites, 36% Black or African Americans, and 13.8% Hispanics or Latinos among other races. The 2023 Durham County County-wide Community Health Assessment reached a similar ratio of races and ethnicities. This makes the survey results comparable by population size, race, ethnicity, and sex to the American Community Survey results.

Of those that answered the question, 'What people, places, or things, make Durham County a good place to live', many sited their neighbors were friendly and looked out for one another. Many respondents stated that they were close to grocery stores and restaurants as well as their neighborhoods are safe, quiet, and diverse.

These are the responses that Durham County wants from every resident. However, DCoDPH also wants to know what the areas of improvement are. Survey participants also mention that violent crime is prevalent in their neighborhoods as well as living under poor housing conditions. Many programs and services at the county or local organization level address disparities and strive to eliminate them. Conducting these resident surveys including this Community Health Assessment allows Durham County

government to understand the real struggles and areas of improvement within the County. This report is studied by Durham County government, elected officials, and external organizations to find data that will influence change in the County.

Community Health Assessment demographics summary	American Community Survey Durham County Estimate 2021, Census Bureau	Door-to-door Community Health Assessment survey measurement [95% confidence interva	Online Community Health Assessment Survey measurement [95% confidence interval]
Median Age	35	47	44.5
Gender			
Man	49.50%	46.1% [37.1, 55.1]	30.9% [10.9, 50.8]
Woman	50.50%	52.5% [43.5, 61.5]	69.1% [49.2, 89.1]
Nonbinary	-	1.1% [0, 2.5]	0
Self-identify	-	0.3% [0, 0.91]	0
Race			
Black or African American	36.60%	31.4% [23.1, 39.8]	21.8% [0.43, 43.1]
Other	13.30%	19.1% [11.8, 26.4]	3.2% [0, 8]
Unknown	-	8.4% [3.2, 13.6]	5.1% [0, 15.7]
White	51.80%	41.0% [32.3, 49.8]	69.8% [47.7, 91.9]
Ethnicity			
Not Hispanic or Latino	-	88% [82.7, 93.3]	100%
Hispanic or Latino	13.80%	11.1% [6, 16.3]	0
Education*			
Less than 9th Grade	4.4%	2.3% [0, 5.9]	0
9-12th grade no diploma	5.1%	7.5% [2.3, 12.7]	0
High school graduate	15.6%	12.3% [6.6, 18]	0
Some college, no degree	13.5%	17.9% [10.8, 24.9]	3.7% [0, 11.2]
Associate's degree	7.5%	9.3% [4, 14.7]	3.6% [0, 9]
Bachelor's degree	29%	25.1% [17.1, 33.1]	31.7% [11.6, 51.8]
Graduate or professional degree	24.9%	24.8% [17.6, 32]	61.1% [39.8, 82.3]
Employment Status			
Disabled	-	12% [5.8, 18.3]	7.3% [0, 18.5]
Employed full time	50.8%	38.2% [29.7, 46.7]	65.4% [45.5, 85.2]
Employed part time	-	9.9% [3.8, 16]	7.3% [0, 18.5]
Homemaker	-	14.2% [6.8, 21.5]	7.3% [0, 18.5]
Military	0.24%	2.7% [0, 6.6]	0
Retired	-	20% [12.5, 27.4]	17.3% [2.9, 31.6]
Self-employed	-	6% [2.5, 9.4]	6.7% [0, 17.6]
Unemployed	-	7.3% [2.1, 12.4]	1.3% [0, 4]

*Population of 25 years or older.

Table 1: Breakdown of demographics (Age, gender, race, ethnicity, educational attainment, and employment status) for both the door-to-door and online surveys as well as the 2021 American Community Survey demographics for Durham County.

Distinct differences between the online and door-to-door participant's demographics were noticeable. The online survey was skewed more towards highly educated white women while the door-to-door survey was more representative of Durham County's population according to the 2021 American Community Survey.

The table above provides demographic information for both Durham County and the online and door-to-door surveys. The median ages for both the door-to-door and online surveys are much higher than the county's (47, 44.5, 35 respectively). The online survey was heavily skewed towards women (69.1%) while women in the door-to-door survey represented 52.2% of participants. The races in the door-to-door survey were more representative (31.4% Black or African American, 41% white) than in the online survey which revealed 69.8% of the respondents were white. Data for other races could not disaggregated as there were not enough data but are included in the 'Other' race category. This includes American Indian or Alaskan Natives, Asians, Other, and 2 or more races). The door-to-door survey was more representative of the Hispanic and Latino population (13.3% in Durham County and 11.1% of the county-wide door-to-door survey). The online survey participants all identified as not Hispanic or Latino.

Educational attainment differs widely between the door-to-door and online surveys. In both the door-to-door and online surveys, it was clear that the level of education achieved by respondents was shifted towards those that completed a college degree (Bachelor's or higher). This made up 49.9% of the door-to-door survey respondents and 92.8% of the online respondents. In both surveys, higher education was overrepresented. Lastly, the largest difference in employment was the full-time employees for the online survey (65.4%) and the door-to-door survey (38.2%). The online survey is overrepresents full-time employment in Durham County while the door-to-door survey underrepresents full-time employment. Those that work in the military were overrepresented in the door-to-door survey.
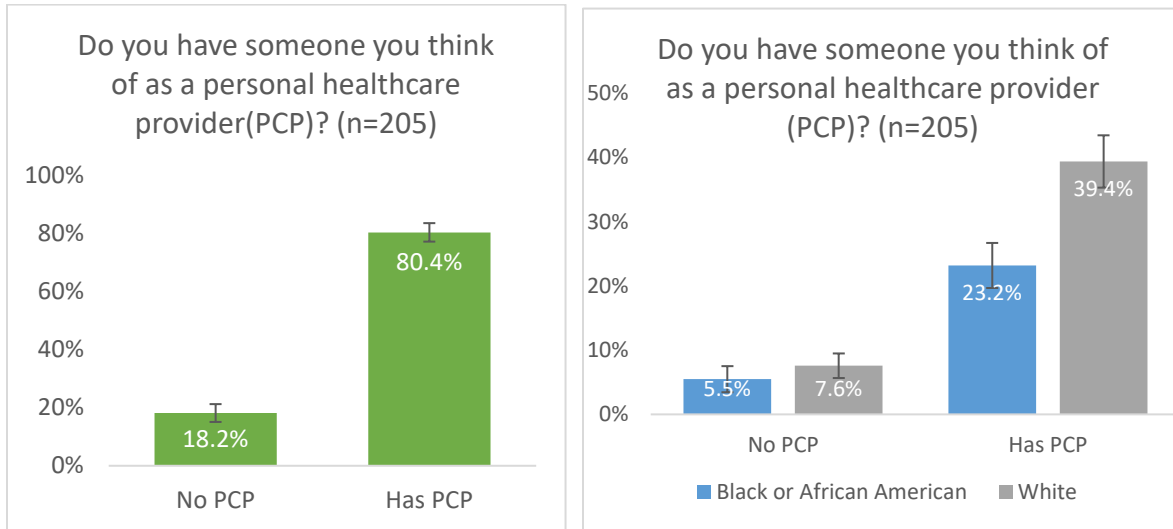
Below, the responses from all participants are provided for each question on the survey. When sample sizes allowed, data was broken down by race. Instances of fewer than 10 responses were removed from results due to low numbers. Additional stratification by demographic variables will be considered upon request.

Questions are grouped in the following topic areas:

Access to Care:

Q1: Do you have one person you think of as a personal doctor or healthcare provider?

Interpretation: Most residents (80.4%) have someone they consider a personal healthcare provider (PCP). Fewer Black or African Americans have a PCP than whites (23.2%, 39.4% respectively). This difference is much smaller between those that responded they did not have a PCP.

Q2: When was the last time you visited a healthcare provider?
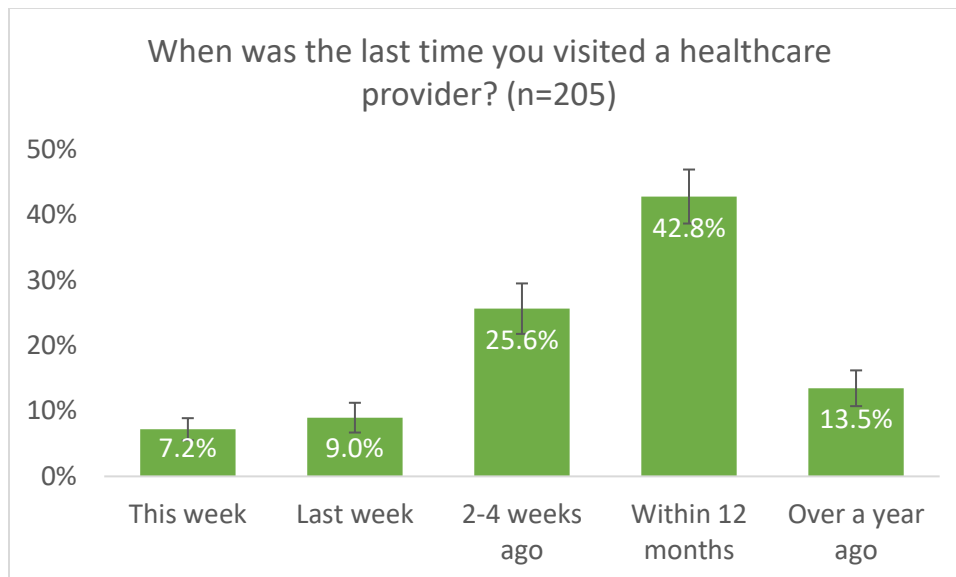
Interpretation: Most respondents (42.8%) said they visited a healthcare provider within the last 12 months followed by 2-4 weeks ago (25.6%).

Q3: During the past 12 months, was there any time you did not have any health insurance or coverage?

Was there a time in the past 12 months where you did not have health insurance or coverage? (n=205)

Category	Percentage
No	88.8%
Yes	10.2%
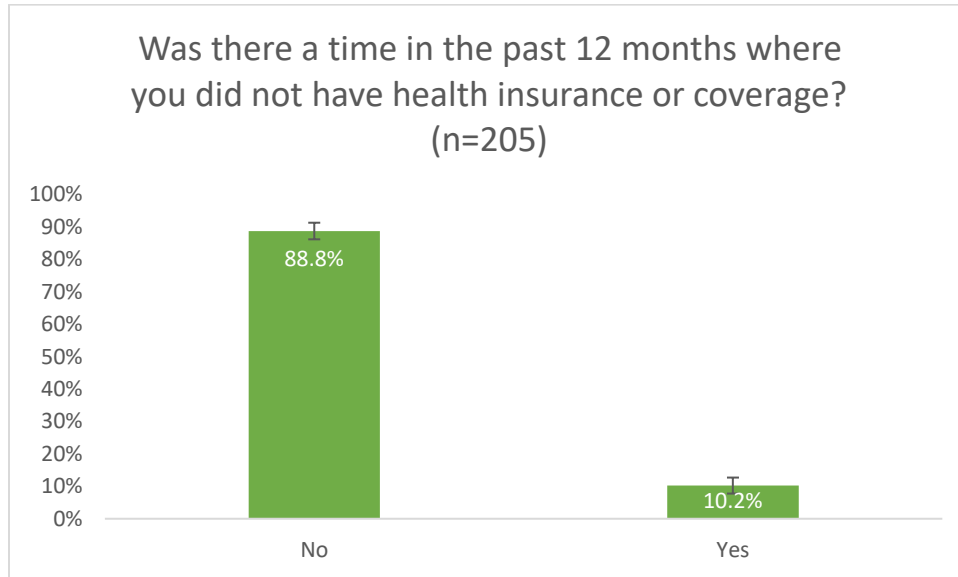
Interpretation: Most respondents (88.8%) reported not having a lapse in health insurance or coverage within the past year.

Q4: Since you said 'yes', what prevented you from having health insurance or coverage?

Why did you not have health coverage at one point during the past 12 months? (n=22)

Category	Percentage
Too expensive	1.9%
Employer doesn't provide insurance	0.9%
Unemployed	4.8%
Time	0.5%
Other	2.6%
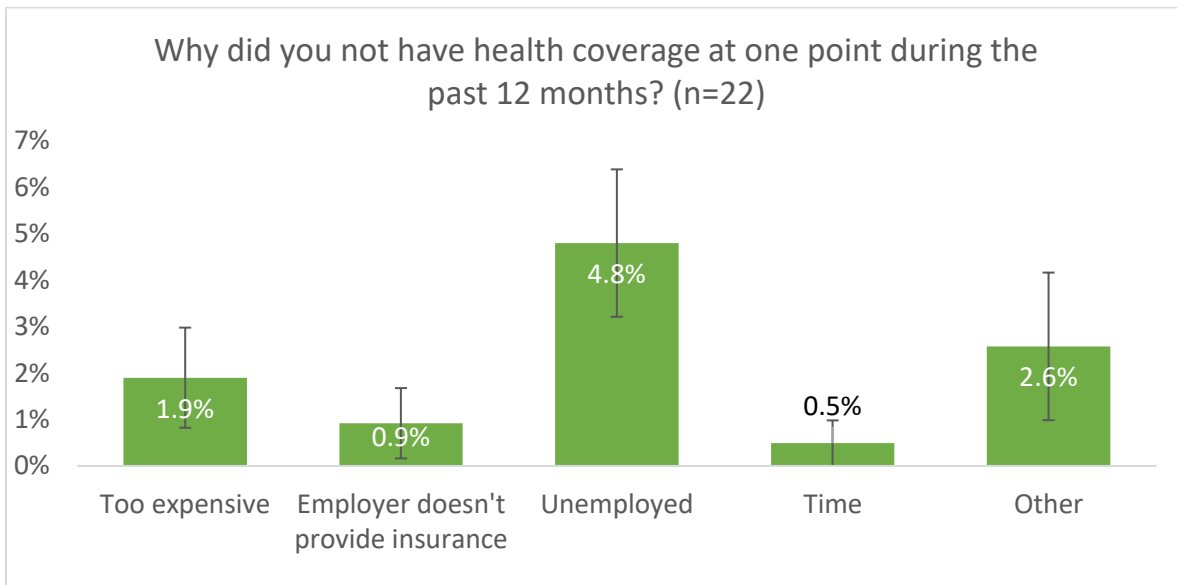
Interpretation: This question was only answered by people who responded that they did not have health insurance or coverage at some point within the past year. The most common reason was unemployment (4.8%) followed by cost barriers (1.9%).

Q5: In the past 12 months, did you have a problem getting the healthcare you <u>needed for you or for someone in your household</u> from any type of healthcare provider, dentist, or pharmacy?

Did you or someone in your household have
difficulty finding the healthcare you needed?
(n=205)

- No: 85.2%
- Yes: 14.8%
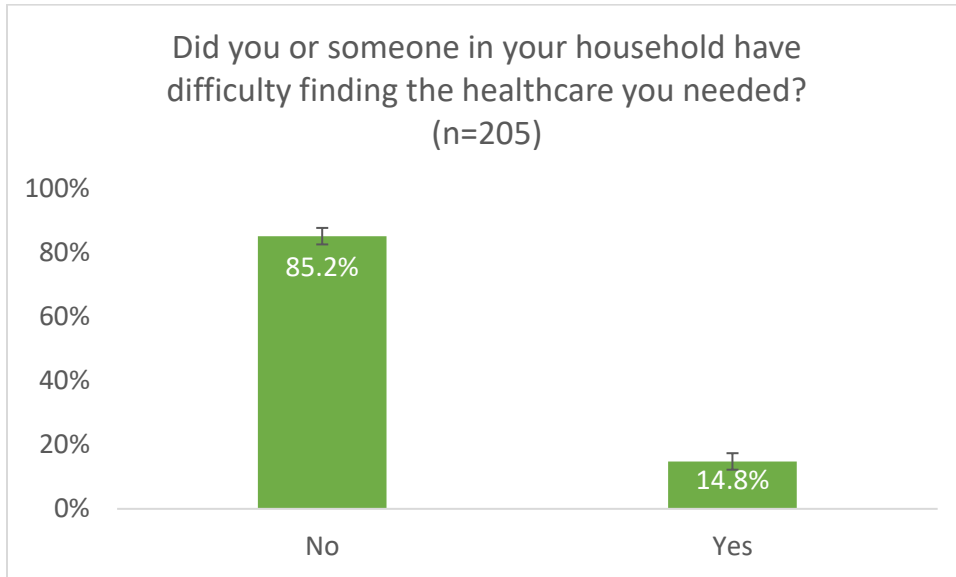
Interpretation: Most participants (85.2%) reported having no difficulty or problems obtaining the health care they or someone in their household needed.

Q6: Since you said 'yes', what type of provider did you or someone in your household have trouble getting healthcare from?
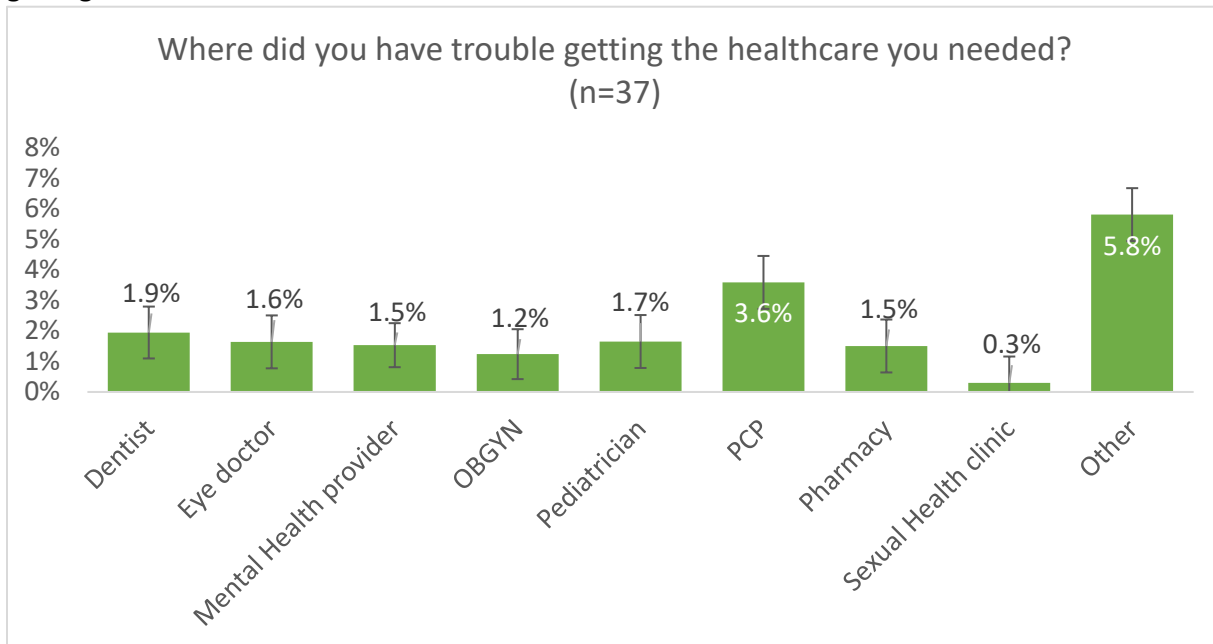
Where did you have trouble getting the healthcare you needed?
(n=37)

- Dentist: 1.9%
- Eye doctor: 1.6%
- Mental Health provider: 1.5%
- OBGYN: 1.2%
- Pediatrician: 1.7%
- PCP: 3.6%
- Pharmacy: 1.5%
- Sexual Health clinic: 0.3%
- Other: 5.8%

Interpretation: This question was only answered by those that reported having difficulty or problems getting the healthcare they or someone in their household needed. The most common type of provider the respondents had trouble getting care from was their primary care physician. Many respondents gave other healthcare settings including specialists.

Q7: What was the problem that prevented you or someone in your household from getting the necessary healthcare?
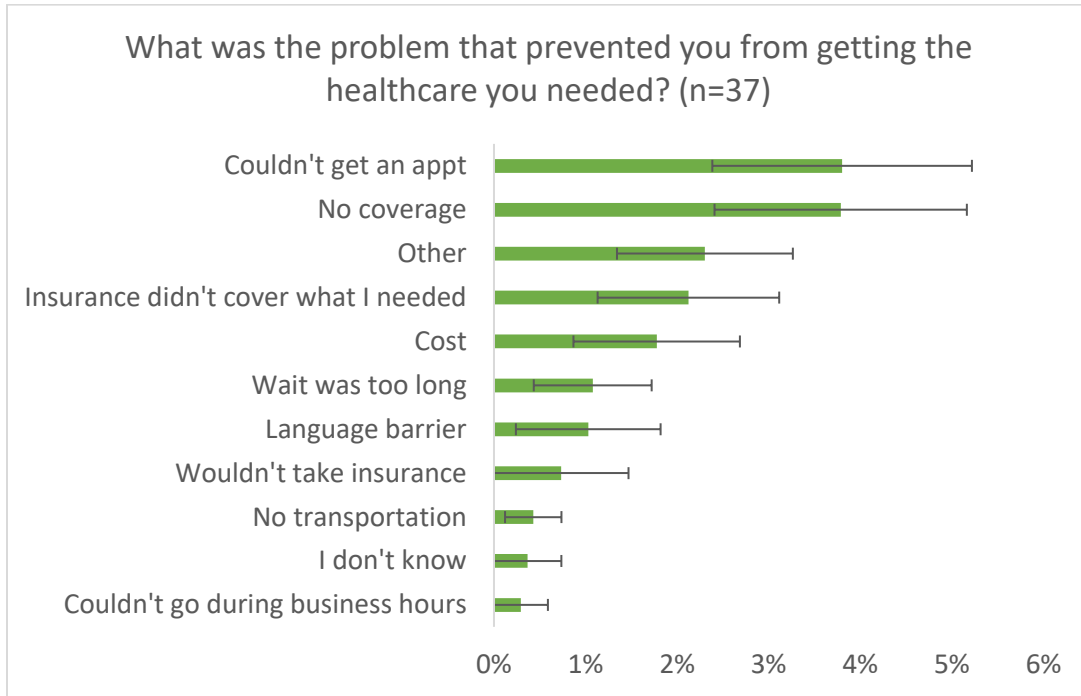
What was the problem that prevented you from getting the healthcare you needed? (n=37)

Interpretation: This question was only answered by those that reported having difficulty or problems getting the healthcare they or someone in their household needed. The most common reason for difficulty was lack of adequate health insurance or coverage followed by not being able to get an appointment.

Personal Health

Q8: How would you rate your health?

