



THE COVID-19 RESILIENCE POLL

JULY 2020





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Contributions

Valley Vision

For 25 years Valley Vision has helped governments, businesses, foundations and community groups better understand our region and its people through high quality research. By uncovering common ground facts using scientific opinion polls, focus groups, community needs assessments, best practice reports and other research tools, Valley Vision is a trusted interpreter, commentator, forecaster, and work partner for community inspired solutions.

Capital Public Radio

CapRadio serves California's Capital Region, Central Valley and Sierra Nevada as the public-supported alternative to for-profit media. As the NPR-member station based in Sacramento, CapRadio connects with communities through seven broadcast stations, live streaming, podcasts, digital communities, live experiences and more. Known for its award-winning newsroom, CapRadio is recognized as a leader in community-engaged journalism and state government reporting, and CapRadio Music is the exclusive broadcast source of classical and jazz in the region. With more than 500,000 weekly listeners on-air and online, CapRadio provides a trusted and indispensable source of information, music and events.

Sacramento State's Institute for Social Research

The Institute for Social Research at Sacramento State University supports community partners in improving programs and policies in the region and throughout the state. Located at the university's downtown location, the Institute offers a broad range of expertise conducting surveys and applied research. Since 1989, our collaborations with government agencies and nonprofit organizations have contributed to public accountability, program fidelity, and the strengthening of communities.

About the Polling Series

Valley Vision and the Institute of Social Research (ISR) at Sacramento State conduct research via scientifically administered surveys of area resident attitudes. The survey data inform policy-makers and stakeholders on key regional issues by providing on-the-ground public engagement data. The approach used is highly effective and unique - establishing a scientifically valid and demographically representative panel of regional residents that reflects a microcosm of the region as a whole. The panel size is consistently about 2,000 people from eight counties - Sacramento, Yolo, El Dorado, Placer, San Joaquin, Solano and Sutter/Yuba. The panel is weighted to demographically represent the region and each survey achieves a statistical valid margin of error of not more than +/- 3%.

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The COVID-19 Resilience Poll:

A program of Valley Vision and CapRadio

Through mid-year, 2020 has brought a tremendous degree of social, economic, and lifestyle transformation. In March 2020, as the world faced a global pandemic of COVID-19, it became clear within the period of weeks that life would not continue as usual. In the Capital region, workplaces quickly closed down or went remote and the public was told to shelter-in-place. There we stayed for three months, until May, when some aspects of communities and some businesses slowly started opening- but nothing was the same. In the preceding months, more than 150K jobs were lost in the Capital region and unemployment soared to over 14% by May. Whole industries were slowed or halted- including critical sectors such as hospitality, retail, and food service. Our communities faced both an unknown virus as well as unprecedented economic loss. Social systems strained to the breaking point, and reached a level of severity beyond what we have seen in generations.

Individuals and businesses in the Capital region and beyond have risen to the moment in many ways- manufacturers quickly pivoted to produce personal protective equipment; food banks and other community-based organizations mobilized to feed community members facing crisis; our government agencies created loan programs to support small business; teachers, school systems, and students quickly adapted to online learning; and individuals across our region drew from inner resilience- sheltering in place to protect self, families, neighbors, and others to stay healthy, safe, and well.

This rapid and dramatic transformation created stories of resilience as well as upheaval and suffering. Valley Vision and CapRadio have mobilized to capture these stories through our public polling initiative in partnership with the Institute of Social Research at Sacramento State. It is critically important to see how lives have changed, to understand where there are opportunities for learning and growth, and to know where we as a region need to invest resources, time, and energy for recovery efforts for the people of our region.

This poll paints a picture of the many ways that COVID-19 is impacting our region. This is also the first in a series of polls that Valley Vision and CapRadio will field. These surveys will help us understand and navigate the challenges ahead as we aim to not just understand the impacts and recover from the setbacks of COVID-19, but also reimagine a more equitable, sustainable, and just future.

Best Regards,



Evan Schmidt
CEO



Joe Barr
Chief Content Officer





Executive Summary

The COVID-19 Resilience Poll tracks the experiences, perceptions, concerns, and hopes of people in the Capital region through the early stages of the COVID-19 pandemic - including the health impacts and fears, the experiences through the shelter in place order, and the economic fallout from the pandemic. This public opinion poll was in the field May 12-27, 2020, and is demographically representative of the Capital region, encompassing eight counties, including Sacramento, Yolo, El Dorado, Placer, Yuba, Sutter, Solano and San Joaquin counties. The margin of error is plus or minus three percent.

We found that COVID-19 has severely impacted the people in our communities - including their mental, physical, and emotional health; their daily life and routines, and their economic security. Further, different communities are experiencing markedly different realities.

There are deep disparities of the intensity of concern and impact across different populations, with Black and Hispanic respondents feeling the impacts more severely. These impacts include worries about getting COVID-19, caring for family, economic concerns, and more. Anxiety, stress, depression, feelings of hopelessness, and substance use are all major concerns for many respondents. Black and Hispanic respondents, as well as younger respondents, are more likely to report depression. These populations are also more likely to report concerns about alcohol or substance abuse, both individually and within their households. As well, Black respondents have had a more difficult time than respondents of other races getting medical services and supplies. Parents of all races and ethnicities are significantly challenged to balance work plus educating their children at home.

Many have experienced loss of income. Nearly half of respondents have lost income and about a third are struggling to afford basic needs including rent or mortgage, bills, and paying down debt. For those who have experienced income loss, the ability to afford these necessities is much worse, with over two-thirds struggling.

Many respondents are working remotely as a result of COVID-19 - however those in higher incomes were more likely to go remote and were more likely to have already been working remotely. The aspect of working remotely that respondents like best is avoiding the commute to save money and time. The threat of contracting the virus while at work is a concern for about two thirds of respondents.

There is also a significant political dimension in the region and many respondents are critical of leadership - whether it is because they think that leadership has failed to deliver an effective response or because they think the response is overblown and creating more harm. Most people in the region believe that we need to stay focused on doing all that we can to stop the spread of the virus, with fewer believing that we've done what we can and need to get back to normal. Republicans are more likely than Democrats or Independents to believe that we need to get back to normal. The political lens not only impacts how concerned respondents are, but it also impacts the preventative health measures that respondents are taking. Overall, respondents were more supportive of locally-driven responses, and less supportive of nationally-driven responses entities, including both government and media.

Survey respondents had the opportunity to express their deepest concerns, impacts, and hopes in a series of open-ended questions. Respondents' most significant worries included **continued illness, spread of disease, and the impact on the economy.** When asked how respondents are impacted, they cited the **significant changes to the workplace and financial impacts, as well as significant changes to everyday life.** In all categories, respondents spoke of **stress, fears about the well-being of family, isolation, and uncertainty about the future.** When asked what they hope will change as a result of COVID-19, the majority of respondents identified that they hope people have **more compassion and social cohesion, better health care coverage, more awareness of social inequities, better public health systems, and more remote work options.**

In addition to being a public health crisis, COVID-19 has brought social and economic turmoil to a degree not seen in generations. To weather this storm, we will need sustained focus and action. It will be important to agree on a common set of facts on which to build priorities and catalyze action that support recovery. This survey, and the rest in the series, will help us understand and navigate the challenges ahead as we aim to not just recover from the setbacks of COVID-19, but also reimagine a more equitable, sustainable, and just future.

Findings Report:

The COVID-19 Resilience Poll

Levels of concern about COVID-19 are high for all, but also reflect disparities in our communities with both Black respondents and lower income respondents reporting higher levels of concerns across all measures.

