

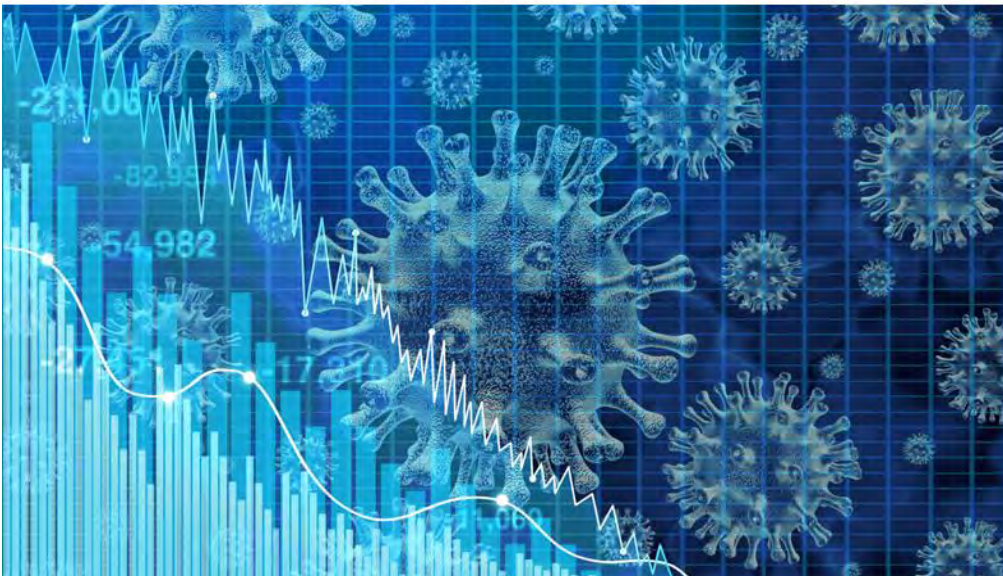


# HARC

HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

## Coachella Valley COVID-19 Needs Assessment

*Conducted in June 2020*



Funded by:

- ◆ Lucie Arnaz and Laurence Luckinbill
- ◆ John P. Monahan Foundation, a Donor Advised Fund of the U.S. Charitable Gift Trust
- ◆ Western Wind Foundation

## ACKNOWLEDGEMENTS

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- Lucie Arnaz and Laurence Luckinbill
- John P. Monahan Foundation, a Donor Advised Fund of the U.S. Charitable Gift Trust
- Western Wind Foundation

We would also like to thank all of the partners who helped us to publicize the survey and recruit participants, including:

- Cactus Hugs
- City of Cathedral City
- City of Coachella
- City of Indio
- City of Palm Springs
- Coachella Valley Unified School District
- Desert Oasis Healthcare
- Desert Sands Unified School District
- Galilee Center
- HARC Board of Directors
- HARP-PS
- Inland Empire Disabilities Collaborative
- JFS of the Desert
- LGBT Community Center of the Desert
- Operation SafeHouse of the Desert
- Palm Springs Unified School District
- RAP Foundation
- Uken Report

If we have inadvertently left anyone off the list, we deeply apologize.

We would also like to thank the Center for Health Disparities Research at UC Riverside (HDR@UCR), especially Dr. Juliet McMullin, for allowing us to utilize the interviews collected by HARC staff as a part of their existing project for this project as well.

Lastly, we'd like to thank everyone who took the survey or participated in the qualitative interviews; this report would not be possible without everyone taking the time to share their stories.

For any questions or inquiries about this report, please contact HARC staff at [staff@HARCdata.org](mailto:staff@HARCdata.org).

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# EXECUTIVE SUMMARY

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## Introduction

With support from generous funders Lucie Arnaz and Laurence Luckinbill, John P. Monahan Foundation, a Donor Advised Fund of the U.S. Charitable Gift Trust, and Western Wind Foundation, HARC was able to conduct this important COVID-19 Needs Assessment. The assessment was conducted from June to July of 2020. The purpose of this needs assessment was to get a deeper understanding of how COVID-19 has effected the Coachella Valley. Our community has a high proportion of people considered to be at high-risk of COVID-19 complications, such as older adults and those living with compromised immune systems, which makes this needs assessment particularly important.

## Methods

HARC recruited participants through social media and e-blasts who were Coachella Valley residents and 18 years or older. Local partners of HARC also helped to publicize the survey to increase the number of participants reached. Data collection spanned approximately one month. This needs assessment also included qualitative data from key informant interviews with local residents regarding the impact of COVID-19; the participants were obtained through a partnership with the Center for Health Disparities Research at UC Riverside (HDR@UCR).

## Results

A total of 624 Coachella Valley residents participated in this needs assessment, representing our entire Valley from Desert Hot Springs to the Salton Sea. About a third of the participants identified as Hispanic/Latino, and most (64.7%) were female. About half of the participants were making less than \$50,000 a year, and about half have a college degree or higher. On average, the household size was 2.6 people; approximately 24.2% lived alone. Approximately one quarter of participants (26.3%) live in households with at least one child. About half of participants (49.3%) had been diagnosed with one or more of these major diseases.

## COVID-19 Symptoms and Testing

The majority (66.0%) of participants have not attempted to get a COVID-19 test. Most participants reported that if they learned they acquired COVID-19, they would either quarantine themselves for 14 days (37.1%) or go get tested for COVID-19 (20.6%).

Of the 1.9% (12 participants) who tested positive for COVID-19, all stayed home in quarantine. One participant indicated that they were in the hospital for eight days.

## Shelter-In-Place

The majority of participants “strongly agree” (71.4%) with the shelter-in-place order for themselves. On that note, 42.8% of participants have complied with the shelter-in-place order “all of the time”. However, 3.9% report complying “less than half the time”, “some of the time”, or “none of the time”, indicating high risk levels.

## Social Distancing

Most participants (57.6%) indicated they are able to stay at least six feet away from people when they go outdoors. Approximately 41.9% try but can't always maintain six feet distance from others—most mentioned that it is difficult to do in grocery stores. A few participants (0.5%) simply do not stay six feet away from others. Most participants (94.0%) “agree” or “strongly agree” with social distancing requirements and recommendations for themselves; however, 2.3% of participants “disagree” or “strongly disagree” with the recommendations, and thus, are likely not practicing safe behaviors.

## Mask Use

Slightly less than three-quarters (70.7%) of participants wear masks all of the time and a quarter (25.5%) of participants wear masks most of the time/more than half of the time. However, about 3.8% of participants wear a mask less than half of the time to none of the time. About 90.4% of participants wear a mask correctly (by covering nose and mouth) all of the time. However, the remaining 9.6% of participants do not wear a mask correctly, which is much less effective.

## Impact of COVID-19

When asked, “How much is/did COVID-19 impact your daily life?” The majority of participants (74.6%) were “extremely” or “very much” impacted by COVID-19. Many indicated that the major impacts were social isolation and a loss of employment. Those who were *not* heavily impacted by COVID-19 indicated that they had little social life before the pandemic or were able to work remotely already. Nearly half of participants (41.5%) indicate they have been extremely impacted by COVID-19, while another third (33.1%) have been very much impacted.

## Employment

Most participants (61.9%) were employed prior to the COVID-19 pandemic in January 2020. However, 1 in 5 of these workers (22.9%) are no longer employed. Most who lost their jobs were laid off or furloughed due to COVID-19. Among those currently employed, 18.1% are “extremely worried” that they will lose their jobs in the coming months. This economic insecurity is extremely stressful. About a third of local workers are still physically going into work, which may be exposing them to COVID-19.

## Economic

Participants who were initially employed prior to the pandemic were asked how COVID-19 has affected them financially. Results show that over a third (37.6%) report decreased income, while another third (37.0%) report that they were not affected financially. Among participants who lost employment or have a decreased income, these individuals report struggles in paying rent/mortgage (45.0%) and difficulty paying their utilities (37.9%).

## **Mental Health and Well-Being**

A total of 19.3% of participants reporting feeling nervous, anxious, or on edge “most or all of the time”. Another 20.4% of participants had trouble sleeping “most or all of the time”. In other words, about 1 in 5 residents are experiencing anxiety and having trouble sleeping nearly every day of the week. About 11.9% of participants report feeling depressed “most or all of the time” and another 11.6% report feeling lonely “most of all of the time”.

The majority of participants have been experienced increased stress (60.2%) and increased anxiety (59.1%) since they started sheltering in place. There were some positive mental health changes as well, however; about half of the participants (51.8%) report cooking more and eating more healthily since sheltering in place, and about a third stated that they have been spending more time with friends and family. Additionally, 27.5% of participants feel hopeful about the future nearly every day.

## **Alcohol Use**

Approximately 37.0% of participants did not consume any alcohol in the past month and are considered non-drinkers. The other 63.0% are considered active drinkers. On average, most active drinkers consume alcohol about three days per week, and on the days that they drink, most (75.9%) consume one to two drinks. However, 6.5% of active drinkers consume five or more drinks each time that they drink, and are likely having health problems. About a third (33.6%) of active drinkers report that they are drinking more since the shelter-in-place order, indicating poor (and potentially dangerous) coping mechanisms emerging.

## **Needs and Resources**

Food banks/food pantries/delivered meals are some of the most often utilized resources for participants. Food banks are routinely listed as useful organizations by participants, emphasizing the need for continuing support of food banks. Unmet needs include assistance with paying bills, cleaning/disinfectant supplied, and again, the issue of emergency food support.

## **Focus on Special Populations**

Some community demographics are disproportionately impacted by COVID-19 or are at an increased risk. As such, three special populations were disaggregated in this needs assessment: households with children, lower-income, and Black, Indigenous, People of Color (BIPOC).

### ***Households with Children***

Workers with children are significantly more likely to physically go into work than working remotely. This may be because it is difficult for parents to work from home with the distraction of children in the home. Participants with children are also more likely to have difficulty paying their rent/mortgage, their utilities, and to be able to afford food. Participants with children in the home are less likely to drink alcohol than people who do not have children in the home; however, they are more likely to say that their drinking has increased since the shelter-in-place order, and thus, may catch up to their counterparts without children quickly.

### ***Lower Income***

For these comparisons, “lower-income” is defined as households making less than \$50,000 a year before taxes. Results show that lower-income workers are more likely to physically go into work and less likely to work remotely, increasing their chances of getting COVID-19. They are also significantly more concerned about losing their jobs in the near future; more than 1 in 4 lower-income workers are “extremely worried” about losing their jobs in the coming months.

Lower-income participants experience higher levels of psychological distress than their higher-income counterparts. Specifically, lower-income participants are twice as likely to frequently feel lonely or depressed than higher-income participants.

### ***Black, Indigenous, People of Color (BIPOC)***

BIPOC participants are significantly more likely to report that COVID-19 had an extreme impact on their day-to-day lives than non-BIPOC participants. BIPOC participants are more likely to physically go into work and less likely to be able to work remotely, resulting in disproportionate exposure risk. Additionally, BIPOC participants who reported loss of jobs or loss of income struggle more than non-BIPOC participants; for example, BIPOC participants are twice as likely as non-BIPOC participants to struggle paying rent/mortgage and utilities.

BIPOC participants also experience more psychological distress than non-BIPOC participants; they are significantly more likely to frequently have trouble sleeping and to feel nervous, anxious, or on-edge.

### **Conclusion**

The aim of this needs assessment was to provide results that local organizations can use to better serve community members during the pandemic. Results show that COVID-19 continues to be a life-changing pandemic for our Coachella Valley. This conclusion details some of the ways that everyone can help—at the organizational level and at the individual level.

The majority of residents agree with sheltering in place, social distancing guidelines, and properly wear a mask. However, there are still many who do not observe guidelines, or properly wear a mask. Consequently, this could result in additional community transmission of the virus. Some of the effects of COVID-19 described in this needs assessment includes lost employment, decreased income, difficulties paying bills, and increased stress and anxiety. BIPOC and individuals who were lower-income before the pandemic are disproportionately impacted by COVID-19 and more likely to continue to be exposed to the virus. Assessments of needs and resources emphasize the importance of food banks and food distribution sites. There’s also a great need for educating and assisting the public with positive coping strategies.