How would you rate your health? (n=205)

Excellent	19.2%
Very good	37.5%
Good	31.4%
Fair	11.3%
Poor	0.4%
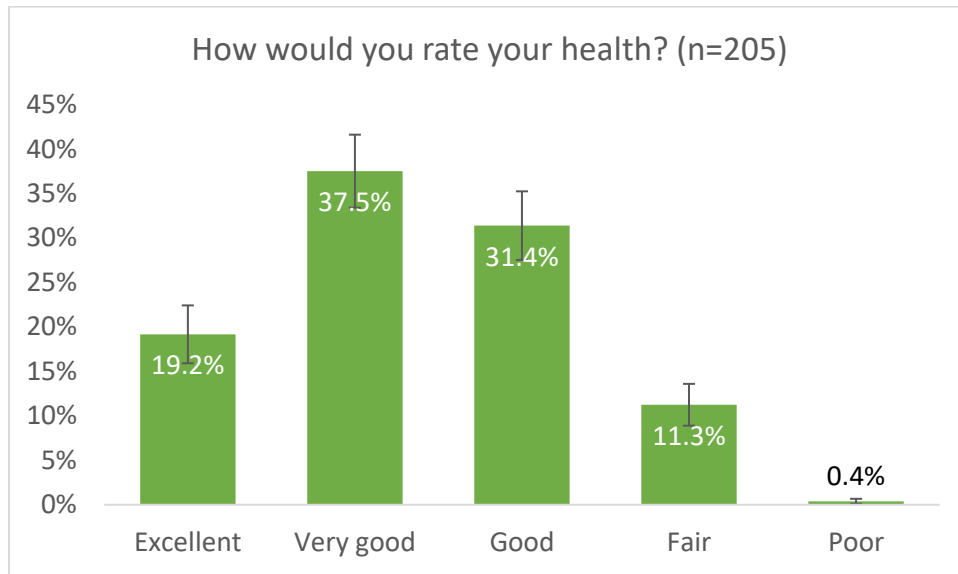
Interpretation: Most residents (88.1%) reported they thought their health was excellent, very good, or good.

Q9: How often do you get the social and/or emotional support you need?

How often do you get the social and/or emotional support you need? (n=204)

Always	42.9%
Usually	37.0%
Sometimes	11.0%
Rarely	2.9%
Never	2.3%
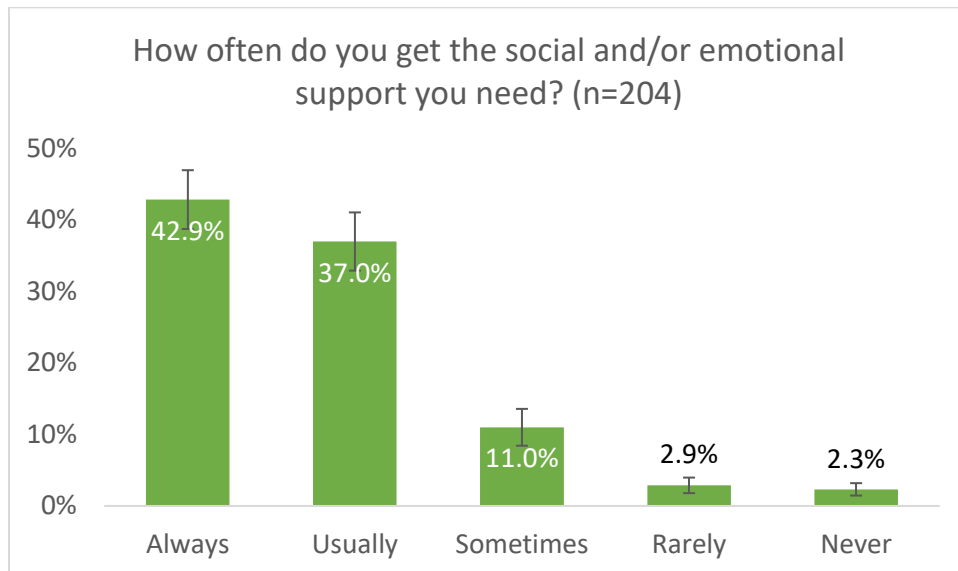
Interpretation: Most residents (79.9%) felt they either always or usually have the social and/or emotional support they need.

Q10: If you get less than 7 hours of sleep at night, what keeps you awake?

If you get less than 7 hours of sleep a night, what keeps you awake? (n=205)

Other
I get over 7 hours of sleep
Stress
Insomnia
Health
Children
Shift work
Caffeine
Not enough time
Noise
I don't know
Temperature
I don't want to answer
Lack of safety
Light

0% 5% 10% 15% 20% 25% 30% 35%
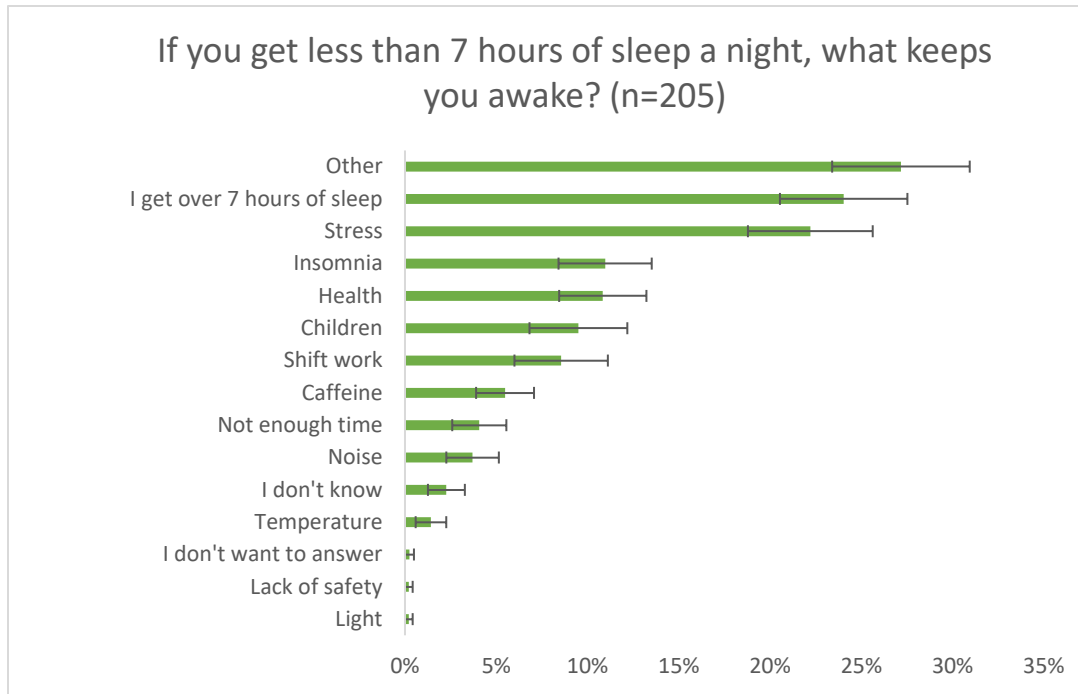
Interpretation: Most respondents (24.3%) reported they did get at least 7 hours of sleep at night. For those that did not get 7 hours of sleep a night, stress was the most common reason followed by Insomnia. Many provided other reasons they do not get 7 hours of sleep a night. Many responses were that the TV keeps them up, money, and thinking.

Q11: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days in the past 30 days was your mental health not good?

How many days in the past 30 was your mental health not good? (n=195)

36.3% 30.8% 8.2% 4.8% 9.3% 6.7%

0 days 1-5 days 6-10 days 11-15 days > 20 days I don't know
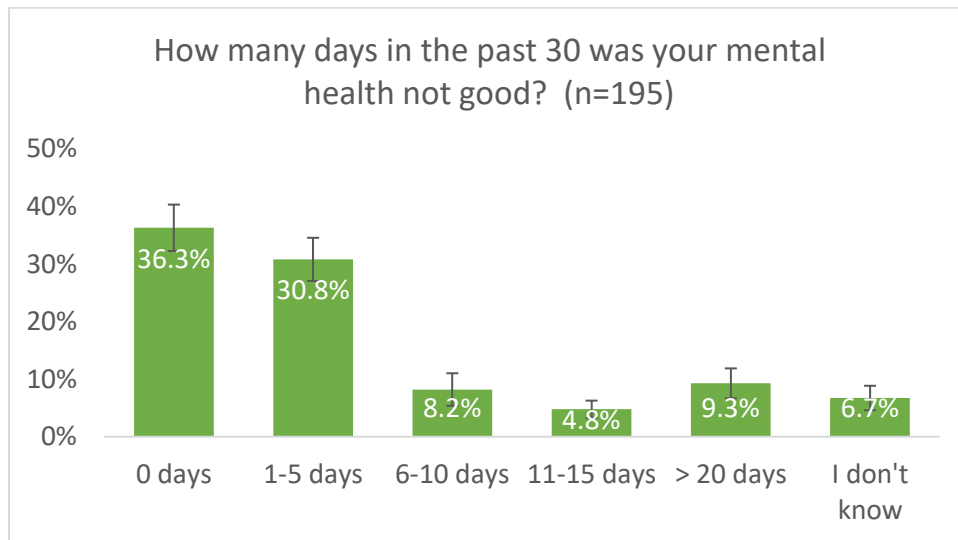
Interpretation: Most participants (67.1%) responded that they had fewer than 6 bad days in the past 30. There were too few respondents with 16-20 bad days to report. However, 9.3% reported having greater than 20 bad days in the past 30.

Q12: To what extent do you agree or disagree with the statement that people in your community would think less of a person who has a mental health problem?

Would you agree or disagree with the statement that people in your community would think less of a person who has a mental health problem? (n=205)

| Strongly agree | Agree | Neutral | Disagree | Strongly disagree | I don't know |
| 6.2% | 23.7% | 18.9% | 25.0% | 8.1% | 17.9% |
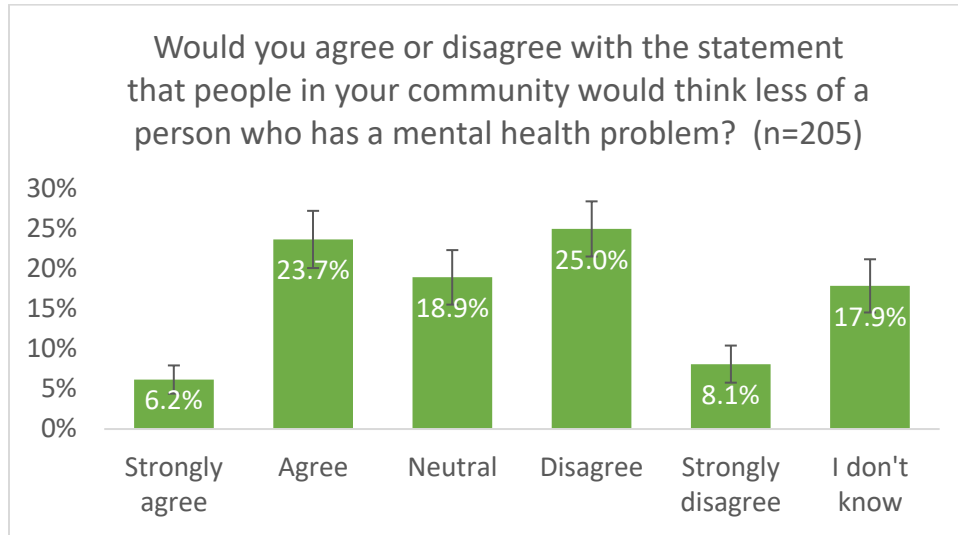
Interpretation: Most participants (33.1%) responded that they disagree or strongly disagree and think that their community would not think less of a person with a mental health problem. This is close to those that agree and strongly agree (29.9%). The remaining participants were nearly divided in two between neutral (18.9%) and I don't know (17.9%)

Do you agree or disagree that people in your community would think less of a person who has a mental health problem? (n=109)

	Agree	Disagree	I don't know
Black or African American	7.2%	6.3%	5.4%
White	12.5%	13.9%	6.0%
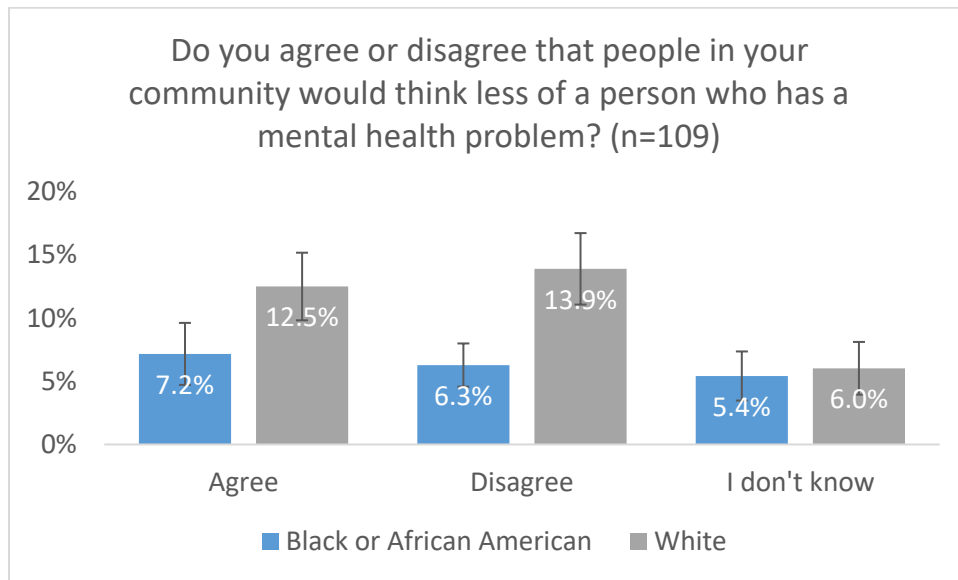
Interpretation: The largest difference between Black or African Americans (6.3%) and whites (13.9%) is seen among those that disagreed and thought that their community would not think less of a person for having a mental health problem. Another gap is seen in those that agree between Black or African Americans (7.25%) and whites (12.5%).

Q13: What are the primary causes of your stress?

What are the primary causes of your stress? (n=205)

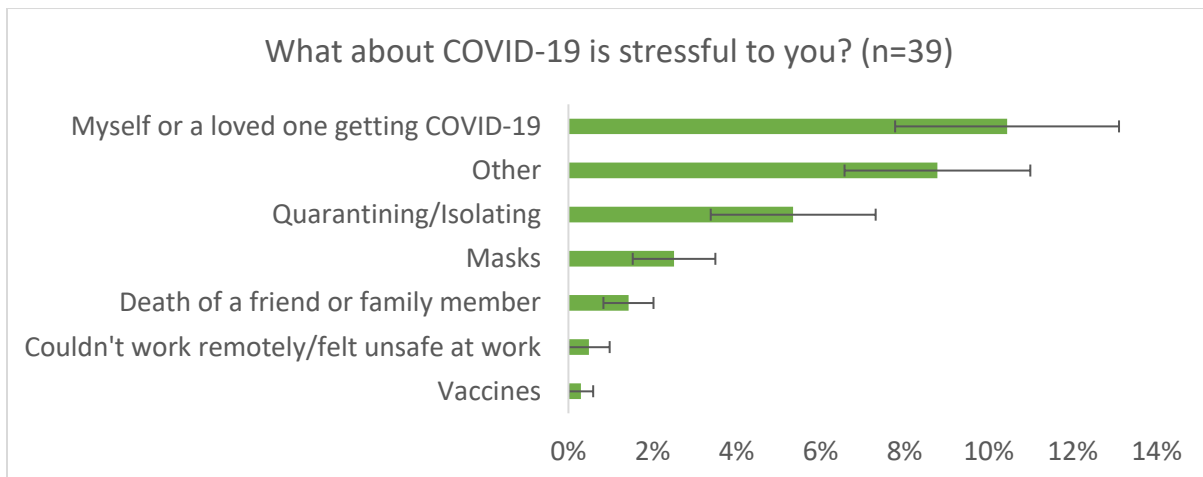| Cause	
Financial stress	~34%
Work	~30%
Personal relationships	~21%
COVID	~17%
Parenting/childcare	~15%
Housing	~15%
Other	~15%
My own disability or illness	~15%
Caring for a friend or family member	~13%
Neighborhood violence	~12%
No stress	~12%
Discrimination	~10%
Neighborhood change (Gentrification)	~6%
Community relationships with police	~3%
Incarceration of a friend or family member	~2%
Immigration Raids	~1%

Interpretation: Financial stress was the most common reason for stress followed by work (30%) and personal relationships. Many people listed other reasons for stress including political environment and the social wellbeing of society. Interestingly, 12% of respondents reported not experiencing stress. The types of discrimination experienced included by age, race, and ethnicity.

Q14: What about COVID-19 is stressful to you?

What about COVID-19 is stressful to you? (n=39)

Stressor	
Myself or a loved one getting COVID-19	~10%
Other	~9%
Quarantining/Isolating	~5%
Masks	~3%
Death of a friend or family member	~1.5%
Couldn't work remotely/felt unsafe at work	~0.8%
Vaccines	~0.5%

Interpretation: This question was only answered by people who selected COVID-19 as one of their primary causes of stress. The most common stressor of COVID-19 on participants was either themselves or a loved one getting COVID-19. Other reasons given included the seriousness of the pandemic, misinformation being too available, and childcare.

Q15: How do you deal with stress?

How do you usually deal with stress? (n=205)

Category	Approximate %
Exercise	~35%
Other	~28%
Talking to friends or family	~27%
Watching TV	~20%
Music	~17%
Praying	~13%
Alcohol or drugs	~12%
Sleeping	~10%
Meditating	~10%
Counseling or Therapy	~9%
Eating	~6%
Browsing the internet	~5%
Tobacco	~2%
I don't know	~1%
Dancing	~1%
I don't want to answer	~1%
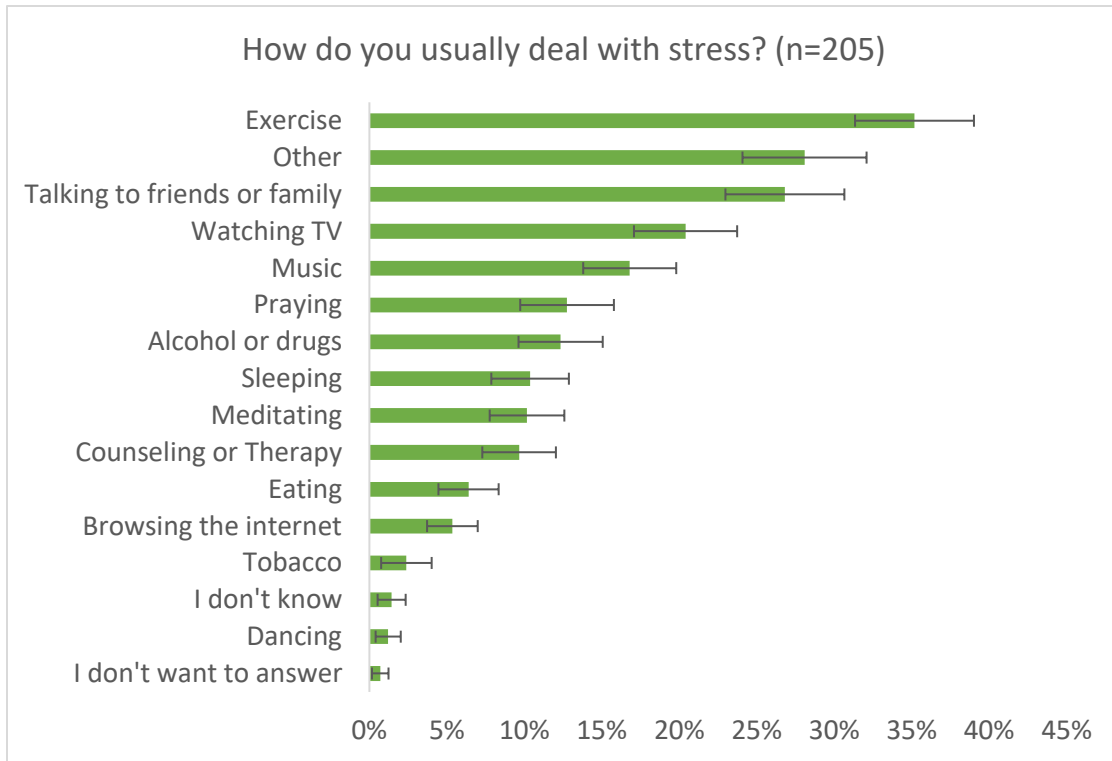
Interpretation: This question was only answered by those who selected one or more primary causes for stress. The most common way to cope with stress was exercise followed by talking with friends or family. Many respondents included other ways to deal with stress. These reasons include medications for mental health and ignoring the problem and just dealing with it.

Q16: If you or a friend or family member needed counseling for a mental health or drug or alcohol use problem, who would you tell them to call or talk to?

If you or a friend or family member needed help for an alcohol or mental health problem, who would you tell them to call or talk to? (n=205)
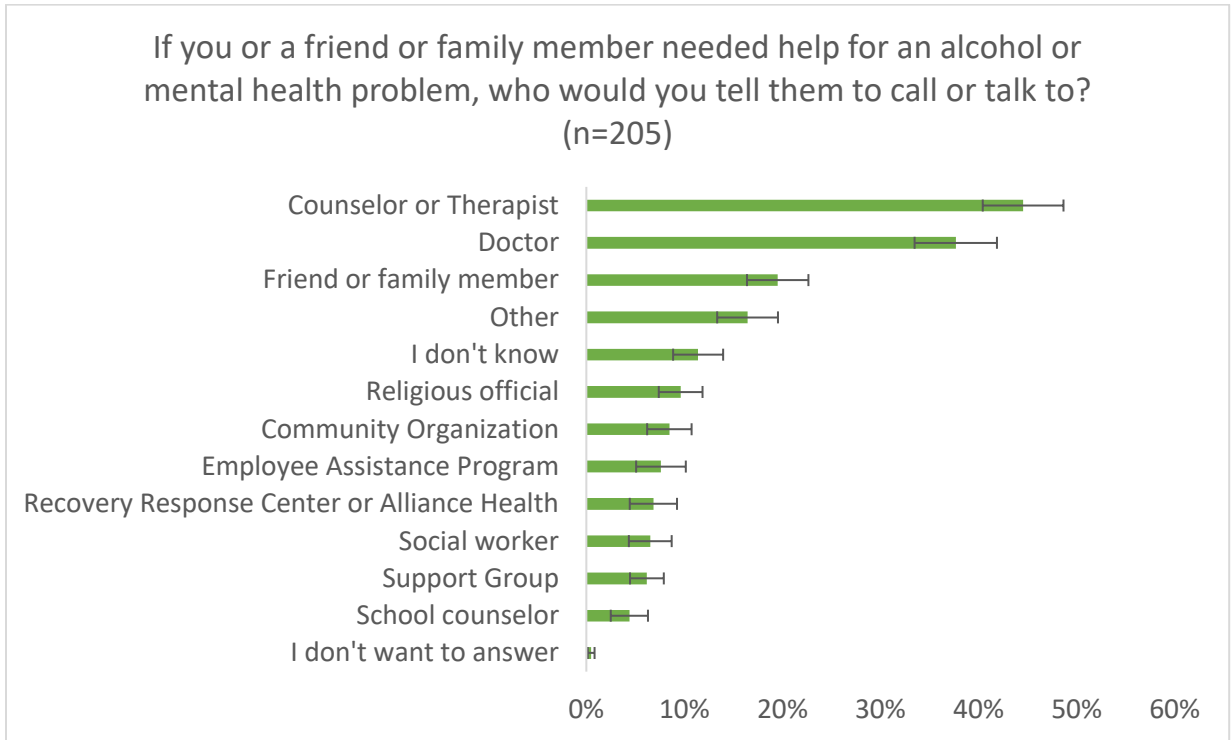
Interpretation: Most participants suggested a counselor or therapist as someone to call or talk to followed by a doctor and friend or family member. A common suggestion for those that said 'Other' was a helpline or hotline.