Respondents overall are most concerned about family members contracting the virus (figure 1). Respondents have a significantly higher degree of uncertainty about job security, reflecting the difficulty in predicting the ongoing turmoil in the economy.

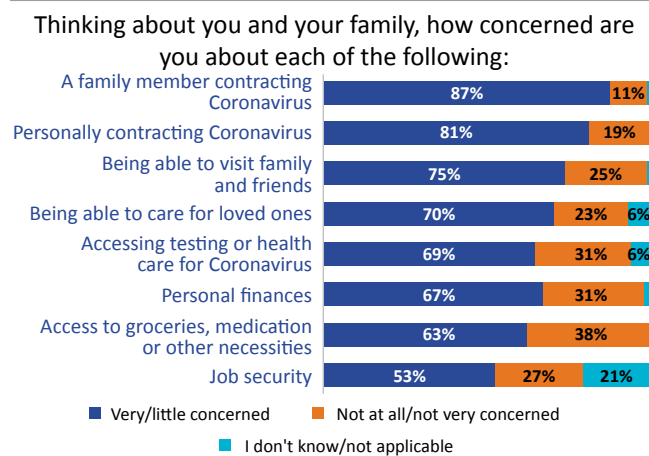


Figure 1

Black respondents are consistently the most concerned about the effects of COVID, especially about being able to care for loved ones, personal finances, access to necessities, and job security (figure 2).

Percentage of respondents very or somewhat concerned about the following:

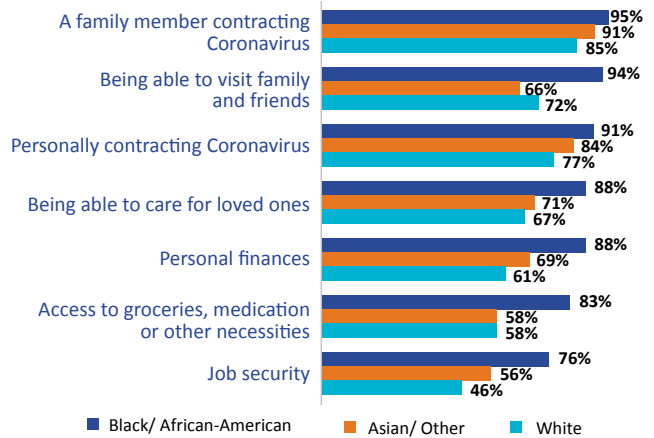
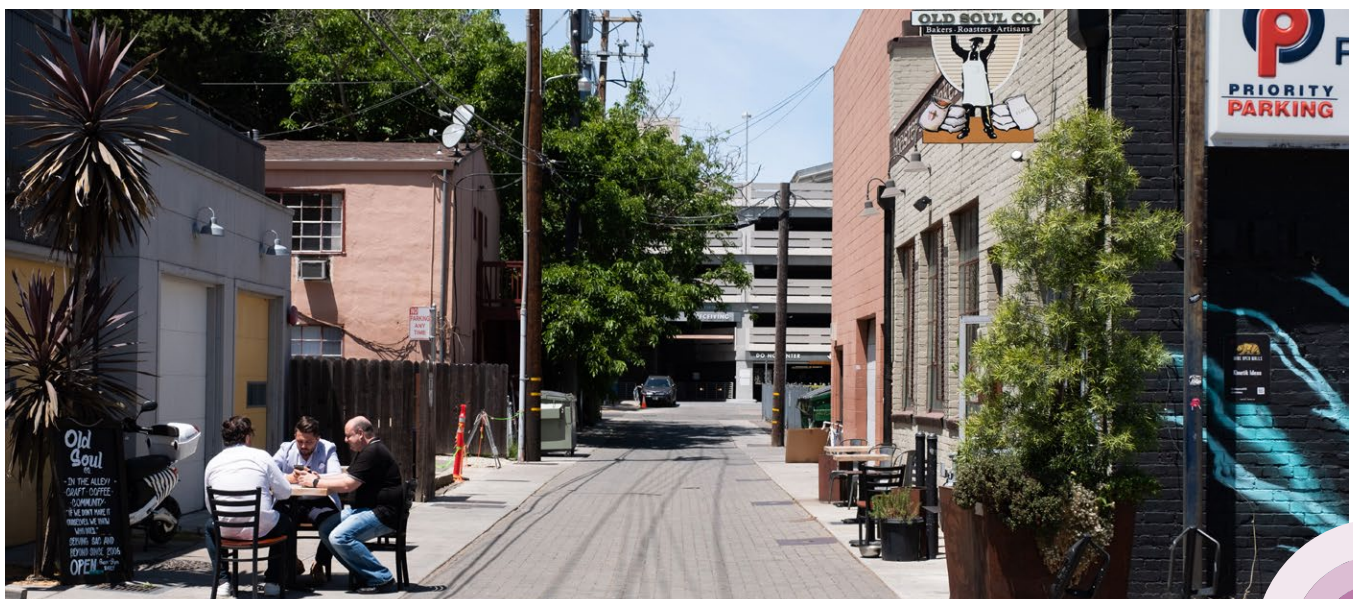


Figure 2

Lower income respondents also had greater concern, especially about jobs and finance, when compared to higher income respondents. Figure 3 below shows that concerns about jobs, finances, and the fear of contracting COVID-19 diminish as income goes up for respondents (figure 3).



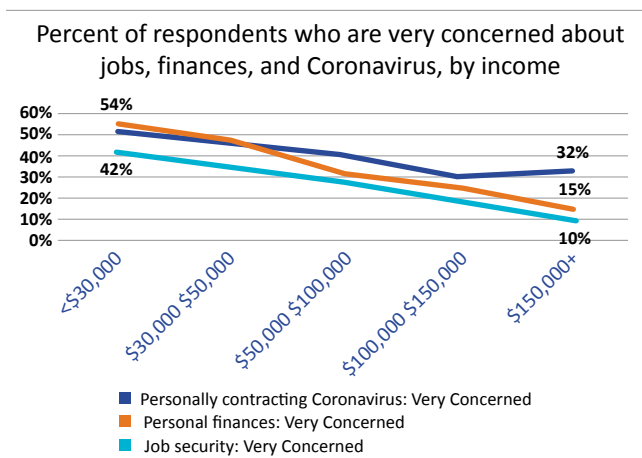


Figure 3

When asked in an open-ended question about their biggest worry about COVID-19, the fear of **contracting or dying due to the virus** (90%) ranks as the highest health concern.

"I'm immunocompromised, my biggest fear is that I'll end up catching the virus and dying. Another big worry is that if I catch the virus and I'm asymptomatic, and I end up passing the coronavirus to my parents, who are in their 60s and not in the best of health."

In an open-ended question about the biggest impacts that people are experiencing, forty-eight percent of respondents reported their routine being impacted in some way. Eighteen percent reported that social distancing to curb the spread of disease has resulted in loss of connection to family and seventeen percent reporting a loss of social connection with their community.

In the same question, twenty-six percent of respondents reported impacts to their family:

"I am retired but have an adult child with disabilities. His day program has been closed which significantly affects his routine and behavior. We travel a lot together and visit family locally very often and this has not been at all possible. There has been division and anger between family and friends as points of view conflict with one another."

"I'm concerned that I will not be able to see elderly parents across the country if they become ill."

Access to necessities and medical services and supplies has been more difficult for everyone but more significantly for people of color.