## INTRODUCTION

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HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation firm located in Palm Desert, California. HARC was founded to help tell the story of the Coachella Valley with a quantitative focus, as the only data available to our region was at the county-level. Having a local research firm enables health leaders and service providers to identify health disparities, inequities, unhealthy behaviors, and trends in our community.

HARC provides research and evaluation services such as, but not limited to needs assessments, program evaluations, analyses of existing data, and much more. HARC provides customized analytical consulting services, tailored to the needs of its clients to help them answer important questions regarding those they serve. Doing so enables our clients to evaluate the great work that they do and to make the Inland Empire a healthier, and ultimately, happier place to live.

HARC was able to conduct this COVID-19 Needs Assessment with the support of generous donors including Lucie Arnaz and Laurence Luckinbill, John P. Monahan Foundation, a Donor Advised Fund of the U.S. Charitable Gift Trust, and Western Wind Foundation.

### About COVID-19

A novel coronavirus is a new virus that has not been previously identified and documented. On February 11, 2020, the World Health Organization (WHO) identified and named the novel coronavirus outbreak that originated in Wuhan, China. This disease is called COVID-19, formerly called 2019 novel coronavirus or 2019-nCoV.<sup>1</sup> COVID-19 is primarily spread through respiratory droplets—that is, when an infected person coughs, sneezes, or talks.

As COVID-19 is a novel virus, the symptomology is still being investigated. However, the Centers for Disease Control has identified common symptoms such as fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.<sup>2</sup>

COVID-19 has left a global impact with respect to culture, race, health, economics, education, and the environment, and continues to do so. As of the date of this publication (August 5, 2020), there have been more than 18,710,600 confirmed cases of COVID-19 across the globe, and it is responsible for more than 704,800 deaths.<sup>3</sup>

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<sup>1</sup> CDC <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Basics>

<sup>2</sup> Symptoms of Coronavirus (2020). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

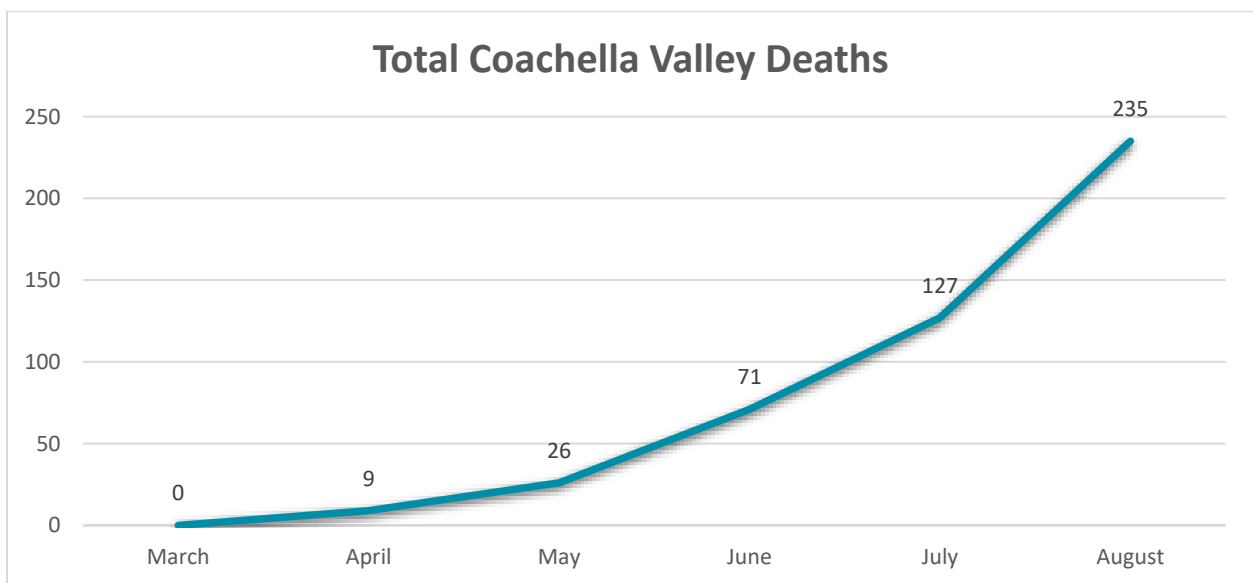
<sup>3</sup> Johns Hopkins University of Medicine Coronavirus Resource Center. <https://coronavirus.jhu.edu/map.html>



## COVID-19 Locally

The Coachella Valley is located in Riverside County, California. Overall, Riverside County is second only to Los Angeles County in terms of number of confirmed cases across all of California (and, in fact, the entire West Coast of the United States).<sup>4</sup>

Within Riverside County, the first confirmed case of COVID-19 in Coachella Valley occurred on March 7, 2020. Cases stayed fairly low for the first month or two, but by the time of this publication (August 5, 2020) there were more than 10,800 confirmed cases of COVID-19 within the Coachella Valley. The death toll has similarly been rising; each month the number of deaths roughly doubles over the prior month.



**Note.** Data are from Riverside County Public Health for the first week in each given month, based on reports by Dr. Patricia Cummings at Eisenhower Health. Last updated on August 4, 2020.

<sup>4</sup> Johns Hopkins University of Medicine Coronavirus Resource Center.  
<https://coronavirus.jhu.edu/map.html>

## Coachella Valley and High-Risk Populations

People with certain diagnoses/chronic illnesses have an increased risk of developing severe illness with COVID-19.<sup>5</sup> These high-risk populations are particularly relevant to our community, the Coachella Valley, as there are disproportionate percentage of people with comorbidities.

For example, approximately 29.3% (99,673 seniors) of our adult population are aged 65 and older, while only 19.2% of California adults are over age 65.<sup>6</sup> This difference represents a statistically significant finding, indicating the Coachella Valley is home to a disproportionately older population. What's more is that age is a major risk factor of dying from COVID-19; for every 10 deaths occurring as a result of COVID-19, eight of them are aged 65 and older, according to the CDC.<sup>7</sup>

Aside from age, data from Riverside County Public Health has illustrated that the Coachella Valley is home to a disproportionate number of people living with HIV/AIDS (PLWHA).<sup>8</sup> PLWHA have suppressed immune systems, and thus are especially vulnerable to all viruses, including the Coronavirus. Overall, there are more than 6,300 PLWHA in the Coachella Valley, many of whom moved here specifically for the supportive community and nationally recognized HIV care.<sup>9</sup> For example, the rate of PLWHA in the city of Palm Springs, one of the nine cities in the Coachella Valley, is 7,300 people per 100,000 living with HIV, a rate that is 20 times higher than California as a whole.<sup>10</sup>

Our community is also more likely to be living in poverty; 24.9% of our adult population is living below the federal poverty line, compared to 15.7% of California.<sup>11</sup> Additionally, about 6.8% of Coachella Valley adults were in a precarious housing situation before the pandemic.<sup>12</sup>

Overall, it's clear that there are multiple vulnerable sub-populations in the Coachella Valley that make it a unique place in which to battle COVID-19.

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<sup>5</sup> People Who Are at Increased Risk for Severe Illness (2020). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

<sup>6</sup> U.S. Census Bureau 2018. ACS 5-year estimates data profiles, Table ID: S0101, Age and Sex.

<sup>7</sup> Older Adults (2020). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

<sup>8</sup> Epidemiology of HIV in Riverside County, 2018. (2018). Epidemiology & Program Evaluation Riverside University Health System - Public Health [https://www.rivcohiv aids.org/Portals/15/Riverside\\_County\\_HIV\\_AIDS\\_2018\\_Final.pdf?ver=2019-08-22-153618-560](https://www.rivcohiv aids.org/Portals/15/Riverside_County_HIV_AIDS_2018_Final.pdf?ver=2019-08-22-153618-560)

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at [www.HARCdata.org](http://www.HARCdata.org)

<sup>12</sup> Ibid.

## METHODS

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In an attempt to learn more about the COVID-19 pandemic and its impact on the Coachella Valley community, HARC conducted data in two ways:

- An online needs assessment
- Several qualitative key informant interviews

This report summarizes the highlights of both. The survey was conducted online through SurveyMonkey.com. The survey was launched on June 10<sup>th</sup> of 2020. The surveys were made available in both English and Spanish.

The sampling technique for this survey was a convenience sample. Specifically, HARC publicized the survey on HARC's website, social media channels (Facebook, Twitter, and Instagram), and through e-blasts. HARC also asked various local partners to help publicize the survey to broaden the reach. Partners who helped to disseminate the survey to the community include:

- Cactus Hugs
- City of Cathedral City
- City of Coachella
- City of Indio
- City of Palm Springs
- Coachella Valley Unified School District
- Desert Oasis Healthcare
- Desert Sands Unified School District
- Galilee Center
- HARC Board of Directors
- HARP-PS
- Inland Empire Disabilities Collaborative
- JFS of the Desert
- LGBT Community Center of the Desert
- Operation SafeHouse of the Desert
- Palm Springs Unified School District
- RAP Foundation
- Uken Report

Data collection was open for approximately one month; the survey was opened in the beginning of June 2020 and closed on July 5, 2020. To increase participation rates, four \$100 Visa gift cards were provided to randomly selected participants.

In addition to the online survey, HARC collected qualitative data via key informant interviews with local residents about the impacts of COVID-19. This was a part of a partnership with the Center for Health Disparities Research at UC Riverside (HDR@UCR), a research group in which HARC is a proud member. These interviews were recorded and transcribed and then qualitatively analyzed. The quotations from these interviews are interspersed throughout the report to give context to the numbers and illustrate the experiences in the community members' own words.

# RESULTS

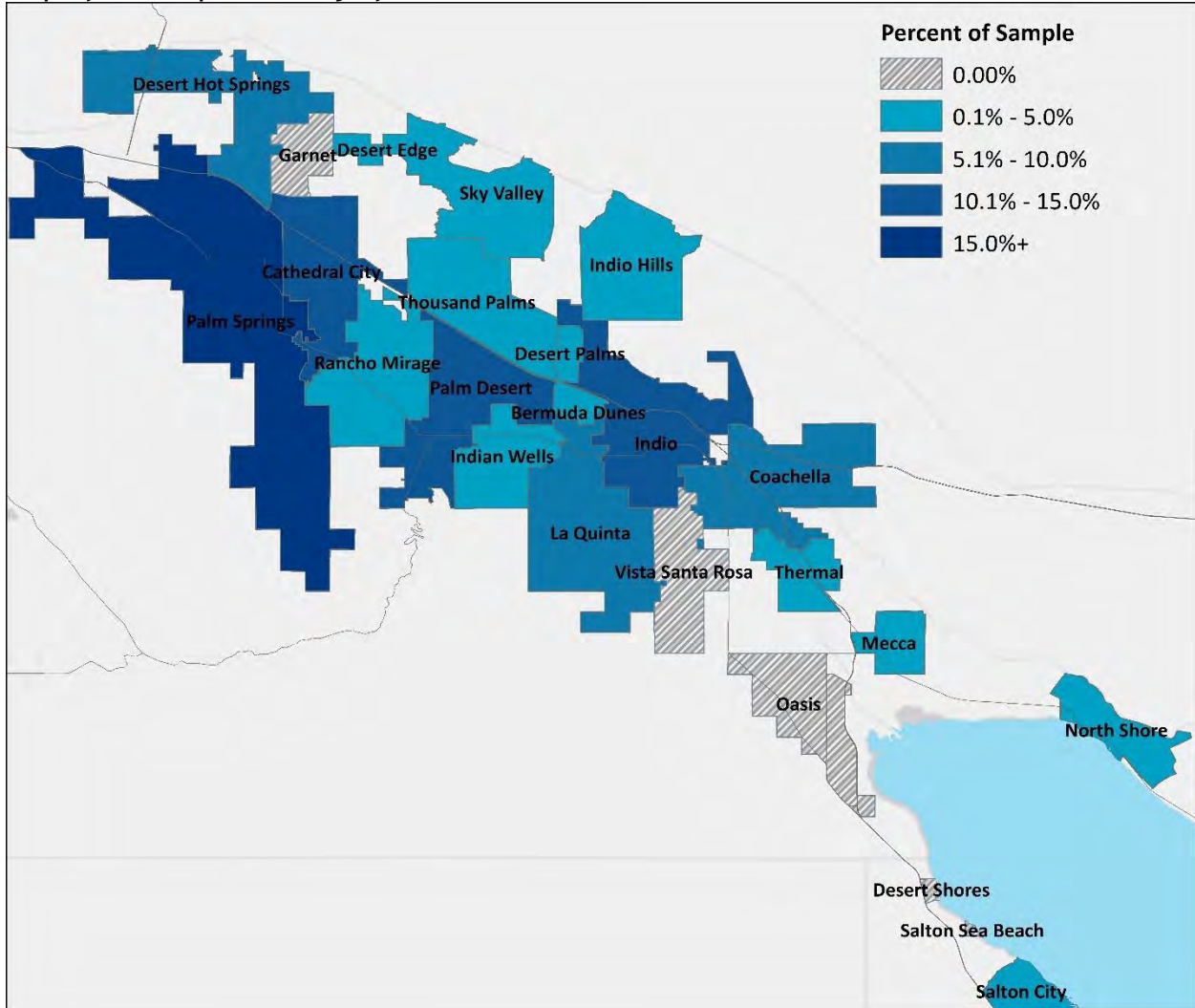
There were a total of 624 valid responses on the survey, once responses were removed from those who did not live in the Coachella Valley, were not adults, and/or did not complete a substantial portion of the questions.