Discrimination

Q17: Discrimination (interpersonal or structural) can happen because of many reasons. Please choose which of these reasons you think may have contributed to the discrimination you experienced in the last 12 months.

What kind of discrimination have you experienced in the last 12 months? (n=205)

- Has not experienced discrimination
- Race
- Gender
- Age
- Language
- Physical appearance
- Socioeconomic status
- Disability
- Weight or size
- Faith
- Health status
- Other
- I don't know
- Sexuality
- I don't want to answer

0% 10% 20% 30% 40% 50% 60%
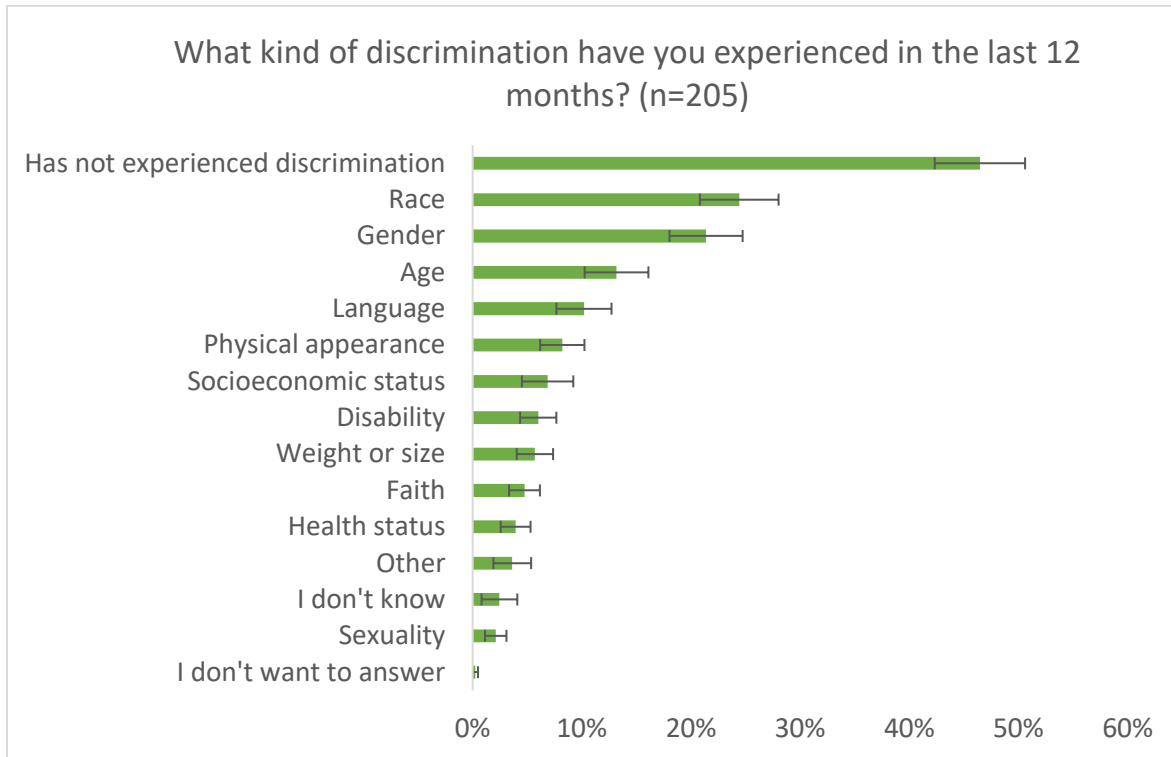
Interpretation: Nearly half of all participants (46.5%) reported not having experienced discrimination in the past 12 months. Those that did experience discrimination, racism and sexism were the top two types.

Q18: Where did you experience discrimination
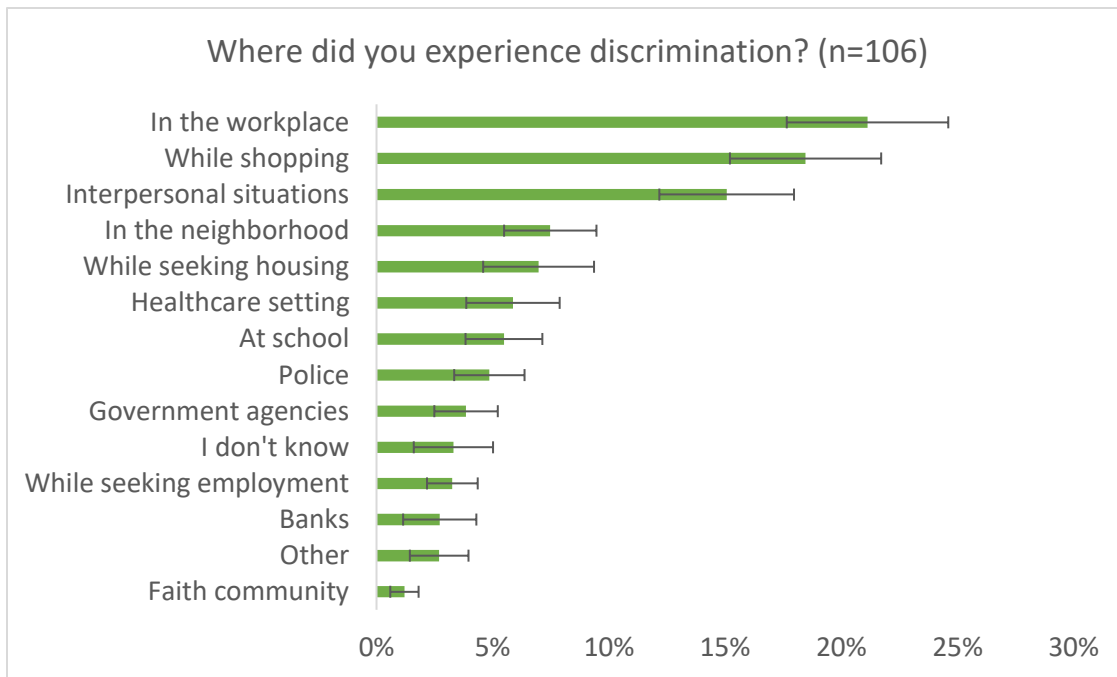
Where did you experience discrimination? (n=106)

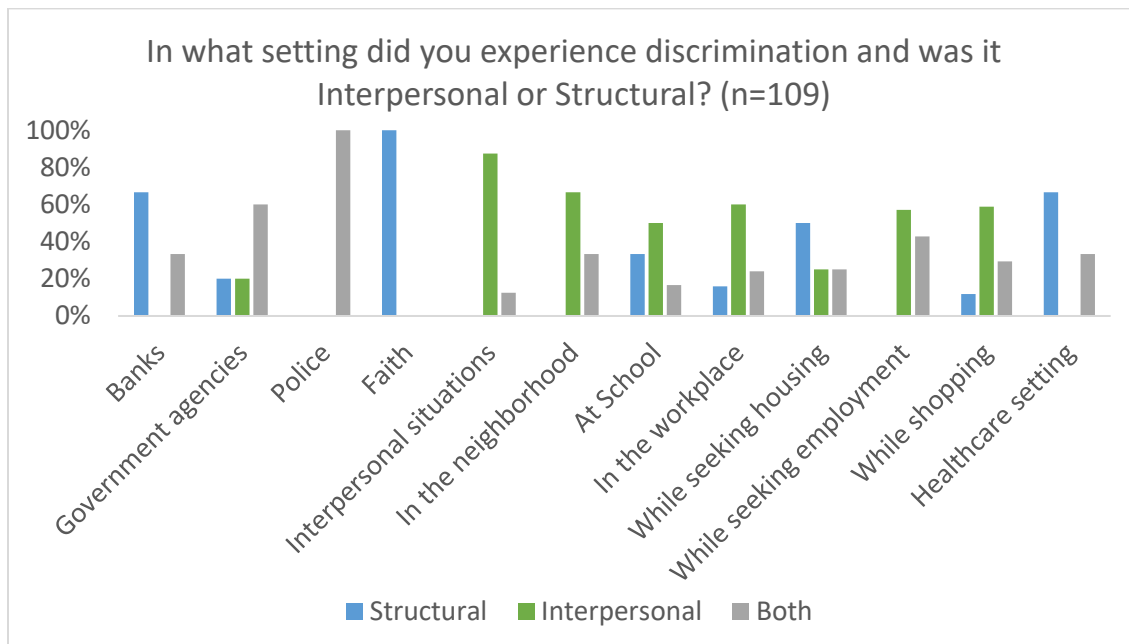| Setting	
In the workplace	
While shopping	
Interpersonal situations	
In the neighborhood	
While seeking housing	
Healthcare setting	
At school	
Police	
Government agencies	
I don't know	
While seeking employment	
Banks	
Other	
Faith community	

*(Horizontal bar chart with x-axis from 0% to 30%)*

Interpretation: This question was only answered by those that responded they had experienced discrimination. The most common setting was the workplace for those that experienced discrimination within the past 12 months followed by while out shopping and in interpersonal situations.

In what setting did you experience discrimination and was it Interpersonal or Structural? (n=109)

(Grouped bar chart with categories: Banks, Government agencies, Police, Faith, Interpersonal situations, In the neighborhood, At School, In the workplace, While seeking housing, While seeking employment, While shopping, Healthcare setting. Legend: Structural, Interpersonal, Both)

Interpretation: This question was only answered by those that responded they had experienced discrimination. In each setting, the experiences of discrimination are broken down by structural, interpersonal, or both for each situation. For example, 100% of the discrimination experienced by police was both interpersonal and structural.
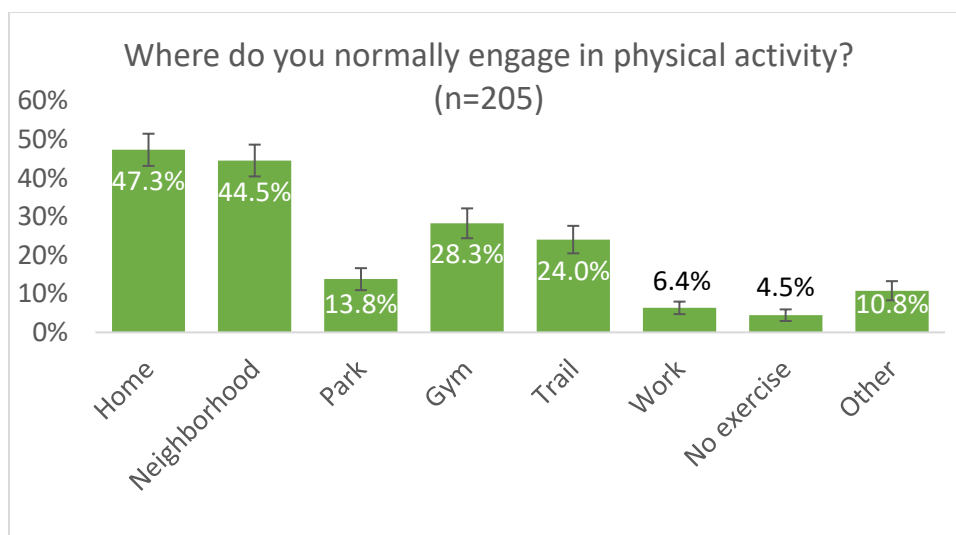
Physical Activity

Q19: What type of physical activity do you usually do?

What types of physical activity do you engage in?
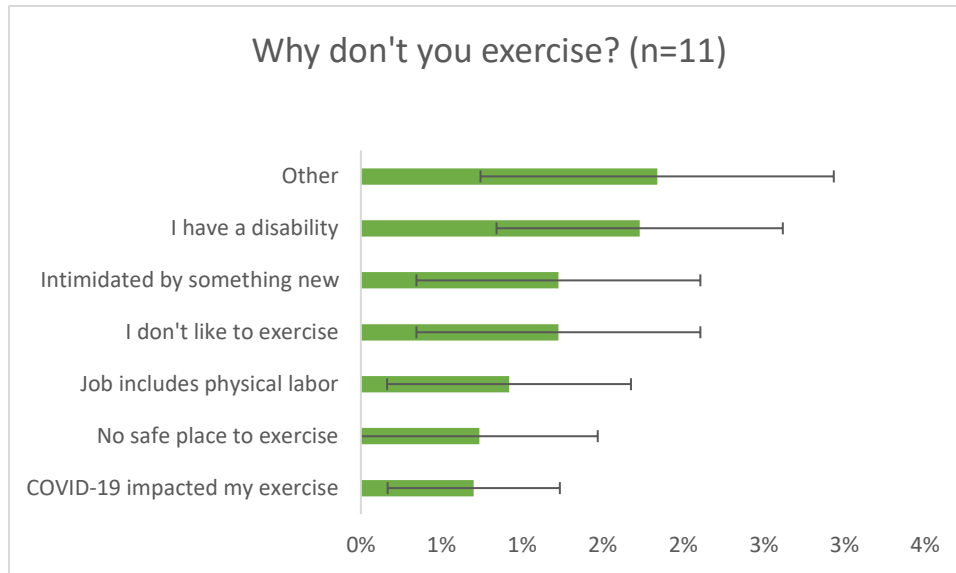(n=205)
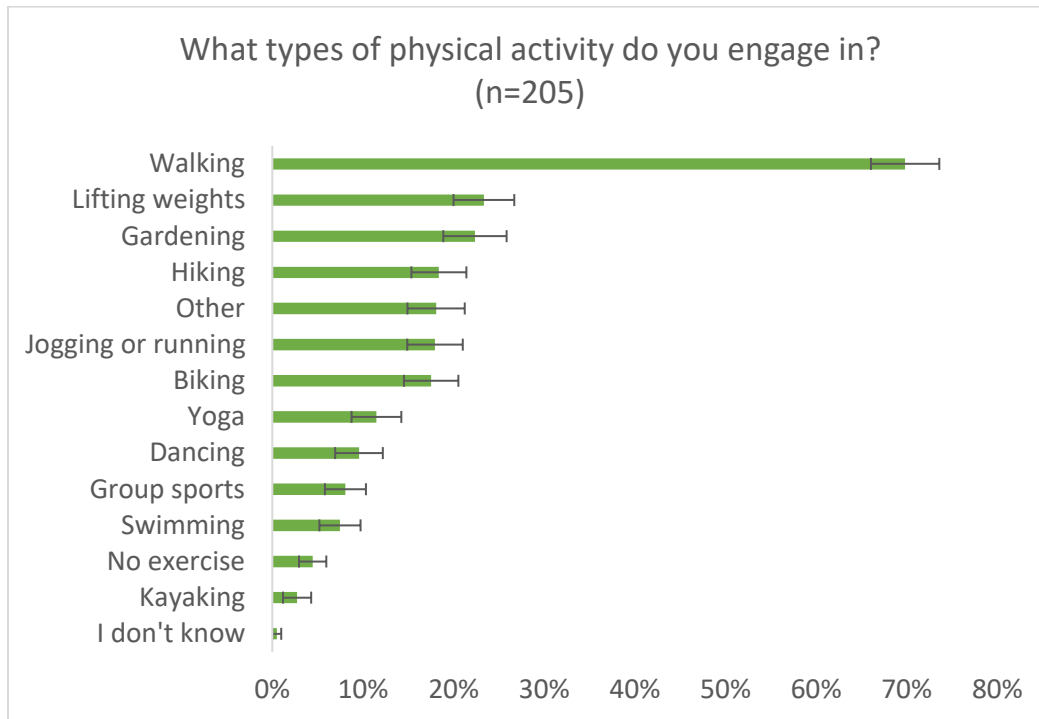
Interpretation: The most common type of exercise done by survey participants is walking followed by lifting weights and gardening. Some participants reported not exercising. Themes from those who responded 'other' include exercising at work and playing with family.

Q20: Where do you usually exercise?

Where do you normally engage in physical activity?
(n=205)

Home 47.3%, Neighborhood 44.5%, Park 13.8%, Gym 28.3%, Trail 24.0%, Work 6.4%, No exercise 4.5%, Other 10.8%
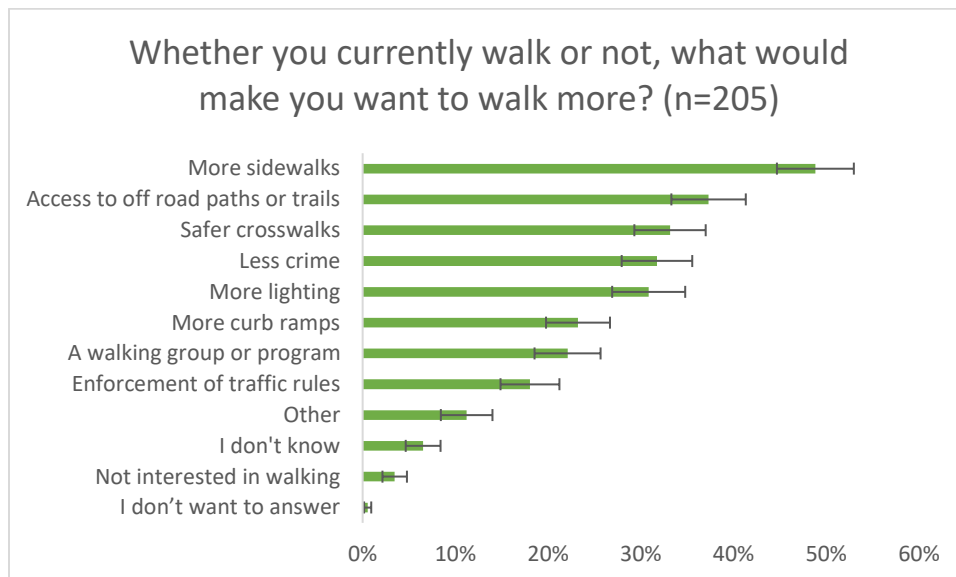
Interpretation: Most participants reported exercising at home followed by in their neighborhood. Other areas of exercise include community centers and online classes.

Q21: What are the reasons you do not exercise?

Why don't you exercise? (n=11)

Category	
Other	
I have a disability	
Intimidated by something new	
I don't like to exercise	
Job includes physical labor	
No safe place to exercise	
COVID-19 impacted my exercise	

0% 1% 1% 2% 2% 3% 3% 4%

Interpretation: This question was only answered by those that responded that they did not exercise. The most common reason to not exercise was having a disability.

Q22: Whether you currently walk or not, what would make you want to walk more?

Whether you currently walk or not, what would make you want to walk more? (n=205)

Category	
More sidewalks	
Access to off road paths or trails	
Safer crosswalks	
Less crime	
More lighting	
More curb ramps	
A walking group or program	
Enforcement of traffic rules	
Other	
I don't know	
Not interested in walking	
I don't want to answer	

0% 10% 20% 30% 40% 50% 60%

Interpretation: The most common reason to walk more is adding more sidewalks (48.8%) followed by access to off road paths or trails and safer crosswalks. Many respondents noted that they needed nothing to encourage them to walk.
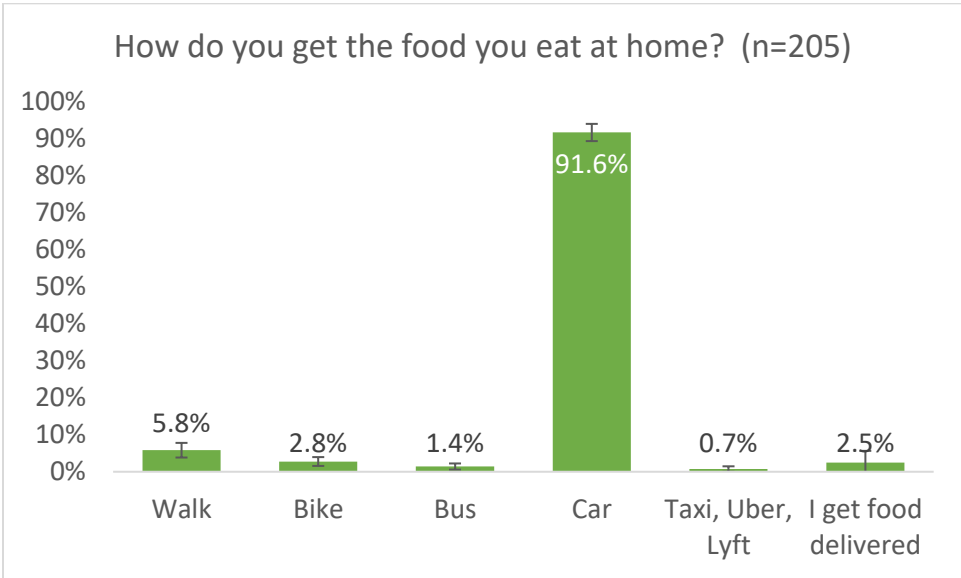
Nutrition

Q23: Where do you get the food you eat at home?

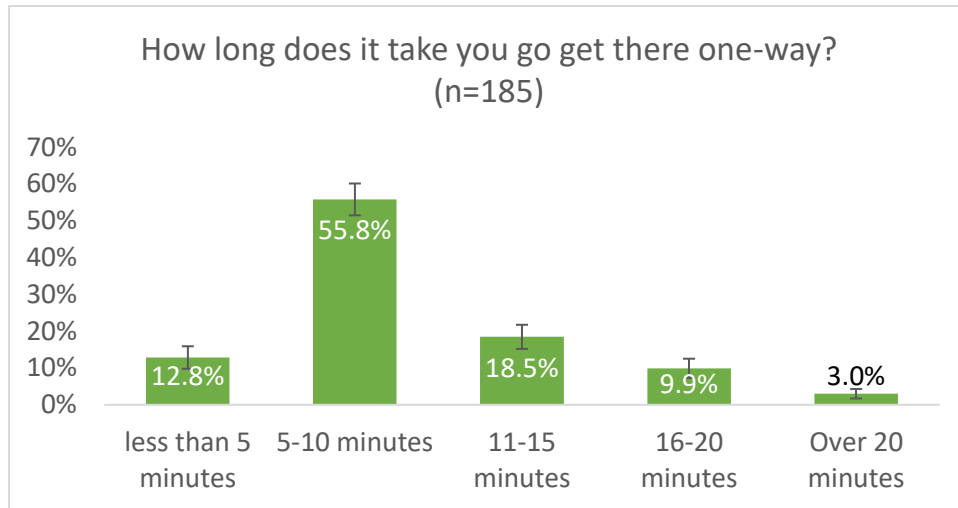Where do you get the food you eat at home? (n=205)
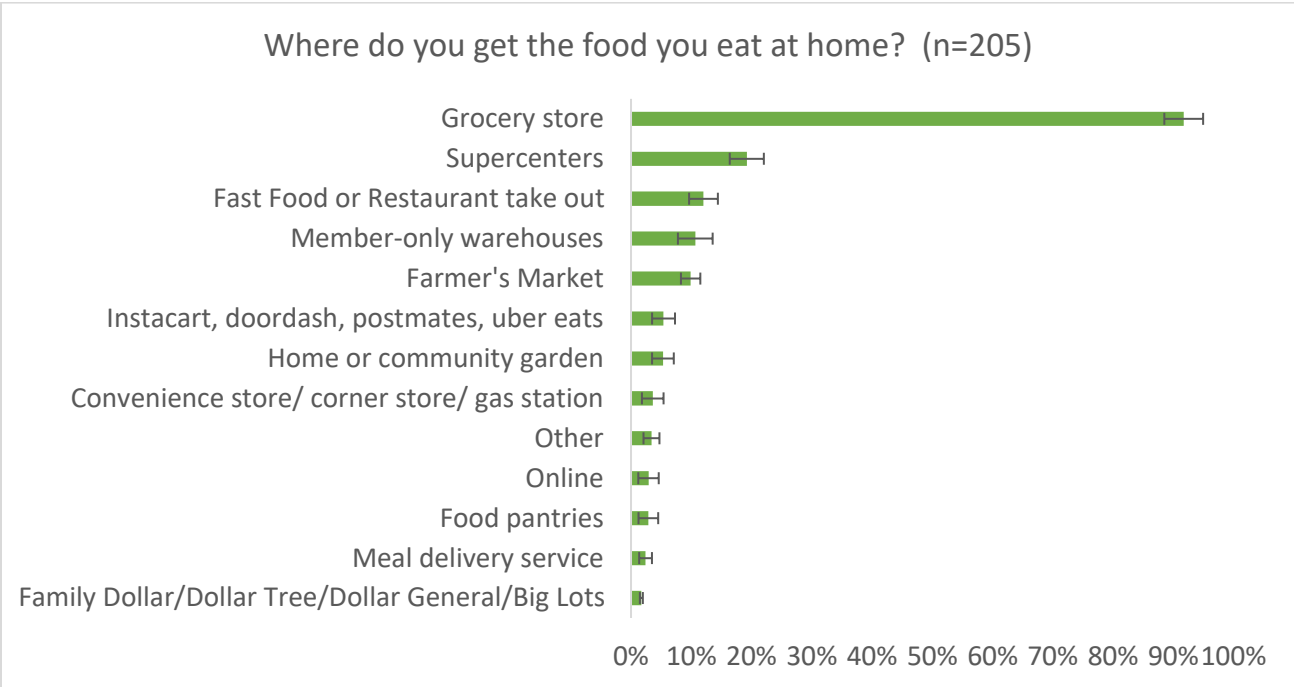
Interpretation: Most respondents (92%) reported getting the food they eat at home at the grocery store followed by supercenters such as Walmart or Target.