Access to necessities or medical supplies and services has been more difficult across many categories (figure 4).

Compared to before shelter-in-place, how difficult has it been for you to get...

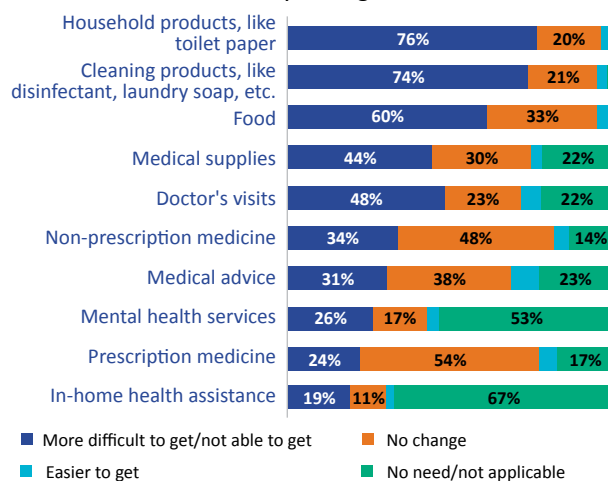


Figure 4

It has been significantly more difficult for Black and Hispanic respondents to get medical supplies and services during shelter-in-place compared to White, Asian/Other, or Non-Hispanic respondents (figure 5).

According to an essential worker, *"I am an ER nurse. I have had to isolate myself from my family for weeks. It is frustrating to see so many not following directions and increase risks to myself and extend time away from my loved ones."*



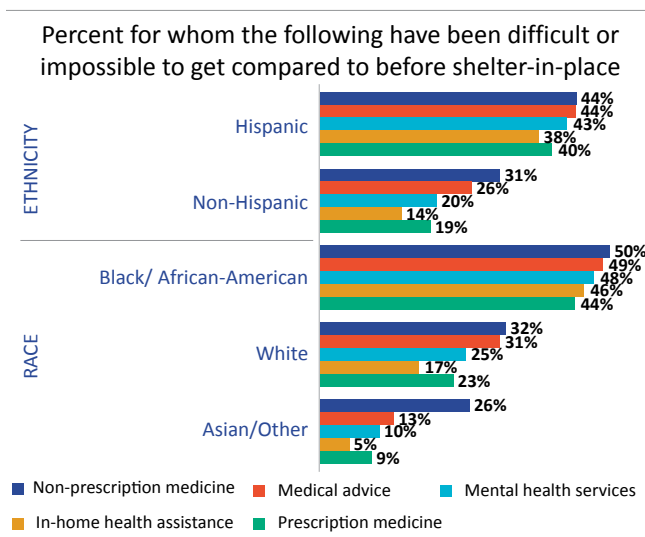


Figure 5

This is reflective of disparate impacts of COVID-19 for people of color across the nation. Data that looks at cases through May 28th from the Centers for Disease Control and Prevention shows that Black and Latino people have been disproportionately affected by COVID-19 throughout the United States in urban, suburban and rural areas, and across all age groups. Latino and Black residents of the United States have been three times as likely to become infected as white people and Black and Latino people have been nearly twice as likely to die from the virus as white people, the data shows. Circumstances that have made Black and Latino people more likely than white people

to be exposed to the virus include: many of them have front-line jobs that keep them from working at home; rely on public transportation; or live in cramped apartments or multigenerational homes¹.



1. Data source: Centers for Disease Control and Prevention, data is through May 28. Article source: Oppel Jr., Richard A., Robert Gebeloff, K.K. Rebecca Lai, Will Wright, and Mitch Smith. New York Times, July 5, 2020. "The fullest look yet at the racial inequity of Coronavirus." <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html?action=click&module=Top%20Stories&pgtype=Homepage>

Stress and anxiety are high for all, but young people and people of color are most likely to feel depression and hopelessness, and most likely to report concerns about substance use during shelter-in-place.

COVID-19 and shelter-in-place have taken a significant toll on respondents; most feel stress, anxiety, and depression and many have concerns about their experience of shelter-in-place (figure 6). It is difficult to measure these findings against baseline measures of mental and emotional distress before COVID-19 because of the use of different methodologies. However, from 2011-2015 about 7% of Californians self-reported that they experienced a major depressive episode in the last year². The self-reporting of experiences of depression, hopelessness, anxiety, and stress at least one day a week in our survey was much higher.

Thinking about the impacts of the Coronavirus pandemic and/or shelter in place order, in the last 7 days, how often did you...

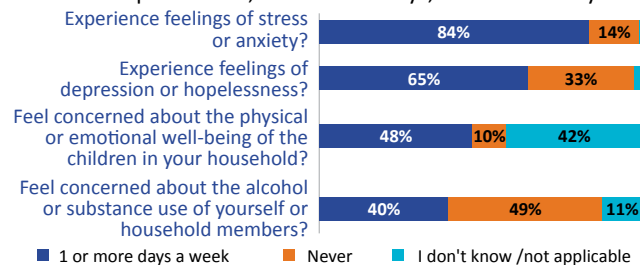


Figure 6

Young people and people of color are feeling the emotional and mental health burden the strongest, however all groups reported similarly high levels of stress and anxiety (figures 7 and 8).

Percentage of respondents who felt the following, at least one day last week

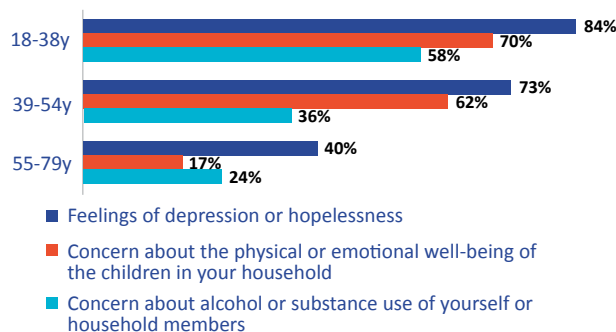


Figure 7

One parent respondent characterizes the mental and emotional stress of shelter in place and coronavirus on her son: *"My tween son already struggles with depression and anxiety. The shelter-in-place and constant news about coronavirus have caused debilitating fear to eat, sleep, go outdoors. It's been awful. Working from home to keep the house afloat while staying up all night/day to help him has really taken a toll."*

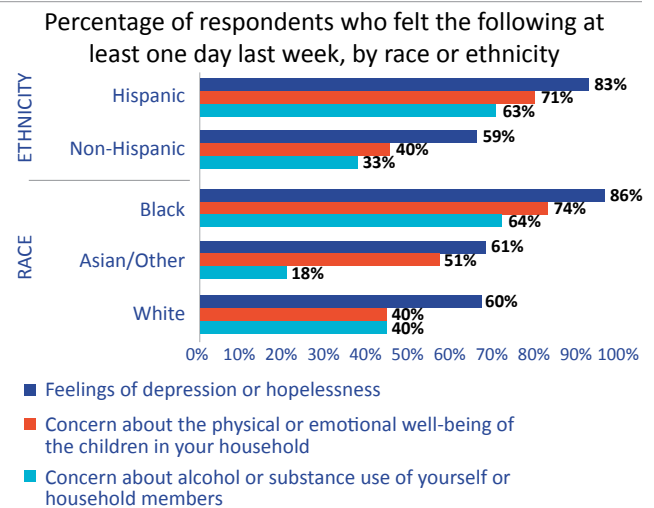


Figure 8

In an open-ended question about how COVID-19 is most impacting them, twenty-seven percent of respondents reported that COVID-19 has impacted their health most. They noted that stress levels, anxieties, mental health (17%) and being medically vulnerable or afraid of transmission (13%) rank high as health concerns. The words of respondents paint a picture of the stress, despair, and worries that COVID-19 and shelter-in-place have brought about.