## Demographics

### Geography

Participants were asked to report on the city and ZIP code in which they live. As illustrated in the map below, participants came from communities all across the Coachella Valley.

Map of Participants' City of Residence

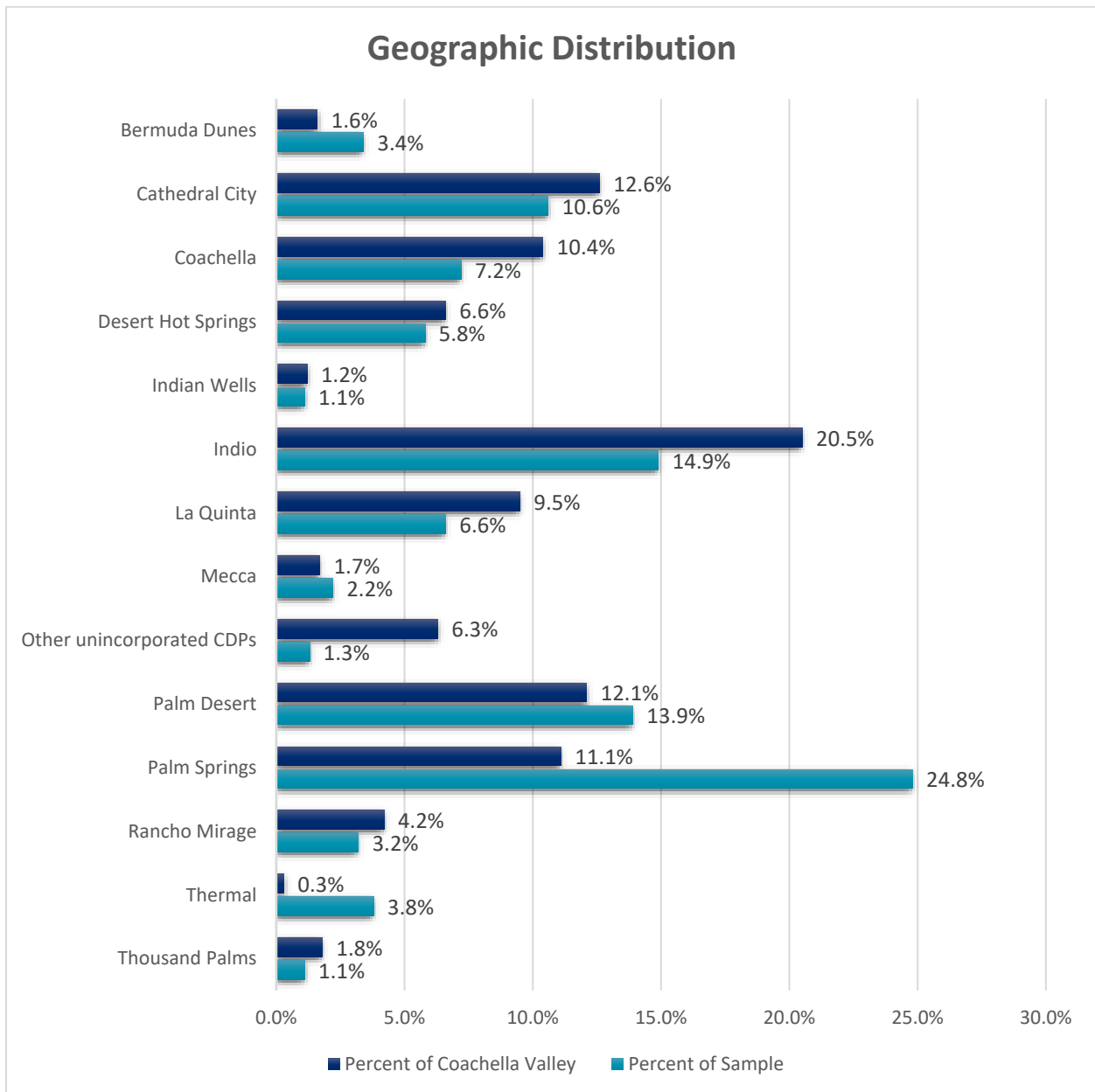


**Note.** City/CDP boundaries from U.S. Census Bureau. Basemap from Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS User community.



To assess how well the participants in this survey represent the Coachella Valley, geographic distribution was compared to the population in the Coachella Valley as a whole.

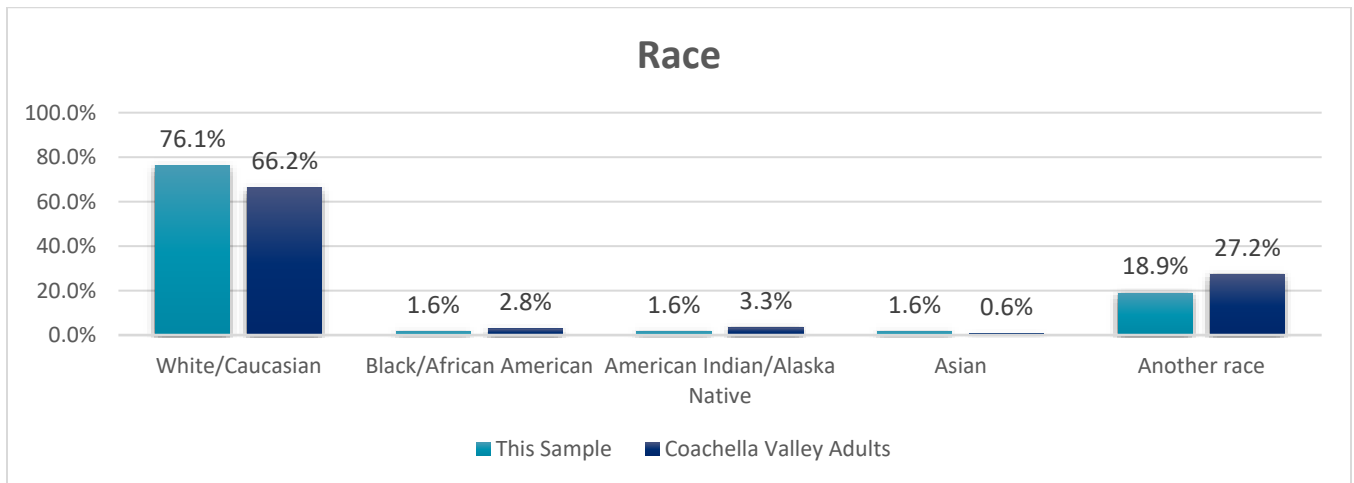
Results show that the sample of this survey represents the geography of the Coachella Valley fairly well, as illustrated in the chart below. Indio is slightly under-represented in the sample, while Palm Springs is a slightly over-represented. Other cities are fairly well-represented in this sample compared to the actual population, indicating that while we do not have a true random sample, our sample does represent the various geographies very well.



**Note.** Source of the “Coachella Valley” numbers are from the U.S. Census Bureau’s American Community Survey 2014-2018 estimates. The “other unincorporated CDPs” include Desert Edge, Desert Palms, Garnet, Indio Hills, North Shore, Oasis, Sky Valley, and Vista Santa Rosa.

### Race and Ethnicity

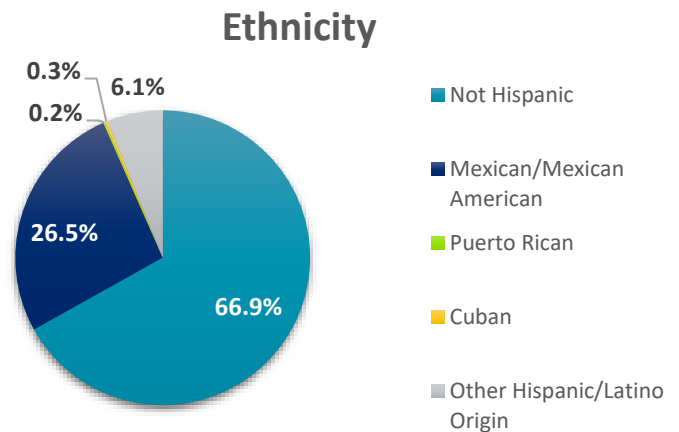
Participants were asked their race using a “check all that apply” approach, and their ethnicity was asked as a separate question. As illustrated in the figure below, most participants identify as White/Caucasian. Many of those who selected “other” wrote in “Hispanic” or “Latino” or similar responses. The White/Caucasian race is slightly overrepresented in the current sample, when comparing to the overall adult population of Coachella Valley.



**Note.** Coachella Valley data in this graph are from HARC’s 2019 Coachella Valley Community Health Survey.

As illustrated in the chart to the right, approximately a third (26.5%) of participants identified as Hispanic/Latino, while the other two thirds identified as not Hispanic/Latino.

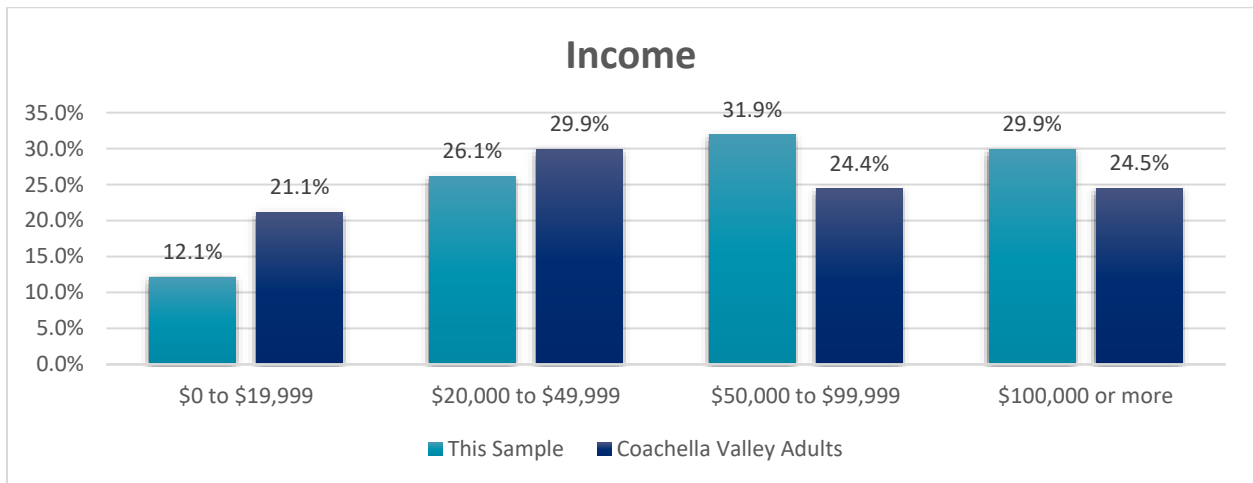
In the Coachella Valley as a whole, the distribution among adults is more like half and half<sup>13</sup>, which means that this sample slightly under-represents the Hispanic/Latino population.



<sup>13</sup> Specifically, 51.5% Hispanic/Latino, 48.4% not Hispanic/Latino, based on the U.S. Census Bureau’s American Community Survey 5-Year Estimates, 2014-2018, for the nine Coachella Valley cities and 12 CDPs combined.