Q24: How do you usually get the food you eat at home?

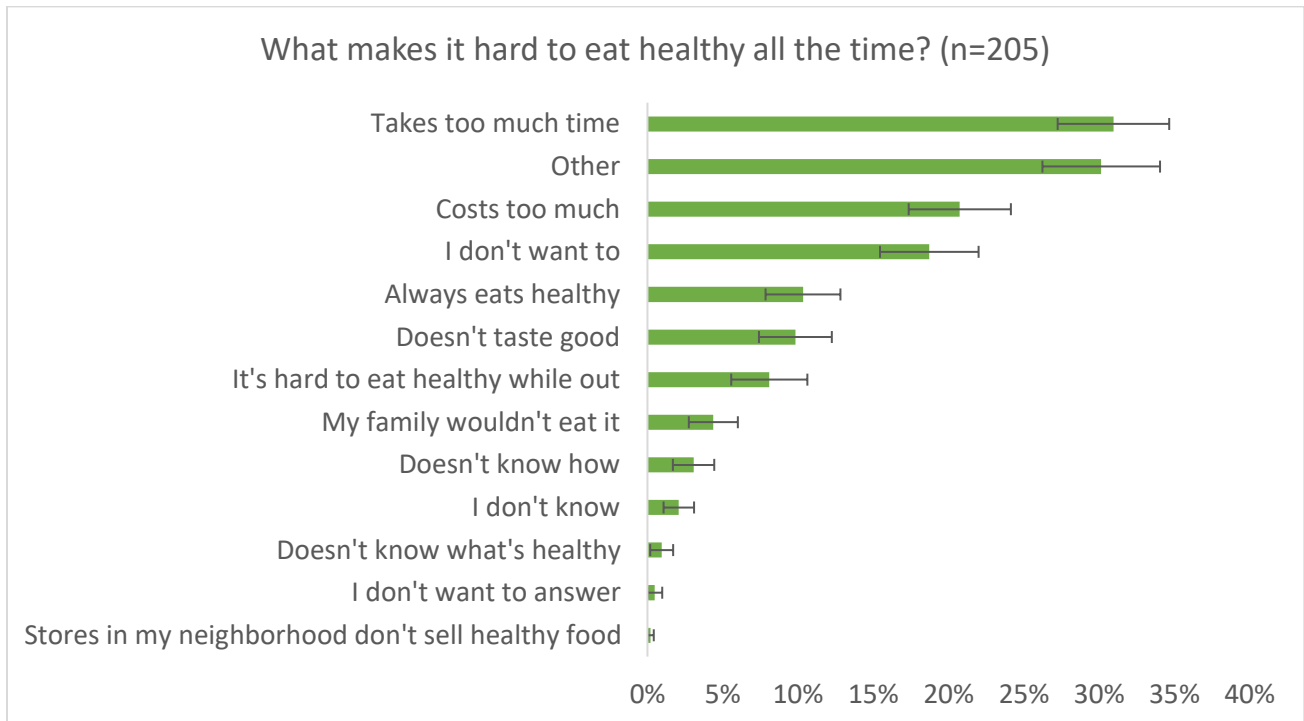How do you get the food you eat at home? (n=205)

Interpretation: Most respondents reported that they get the food they eat at home by car (91.6%). The next most common form of transportation is walking to get food (5.8%).

Q25: How long does it take you to get there one way?

How long does it take you go get there one-way?
(n=185)

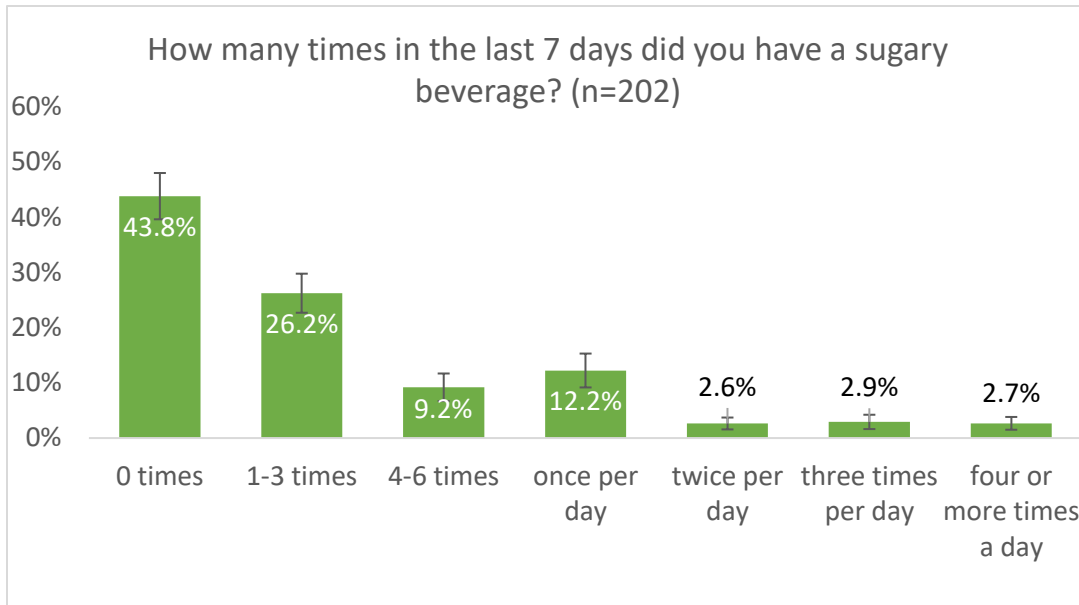| Category	Percentage
less than 5 minutes	12.8%
5-10 minutes	55.8%
11-15 minutes	18.5%
16-20 minutes	9.9%
Over 20 minutes	3.0%

Interpretation: Over half responded that it takes them 5-10 minutes to get to food one-way (55.8%). It takes many less than 5 minutes (12.8%) but very few had to go over 20 minutes away (3%).

Q26: Most of us don't eat healthy all the time. When you aren't eating a healthy diet, what do you think makes it hard for you to eat healthy?

What makes it hard to eat healthy all the time? (n=205)

- Takes too much time
- Other
- Costs too much
- I don't want to
- Always eats healthy
- Doesn't taste good
- It's hard to eat healthy while out
- My family wouldn't eat it
- Doesn't know how
- I don't know
- Doesn't know what's healthy
- I don't want to answer
- Stores in my neighborhood don't sell healthy food

Interpretation: The most common reason for not eating healthy all the time was not enough time followed by cost. Many participants gave other reasons for not eating healthy including that junk food tastes too good and access to fast food commercials and advertising.

Q27: In the past 7 days, how many times did you drink a sugary beverage?

How many times in the last 7 days did you have a sugary beverage? (n=202)

| Category	Percentage
0 times	43.8%
1-3 times	26.2%
4-6 times	9.2%
once per day	12.2%
twice per day	2.6%
three times per day	2.9%
four or more times a day	2.7%

Interpretation: Nearly half of the respondents reported having zero sugary drinks in the past week (43.8%).

Q28: In the past 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

In the past 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food? (n=203)

Response	Percentage
No	87.5%
Yes, sometimes	11.6%
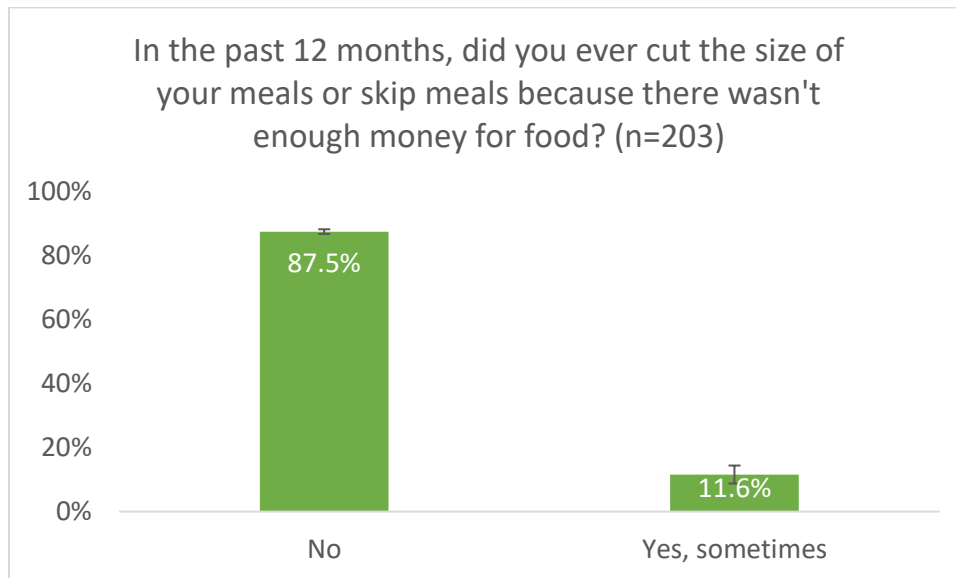
Interpretation: Most respondents reported not having cut the size or skipping meals because there wasn't enough money for food (87.5%).

Q29: In the past 12 months, did you every worry your food would run out before you got money to buy more?

In the past 12 months, did you ever worry your food would run out before you got money to buy more? (n=203)

	Never	Sometimes
	83.1%	14.7%
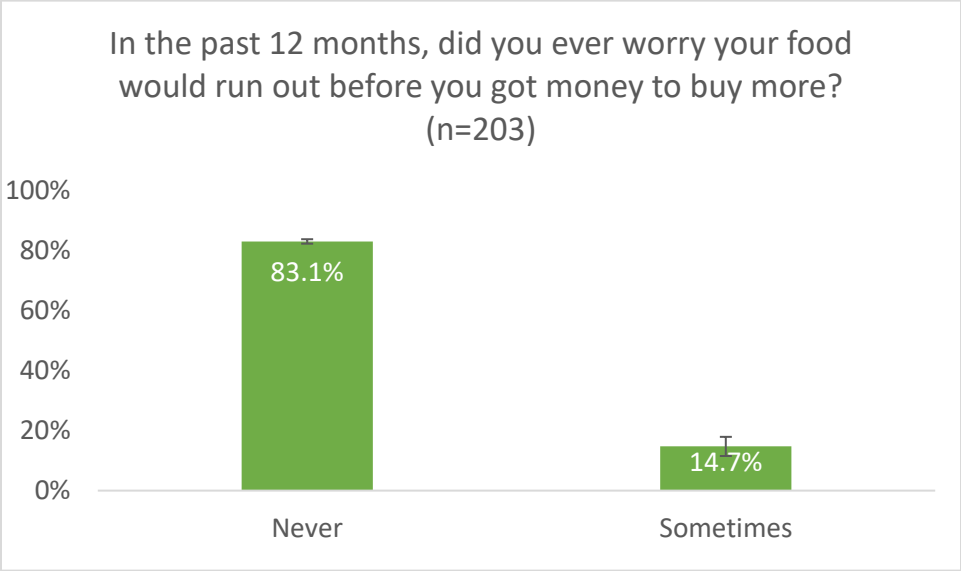
Interpretation: Most respondents reported they have never worried that food would run out before the got money to buy more (83.1%)

Tobacco

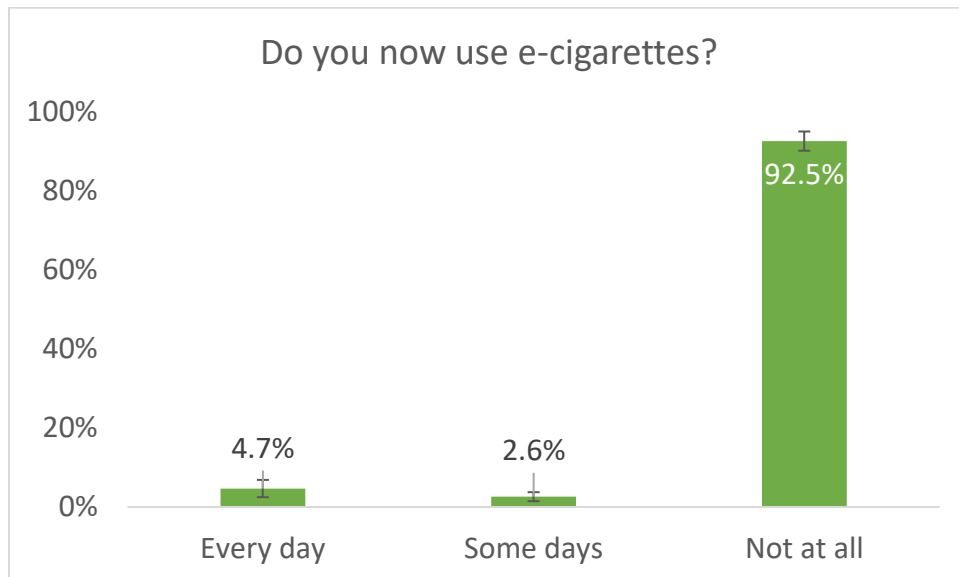**Q30: Do you now smoke cigarettes every day, some days, or not at all?**

Do you now smoke cigarettes? (n=202)

Every day: 7.8%
Some days: 4.2%
Not at all: 87.8%
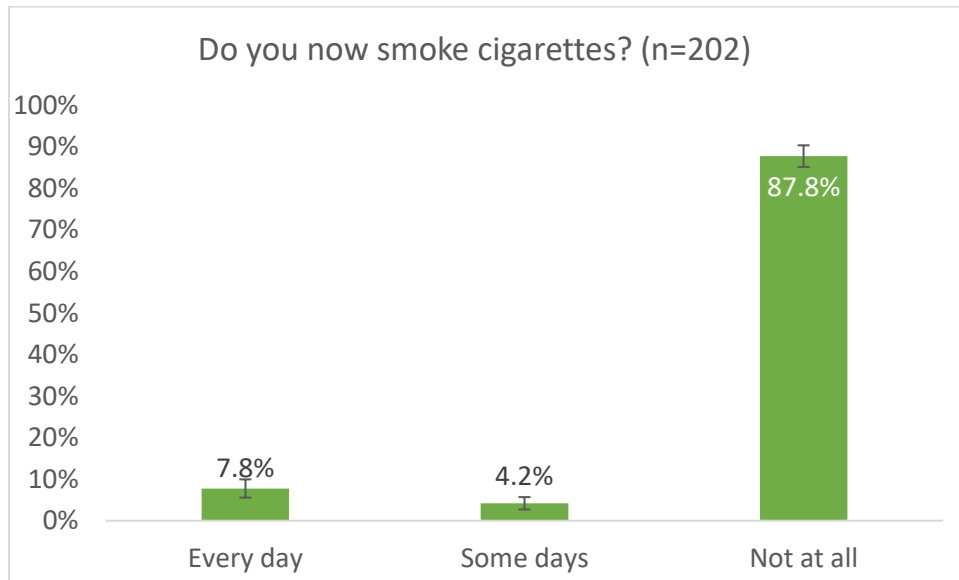
Interpretation: Most respondents reported that they do not currently smoke cigarettes (87.8%).

Q31: Do you now use e-cigarettes every day, some days, not at all?

Do you now use e-cigarettes?

Every day: 4.7%
Some days: 2.6%
Not at all: 92.5%

Interpretation: Nearly all respondents reported not currently smoking e-cigarettes (92.5%).

**Q32: Have you been exposed to secondhand smoke at any of the following places?**

Have you been exposed to secondhand smoke at any of these locations? (n=205)
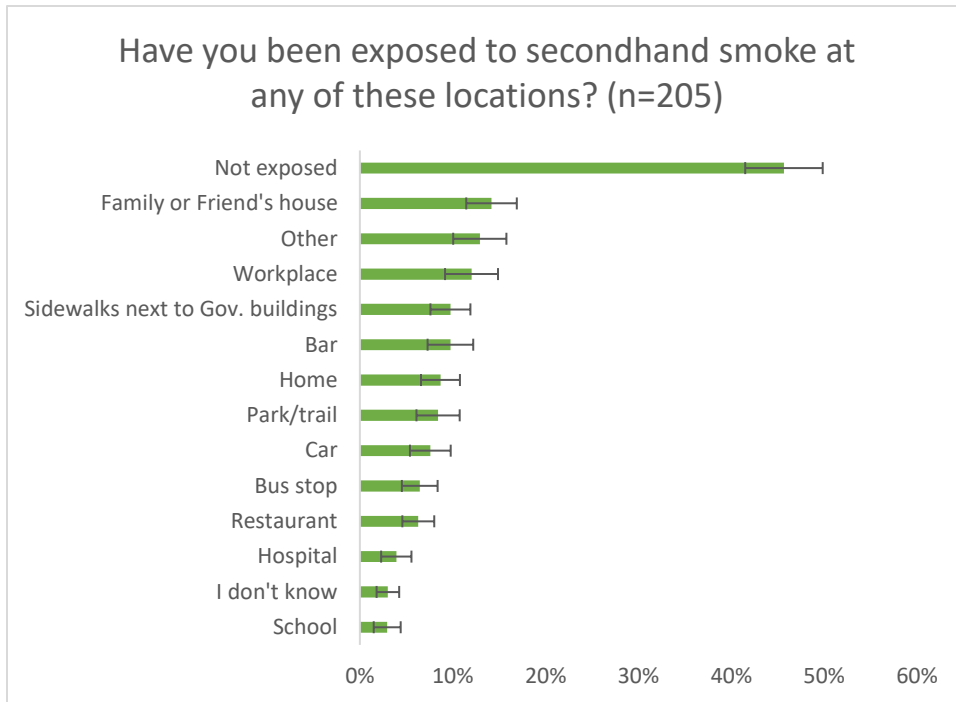
Interpretation: Nearly half of respondents (45.7%) reported that they were not exposed to secondhand smoke. The most common place respondents experienced secondhand smoke were a family or friend's house and the workplace. Many respondents cited other exposures including sidewalks in general and parking lots**.**
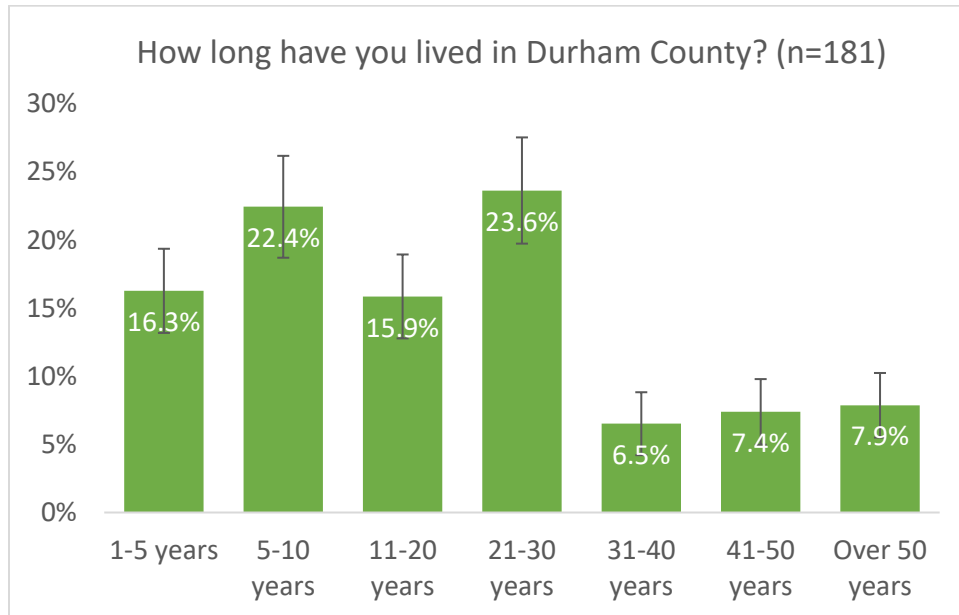
Household

Q33: In a typical week, what types of transportation do you use the most?
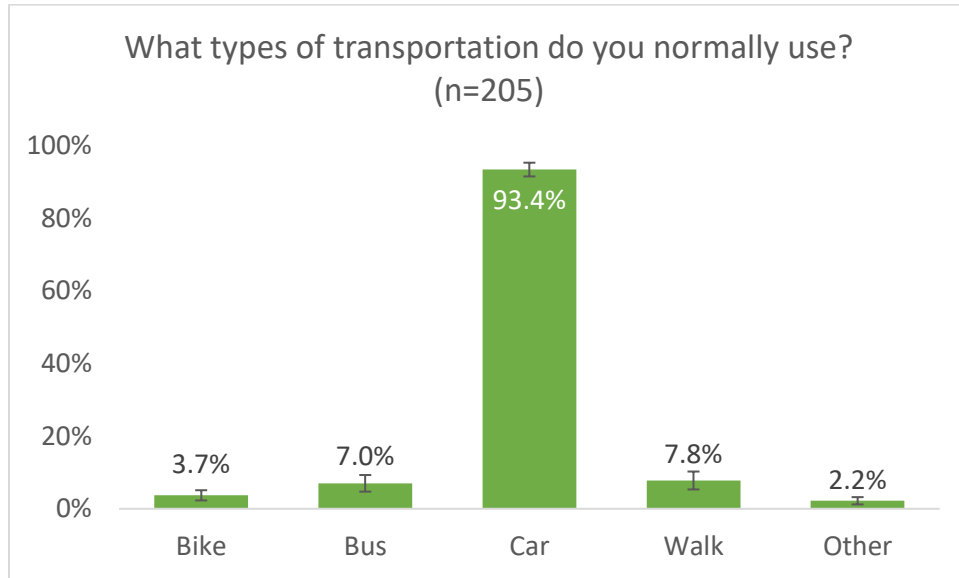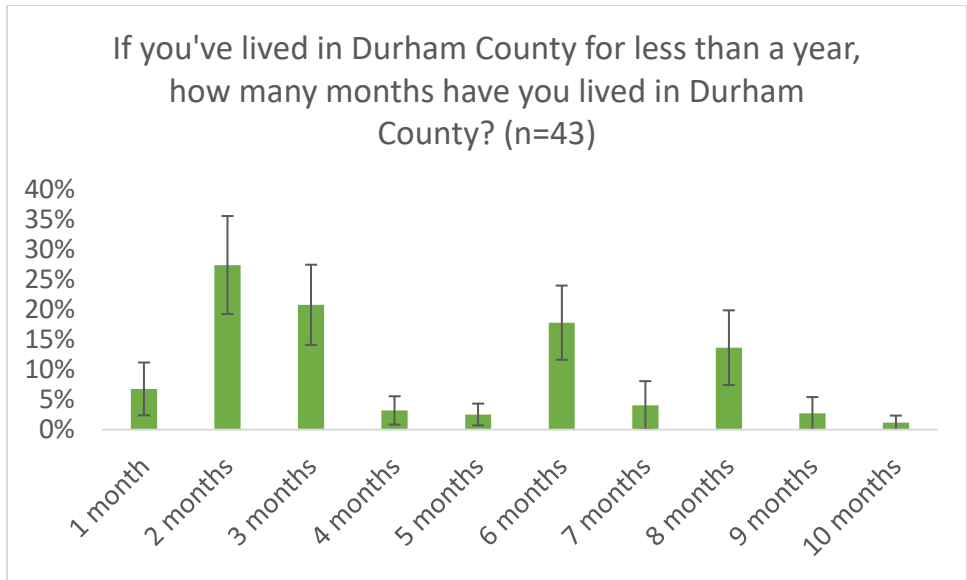

Interpretation: The most common form of transportation was a car followed by walking.