Some respondents expressed isolation and loneliness.

"I am alone in this."

"I live alone; it has been hard mentally to be apart from physical and social contact for so long. It is hard to not see my family and friends."

"(I am) isolated and depressed. Scared of going out and stressed really bad when I have to."

"Since I live alone, I feel kinda shut off from the world. Alone senior. Isolated."

Some expressed the anguish of economic hardship:

"I am more depressed now. It's hard to afford food, really hard. And prices keep going up."

Others talked about substance abuse and the difficulty of maintaining sobriety during this time:

"(My) Mother in another state broke her 5.5 years of sobriety due to being unemployed and scared."

"I'm in early recovery from alcoholism. I miss in-person AA meetings. I do attend online meetings regularly but it's not the same."

2. California Health Almanac, March 2018. Mental Health in California: For Too Many, Care Not There. <https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf>

Income loss and financial hardship are impacting many in the region

Forty-five percent of respondents have lost income as a result of COVID-19 or shelter-in-place (figure 9).

How, if at all, has your income been impacted by the Coronavirus pandemic?

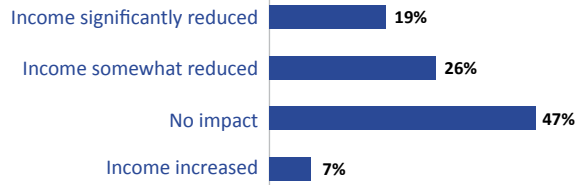


Figure 9

Income loss is creating significant financial hardship for many. A quarter to one third of respondents are not able or are barely able to afford critical expenses, like food and rent or mortgage, now or anticipated in the next three months (figure 10).

Are you currently able to afford now, and in next three months?

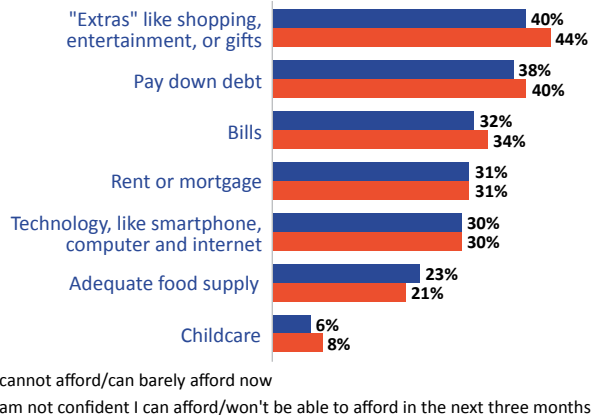


Figure 10

For those whose income has been significantly reduced as a result of COVID-19, their ability to afford basic necessities is severely at risk (figure 11).

Ability to afford basic necessities among those whose income has been significantly reduced, now and in the next three months

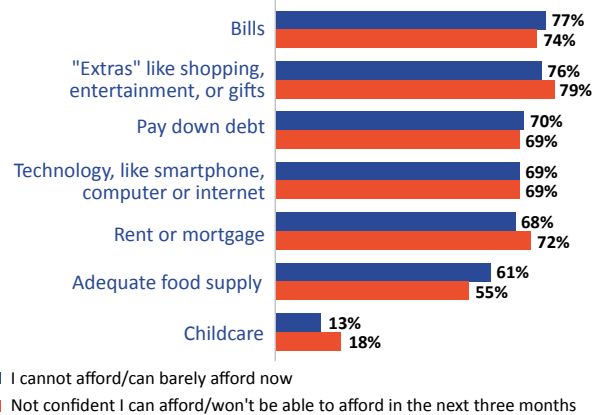


Figure 11

Financial loss and hardship was a major theme for respondents in the open-ended questions about their worries, and thirty-one percent reported jobs or finances as their most significant impact of COVID-19.

I am most worried... *"Financially. I don't qualify for food stamps and my kids are home all day and need at least three meals a day"*

I am worried about *"The price increases that are completely unjustified for everything to the most essential, food. Retailers have lost their minds."*

One theme was job loss.

"My husband and I both lost our full time employment and are struggling to make ends meet on unemployment insurance and the stimulus."

"I have three part time jobs and normally would be working 7 days a week but now I only work 1 day per week. Unemployment helps but I worry about the future."

Continuing to afford housing was another theme.

"My rent was due 2 weeks ago and I don't have a dollar to my name. ...financially, Coronavirus is going to be the reason I'm going to be homeless for the first time in my life... I'm not built to be a homeless person, not at 56 years old. I don't see how I could ever pull myself up from that, up from living in the street. I think I'd rather be dead than homeless."

"My house is in foreclosure and is up for auction. It is on the market, but people are not really looking and it has made it impossible to sell. I will probably have to take a 30% loss on the sale to keep from completely ruining my credit. On top of that I have no place to move my family."

Balancing parenting, educating, and work has been stressful and challenging for parents.

When asked to score how challenging it is to have the children at home during shelter-in-place on a scale of one to ten, with one being not at all challenging and ten being very challenging, the average score that parents gave was six and fifty-nine percent of parent respondents ranked the level of challenge as six or greater (figure 12).

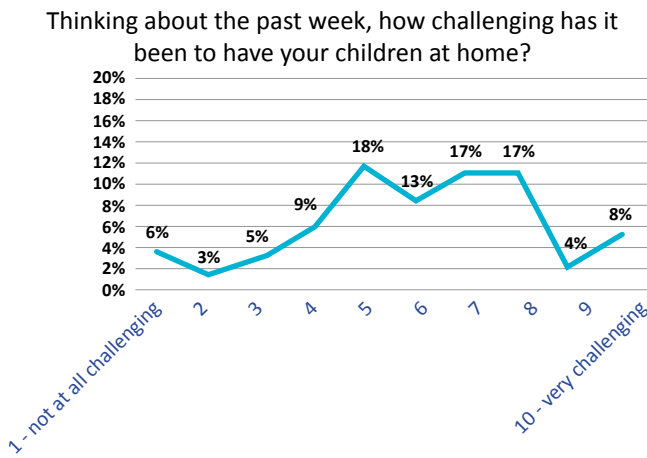


Figure 12

In an open-ended question asking about the biggest impacts of COVID-19, ten percent of people who reported financial/workplace impacts note new challenges of balancing work from home and childcare, while supporting their children's homeschooling (5%). For some parents, juggling multiple hats has led to increased feelings of anxiety:

"Homeschooling has been the biggest challenge. Not having personal time and drastically changing our daily schedules has led to anxiety attacks."

"My toddler is home from daycare, so I'm working from home full time with a toddler. That means that I try my best to work during the day, and then log in for a "second shift" after he goes to sleep at night so that I remain productive at my job."

"Working at home full-time while also caring for our children has been pretty stressful, and I worry about the emotional health and well-being of myself and my family."

"My son with an intellectual disability is now home due to school closures. He needs 100% support with distance learning and supervision most of the time. He is not getting educational and social/emotional services and I have to homeschool. This is a huge challenge for me - neither my skills or temperament are ideally suited. We do not have a break at all from his full time care. This has also significantly impacted my ability to work."



The majority of respondents who are parents rated the quality of educational materials provided while they were schooling at home to be "good" overall (figure 13). Respondents from small town or rural areas were most likely to rate the quality of educational materials as poor, with 22% reporting compared to 3% and 4% of city and suburban respondents.