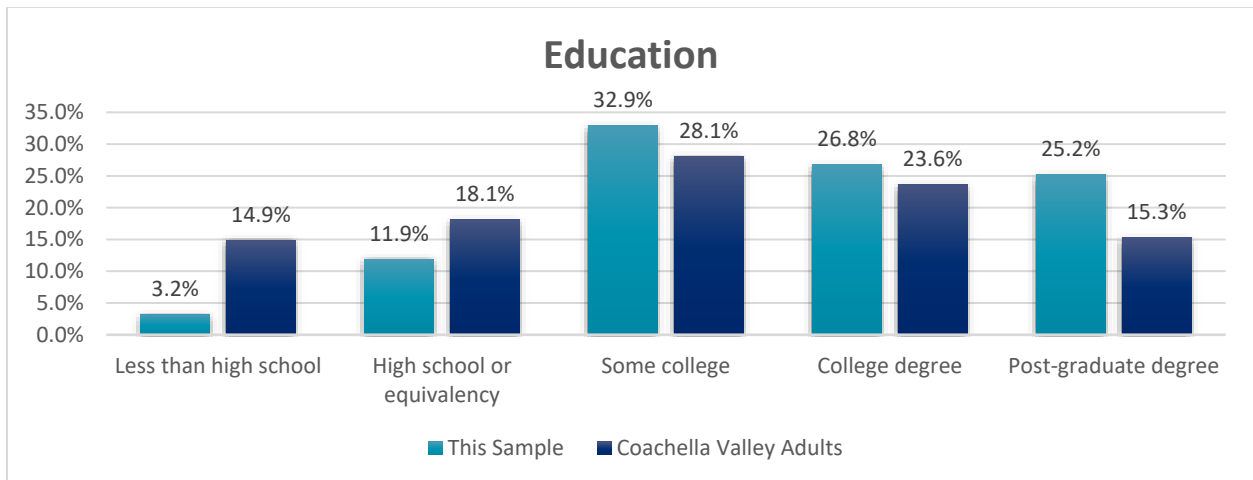
### Income and Education

Participants were asked to report their annual combined household income from all sources before taxes. The responses to this question are provided below and are also compared to the Coachella Valley population as a whole. As illustrated in the chart below, this survey under-represents those in the lowest income bracket (making less than \$20,000 a year). This is likely because this survey was conducted solely online, and many who are very low-income do not have ready access to the internet.



**Note.** Coachella Valley data in this graph are from HARC’s 2019 Coachella Valley Community Health Survey.

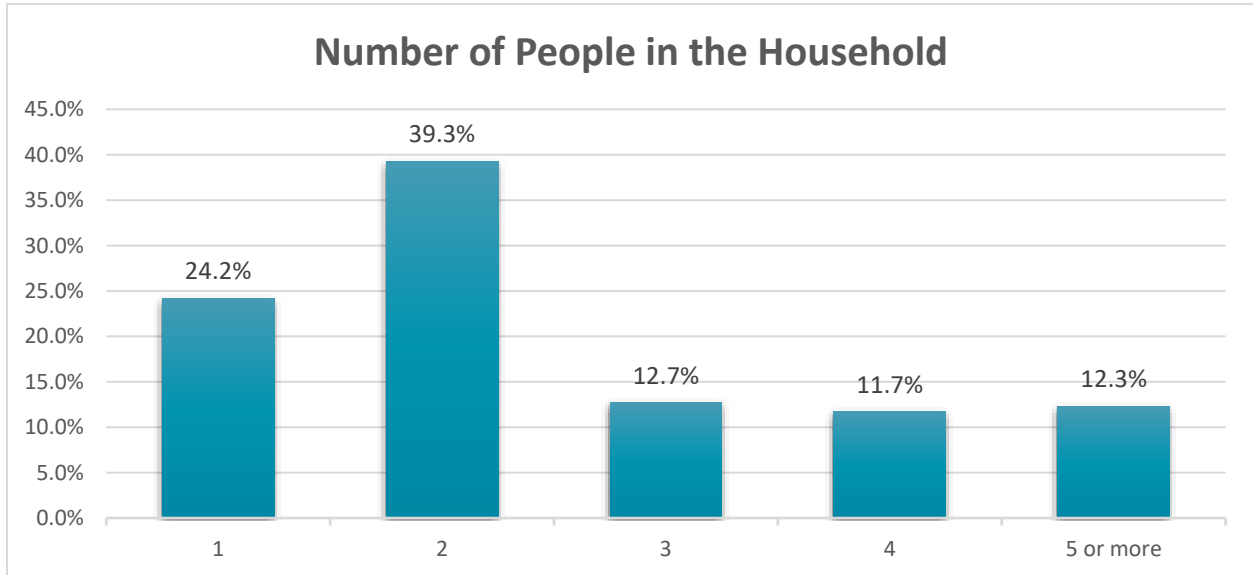
Participants were also asked to report the highest level of education they have completed. This survey sample under-represents those with very low educational levels while over-representing those with high education levels, as illustrated in the chart below.



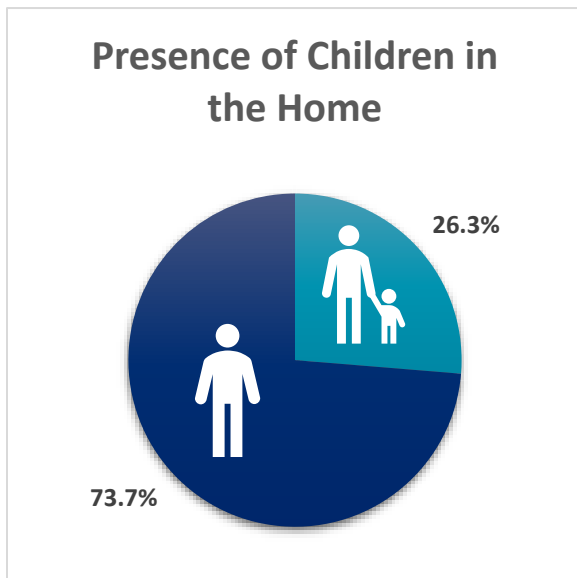
**Note.** Coachella Valley data in this graph are from HARC’s 2019 Coachella Valley Community Health Survey.

### Household

On average, participants had 2.6 people living in their household (including themselves). Most commonly, participants live in a home with two people (39.3%) and secondly a quarter of participants (24.2%) live alone. On the high end, roughly 12.3% of participants live in homes with five or more people.



Note.  $n = 624$ .



Note.  $n = 164$ .

Approximately one quarter of participants (26.3%) live in households with at least one child, as illustrated in the chart to the left.

Of the 164 participants who live in homes with children:

- About a third (32.9%) have only one child present in the home.
- 40.9% have two children in the home.
- 26.2% have three or more children in the home.



### ***Sex and Gender Identity***

Gender was asked using a two-question model, based on best practices: the first assesses what sex the participant was assigned at birth on their original birth certificate, and the second asks how they identify today: male, female, transgender, not male/female/transgender, or another gender identity.

Results show that participants were disproportionately female, as illustrated in the table below.

<b>Current Gender Identity</b>	<b>Number of Participants</b>	<b>Percent of Participants</b>
Male	214	34.5%
Female	401	64.7%
Do not identify as female, male, or transgender	2	0.3%
Another gender identity	3	0.5%
<b>Total</b>	<b>620</b>	<b>100.0%</b>

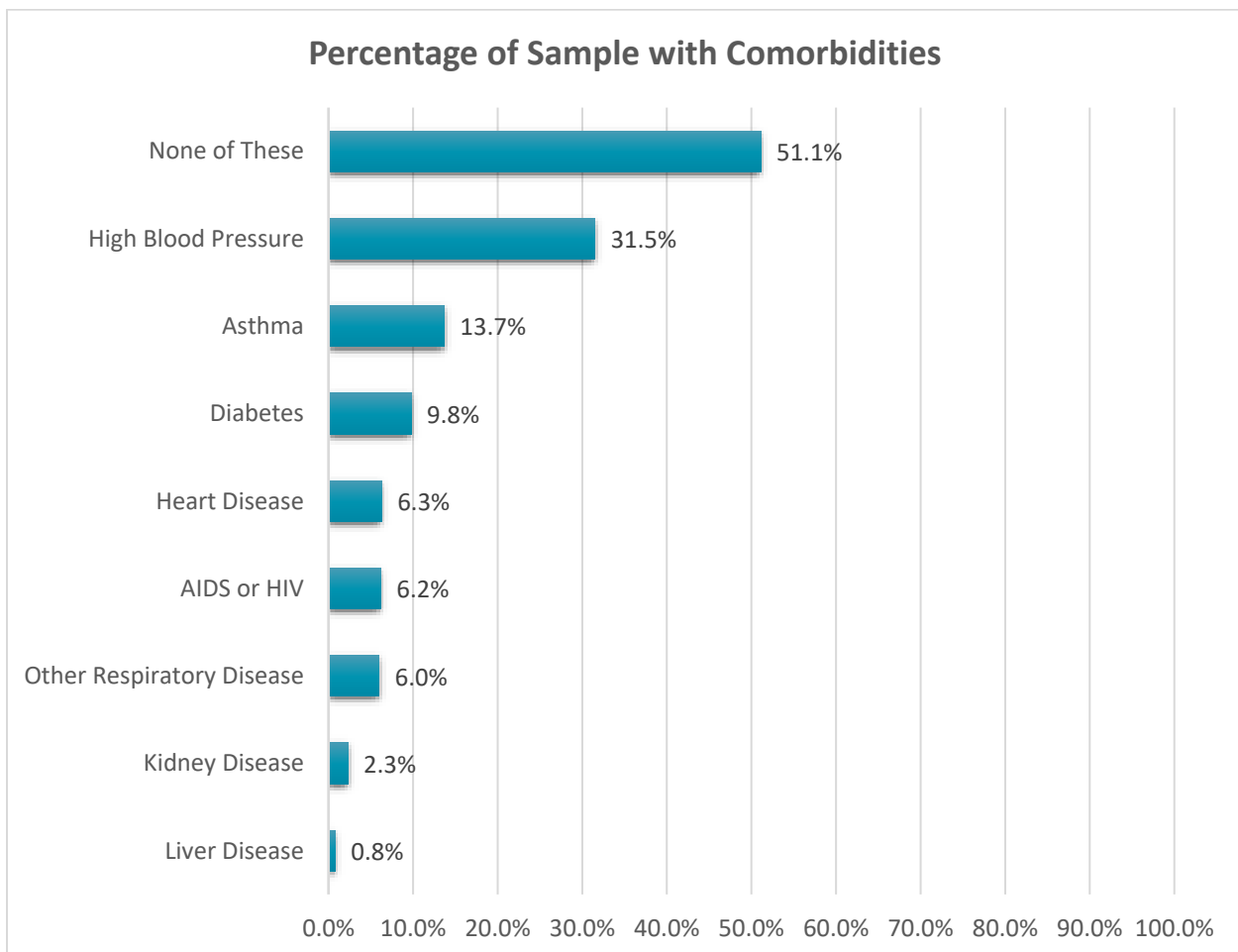
### ***Demographics Overall***

Generally speaking, a random sample is the only way to truly represent the diversity of a community. This needs assessment was not able to utilize random sampling due to time and resource limitations, but instead used a “convenience sample”, where anyone in the region could opt-in to take the survey. Thus, it is not surprising that the sample size of this needs assessment is not perfectly reflective of the overall population of the Coachella Valley. However, overall, **this sample does include a diversity of geographies, genders, races, ethnicities, incomes, and education levels**. With these demographics in mind, results from this survey can be cautiously extrapolated to the Valley as a whole.

## Comorbidities

Comorbidities are the extent to which two pathological conditions occur concurrently. There are several diagnoses/chronic illnesses that are associated with poorer COVID-19 outcomes.<sup>14</sup> Assessing comorbidities is important as a person diagnosed with one or more major diseases may require hospitalization, intensive care, or a ventilator.<sup>15</sup> Without this care, amid the COVID-19 disease, there is a chance of death.