Q34: How long have you lived in Durham County?

Interpretation: Most respondents reported living in Durham County for less than 21 years (54.6%).

If you've lived in Durham County for less than a year, how many months have you lived in Durham County? (n=43)

Interpretation: Many residents reported living in Durham County for less than a year, some as recent as one month ago.

Q35: Have you ever had difficulty finding housing? If so, why?

What difficulties have you faced finding housing? (n=205)
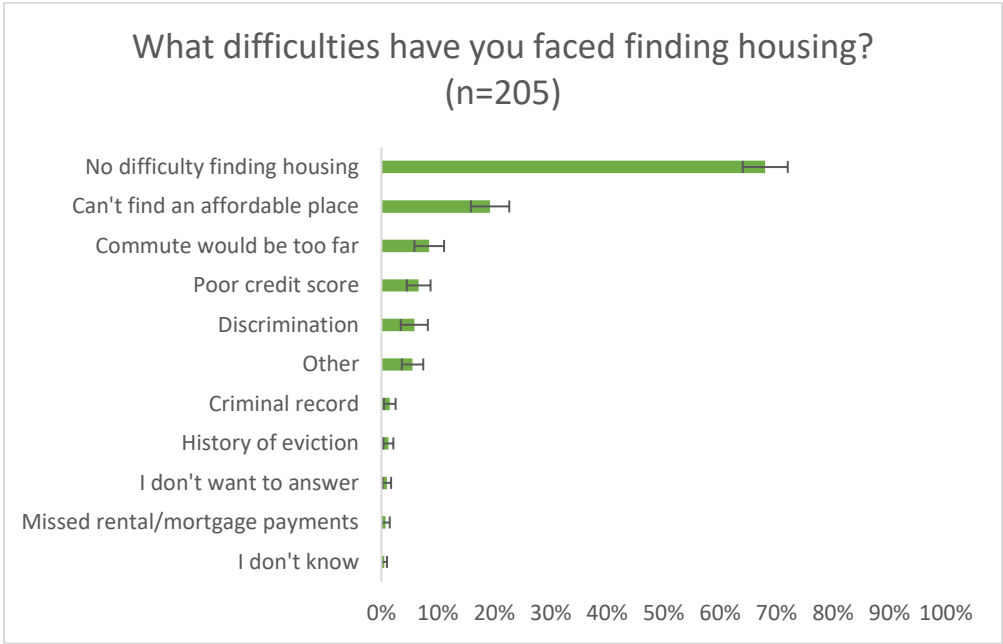
Interpretation: Over half of participants (68%) responded that they did not have difficulty finding housing. Following that, respondents reported that finding affordable housing was a barrier followed by commutes being too far.

Q36: What are easily accessible in your neighborhood?

What is easily accessible in your neighborhood?
(n=205)

Bar chart showing percentages accessible by category:
- Grocery stores: ~73%
- Pharmacies: ~65%
- Restaurants: ~58%
- Parks: ~55%
- Bus stops: ~51%
- Corner stores: ~46%
- Sidewalks: ~46%
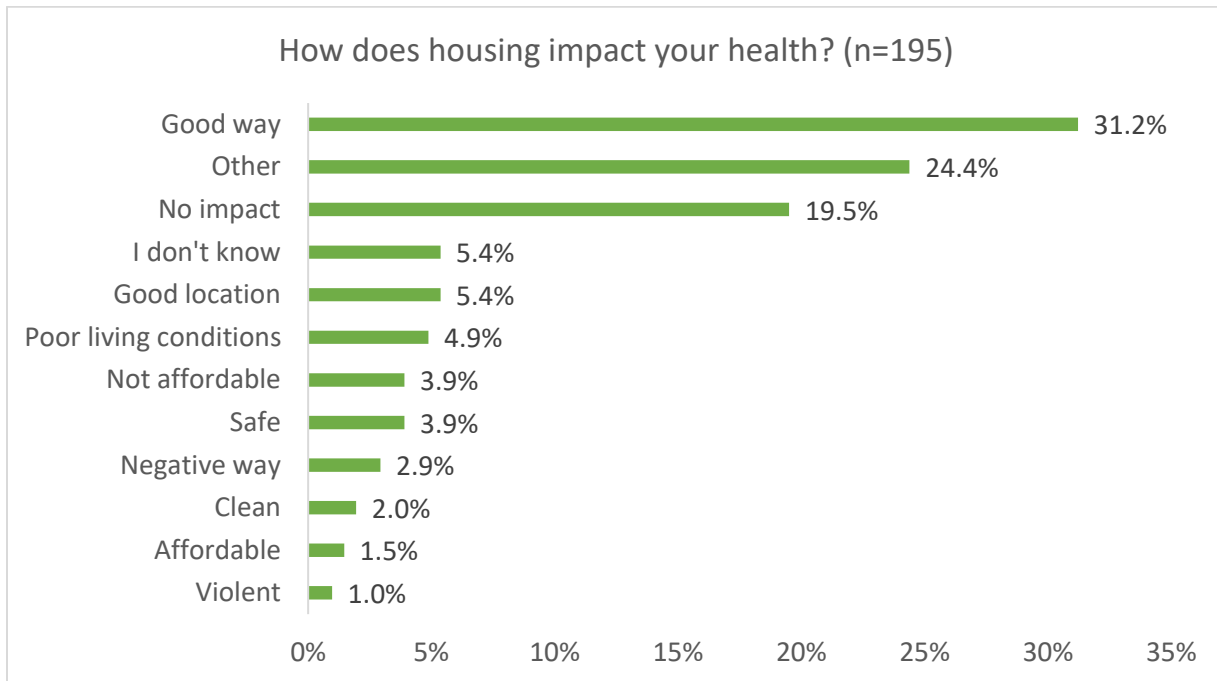- Bars: ~34%

(x-axis: 0% to 100%)
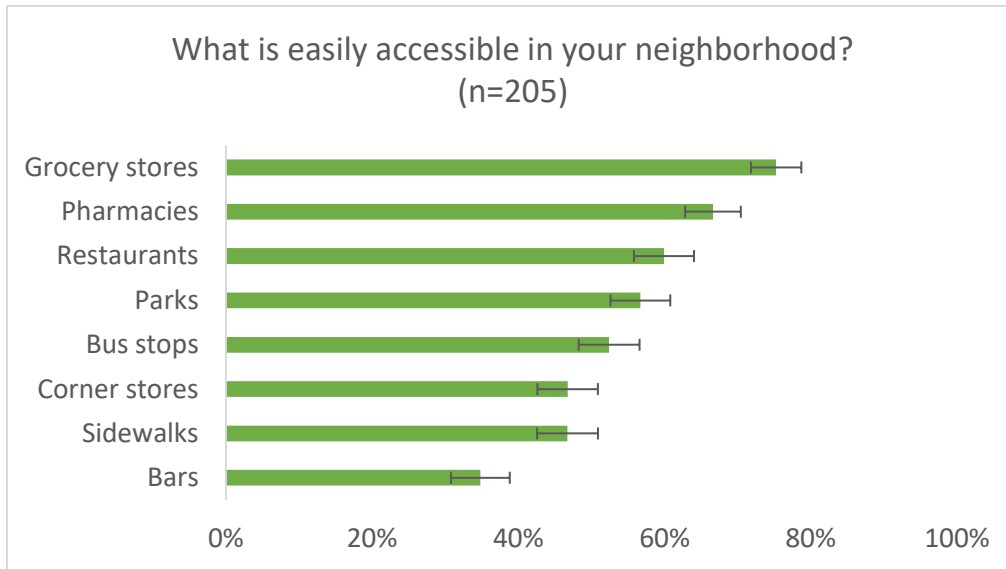
Interpretation: The most common easily accessible amenity in neighborhoods was grocery stores nearby followed by pharmacies and restaurants.

Q37: How do you think housing impacts your health?

How does housing impact your health? (n=195)

Bar chart showing percentages:
- Good way: 31.2%
- Other: 24.4%
- No impact: 19.5%
- I don't know: 5.4%
- Good location: 5.4%
- Poor living conditions: 4.9%
- Not affordable: 3.9%
- Safe: 3.9%
- Negative way: 2.9%
- Clean: 2.0%
- Affordable: 1.5%
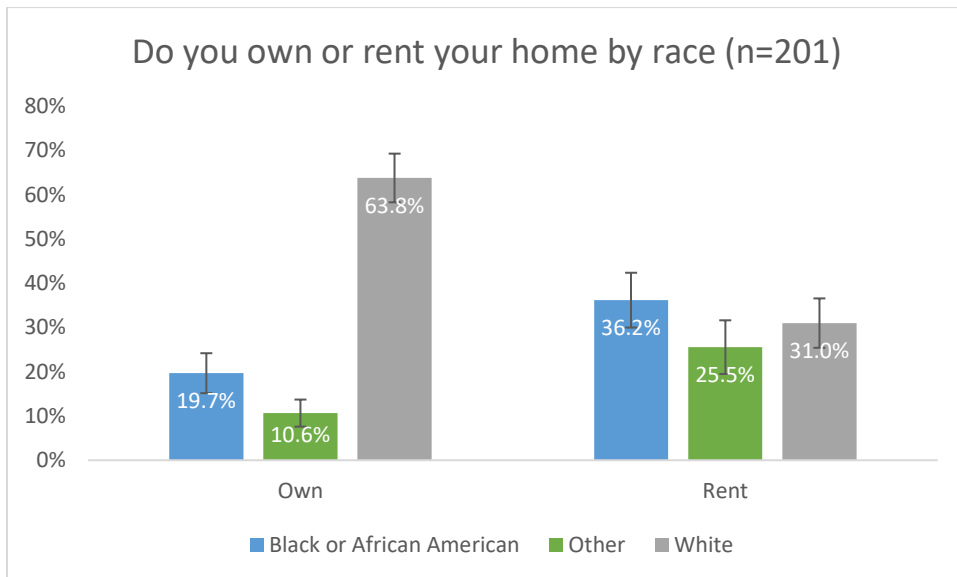- Violent: 1.0%

(x-axis: 0% to 35%)

Interpretation: Most participants reported that their housing impacts their health in a good way (31.2%) followed by housing having no impact on their health (19.6%). Other responses included that their housing is in a good location while some listed they experience poor housing conditions.

Q38: Do you own or rent your home?

Do you own or rent your home? (n=201)

[Bar chart showing: Other arrangement 3.4%, Own 54.6%, Rent 41.0%]
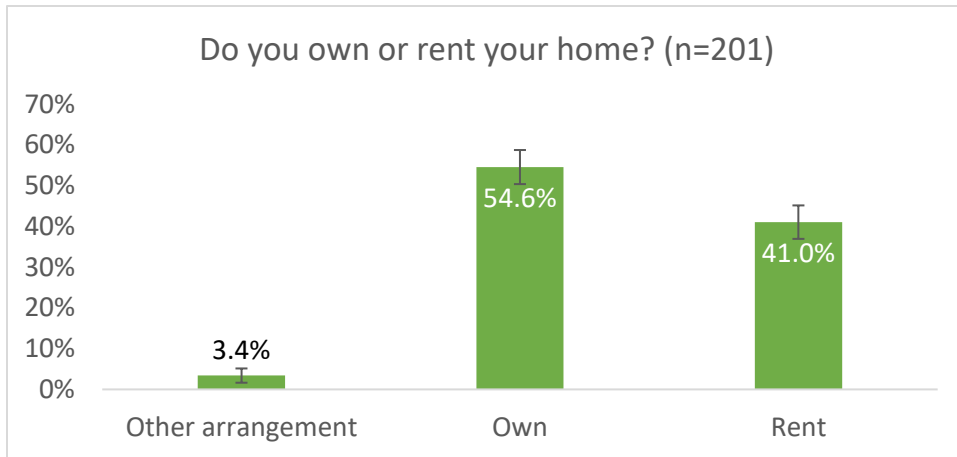
Interpretation: Most respondents reported owning their home (54.6%) while 41% reported renting.

Do you own or rent your home by race (n=201)

[Bar chart showing Own: Black or African American 19.7%, Other 10.6%, White 63.8%; Rent: Black or African American 36.2%, Other 25.5%, White 31.0%]

■ Black or African American ■ Other ■ White

Interpretation: The vast majority of homeowners are white (63.8%) followed by Black or African Americans (19.7%). The opposite is true in those that rent with Black or African Americans (36.2%) while whites are 31.0%. Those collated into the 'other' race rent more than own.

Q39: Have you or someone in your household been evicted, displaced, or experienced houselessness while living in Durham County in the past 3 years?
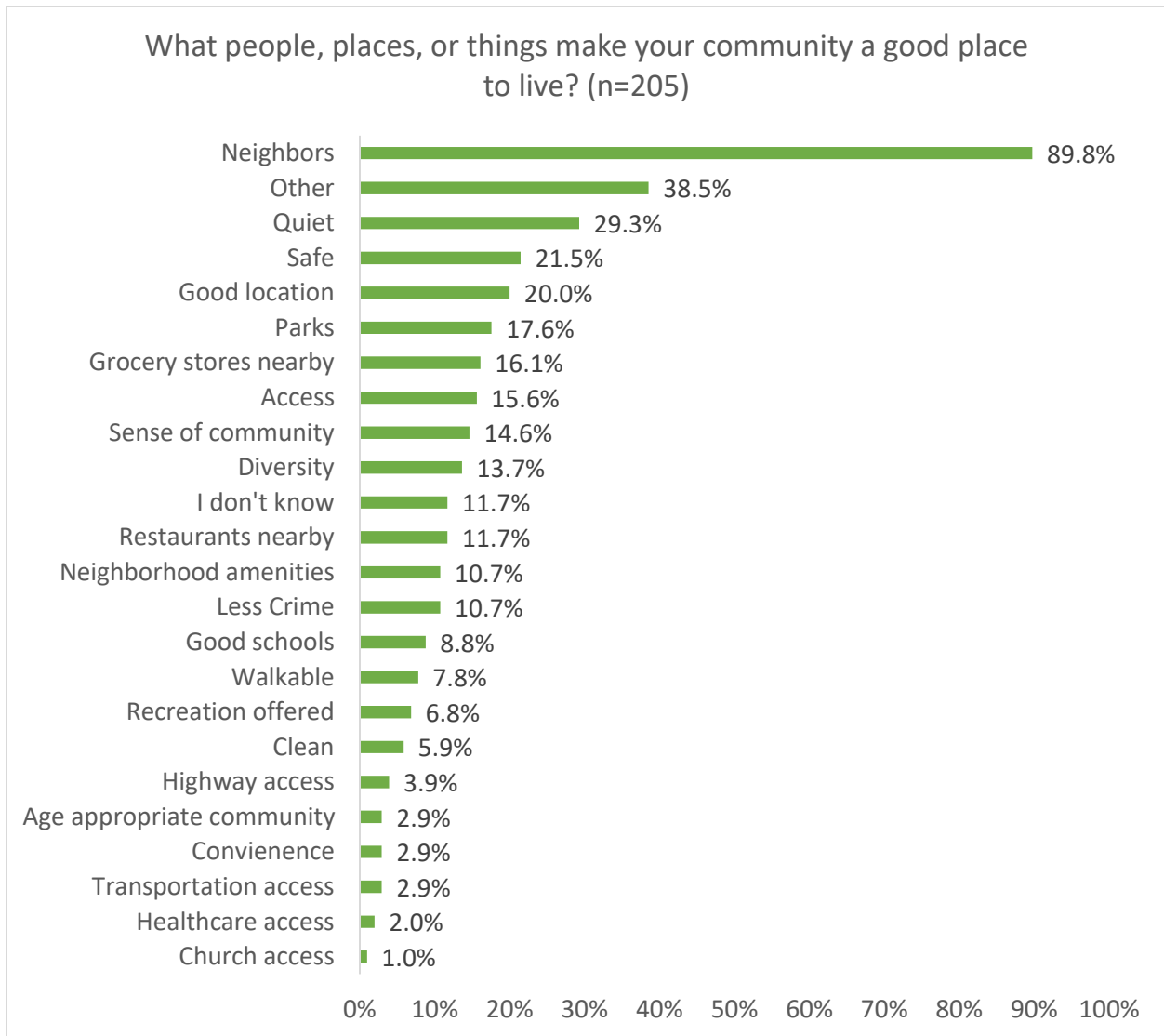
Have you been evicted or displaced in the last 3 years in Durham County (n=201)

93.8%

6.0%

No

Yes
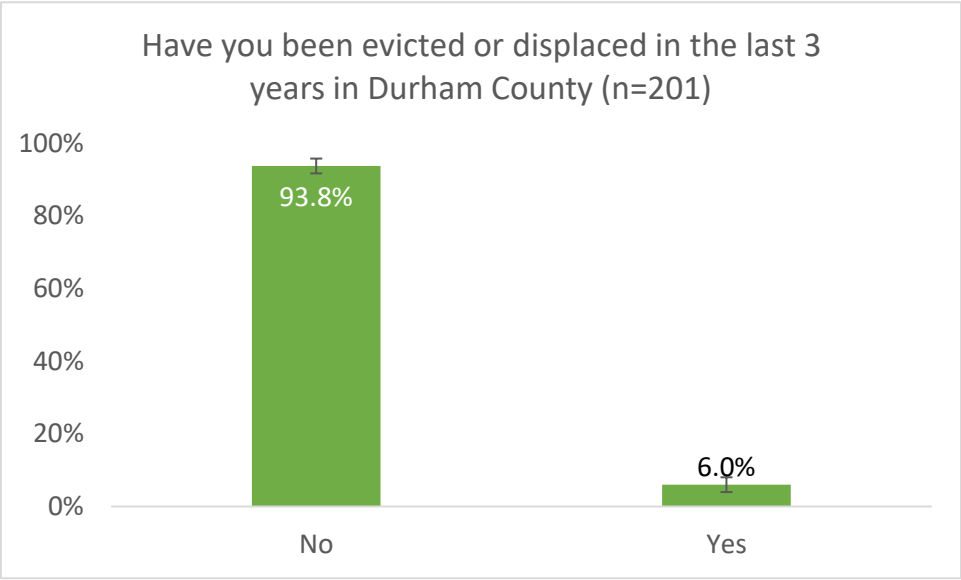
Interpretation: Nearly all respondents (93.8%) reported not experiencing eviction or displacement in the past 3 years living in Durham County.
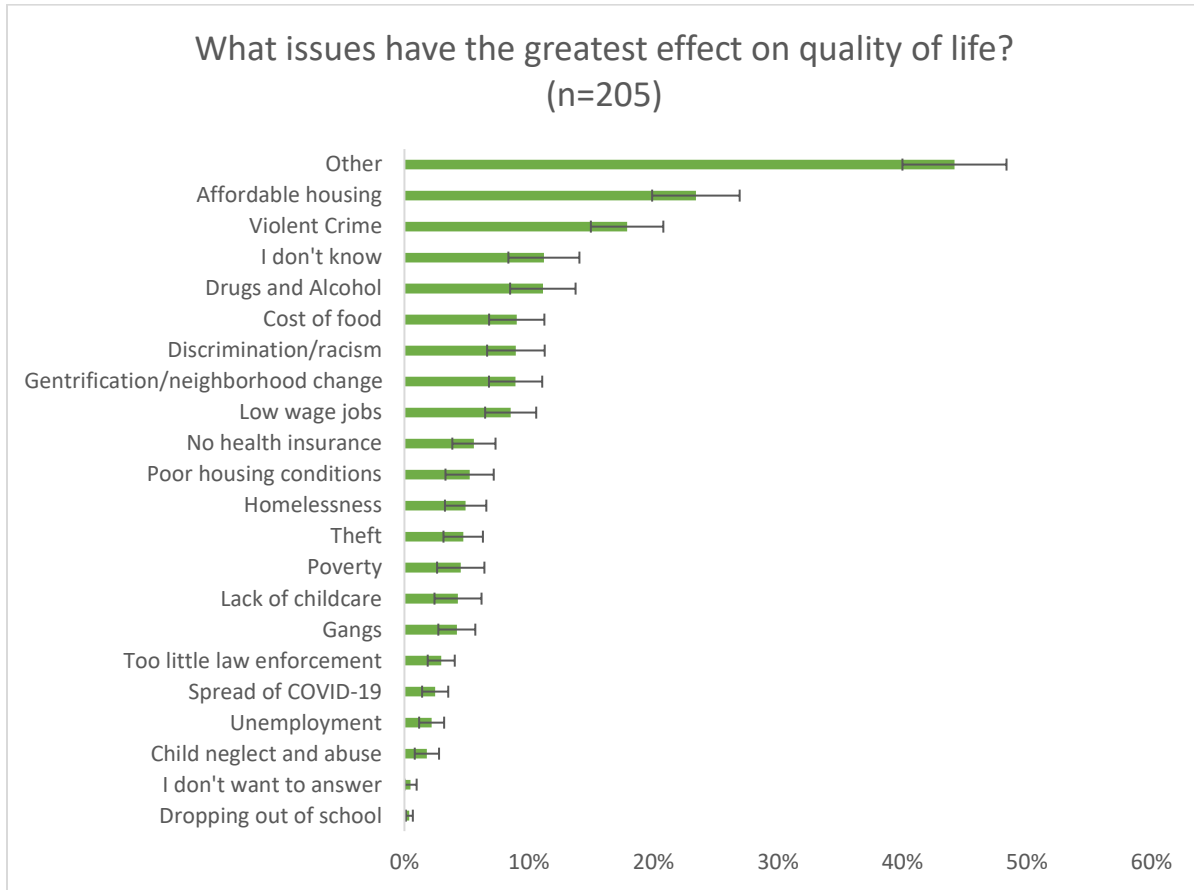
Community Improvement

Q40: What people, places or things make Durham County a good place to live?