How would you rate the quality of educational materials your child's school has provided?

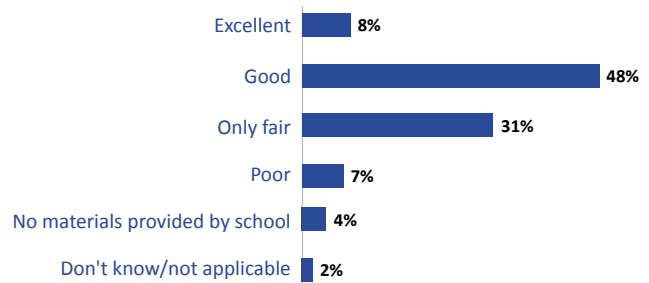


Figure 13



Workers would prefer more flexible remote schedules in the future and the worry of contracting or transmitting COVID-19 while at work is concerning for many.

Overall, thirty-eight percent of employed respondents are working remotely and thirty-four percent are working on site at their workplace during the COVID-19 shelter in place. By income, those making \$150K or more are most likely to be working remotely and those making \$50-100K are most likely to be working on site (figure 14). Additionally, those working onsite are most likely to have increased pay since COVID-19 (62% increased pay versus 23% of those working remotely). This could be a result of increased hours or hazard pay for essential workers.

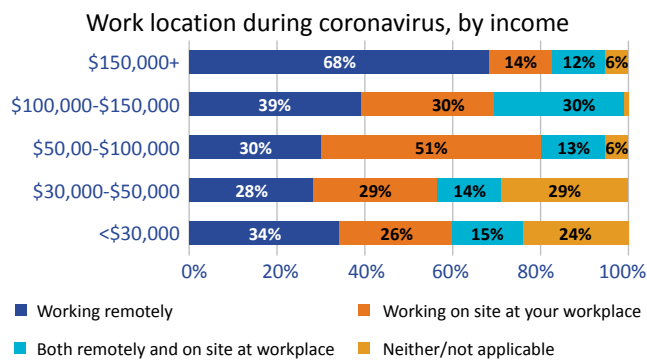


Figure 14

Most frequently, respondents are somewhat concerned about contracting COVID-19 at work. Respondents who have children, live in the city, and are Black are most likely to be very or somewhat concerned (figure 15), which also could reflect the higher rates of disease transmission in Black and Latino communities in the CDC data nationwide.

To what extent are you concerned about your risk of Coronavirus infection in the course of doing your job?

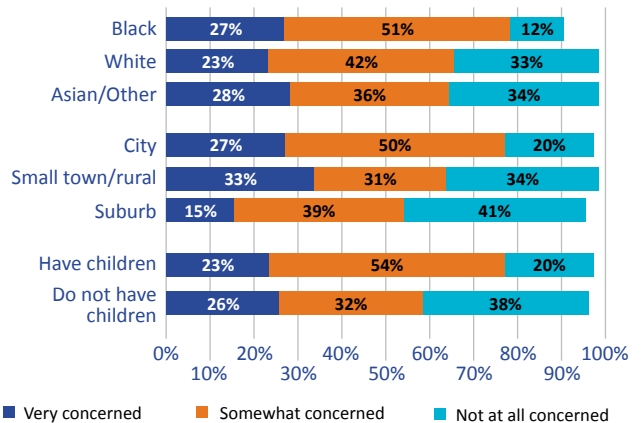


Figure 15

Health workers and others are worried about contracting COVID-19 or transmitting it to family members from workplaces.

"I'm most concerned about myself or my husband contracting the virus. We both work in healthcare and are frequently exposed to patients who have tested positive and other people who could be unknown carriers of the disease."

"Work is stressful because many of my coworkers do not fear COVID and refuse to follow the guidelines. Management does not enforce so it's left to me to either make complaints and be a pariah or just take the risk. Rather than enforce on my coworkers I just do my best and keep my fingers crossed. Angry to be put in this position. Very stressful."

Before COVID-19, sixty-three percent of employed respondents did not work remotely at all, but an increasing amount of respondents reported that they would like to work remotely more often after COVID-19 restrictions are lifted (figure 16).

Amount of days worked remote before coronavirus, and amount preferred for after

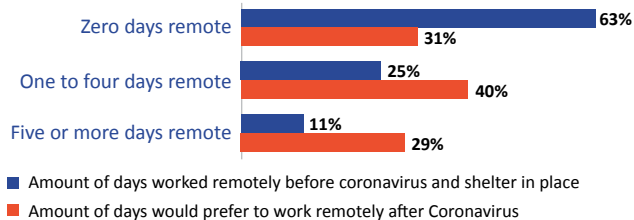


Figure 16

Overall, those with higher income tend to have a higher degree of flexibility to work remotely. A higher percentage of respondents at the highest end of the income level were able to transition to full time remote work during COVID-19 compared to those making less (sixty-eight percent of those making \$150K or more annually compared to forty percent or less for those making less than \$150K). Further, respondents across the income spectrum want to work remotely more than they did before COVID-19, but respondents with higher incomes had more work location flexibility before COVID-19 hit (figure 17).

Percentage of respondents who currently work or would like to work remotely full time

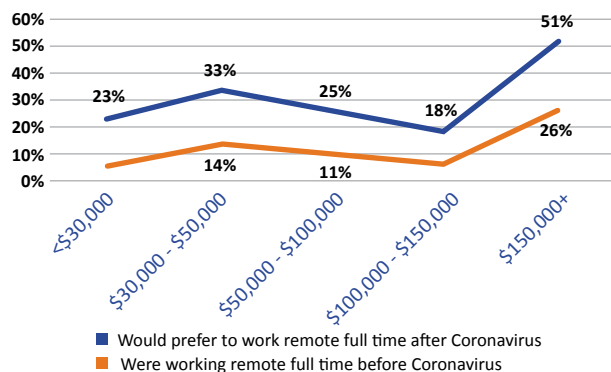


Figure 17

Employed respondents find saving money or time by not commuting to be the most appealing aspect of remote work (figure 18).

What most appeals to you about remote work?

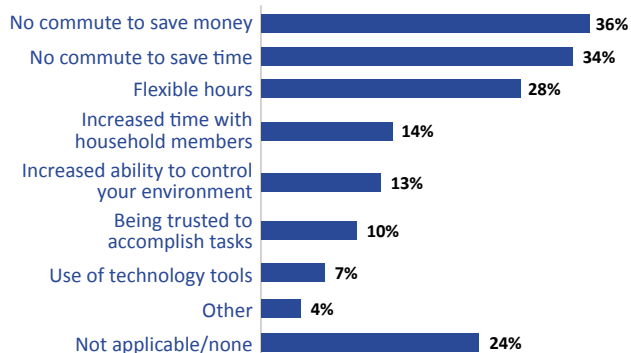


Figure 18



Most respondents take multiple health and safety precautions to avoid contracting COVID-19, but some groups take more than others.

The vast majority of respondents are taking health and safety precautions. We asked respondents to check all of the precautionary behaviors that they observe out of a list of six common preventative measures and found that, during the time the survey was in the field, respondents overall are most likely to be keeping six feet distance from other people and least likely to be cleaning surfaces at home or office more often (figure 19).



Figure 19

However, certain subpopulations are more likely than others take precautions. Women, older respondents, and Democrats are most likely to do four or more measures (figure 20).