As such, participants were asked whether they had ever been diagnosed with some of these diseases. **Approximately half of the participants (49.3%) have been diagnosed with one or more of these major high-risk comorbidities and thus, are at high-risk for COVID-19 complications.** The most common comorbidity was high blood pressure, as illustrated in the figure below, which is not surprising as it is the most commonly diagnosed major disease in the Coachella Valley as a whole<sup>16</sup>. In contrast, more than half of the participants had never been diagnosed with any of these issues.



**Note.** *n* = 615.

<sup>14</sup> People Who Are at Increased Risk for Severe Illness (2020). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

<sup>15</sup> Ibid.

<sup>16</sup> HARC's 2019 Coachella Valley Community Health Survey. Available at <http://www.HARCdata.org>

## COVID-19 Symptoms and Testing

The primary symptoms of COVID-19 are fever, cough, and shortness of breath.<sup>17</sup> Participants were asked whether they had experienced any of these symptoms in the past two months. **Most have not experienced any COVID symptoms**, as illustrated in the table below, and thus, were relatively unlikely to have been infected.

Experienced Coronavirus Symptoms?	Number of Participants	Percent of Participants
Yes, some of these symptoms	57	9.2%
Yes, all of these symptoms	7	1.1%
No	557	89.7%
<b>Total</b>	<b>624</b>	<b>100.0%</b>

At this time, COVID-19 tests are freely available to anyone in the Coachella Valley at a variety of sites.<sup>18</sup> As such, participants were asked whether they had gotten a coronavirus test. **The majority of participants (66.0%) have not tried to get a test.** Of the 178 people who have been tested, 12 of them tested positive. All who tested positive indicated they stayed in quarantine upon diagnosis; some were hospitalized.

Received a Coronavirus Test?	Number of Participants	Percent of Participants
Yes, tested positive	12	1.9%
Yes, tested negative	166	26.6%
No, haven't tried to get a test	411	66.0%
No, tried but haven't been able to get tested	34	5.5%
<b>Total</b>	<b>623</b>	<b>100.0%</b>

Participants were asked to respond to the statement, “If I learned that I may have been exposed to someone with confirmed COVID-19 (coronavirus), I would first...” As illustrated in the table below, most participants would either quarantine themselves for 14 days (37.1%) or go get tested for COVID-19 (39.8%).

If I learned I may have been exposed to someone with confirmed COVID-19, I would first...	Number of Participants	Percent of Participants
Quarantine myself for 14 days	230	37.1%
Monitor myself for symptoms and seek testing if I developed COVID-19 symptoms	128	20.6%
Take myself for COVID-19 testing (and I know where to go to get that)	208	33.5%
Take myself for COVID-19 testing (but I don't know where I'd go to get that)	39	6.3%
<i>Other</i>	14	2.4%
<b>Total</b>	<b>620</b>	<b>100.0%</b>

<sup>17</sup> Symptoms of Coronavirus (2020). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<sup>18</sup> Riverside University Health System - Public Health. Coronavirus information. Available online at <https://www.rivcoph.org/coronavirus>

### ***Testing Positive - From a Caregiver's Perspective***

To explore the experience of those who test positive, the following pages present excerpts from one interview conducted by HARC staff. It describes, in her own words, the COVID-19 experience of a Hispanic woman in her 20s who lives in Coachella. She is a professional caregiver, and her entire family (including her) tested positive for COVID-19. This is her story of the past month and a half of coping with COVID-19 herself and caring for her mother. The transcript has been minimally edited by HARC staff for readability.

This story illustrates many key themes, including the struggles the family experienced as well as successful coping strategies for managing a COVID-19 diagnosis. In particular, this story highlights the devotion of a daughter as well as the strategies that helped in her mother's recovery—such as relying on family and friends, practicing gratitude, and limiting media use to minimize exposure to negativity.

“*We were doing a rosario—I'm not sure how you say that in English—we were doing a rosary, and one my aunts was there with us. This happened on a Thursday. And Monday morning, we got a call that she's in the hospital and she had all the COVID symptoms. So now at this point, we were like, “okay, well, we had minimal contact with her. We have no symptoms. We should probably still get tested.”*

*Monday afternoon, my mother started presenting symptoms, very mild symptoms. So, we're like, “okay, we definitely need to get tested”. At that moment in time, my sister and her family were staying with us for some time. So, for the kids' health—because we were unsure how it affected kids—they went back to the apartment and we stayed, just my mother, my father, and me in the house.*

*So, we went to Tuesday, Wednesday; things are worse. On Wednesday, I called my job. I work Wednesday, so Wednesday, midday, I called my job and I let them know my mother had symptoms. I didn't have any symptoms. My mother had symptoms. They were very nice about providing me with a place where I could get tested and get my mom tested for free as well. I made the appointment online. I called and then made an appointment and we went to go get tested. This was on a Thursday. We went Thursday morning to get tested. And right after testing, we came home and we stayed home. We didn't go out, we stayed home. The following day, my father got tested.*

*We had tested Thursday. On Saturday, I got the results by email. For me and my mother, which had COVID-19, was detected. And I think the hardest thing about this was having my mom. I mean, it's hard because she has diabetes, she has high blood pressure, and all the complications things seem to people dying around. And the last thing you want to do is worry someone, you know. But I have to tell her. And once we found out, we isolated her from my dad. So, after 33 years of marriage, [they're] spending some time sleeping in different rooms. So, we would sleep in a*



*different room until they had him [my dad] tested. We also went back to sleeping different rooms of the house, not sharing any utensils or parts.*

*We did get groceries delivered. Luckily, we have great neighbors and extended family. I did have friends who offered you know, but just kind of afraid to let them near my house. I didn't want them to go through what I was going through. We did have groceries delivered and we sanitized everything right as it went in. Anything coming out of the house was something really sanitized. Nobody was allowed to come in for house at all. Paying bills; we paid them online, whatever we could pay. Other than that, we were just at home.*

*During that time, I actually was trying to stay off Facebook, trying to stay off social media because my mother's doctor let us know to not let her see any news. Anything that might mention virus because it could be worse, you know. And this causes the immune system to debilitate. I, for myself, I was kept in contact with my siblings and I would get some updates on my mother's health. Other than that, I wouldn't really talk to anybody. I video-chatted a couple of friends, one, maybe twice throughout the whole thing. I spent the whole time taking care of my mom.*

*I think that out of us, my mom, she got it the worst. Between me and my dad, we would take turns to take shifts sleeping because she couldn't really sleep. She would be out of breath. So, you know, I would sleep, I would go to bed at 5:00 in the morning. I would take an hour nap in the afternoons and then spend the whole night by her bedside.*

*I'm really grateful to have the family I do, because when it came time, we supported each other. While I was at home taking care of my mom and helping her for all this, I had an amazing support system out there who was getting groceries for me, who was getting medication for me so that I could help my mother.*

*I learned that no matter what differences we have. And even though we might want to rip each other's hair out five out of seven days in the week, when it comes down to it, they were there to help each other. I see cases where people were infected and their family members were like, "oh, you need to look for new place to stay, you can't stay anymore". And to hear that, to know that, it's a horrible way they're thinking. Well, at least to me, and being Hispanic, family is everything. So practically, since the day you were born, you learned that family is everything and family has your back. To have so many families, to see so many families turning their back on people because the Coronavirus, or they tested positive for the Coronavirus, it's heartbreaking. And I will forever be grateful. I will forever be grateful for what I have, the family I have. And all that from COVID.*

*It's hard, I can imagine that was hard for them being on the outside. Because I come from a very united family. We see each other every day. And we couldn't be closer if we were attached to each other. Imagine it*

*being apart for my siblings to not be able to see my parents. For my nieces and nephews to not be able to speak with my mom, even then, I wouldn't allow anybody outside of household to speak to my mom because of her difficulty breathing and any strong emotion would cause her more difficult to breathing. So, for over a month, all communication she had was me and my dad. So, going from having, you know, screaming kids running around the house.... [it was a big change].*

*The room where we had my mom, I disconnected the cable. Let me tell you, she was not getting any information from the outside world. Everything she knew was coming out of my lips. And half of that was lies. I'm not proud to say, she would ask me "how's that person, how's that person?" I'm like, "oh Ama, they're doing great, they're back home". And they're dropping like flies. And that's horrible. But I couldn't tell her, "Hey, mom, your sister died. Hey, mom, your brother died." You know, before we got tested and we contracted the virus, her father had died. It's not like I can be, "hey Mom, guess what?" So, everything had to be like, "oh, yeah, Mom they're doing great, they say hi."*

*She was slowly getting back to normal and I was able to tell her, which was so horrible but, you know, at least, I knew she wasn't good enough [to tell her at the time]. Quarantine, this emotional state, where she couldn't breathe on her own anymore. I cut her cable off, I took her phone away. She was living off Caso Cerrado on YouTube. (laugh) I even censored her YouTube to what she likes. I would been in her room within five minutes: "What are you watching?" No. And anything that even came close to mentioning Coronavirus, I'd be like, "hey, let's watch the movie instead on Netflix."*

*It's a perfect place to say I went overboard on it. But it's something I never wish someone would see for their mother or their child. It's hard. You as a person who's caring for these people, you don't even have a chance to think about your sickness, your well-being because you're so focused on helping this poor thing get through it that maybe the symptoms don't get to you. You are so focused on "you need to get this person through this". I need to make sure that they're doing okay.*

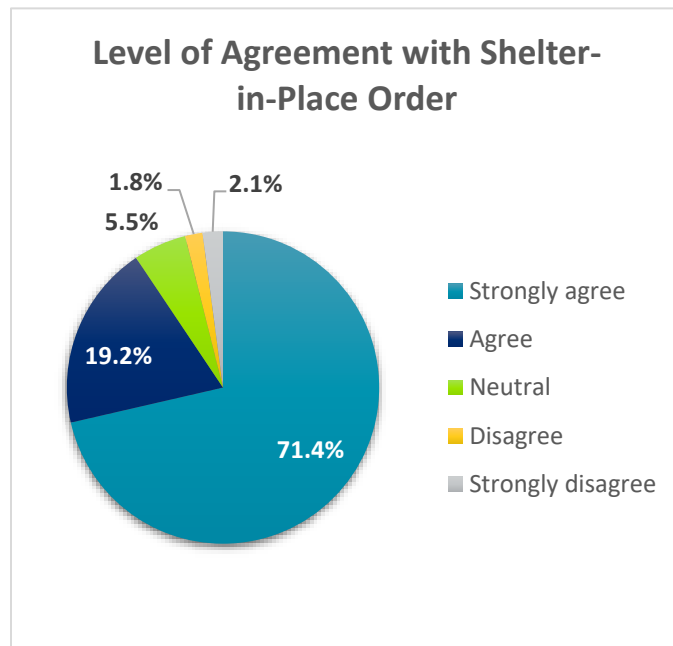
*I've used the washer more this past month than I've had since I started washing my own clothes. I was washing and disinfecting everything and anything that was being used every day. She'd get a new set of bedsheets on her bed every day. Back to everything. Doors were being cleaned every day.*

*[Social distancing] was more for her health. I didn't want her to relapse. I wanted to make sure that I wasn't going back before, I wasn't going back out there until it was completely okay.*

”

## Shelter-In-Place

Since March 19<sup>th</sup>, California has been under a “shelter-in-place” order which means that all residents are to stay home except for essential needs and for essential work. For the purposes of this order, “essential needs” include getting food, caring for a relative or friend, getting necessary health care, or going to an essential job), while “essential work” includes healthcare providers, gas stations, pharmacies, grocery stores take-out and delivery, laundromats/services, essential state and local government, etc. This “shelter-in-place” order is intended to slow the spread of coronavirus.



Participants were asked, “To what extent do you agree with the “shelter-in-place” order for *yourself*?” Results show that **the majority of participants “strongly agree” with the “shelter-in-place” order for themselves**, as illustrated in the figure to the left.