What people, places, or things make your community a good place to live? (n=205)

| Category	Percentage
Neighbors	89.8%
Other	38.5%
Quiet	29.3%
Safe	21.5%
Good location	20.0%
Parks	17.6%
Grocery stores nearby	16.1%
Access	15.6%
Sense of community	14.6%
Diversity	13.7%
I don't know	11.7%
Restaurants nearby	11.7%
Neighborhood amenities	10.7%
Less Crime	10.7%
Good schools	8.8%
Walkable	7.8%
Recreation offered	6.8%
Clean	5.9%
Highway access	3.9%
Age appropriate community	2.9%
Convienence	2.9%
Transportation access	2.9%
Healthcare access	2.0%
Church access	1.0%

Interpretation: This question was open ended. Most respondents (89.8%) reported that their neighbors made their community a good place to live followed by their neighborhood was quiet and it was safe. Other reasons people enjoy their neighborhood include presence of sidewalks, near family and friends, family friendly, and presence of nature.

Q41: What issues have the greatest effect on quality of life for you personally or your community in Durham County?

What issues have the greatest effect on quality of life?
(n=205)

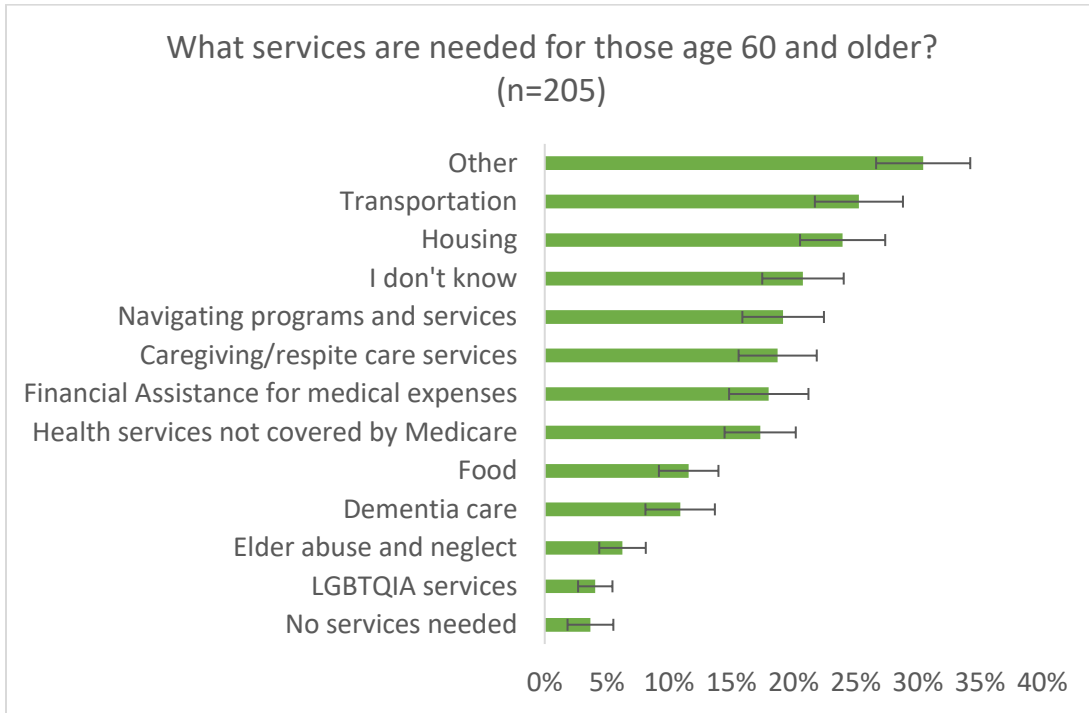| Issue	
Other	
Affordable housing	
Violent Crime	
I don't know	
Drugs and Alcohol	
Cost of food	
Discrimination/racism	
Gentrification/neighborhood change	
Low wage jobs	
No health insurance	
Poor housing conditions	
Homelessness	
Theft	
Poverty	
Lack of childcare	
Gangs	
Too little law enforcement	
Spread of COVID-19	
Unemployment	
Child neglect and abuse	
I don't want to answer	
Dropping out of school	

0%   10%   20%   30%   40%   50%   60%

Interpretation: The vast majority of participants identified affordable housing as a top issue in Durham County followed by violent crime. Many respondents replied with 'other' and the themes were too much gun violence and inflation followed by they had no issues.

Q42 What are the most important health problems, that is, diseases or conditions in Durham County? Choose up to 3.

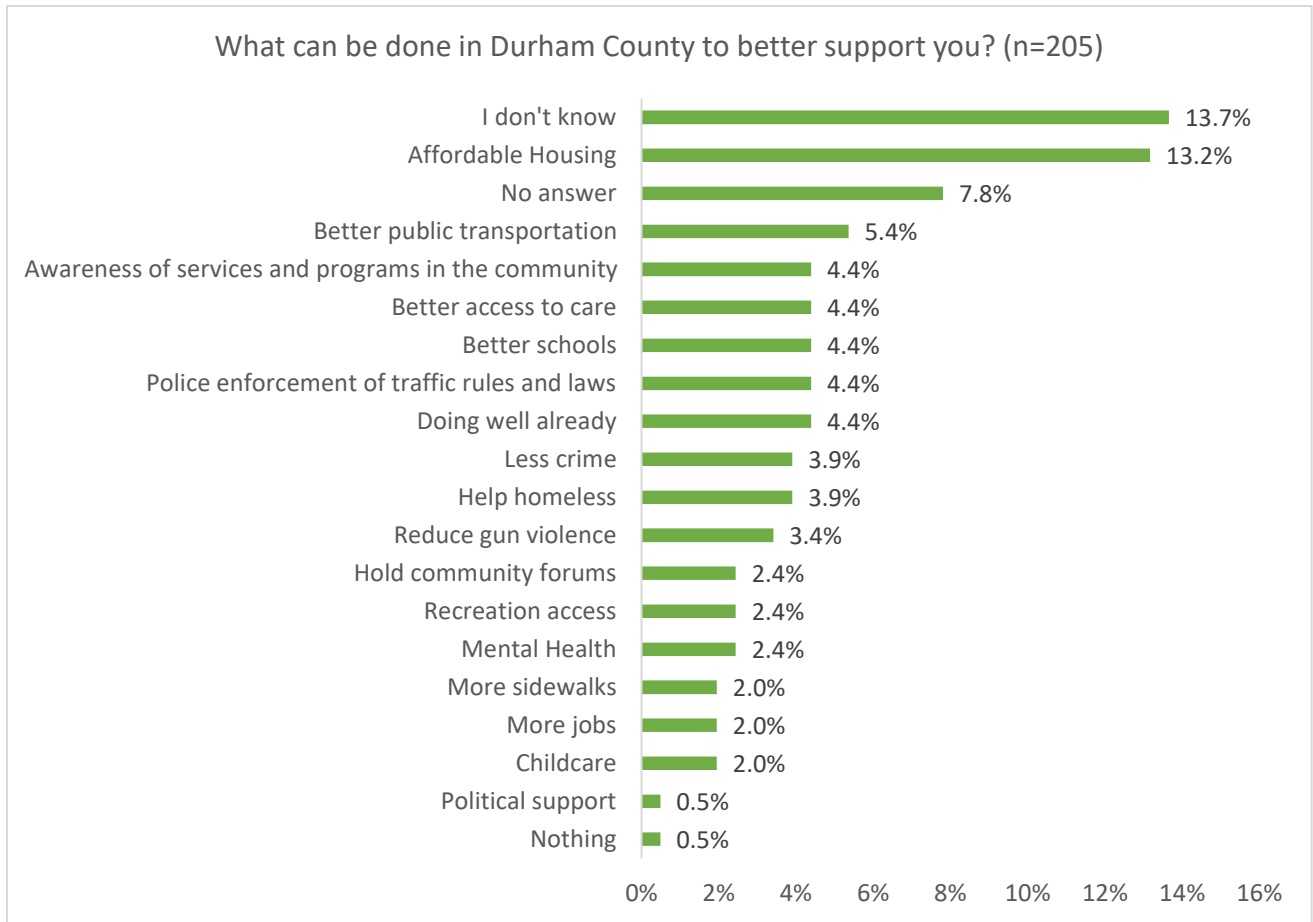What are the most important health problems? (n=205)
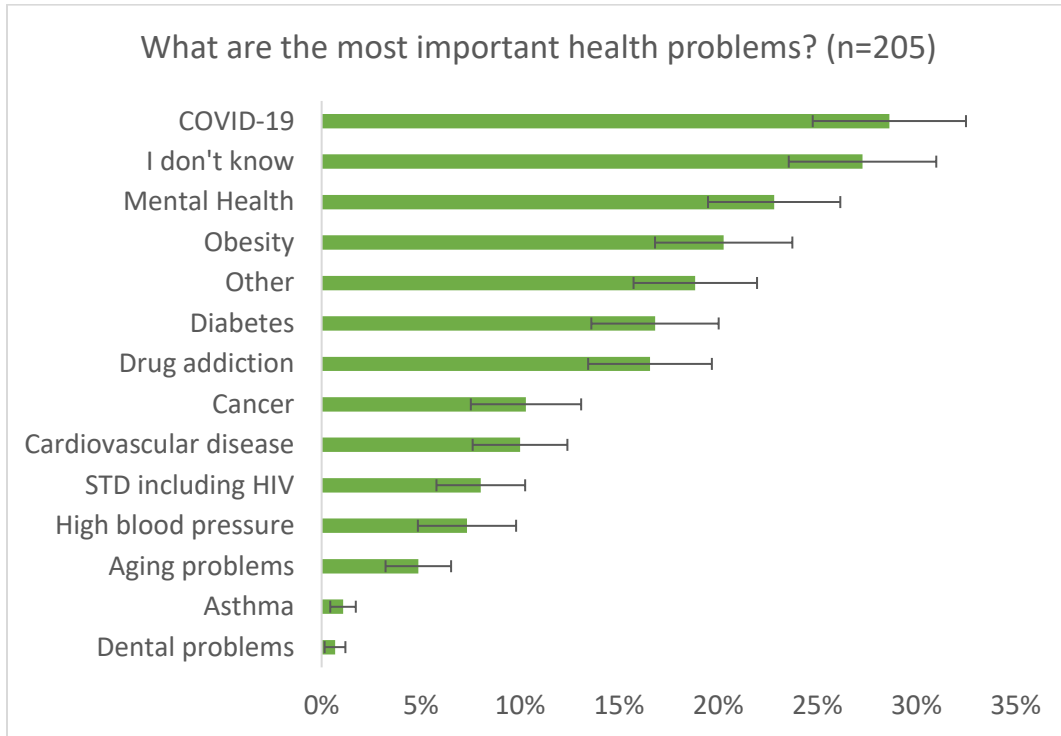
Interpretation: Many participants did not know what top conditions or diseases were in Durham County. The top issues reported were COVID-19 and mental health. Some of the 'other' responses included access to care, food insecurity, and gun violence and homicide.

Q43: What, if any, services and support are needed in Durham County to help improve the quality of life for adults ages 60 and older?

What services are needed for those age 60 and older?
(n=205)

Category	
Other	~27%
Transportation	~22%
Housing	~21%
I don't know	~18%
Navigating programs and services	~17%
Caregiving/respite care services	~16%
Financial Assistance for medical expenses	~15%
Health services not covered by Medicare	~15%
Food	~10%
Dementia care	~10%
Elder abuse and neglect	~5%
LGBTQIA services	~3%
No services needed	~3%

0% 5% 10% 15% 20% 25% 30% 35% 40%

Interpretation: Most participants responded that transportation was a big issue followed by housing. Many respondents mentioned access to care, social isolation, and more activities and programs for the population.
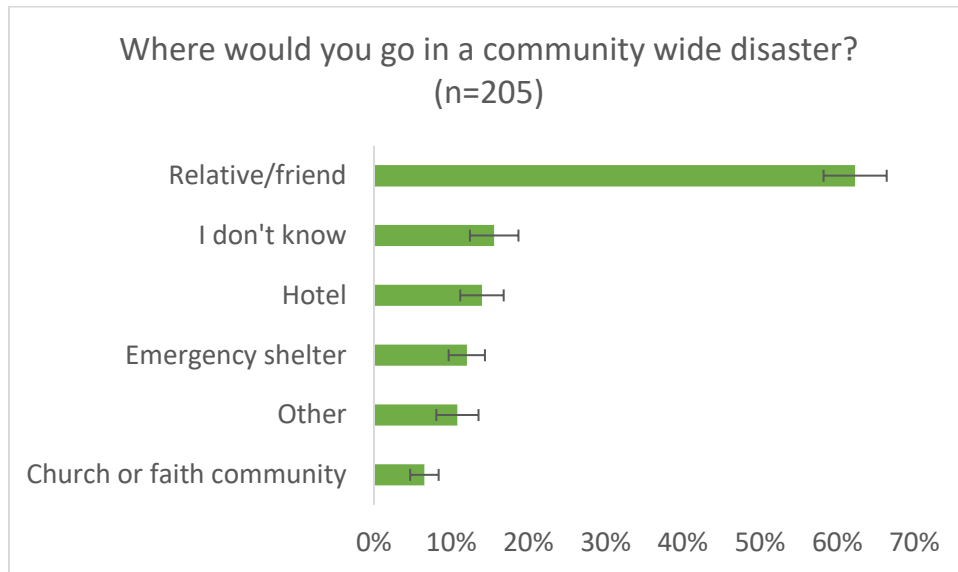
Q44: What could be done to support you?

What can be done in Durham County to better support you? (n=205)

Response	Percentage
I don't know	13.7%
Affordable Housing	13.2%
No answer	7.8%
Better public transportation	5.4%
Awareness of services and programs in the community	4.4%
Better access to care	4.4%
Better schools	4.4%
Police enforcement of traffic rules and laws	4.4%
Doing well already	4.4%
Less crime	3.9%
Help homeless	3.9%
Reduce gun violence	3.4%
Hold community forums	2.4%
Recreation access	2.4%
Mental Health	2.4%
More sidewalks	2.0%
More jobs	2.0%
Childcare	2.0%
Political support	0.5%
Nothing	0.5%

Interpretation: The most common way to support participants was to find solutions to make housing affordable. Many participants responded that they did not know or that they had no problems at this time. Public transit came up several times as well as providing awareness for programs and services provided by the county and better access to care.
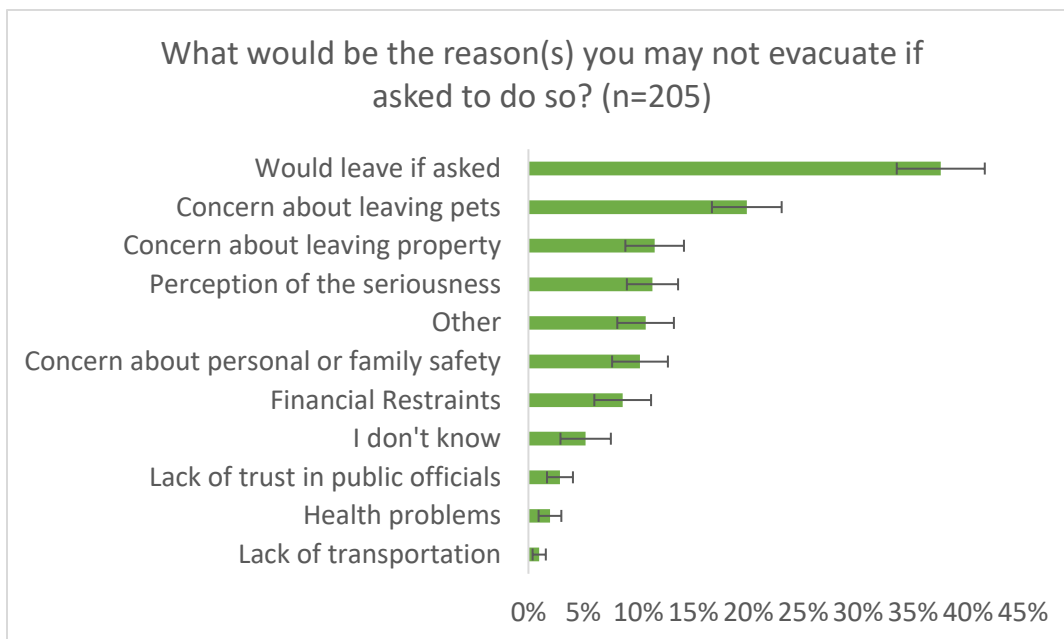
Emergency Preparedness

Q45: If you couldn't remain in your home, where would you go in a community wide emergency?

Where would you go in a community wide disaster?
(n=205)

- Relative/friend
- I don't know
- Hotel
- Emergency shelter
- Other
- Church or faith community

0% 10% 20% 30% 40% 50% 60% 70%

Interpretation: The vast majority of participants responded going to a friend or relatives' home would be their choice if they had to evacuate. Those that responded 'other' common responded with 'go out of town'.

Q46: What would be the main reasons you might not evacuate or leave your home if asked to do so?

What would be the reason(s) you may not evacuate if asked to do so? (n=205)

- Would leave if asked
- Concern about leaving pets
- Concern about leaving property
- Perception of the seriousness
- Other
- Concern about personal or family safety
- Financial Restraints
- I don't know
- Lack of trust in public officials
- Health problems
- Lack of transportation

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

Interpretation: Most participants responded that they would leave if asked to do so. The other participants listed that they would not evacuate because of concern of leaving pets followed by concern about leaving property behind. Those that responded 'other' often mentioned not knowing where to go.

46

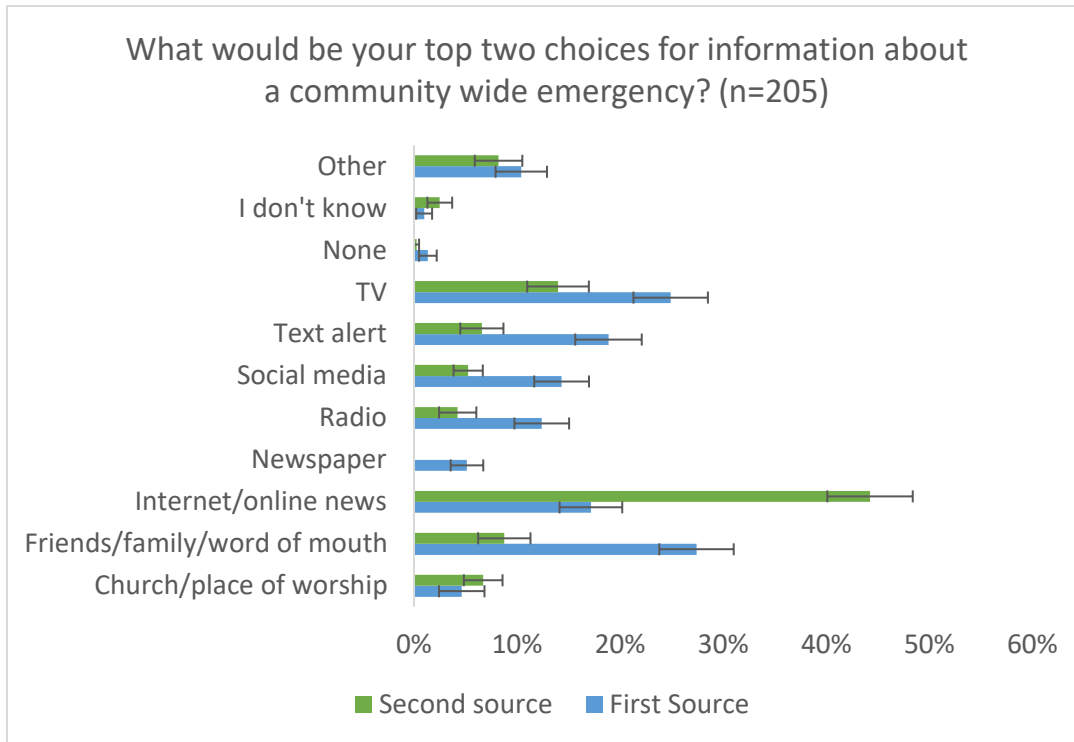**Q47: Does your family have a basic 3-day emergency supply kit and plan?**

Does your household have a basic 3-day emergency supply kit? (n=202)

(Bar chart showing: No = 43.5%, Yes = 55.3%)
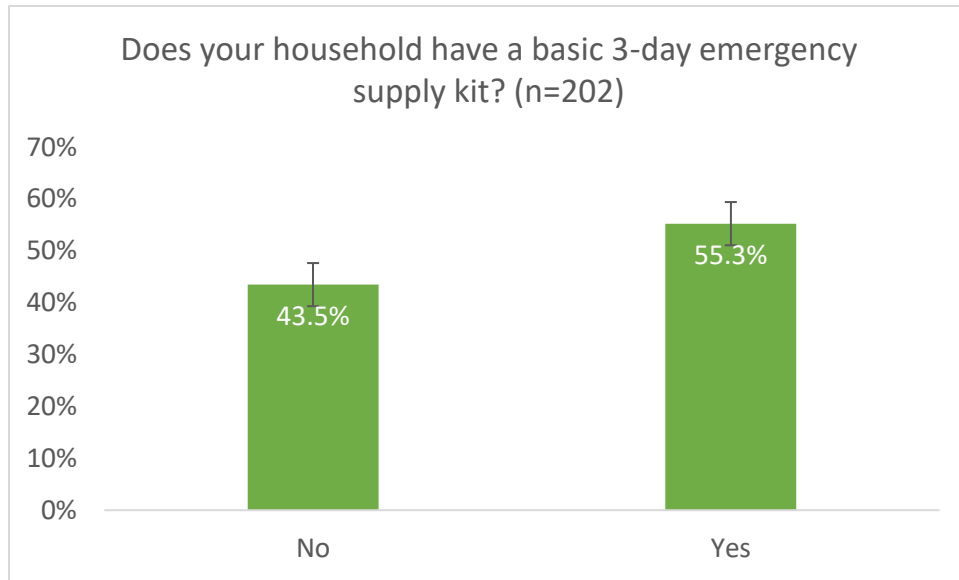
Interpretation: Most participants responded that they did have a 3-day emergency response kit (55.3%).