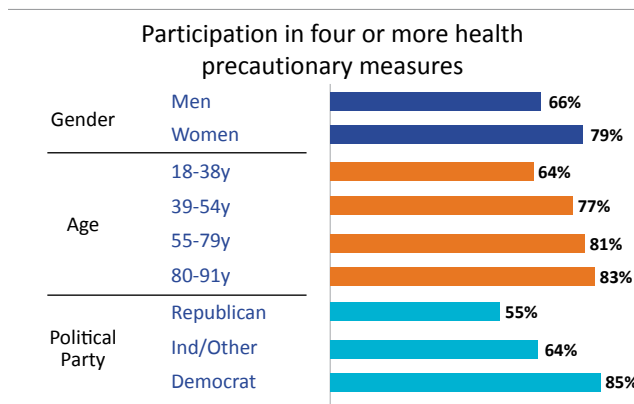


Figure 20

In an open-ended question about the impacts of COVID-19, respondents expressed mixed feelings about the benefits and consequences of social distancing.

“Couldn't see my mother in an assisted living facility. Talking to her on the phone I could hear the decline and finally, though the virus didn't kill her the loneliness and isolation did. Stopped seeing a trainer who helped me stay in shape. Can't play with my grandchild. Need to be extra careful due to spouse illness.”

“At my work the 6 feet distancing is ignored often, and the lead person never wears a mask. I try to go to the store only once a week or less and when I go to Walmart I see a lot of people not wearing mask and not social distancing. I have family members that don't care about the spread at all and I have to tell them not to try to visit and this causes some problems.”

People are paying close attention to news about COVID-19 and are most likely to trust family and friends.

Ninety-two percent of respondents are paying attention closely or somewhat closely to news and information about COVID-19. The internet and television are the top choices of news and information sources for respondents, with fewer reporting using other sources like newspaper and social media (figure 21).

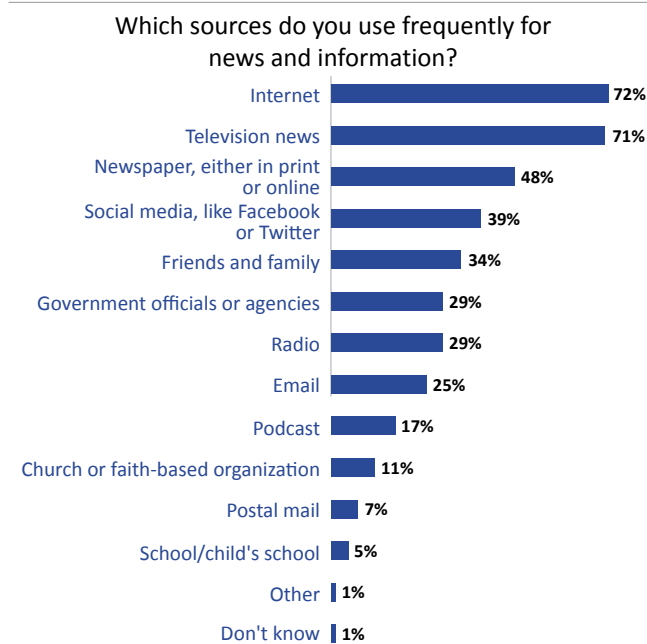


Figure 21

However, when it comes to getting information about COVID-19, respondents are most likely to trust friends and family and newspapers most (figure 22). Black respondents are more likely than other races to trust social media for information about COVID-19, with sixty-eight percent responding that they have some or a great deal of trust, versus thirty-one percent of white respondents and twenty-eight percent of Asian or other respondents. Fifty-three percent of Hispanic respondents have some or a great deal of trust social media for information about COVID-19.

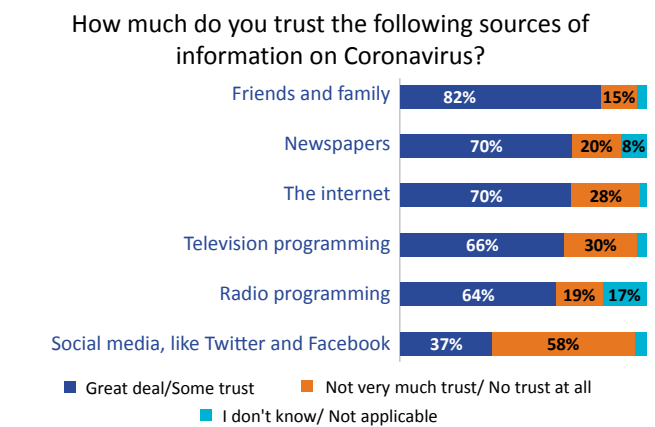
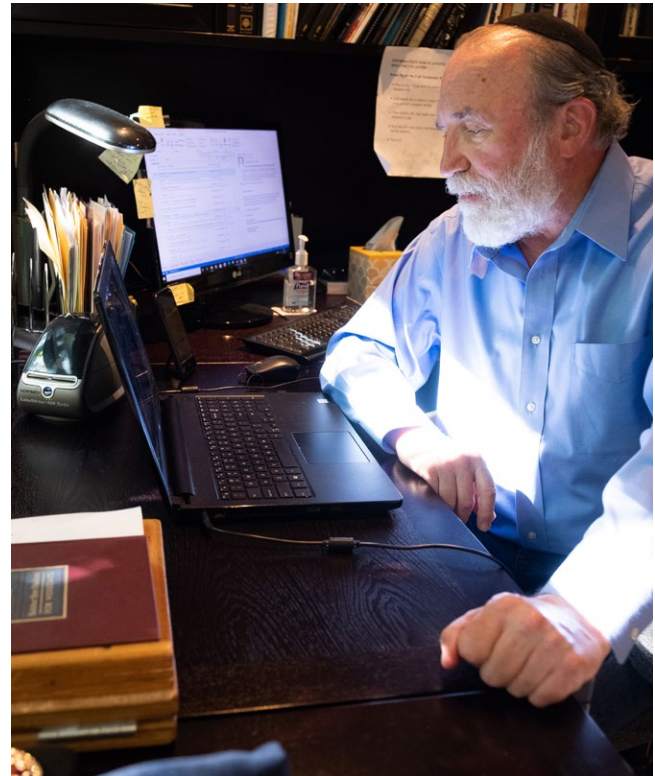
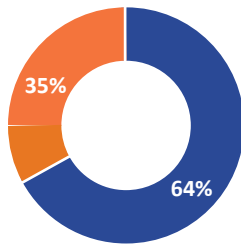


Figure 22

Political leanings impact views on the threat of COVID-19, the impact to the economy, and how we should respond.

When asked a “forced choice question” - one that forces a respondent to choose one of two opposing options that most closely matches their opinion, even if it does not exactly match - about two-thirds of respondents overall think we should stay focused on stopping the spread of the virus versus going back to normal (figure 23).

Which of these is closest to your opinion, even if they don't exactly match?



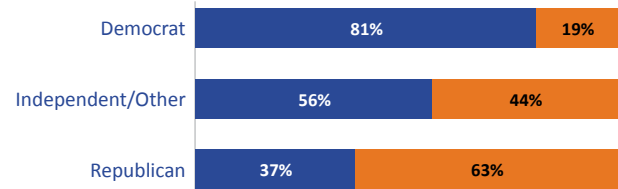
- We need to stay focused on stopping the spread of COVID-19, regardless of what it takes.
- We've done all we can to slow the spread of COVID-19, it's time to go back to normal.