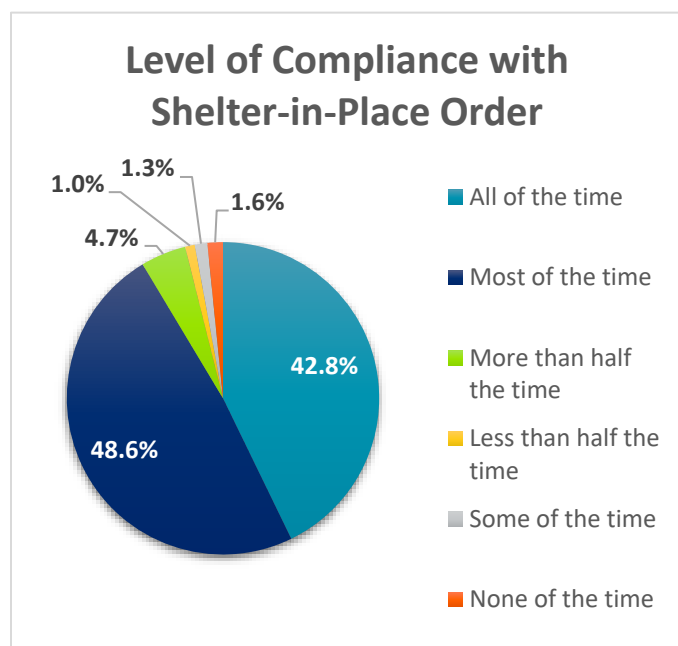
However, **nearly 4% of participants either “disagree” or “strongly disagree” with these orders**, meaning they are unlikely to comply and at risk for being disease carriers and/or contracting COVID-19 themselves.

Note. n = 615.

Participants were then asked, “To what extent have you complied with the shelter-in-place order during the past month?”

As illustrated in the figure to the right, the majority of participants complied with the shelter-in-place order “most of the time” or “all of the time” during the past month.

However, **nearly 4% of participants comply with the orders less than half the time or even less often**, meaning they are at-risk.

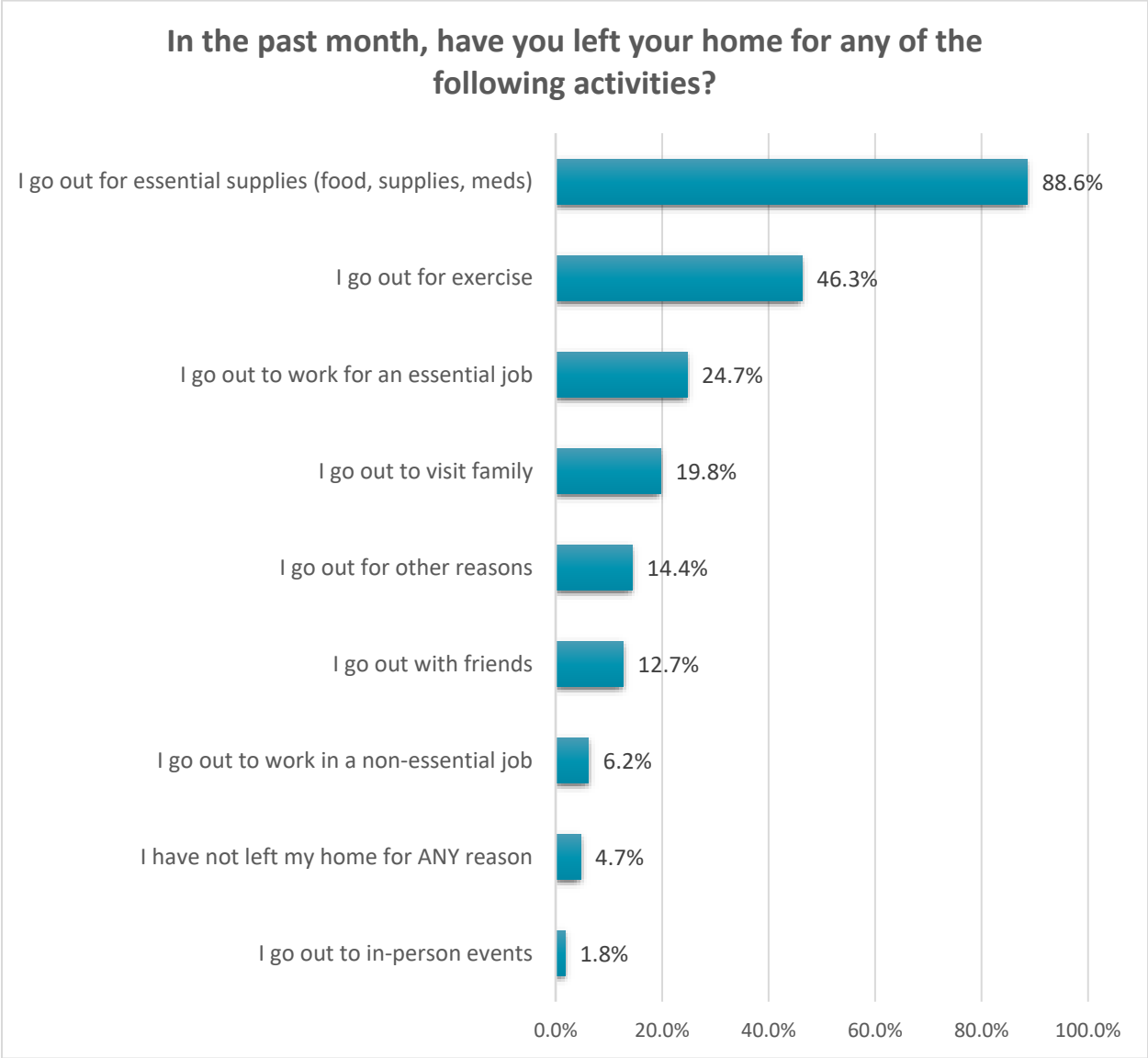


Note. n = 615.

Participants were asked, “In the past month, have you left your home for any of the following activities? Please check all that apply.”

A little less than 5% of participants have completely isolated—they have not left their home for ANY reason, as illustrated in figure below.

Most people go out for essential supplies (e.g., food, supplies, medications), which is entirely in compliance of the shelter-in-place order. The second most common reason for leaving the home is for exercise.



**Note.** *n* = 616. These percentages do not sum to 100% because participants could select more than one response.

Participants that stated they go out for “other” reasons were given a chance to elaborate. Open-ended statements were qualitatively analyzed using a process of content coding to identify reoccurring themes.

The most common reasons for going out healthcare, socializing, and food, as illustrated in the table below.

Themes About Reasons for Going Out	References
Healthcare	25
Socializing	13
Food	11
Take care of errands	9
Helping others	7
Work	7
Traveling	6
Exercise	5
Hair cut	5
For entertainment	4
Protest	4
Worship	2

To conclude the section on shelter-in-place, participants were asked an open-ended question: “Is there anything else you want to say about the ‘shelter-in-place’ order?”

The most common type of response by participants was agreement for the shelter-in-place order, as illustrated in the table on the next page. Specifically, participants echoed statements such as:

- *“Great idea”*
- *“I support it”*
- *“It is important and I encourage people to abide by it”*

One participant stated, *“I strongly believe in the shelter in place order, social distancing and wearing masks outside at all times. It is a matter of life and death and simply caring about others.”*

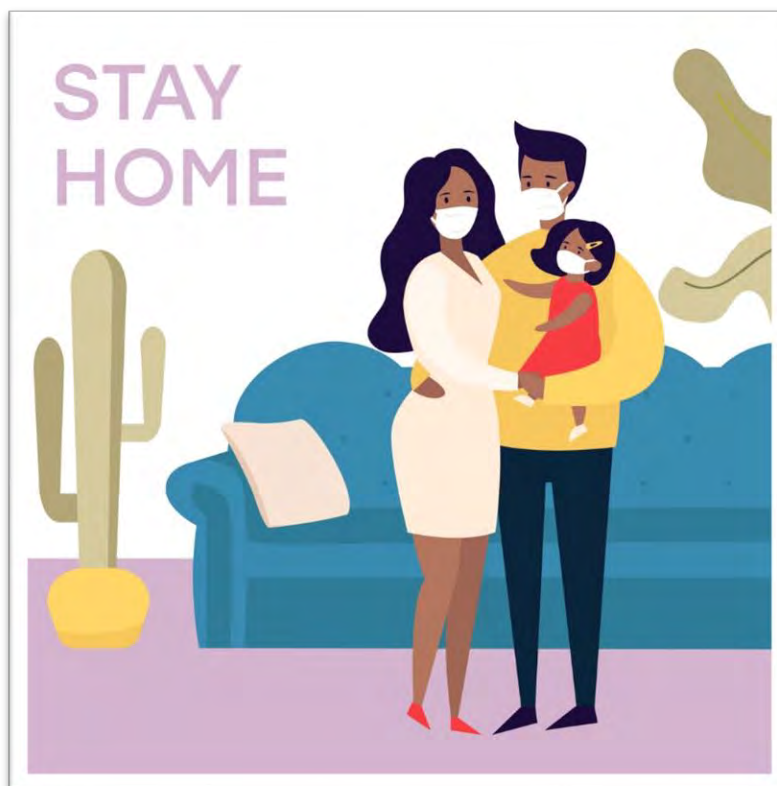
Another common theme among participants was the shelter-in-place order is not being upheld, enforced, or followed properly. As one participant stated:

*“Much has been said on the importance of ‘shelter-in-place’ but the order really did not get enforced. People continue to go about things as if they are immune to COVID-19.”*

Participants also expressed a concern for reopening too soon and that the shelter-in-place is ended too soon. One participant noted that opening is important, but it seems that there will be a detrimental cost:

*“I believe the shelter in place order has helped slow down the spread of the virus and do not agree with the reopening of all non-essential businesses, it is my opinion that it is too soon and recent data thus far is supporting my thoughts- we are seeing infection increases everywhere. I understand people need to get back to work but at what cost?”*

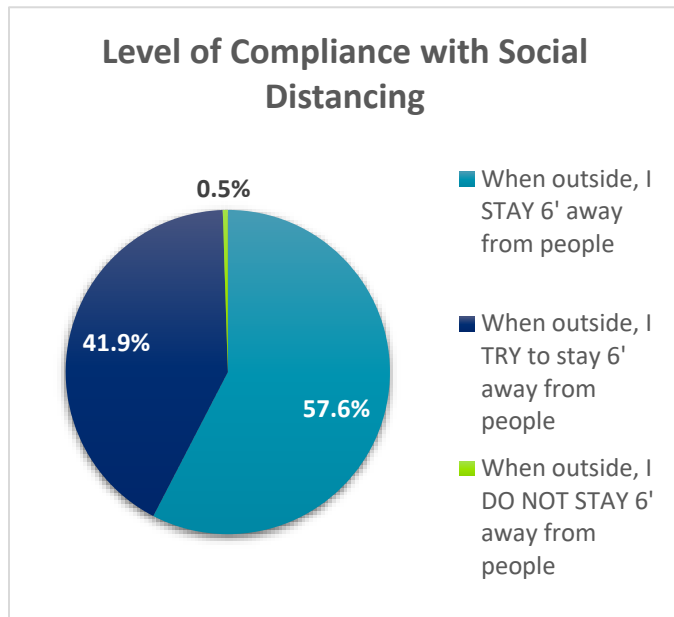
Themes About Shelter-in-Place	References
Agree with shelter in place	56
Not being upheld or followed properly	22
Reopening too soon - shelter-in-place ended too soon	19
Don't like the shelter in place order	11
People should wear masks in public	8
Difficult to be compliant with the order	7
Don't agree with how the order is implemented	5
Sheltering in place is boring	4
Have only gone out with friends or family	3
It is more about politics than health	3
Need to be careful	3
Need money and support	2





## Social Distancing

The Centers for Disease Control and Prevention is recommending that people avoid gatherings and stay at least 6 feet apart from each other when leaving the home, known as “social distancing”. Officials at Riverside University Health System have stated that the combination of maintaining social distancing, wearing face coverings, and frequent handwashing can reduce the spread of COVID-19 by 95%.<sup>19</sup> As such, social distancing is a critical component to controlling the spread of COVID-19.



To measure compliance with social distancing recommendations, participants were asked, “To what degree have you complied with these social distancing recommendations?”

As illustrated in the figure to the left, **most participants (57.6%) were able to stay at least 6 feet away from people when they go outdoors, while 41.9% strive to but are not always able to socially distance.** A very small proportion (0.5%) do not even try to stay six feet away from people.

*Note.*  $n = 613$ .

Participants who selected “I TRY to stay at least 6 feet away from people, but that is not always possible” or “I DO NOT stay at least 6 feet away from people” were further asked to explain their response.