Does your household have a 3-day emergency kit by Race (n=202)

(Bar chart showing responses by race:
No: Black or African American = 32.0%, Other = 12.9%, White = 51.8%
Yes: Black or African American = 27.4%, Other = 19.2%, White = 46.3%)

Legend: ■ Black or African American ■ Other ■ White
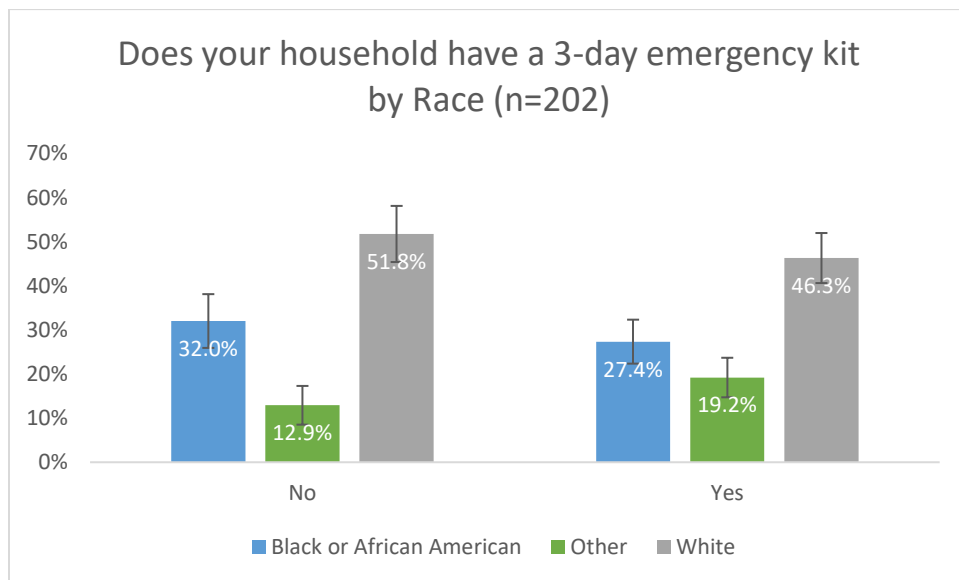
Interpretation: Among whites, those that have or do not have a 3-day emergency supply kit are nearly evenly split. The same is true with Black or African Americans. Those that identify as other races were more likely to have a 3-day emergency supply kit.

Q48: What would be your top two sources of information in a community disaster?

What would be your top two choices for information about a community wide emergency? (n=205)

[Horizontal bar chart with categories from bottom to top: Church/place of worship, Friends/family/word of mouth, Internet/online news, Newspaper, Radio, Social media, Text alert, TV, None, I don't know, Other. X-axis from 0% to 60%. Legend: green = Second source, blue = First Source]

Interpretation: The most common first source of information in a community wide disaster is the friends, family, or word of mouth (27.4%) followed by TV (25%). The most common second source of information during a community wide disaster was internet or online news (44.3%) followed by TV (14%). Those that said 'other' mentioned the county website.

Q49: Are you signed up for Alert Durham?

Are you signed up for Alert Durham? (n=202)

[Bar chart with three bars: I don't know = 10.9%, No = 56.2%, Yes = 32.9%. Y-axis from 0% to 70%.]
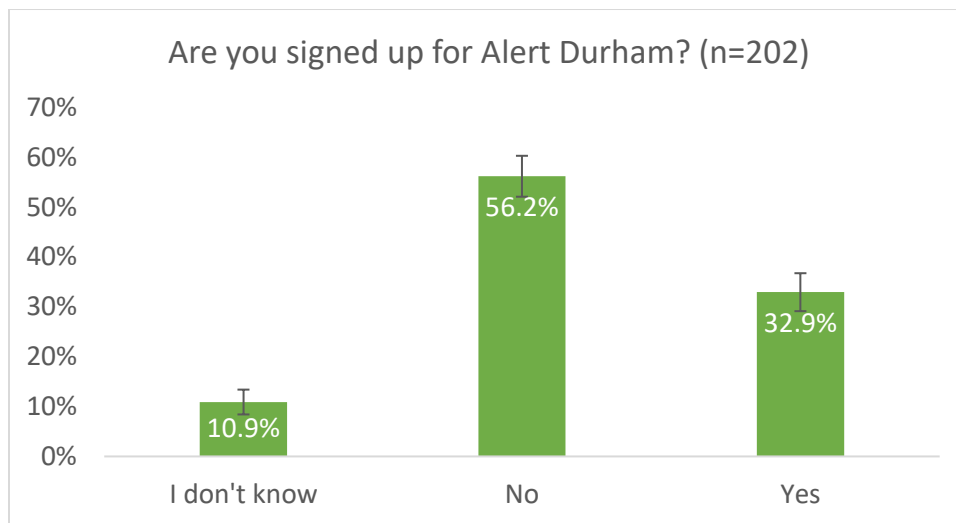
Interpretation: Most participants were not signed up for Alert Durham (56.2%).

Are you signed up for Alert Durham by race (n=202)
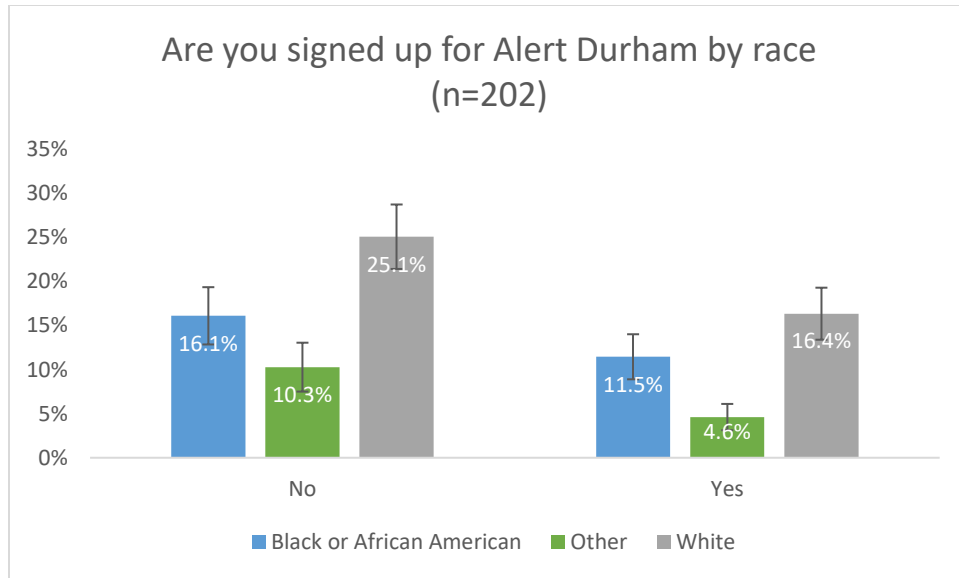
Interpretation: Whites (16.4%) are more likely to be signed up for Alert Durham than Black or African Americans (11.5%) or those of other races (4.6%).

Demographics

Q50: What year were you born?
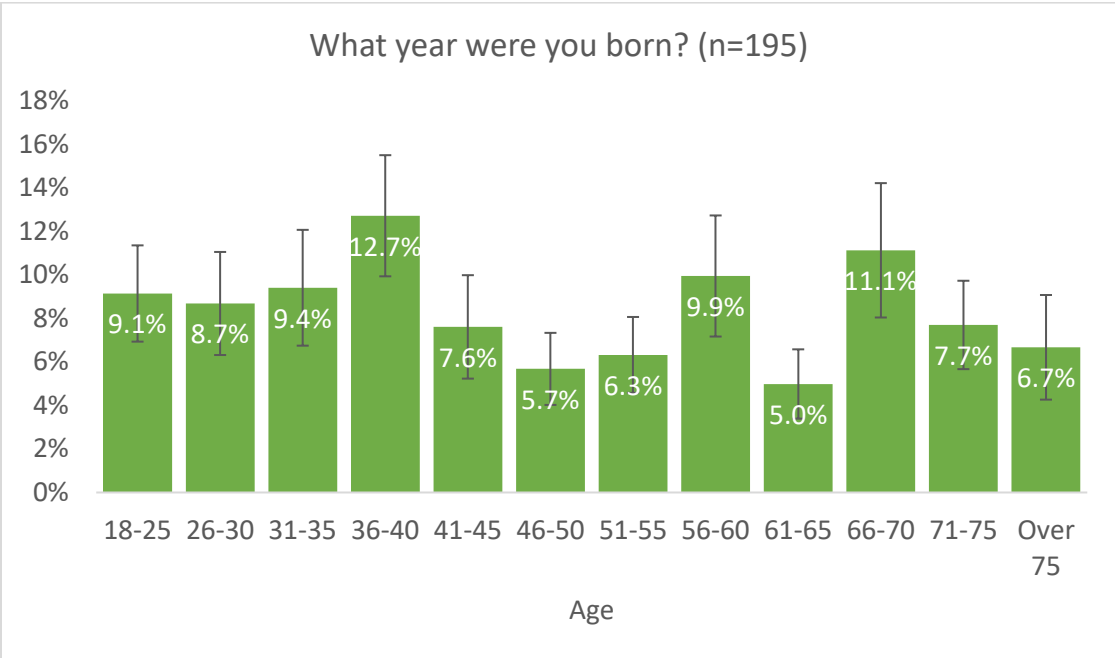
Interpretation: The county-wide sample was representative of all age groups. This is a bimodal spread of age groups with one peak seen at the younger scale (40 years and below) and another peak after 56 years old and after.
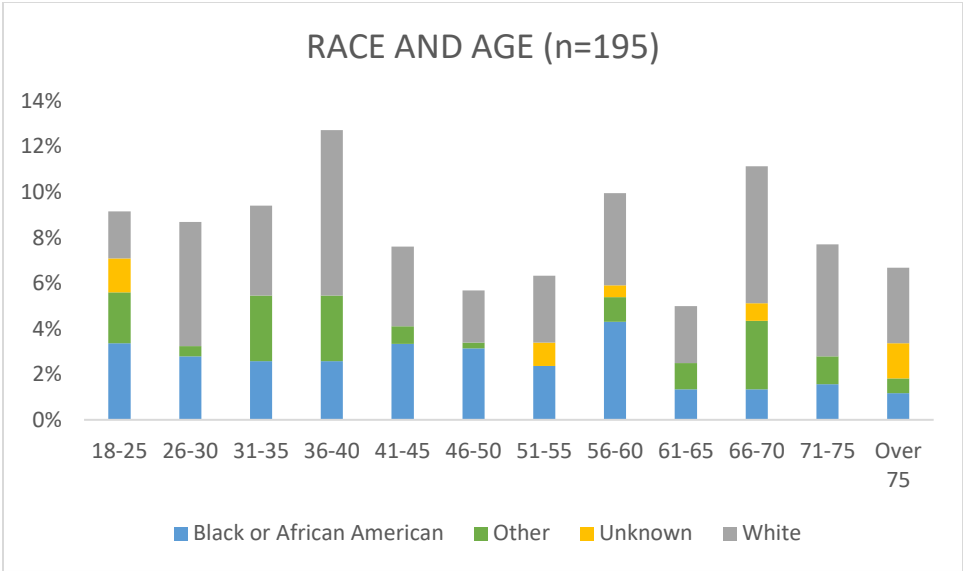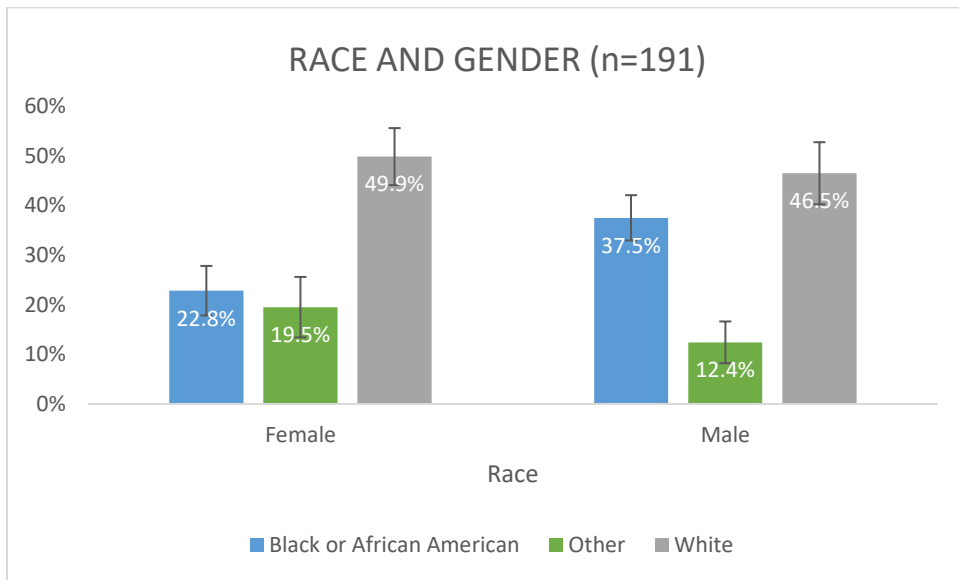

Interpretation: The racial demographics were consistent among the age groups for this survey.

Q51: Describe your gender.

Describe your gender (n=197)

- Female: 56.9%
- Male: 41.9%
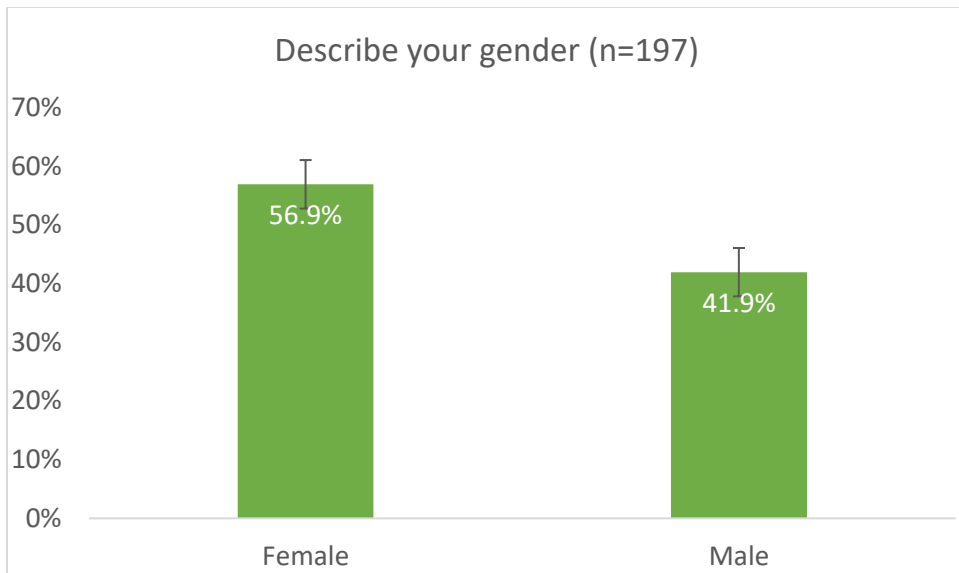
Interpretation: Overall, more females participated in this survey then males (56.9%, 41.9% respectively). Numbers of those that identify as nonbinary and self-identify were too small to report. No respondents identified as transgender.


RACE AND GENDER (n=191)

Female:
- Black or African American: 22.8%
- Other: 19.5%
- White: 49.9%

Male:
- Black or African American: 37.5%
- Other: 12.4%
- White: 46.5%

Race

■ Black or African American ■ Other ■ White

Interpretation: More white females participated in this survey (49.9%) than female Black or African Americans or females of other races.

Q52: How would you describe your sexual orientation?

Describe your sexuality (n=202)

| Other	I don't know	I don't want to answer	Straight
7.7%	2.8%	4.9%	84.6%
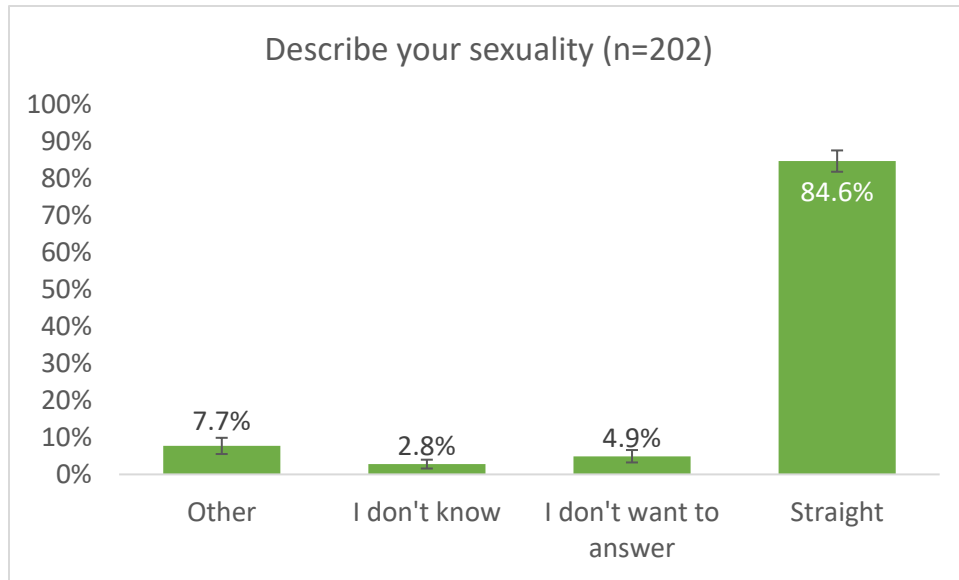
Interpretation: Most respondents identify as Heterosexual or straight (84.6%). Those included in the 'other' group include those that identify as gay, lesbian, queer, bisexual, pansexual, or another sexual orientation. The other group was put together because numbers for other sexualities were too low to report out.

Q53: Are you of Hispanic, Latin, or Spanish origin?

What is your ethnicity? (n=202)

Not Hispanic or Latino	Hispanic or Latino
90.1%	9.1%
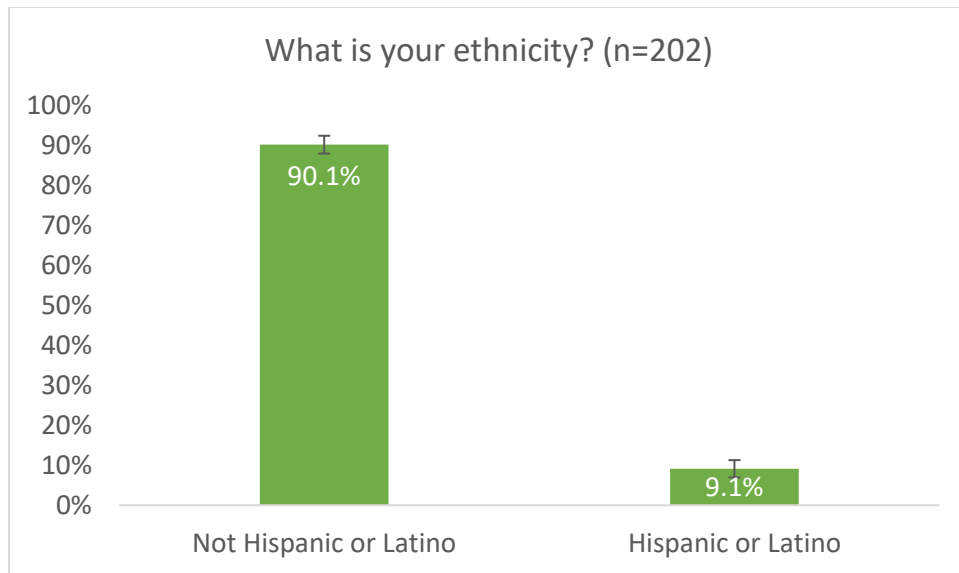
Interpretation: Most respondents (90.1%) do not identify as Hispanic or Latino.

Q54: What is your race?

**Describe your race (n=205)**
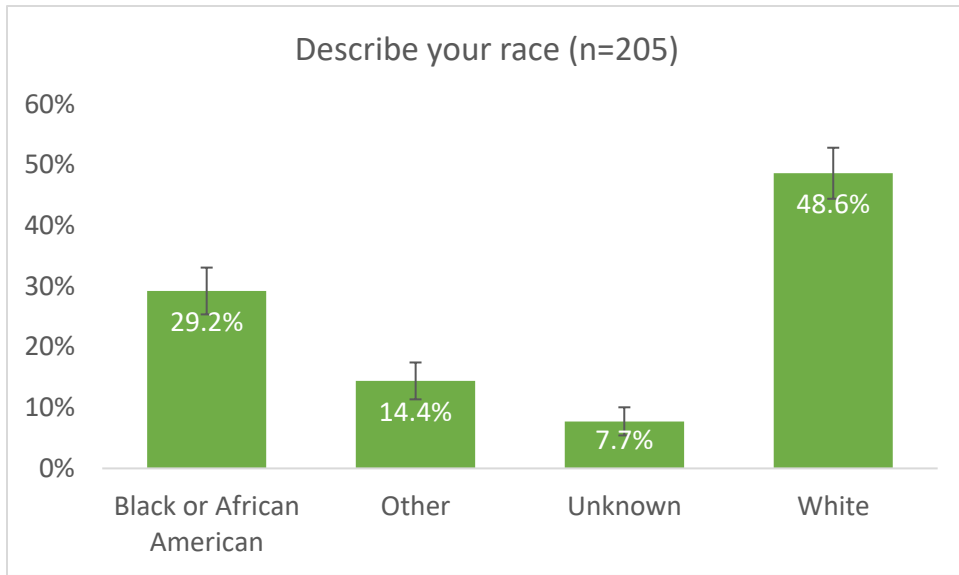
Interpretation: Most respondents identify as white (48.6%) followed by Black or African American (29.2%).

**Q55: What is the highest level of school, college, or vocational training you have finished**

What's the highest level of education or vocational training you have received? (n=202)
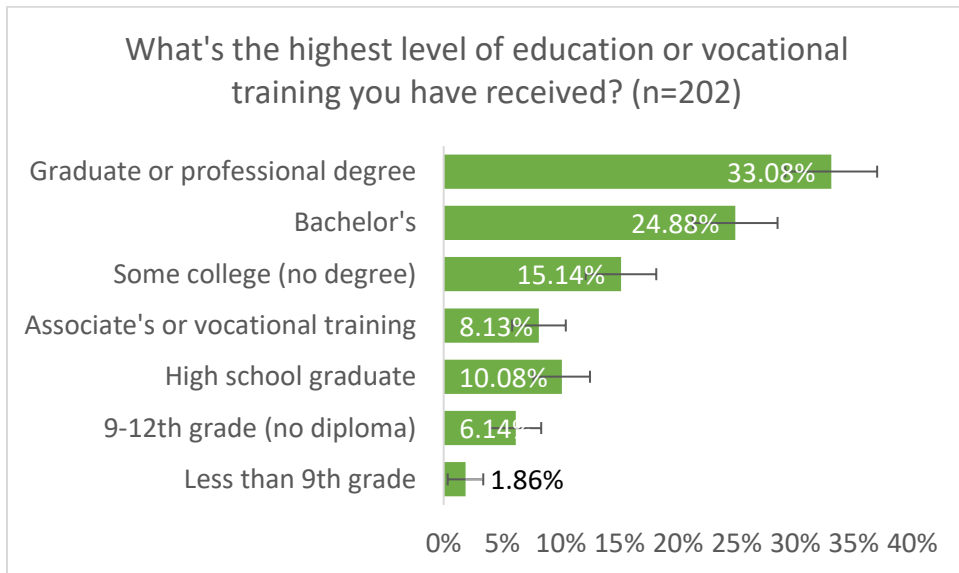
Interpretation: Most residents (58%) received a Bachelor's degree or higher.

Q56: How many people live in your household?