Figure 23

There is a significant political lens to these views, with Democrats more likely to favor focusing on stopping the spread, while Republicans are more likely to favor getting back to normal (figure 24).

Which of these is closest to your opinion, even if they don't exactly match?

By political party



- We need to stay focused on stopping the spread of COVID-19, regardless of what it takes.
- We've done all we can to slow the spread of COVID-19, it's time to go back to normal.

Figure 24

When asked about what worried them about COVID-19, some respondents noted concerns that reflect the need to stay focused on stopping the spread of COVID-19:

I am worried... *"That we will not take it seriously enough and will sacrifice lives for the economy."*

"I am concerned about those who do not take the pandemic seriously and refuse to follow government guidelines for containing the contagion."

"I'm worried that we will see a second or third wave of rising infections because so many states are reopening."

Others respondents expressed worries about the impact of shelter-in-place and limiting our activities:

I am worried *"That we are limiting activities too aggressively. I'm not sure I trust the data being provided to us by the government and medical community."*

"Time to get back to normal. The biggest impact is that we have mayors, county supervisors, and unelected health officials issuing decrees of "emergency" with no reason, no cause, and no scientific basis. Our lives have been upended."

"The destruction of the economy [is my biggest worry]. Recovery will take years. Millions of people will be ruined by overreaction to a real threat that is not nearly as horrible as the over-reaction to it."

Finally, some respondents noted their concern about the degree of politicization of the issue: *"I am worried that this is tearing our country apart into those who want to continue quarantine and those who wish to stop quarantine."*



Views about national leadership are more polarized and negative compared to views about local level leadership.

The majority of respondents report that institutions responded adequately to the COVID-19 pandemic, except for the federal government, with fifty-eight percent believing that the federal government responded very poorly/inadequately (figure 25).

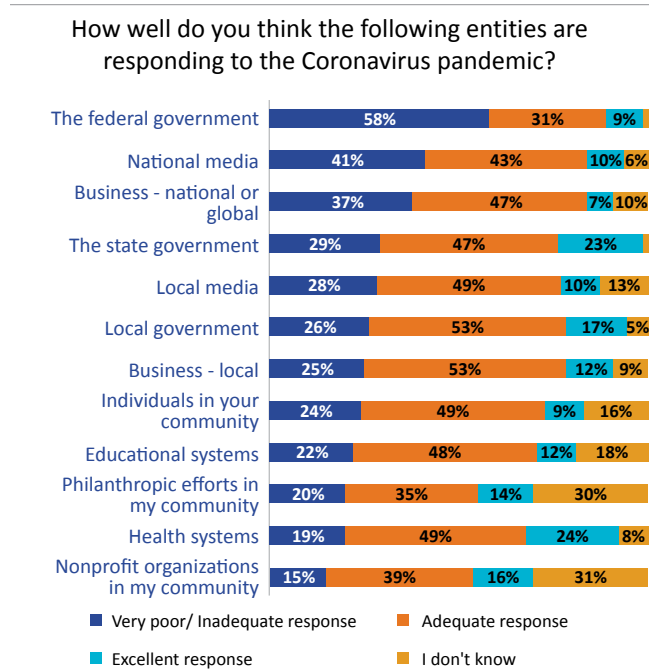


Figure 25

National government and media sources are more polarized with lower performance overall and with a higher degree of variability across political views. When it comes to local entities, like health systems, local government, education systems, and local business, Democrats and Republicans have consistent and largely positive views. Federal government, state government, national media, and national business response, are much more politicized with Republican and Democrats view more contrasting (figure 26).



Percentage of respondents rating the following entities as adequate or excellent in response, by political party

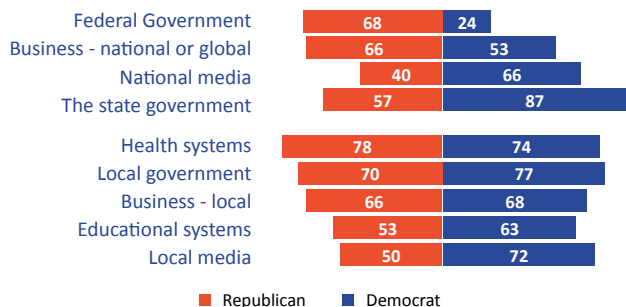


Figure 26

Fifty-five percent of respondents are worried about the social and political impacts of COVID-19, and respondents offered strong and diverse opinions in open-ended questions when thinking about the response of our government, individuals, and other entities to the COVID-19 pandemic.

"This has been the most colossal and damaging failure of national leadership in U.S. history, costing untold thousands of lives and economic destruction that will change our lives for years if not longer. The resulting stress on families' mental and economic health and safety is immeasurable. It's a huge challenge to remain hopeful when so many people seem to have lost their minds and care for their fellow citizens and community members."

"It has changed my outlook on future life and has decreased my faith in the government's ability to only do what it should do for its citizens."

"That the people who are not respecting the social distancing will create an unnecessary drain of precious resources like ventilators and health care workers. The Feds encourage dissent and division."

I am worried *"that the government will try to take even more liberty from otherwise free people."*

These diverse sentiments, above all, point to the increasing divisiveness and worry about the future of our region and communities.

For the majority of respondents, getting “back to normal” will take weeks to six months for most things.

When thinking about “getting back to normal” post COVID-19, community life and recreation and travel are most frequently cited as the activities that will take the longest while family and friends relations will be easiest to get back on track (figure 27).

How quickly do you believe you will be able to “get back to normal life” when restrictions lift?

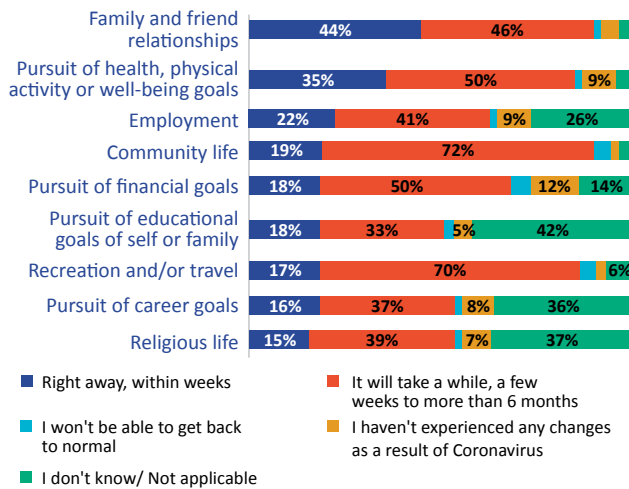


Figure 27

In Their Own Words: Hoping for changes for the better.

Survey respondents were asked, “What do you hope might change or improve as a result of the coronavirus pandemic?”

Fifty eight percent of respondents would like to see **changes on a larger scale**, such as improved governmental response/preparedness in case of another public emergency, political change (from both parties), and an increased awareness of social safety nets. Nineteen percent are hopeful that the COVID-19 pandemic may **urge people to be more compassionate and community driven**.

“People recognize our shared humanity and vulnerabilities and the influence we have on others. Become nicer as a society.”

Among health-related improvements, the pandemic has highlighted the importance of **improved public health and public cleanliness** (18%) and **accessible/universal healthcare** (9%).

“I hope that accessibility to health care improves. Availability to health care can no longer be tied to employment.”

People are also hopeful that there will be more **remote work options and workplace changes** (11%) after the pandemic.

“Maybe more people work at home and ease the horrible traffic during rush hours.”

The desire for more compassion and unity stand in contrast to the strongly divided political views about how leadership should respond to COVID-19 and the disparate experience of COVID-19 based on race, ethnicity, and income level.