Results show that the most common response was this **it is not possible to socially distance in some situations**, such as hiking, work, sidewalks, bus stops, markets, etc. The most commonly cited situations that make it difficult are in stores, which is not surprising, given that most people go out for essential supplies, while fewer people leave the home for exercise or work. For example:

- *“Grocery store aisles are narrow”,*
- *“...in aisles, it is difficult to stay 6 feet away from people”*
- *“When shopping for groceries it is not always possible to stay 6 feet from everyone. Mostly when passing someone going in the opposite direction of you.”*

<sup>19</sup> Riverside County (July 3, 2020). Public Service Announcement: Stay at home this Fourth of July. Available online at: [https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/July/News/July\\_4\\_PSA.pdf?ver=2020-07-03-105807-240&timestamp=1593799163121](https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/July/News/July_4_PSA.pdf?ver=2020-07-03-105807-240&timestamp=1593799163121)

A similar theme was identified among participants was that people are not always compliant with social distancing. For example, one participant wrote:

*“Sometimes people are not serious about the distancing and will walk less than six feet. I do try to follow the guidelines and will try to distance but it takes both parties in order to fully adhere to this guideline.”*

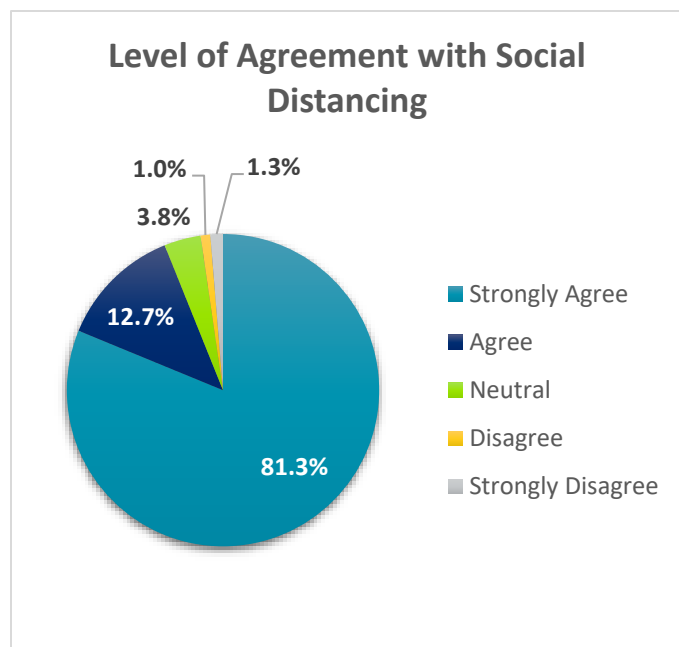
See the table below for additional themes identified among participants’ responses.

Themes About Why Social Distancing Isn’t Always Possible	Number of References
Difficult to follow 6-foot guidelines in stores	112
People are not always compliant with social distancing	56
Not possible to be socially distant in some situations	31
Not possible at my job	8
I disagree with social distancing guidelines	5
I sometimes forget	3
Participated in an activity where we weren’t socially distant	2
I get close to family/friends	2
Can’t always with healthcare visits	2

Participants were asked, “To what extent do you agree with the social distancing requirements and recommendations for *yourself*?”

As illustrated to the right, **most participants strongly agree or agree with social distancing requirements and recommendations.**

However, about **2.3% of people disagree/strongly disagree**, and thus, are likely not keeping their distance from others. This puts them at risk as well as others who are in close proximity to them.



Note. n = 608.

To conclude the section on social distancing, participants were asked an open-ended question: “Is there anything else you would like to say about social distancing?”

Most comments fell into the “agree/everyone should do it” category. For example:

- *“Everyone needs to do this for it to be effective for the community”*
- *“Estoy totalmente de acuerdo por el bienestar de salud mio y de los demás personas” (I fully agree for the health and well-being of myself and others)*
- *“It is a very good practice that all individuals and businesses should be doing”*

The next most common theme was in a similar vein, expressing disbelief and/or disgust that others do not comply with social distancing. For example:

- *“I just wish everyone would cover and stay away from me. My husband is high risk.”*
- *“Not everyone respects this and some people have verbally stated they don't think it is necessary and this is very concerning when out in public”*
- *“I wish people understood the guidelines and would pay attention”*

Another common theme was that the mandate is necessary, but often difficult. For example:

- *“It's hurt to see that you can't hug your own children that live outside your immediate household. But they understand the safety reasons so we give air-hugs.”*
- *“Wearing a mask in the heat is very hard thing to do. I wear a mask in the heat last week and it have me a heat rash on my face. It was really bad. now when I am outside I alone I will not ware my mask.” [sic]*
- *“Intellectually I agree. Emotionally, much more difficult and sometimes impractical.”*

Themes About Social Distancing	Number of References
Agree/everyone should social distance	57
Agree, but many people are not	35
It's worthwhile, but difficult and challenging	15
Social distancing needs to be mandated and/or enforced	11
No, nothing, not applicable	7
Messaging/public education needs to be improved	5
Social distancing now = serious problems in the future	5
Terminology - change to “physical distancing”	4
Disagree with social distancing - it's stupid, ridiculous, etc.	4
Social distancing is causing other problems	3
Other	9

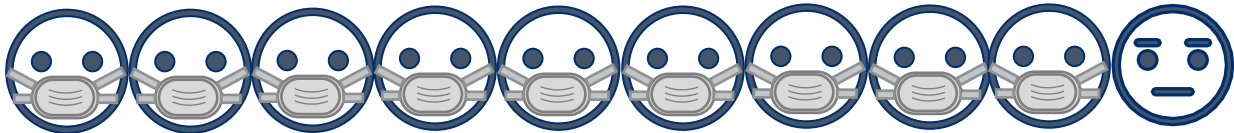
## Mask Use

Riverside County Public Health is also recommending that all people wear masks or face coverings, such as scarves (dense fabric, without holes), bandanas, neck gaiter, or other fabric face coverings. In fact, local Riverside County authorities state that 95% of COVID-19 cases could be prevented by the combination of social distancing, mask wearing, and regularly washing hands thoroughly.

Participants in this survey were asked, “In the past month, when outside of your home, how often do you wear face coverings?” **Slightly less than three-quarters (70.7%) of participants wear masks all of the time and a quarter (25.5%) of participants wear masks most of the time/more than half of the time.** However, about 3.8% wear a mask less than half of the time to none of the time.

Frequency of Wearing a Mask	Number of Participants	Percent of Participants
All of the time	431	70.7%
Most of the time	146	23.9%
More than half of the time	10	1.6%
Less than half of the time	6	1.0%
Some of the time	12	2.0%
None of the time	5	0.8%
<b>Total</b>	<b>610</b>	<b>100.0%</b>

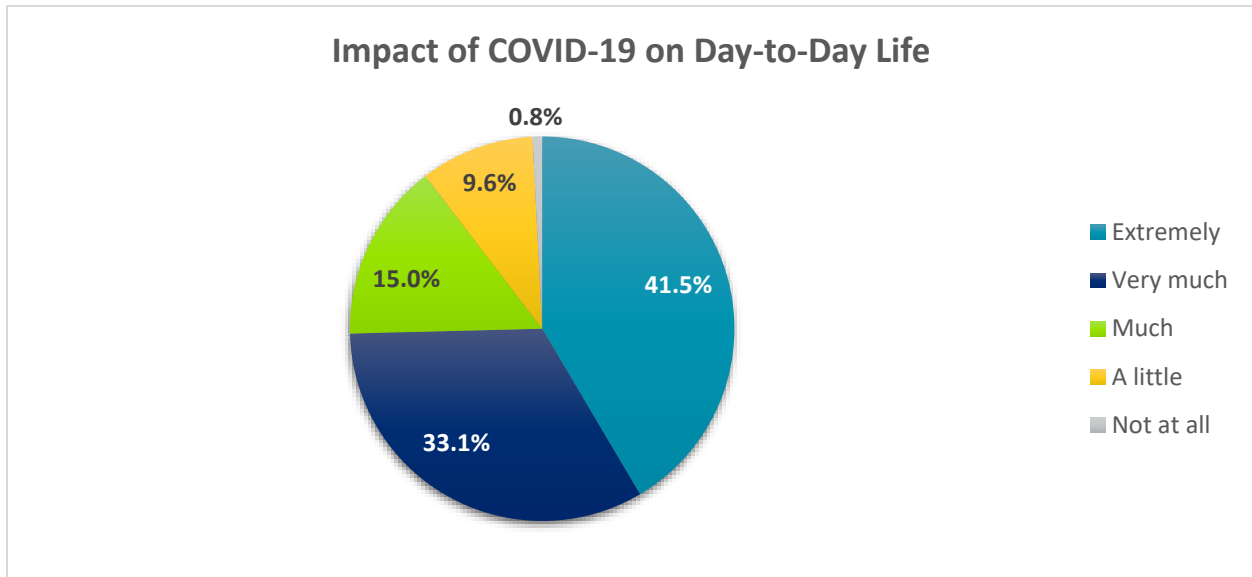
Masks are only effective when worn properly—that is, covering both the mouth and nose. Participants were asked, “When wearing your mask, how often does it cover both your mouth and nose?” Results show reveal that **nine out of ten participants wear a mask correctly all of the time.**



Frequency of Mask Covering Nose and Mouth	Number of Participants	Percent of Participants
All of the time	549	90.4%
Most of the time	50	8.2%
More than half of the time	2	0.3%
Less than half of the time	3	0.5%
Some of the time	3	0.5%
<b>Total</b>	<b>607</b>	<b>100.0%</b>

## Impact of COVID-19

Participants were asked, “How much is/did COVID-19 impact your day-to-day life?” Results show that 41.5% of participants have been extremely impacted by COVID-19, while another third (33.1%) have been very much impacted.



Note. n = 605.

Participants were then asked to explain why they selected their response. Open-ended statements were grouped by those who stated they were impacted “extremely, very much, or much”, while the remaining were grouped by being impacted, “a little or not at all”.

Among those who stated impact was “a little or not at all”, the most common theme was that these people didn’t go out very much before the pandemic began. For example, one participant wrote, *“I didn’t have much of a social life. I miss going out to the movies, but it’s not a big deal.”*

Another common theme was that participants were able to work from home, and thus they have not been as impacted. For example, one participant wrote, *“My job is 100% remote, so work is not affected”*.

See the table below for additional themes from the people who said it had “very little” or “no impact” on their day-to-day lives.

Themes re: COVID-19 had MINIMAL Impact on Day-to-Day Life	References
Didn’t go out very much before the pandemic	23
I am able to work from home/remotely	8
Can’t go out for activities	4
Miss seeing people	3
Public assistance has been helpful	2

Participants who indicated that their lives were impacted “extremely, very much, or much” were qualitatively analyzed together. By far, the most common theme among participants was that their social life has been restricted. Examples of these comments include:

- *“Have not had interaction with others”*
- *“Unable to see family and friends”*
- *“Feeling isolated”*

One participant expounded on how this social isolation has impacted their lives:

*“We are VERY social people with a broad network of friends and many volunteer commitments. The end of social and volunteering opportunities has been tough for us... with our time on earth shortening. We want to travel and socialize before it's too late for us.”*

Other participants described that they lost their employment due to the virus, and on a related note, many described having lower incomes from a reduction in working hours.

See the table below for additional themes from the people who said it had “extremely”, “very much”, or “much impact” on their day-to-day lives.