How many people live in your household?
(n=205)
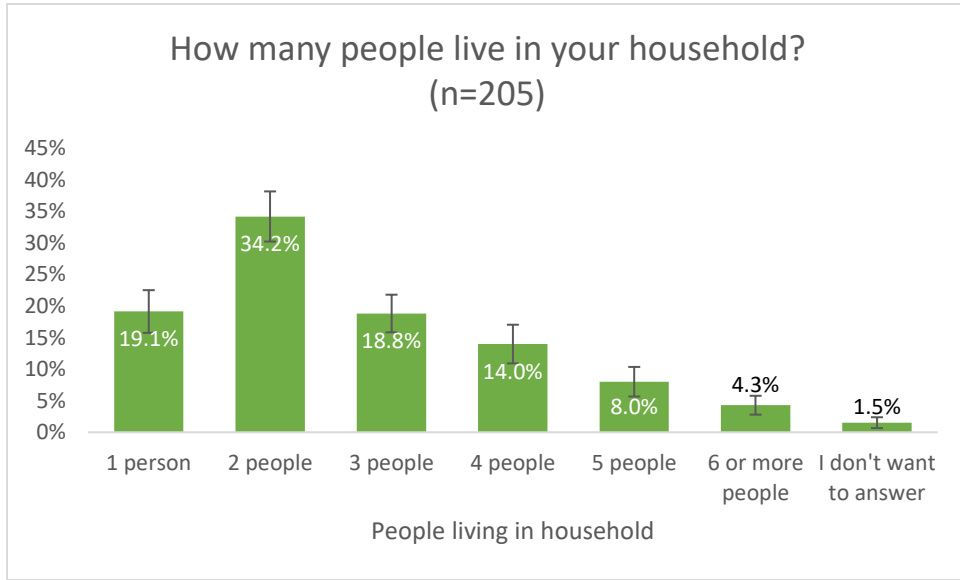
Interpretation: Most respondents lived alone or with one other person (54.1%).

**Q57: Is your annual household income GREATER than 200% FPL before taxes?**

Is your annual household income greater than 200%
FPL for your household size? (n=202)
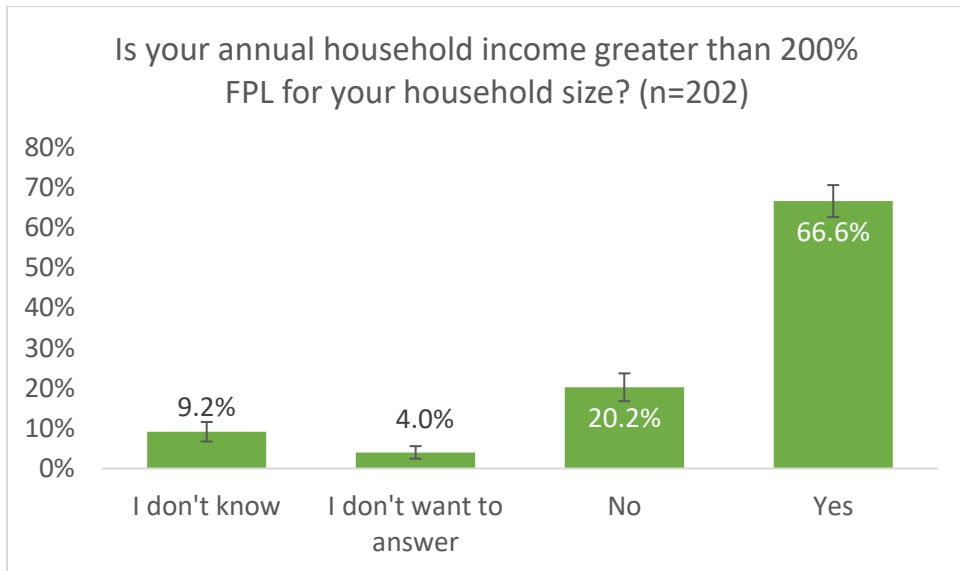
Interpretation: Most households (66.6%) reported making more than 200% the Federal Poverty Line (FPL) for their household size.

Is your Income greater than 200% the Federal Poverty Level for your household size? (n=198)
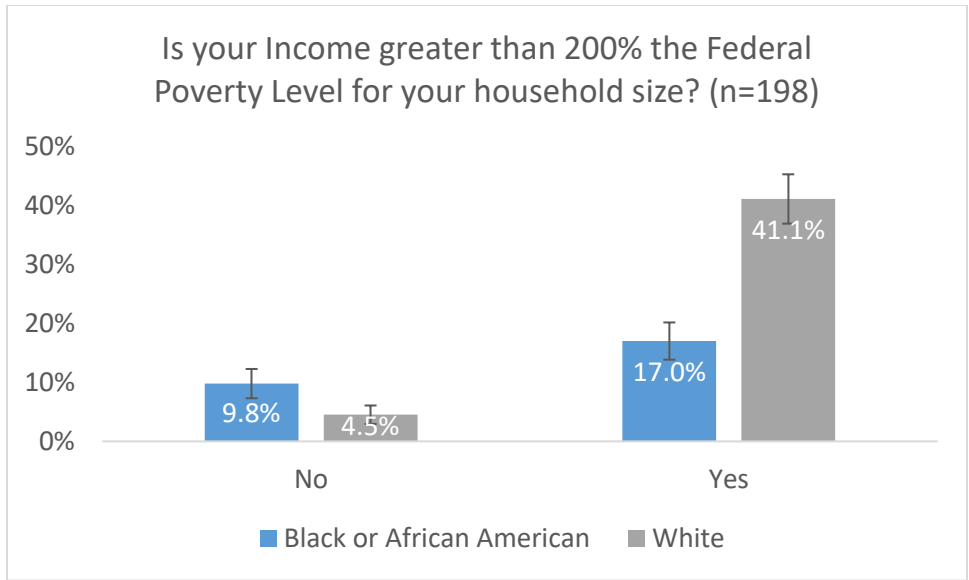
Interpretation: There is a racial gap between Black and African Americans and whites related to income. More Black or African Americans (9.8%) do not make at least 200% the Federal Poverty Line (FPL) than whites (4.5%).
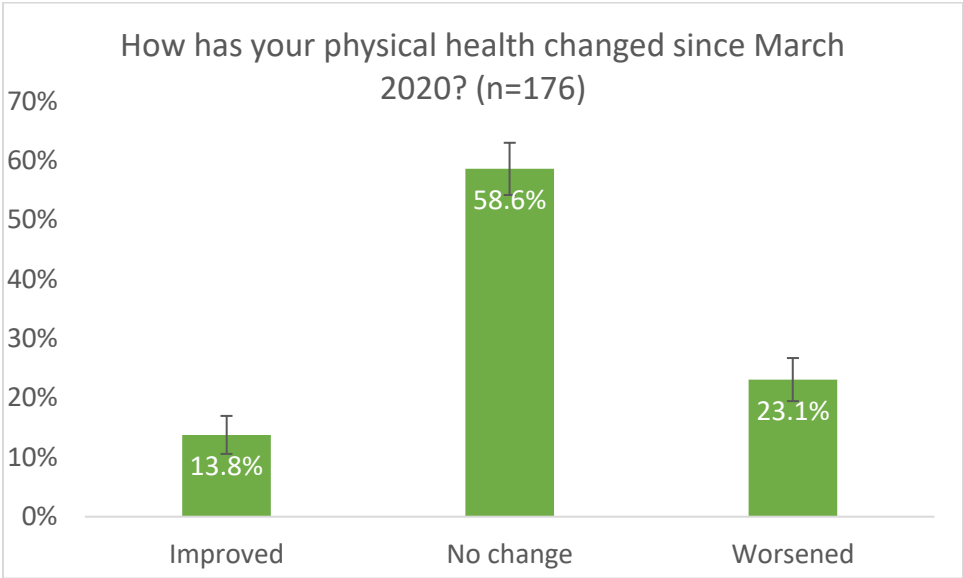
Q58: Are you currently…

What is your current employment status? (n=205)
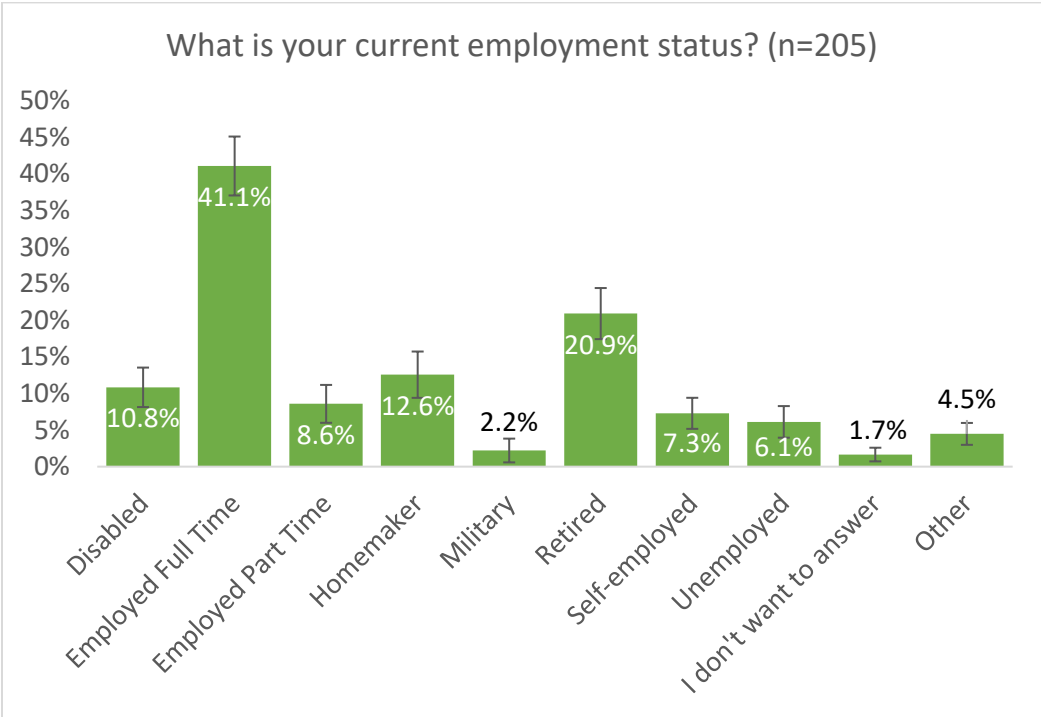
Interpretation: Most respondents reported working full-time (41.1%) followed by those that are retired (20.9%).

COVID-19

**Q1: How has your physical health changed since March 2020?**

How has your physical health changed since March 2020? (n=176)
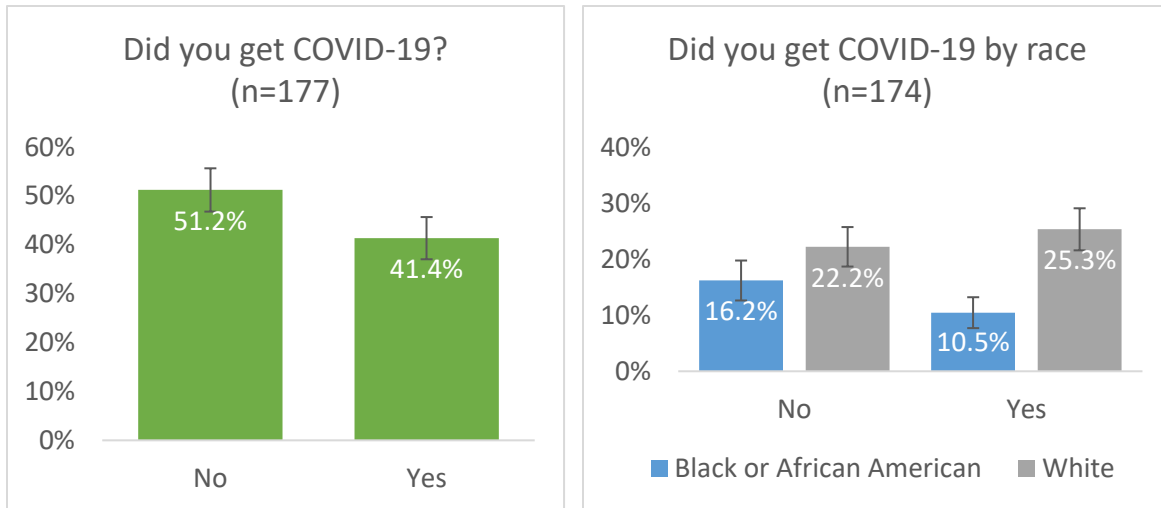
Interpretation: Most respondents (58.6%) reported no change in their physical health since March 2020. Of the rest of the participants, more responded that their physical health worsened (23.1%) than improved (13.8%).

Q2: How has your mental health changed since March 2020?

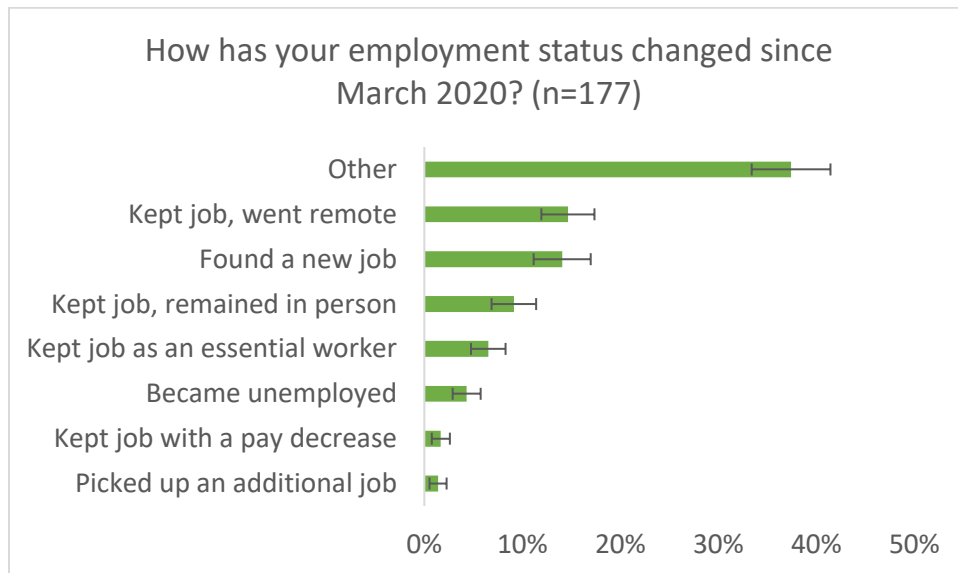How has your mental health changed since March 2020? (n=177)
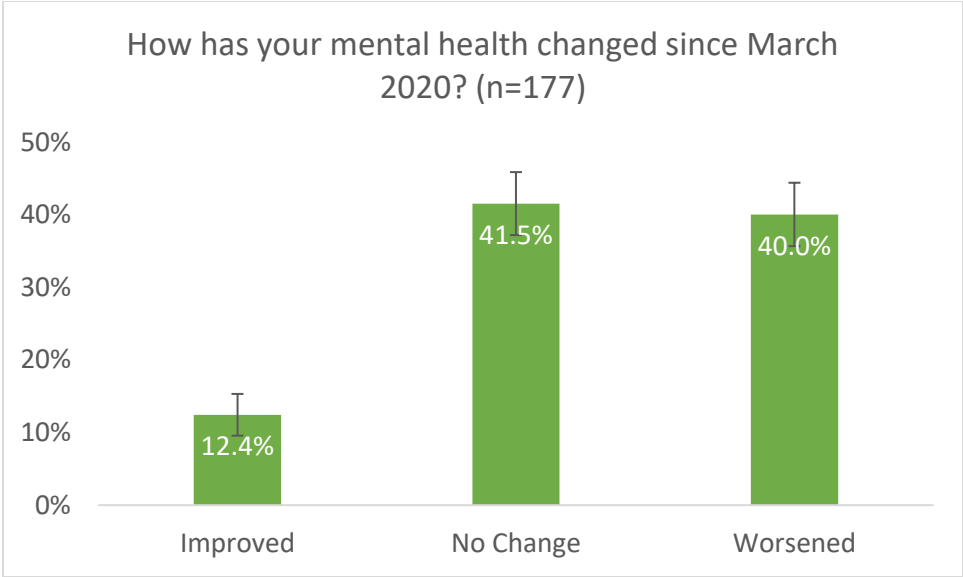
Interpretation: More participants reported experiencing no change in their mental health since March 2020 (41.5%) followed closely by participants who said their mental health worsened (40%). Only 12.4% responded that their mental health improved.

Q3: Did you get COVID-19?

Did you get COVID-19? (n=177)

Bar chart showing responses: No 51.2%, Yes 41.4%

Did you get COVID-19 by race (n=174)

Bar chart showing: No — Black or African American 16.2%, White 22.2%; Yes — Black or African American 10.5%, White 25.3%

Interpretation: Most participants responded that they did not get COVID-19 (51.2%) while 41.4% did. More whites (25.3%) got COVID-19 than Black or African Americans (10.5%).

Q4: How has your employment status changed since March 2020?

How has your employment status changed since March 2020? (n=177)

Horizontal bar chart showing categories: Other, Kept job, went remote, Found a new job, Kept job, remained in person, Kept job as an essential worker, Became unemployed, Kept job with a pay decrease, Picked up an additional job
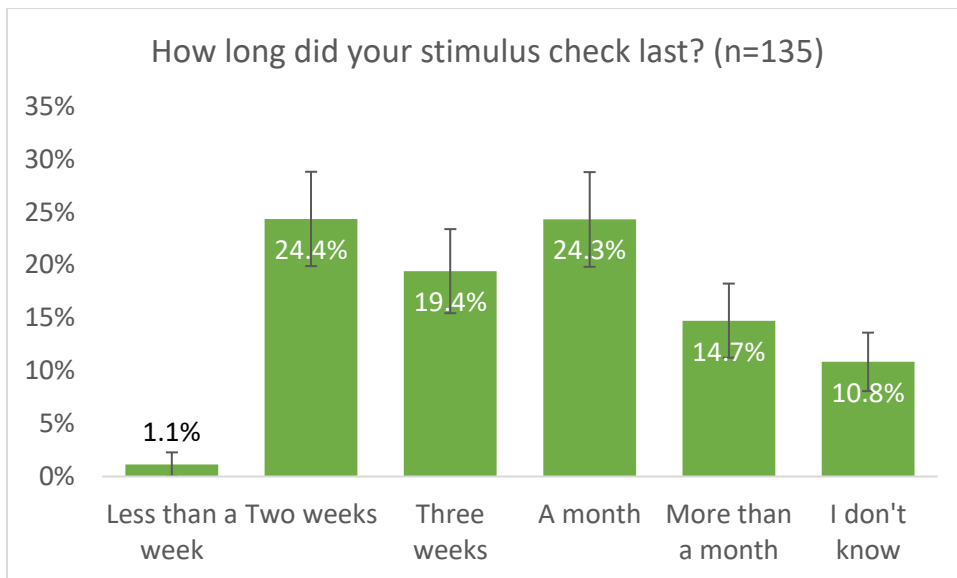
Interpretation: Many participants found a new job or kept their job and went remote. Many participants gave other changes in their employment status such as remaining retired, retiring after COVID-19 emerged, and there was no change.

Q5: Did you receive at least one stimulus check?

Did you receive at least one stimulus check? (n=177)

- No: 15.9%
- Yes: 78.5%
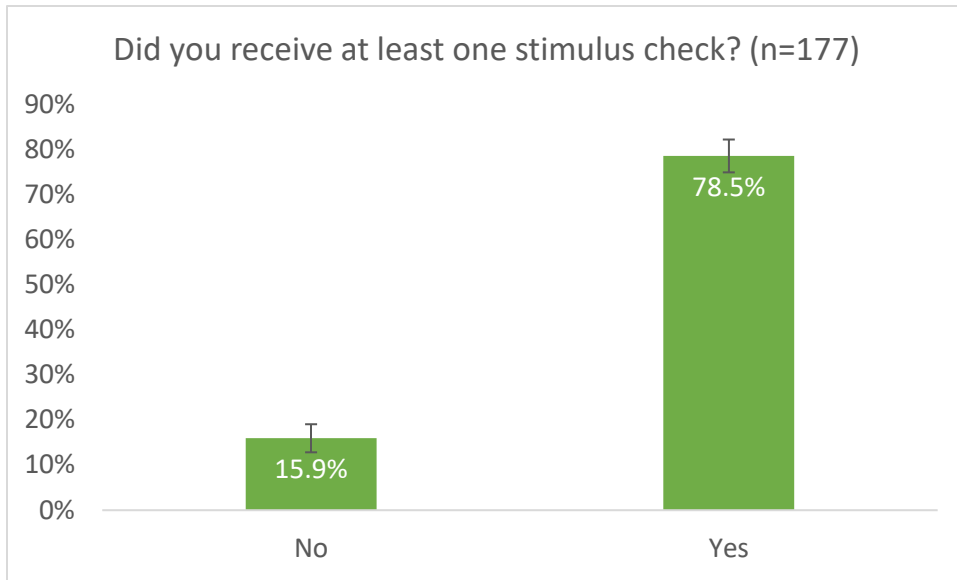
Interpretation: Most respondents reported receiving at least one stimulus check (78.5%)

Q6: How long did your stimulus check last?

How long did your stimulus check last? (n=135)

- Less than a week: 1.1%
- Two weeks: 24.4%
- Three weeks: 19.4%
- A month: 24.3%
- More than a month: 14.7%
- I don't know: 10.8%

Interpretation: Most respondents reported using their stimulus check within the first three weeks after receipt (44.9%).

Q7: Did you get the COVID-19 vaccine?
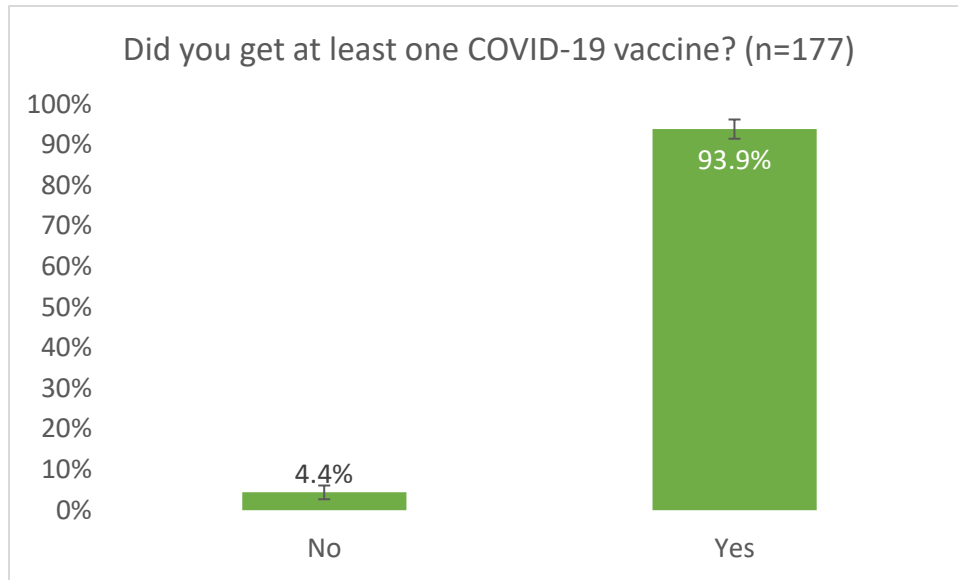
Interpretation: Most respondents reported receiving at least one COVID-19 vaccine (93.9%).

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