Building our Future Together

The impact of COVID-19 on the people in the Capital region cannot be understated. The levels of disparities in experiences, the degree of stress, anxiety, and depression, and the economic impacts are all significantly affecting people and communities in our region. Further, political tensions put us at risk of becoming unable to take meaningful action.

There are areas of potential opportunity towards eventual recovery. Local actions are less politicized than national or federal, creating more possibilities to create cohesion and community-oriented work. There are many ways that crisis can inspire the best in people, as we’ve seen through many local actions including business mobilization to create personal protective equipment, health system mobilization to care for COVID-19 patients, the collective action of individuals in communities to protect others, and aligned and coordinated community assistance for vulnerable populations, including feeding the hungry and housing the homeless.

The early actions of emergency response will not carry us through a long crisis or safeguard our communities from health, social, or economic calamity. To weather this storm, we will need sustained focus and action. It will be important to build from a common set of facts to identify priorities and catalyze the many actions that will support an inclusive recovery and seize the chance to build back stronger. This survey and the others in its series will help us understand and navigate the challenges ahead as we aim to not just recover from the setbacks of COVID-19, but also reimagine a more equitable, sustainable, and just future.

Summary

Since 2017, the Institute for Social Research (ISR) at Sacramento State University in partnership with Valley Vision have used an online survey panel to collect information about the Greater Sacramento Region. Survey panels are a representative group of individuals who have agreed to participate in multiple surveys over time. In response to the declining response rates and reliability associated with telephone surveys, online survey panels have become an alternative way to gather data about a specific region or population (e.g., GfK's Knowledge Panel, Yougov's Omnibus Panel, the National Opinion Research Center (NORC)'s Amerispeak Panel, and the Pew Research Center's American Trends).

Individuals were recruited into the panel by an invitation postcard, which was sent to a random sample of Sacramento Valley households. Any adult in the household could join the panel by going to the online profile or by calling ISR to indicate a preference to participate with mail-in surveys. The strength of this probability-based sampling method is that virtually everyone in the Greater Sacramento Valley had a chance of being included.

The current panel is made up of 2518 residents from El Dorado, Placer, Sacramento, San Joaquin, Solano, Yuba/Sutter, and Yolo Counties. Recruitment for the Valley Vision panel occurred in both 2017 and 2018. Panelists have the option of receiving a \$5 electronic gift card every time they complete a survey. Statistical weighting is used to ensure that survey responses represent the Greater Sacramento Valley.

Survey Panel Methodology

Sampling and Recruitment | The Greater Sacramento Valley Panel uses probability-based sampling methods. Specifically, to recruit a random sample of Sacramento Valley residents we use the United States Postal Service Delivery Sequence File (USPS DSF) of California residential addresses (stratified geographically by county and Hispanic population)³, as a sampling frame. We send postcards or letters to the sampled residences and invite adult residents to join the panel (via a URL address, or by calling us to indicate a preference for mail participation). The strength of this sampling method is that virtually everyone in the population has a chance of being included in the sample, but those sampled must also chose to do so. The initial sample includes residents from the following counties: El Dorado, Placer, Sacramento, San Joaquin, Solano, Yuba/Sutter, and Yolo. The Institutional Review Board (IRB) at California State University, Sacramento reviewed and approved recruitment procedures outlined above for protecting the rights of human research subjects.

Consent and Initial Profile | During recruitment (and at the beginning of each subsequent survey), panelists learn that their participation is entirely voluntary and that they have the right to opt out at any time. They also learn that their survey responses are strictly confidential. Immediately upon agreeing to join the panel, panelists complete a 15-minute survey that includes questions about their demographics, background, interests, personality, political identity, and household composition. This profile information is merged with future survey data collections, thereby reducing the need to ask panelists to answer these questions with each survey administered.



3. In recent years, we have focused efforts to oversample areas that have higher concentrations of Hispanic Californians, to compensate for the tendency for surveys to underrepresent this population.



Survey Procedures | ISR uses the Qualtrics Research Suite online survey platform to administer surveys. The research team optimizes all surveys for completion on mobile phones and tablets, and provides Spanish translations. Panelists receive reminders to complete the surveys every three days following the initial invitation. The Valley Vision profile surveys were offered in English, Spanish, and Chinese. All subsequent surveys have been offered in both English and Spanish. Each time a panelist completes a survey, s/he receives a \$5 Tango gift card, delivered directly to his or her email inbox (or home), which is redeemable at most online retailers. Beginning in 2019 panelists were given the option to receive the Tango gift card or “donate” it back to the study so more people can participate.

Survey Weighting and Analysis | For each survey, the weighting protocol proceeds in stages. First, the base weights are computed to reflect the various selection probabilities for respondents selected from different sampling frames. Second, we adjust for nonresponse and under-coverage by calibrating the base weights to known population-based control totals for gender and age, race/

ethnicity, education, income and county using a ‘raking’ process. The population benchmarks are obtained from the most recent Census Bureau’s American Community Survey 5-year estimates and Nielsen Claritas estimates. Finally, we “trim” the raked weights to reduce extreme values. The weighting process ensures that the responses from the panelists responding to the survey will statistically represent the demographics of the Greater Sacramento Valley.

Surveys are analyzed by reporting out the percent of panelists (who are representative of the Greater Sacramento Valley) providing responses to the various questions. Survey results are also often broken down by panelist characteristics, such as gender, income levels, race, and other key demographic information. When the survey responses are broken down by these categories (or disaggregated into cross-tabulations), a statistical test is run to ensure that the differences among these groups are statistically significant (i.e., any differences are not the result of “noise” in the data).



Demographics

Sacramento Regional Panel | Coronavirus Impacts

weighted %
(n=964)

County of residence	Sacramento	41%
	San Joaquin	18%
	Solano	13%
	Placer	11%
	Yolo	7%
	El Dorado	6%
	Sutter/Yuba	5%

(n=964)

Gender	Female	52%
	Male	48%

(n=951)

Age (requested categories)	18-38 years	37%
	39-54 years	26%
	55-79 years	35%
	80+ years	2%

(n=964)

Race	White/Caucasian	65%
	Black/African-American	17%
	East Asian (Chinese, Japanese, Korean,	6%
	South Asian (Indian, Pakistani, etc.)	2%
	Native American or Alaska Native	2%
	Native Hawaiian or Other Pacific Island	2%
	Middle Eastern or North African	0%
	Other (please specify):	6%

(n=964)

Hispanic status	Hispanic	24%
	non-Hispanic	76%

(n=964)

Income	Less than \$15,000	8%
	\$15,000 to \$30,000	15%
	\$30,000 to \$50,000	12%
	\$50,000 to \$75,000	18%
	\$75,000 to \$100,000	14%
	\$100,000 to \$150,000	18%
	\$150,000 to \$200,000	8%
	\$200,000+	8%

(n=960)

Live in a...	City	49%
	Suburb	29%
	Small town	14%
	Rural community	8%

(n=799)

Political Party	Democratic	51%
	Republican	30%
	Independent	19%

(n=960)

COVID action	We need to stay focused on stopping the spread	65%
	We've done all we can to stop the spread	35%

(n=963)

Children under 18 living with you	No	62%
	Full-time	37%
	Part-time	1%

(n=961)

Income impact	Significantly reduced	19%
	Somewhat reduced	26%
	No impact	47%
	Somewhat increased	6%
	Significantly increased	1%

Note: Results presented used weighted data



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