Themes re: COVID-19 had MAJOR Impact on Day-to-Day Life	References
Social life has been restricted	114
Lost employment	56
Cannot go out anymore or do my usual activities	37
Limited income now	29
No vacations or traveling	26
Working from home now most of the time	23
Can't exercise anymore	22
Fear of acquiring COVID-19	19
Affected my mental health negatively	17
Difficult adjustment to being home all of the time	16
Everything in my life has changed	14
Haven't been able to volunteer	9
It has not been too difficult	9
Family or friends died during pandemic	5
Online schooling has been difficult	5
Was not able to move	5
Children falling behind in education	4
School closings	3
Have been strictly following guidelines	3
Can't find employment	2
No organized activities for kids	2
Have gotten sick with COVID-19	2



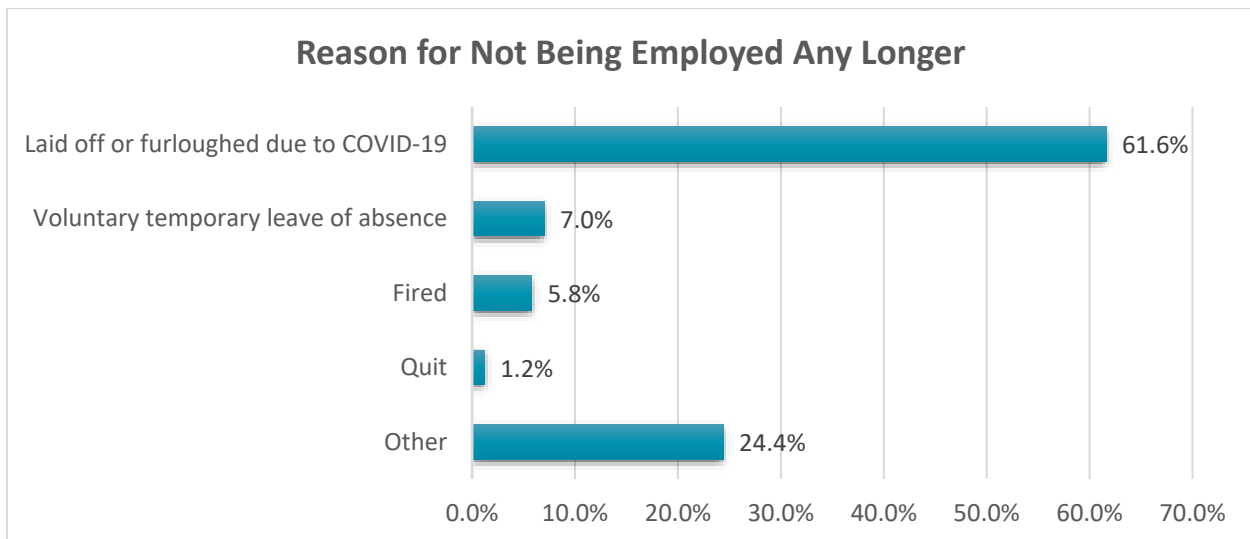
## Employment

Most participants (61.9%) were employed prior to the COVID-19 pandemic in January 2020. However, the pandemic had a serious impact on employment: **approximately 22.9% of participants who were employed prior to COVID-19 are no longer employed.** Five people (less than 1% of the sample) who were not employed prior to the pandemic are now employed.

### 1 in 5 Workers Lost Their Jobs Between January and June of 2020



Those who lost their jobs were asked to provide the reasons why, in an effort to obtain a more in-depth understanding of the data. As illustrated in the figure below, most of them were laid off or furloughed due to COVID-19.



Of those who selected “other”, many stated that they did seasonal work and there is no work available right now. For example:

- *“I worked at a school and now that school is over I have no work”*
- *“Se acabo el trabajo” (work is done)*
- *“Seasonal termination two and a half months earlier than usual”*

Another theme was that there is no work right now because of the pandemic:

- *“I was a dog sitter, owner was laid off and no longer needs my services”*
- *“No corporate events or weddings”*
- *“Restaurants closed”*

Survey participants who are currently employed were asked, “Are you worried that you may lose your job in the coming months?” Results show that **18.1% of employed participants are extremely worried about losing their jobs**, causing them major stress. Another 38.6% are “a little bit worried”, while the remaining 43.3% are secure in their employment and “not worried at all”.

There are 293 participants who are currently employed (46.9% of the entire sample, lower than the percent that were employed before the pandemic). These working participants were asked to describe their current employment situation. **Only a third (35.7%) exclusively go into work, physically, as illustrated in the table below. Approximately 38.1% are able to work completely remotely, limiting their exposure to the virus.**

Employment Situation	Number of Participants	Percent of Participants
I physically go into work	104	35.7%
Both: I physically go to work, and I work remotely	76	26.1%
I work remotely	111	38.1%
<b>Total</b>	<b>291</b>	<b>100.0%</b>

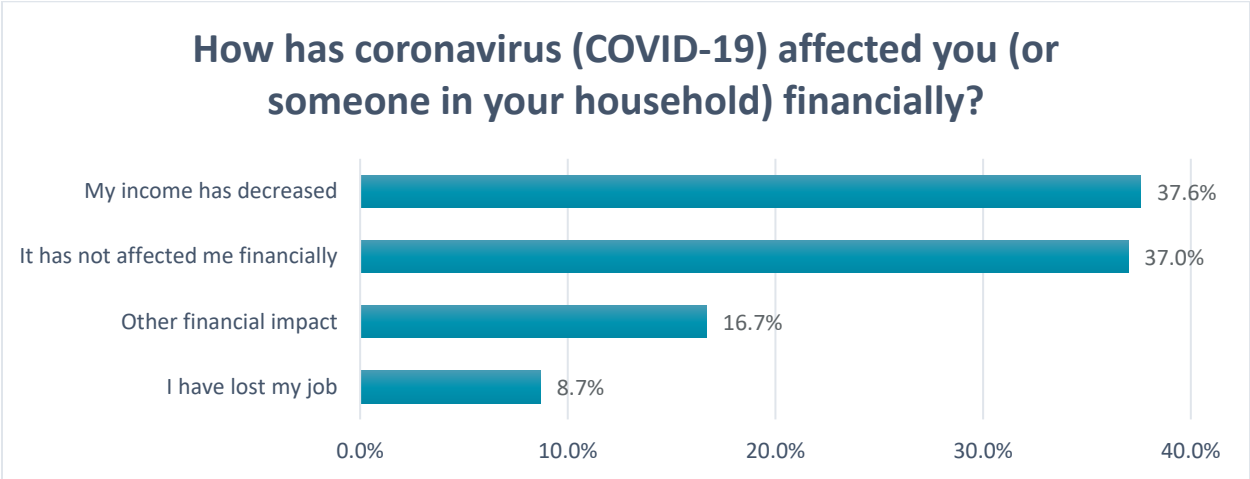
One of the qualitative interviewees worked for a local school district and had to work from home in order to keep doing her job. Her interview touched on some of the challenges of working from home:

*“I did work from home, which was interesting in itself just because it was difficult to manage my personal life and my work life since both needed my attention. It was hard to find a space where, you know, ‘I’m only going to work from these hours and I’m going to do my home stuff at these hours’. It was kind of like bouncing back, forth, back, and forth. And that just added to the stress of it.”*



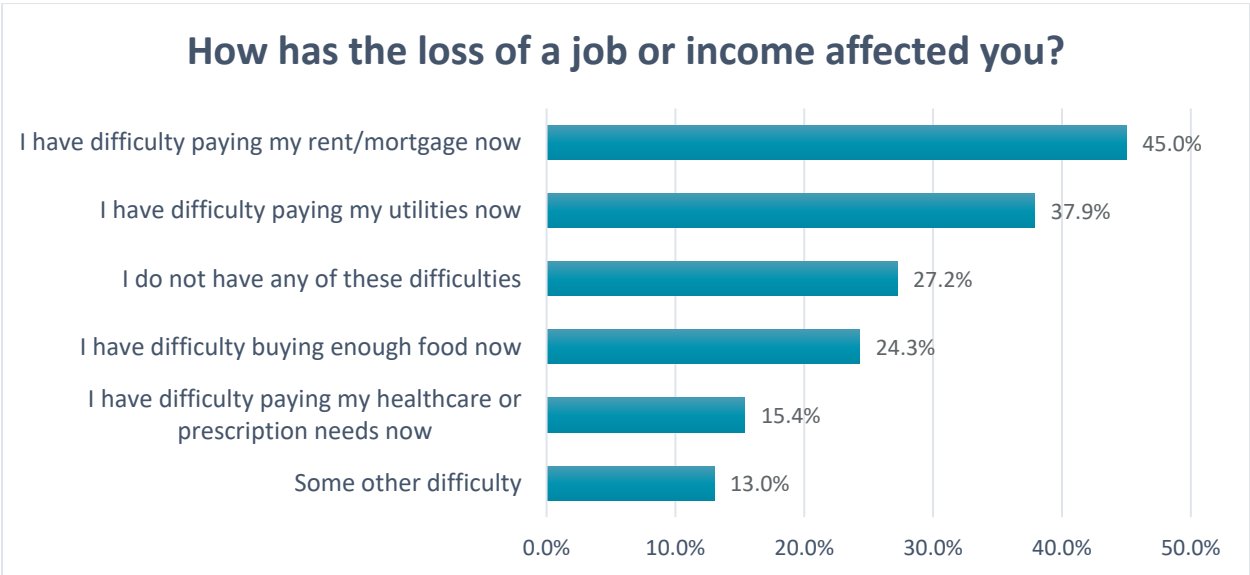
# Economic Issues

Participants who are currently employed or became unemployed during the pandemic were asked, “How has coronavirus (COVID-19) affected you (or someone in your household) financially?” Over a third (37.6%) report that their income has decreased while another third (37.0%) report that they were not affected financially.



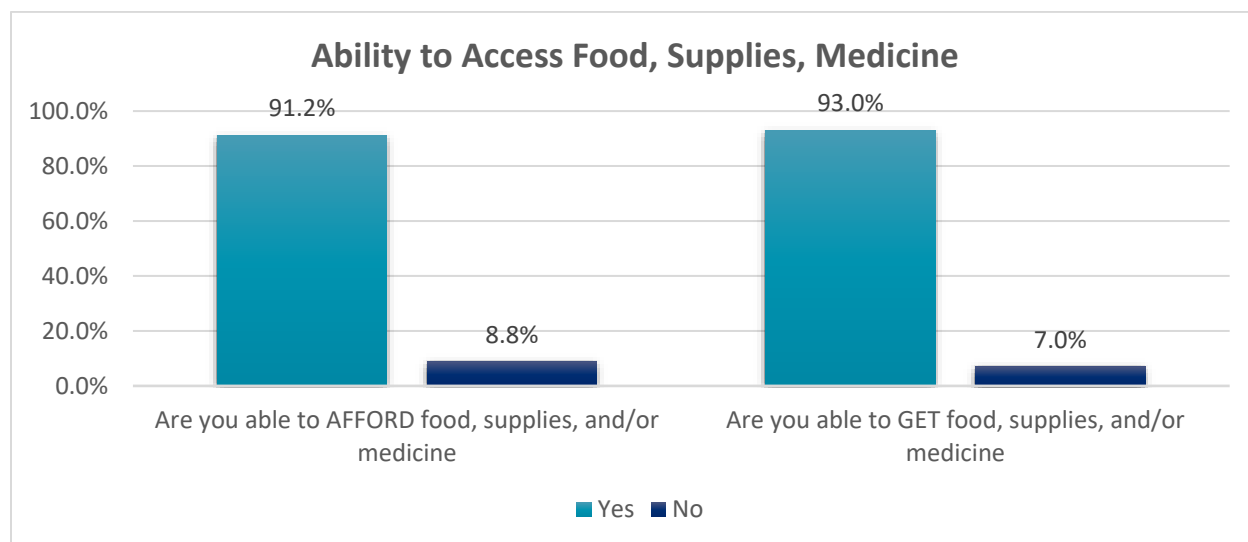
Note. n = 378.

Those who lost their job or had a decreased income were asked, “How has the loss of a job or income affected you? Check all that apply.” As illustrated in the chart below, the most common struggle is now paying rent/mortgage, followed by utilities.



Note. n = 169.

Participants were asked, “Are you able to AFFORD food, supplies, and/or medicine when you need it?”, followed by “Are you able to GET food, supplies, and/or medicine when you need to?” As illustrated in the figure below, most people are thankfully able to afford their essentials, and able to get them. However, about 8.8% of participants were unable to afford essentials, and 7.0% were unable to access essentials.



**Note.** “Are you able to afford food, supplies, and/or medicine?”  $n = 601$ . “Are you able to get food, supplies, and/or medicine?”  $n = 599$ .

Participants who indicated they were unable to access essentials were then asked, “Do you have someone who can get you food, supplies, and/or medicine when you need to?” Results showed that most of these participants (65.9% of people who were unable to access essentials themselves) do indeed have someone to help them. However, a third of people who can’t access essentials (34.1%) do not have anyone to help them and are likely in serious distress because they are completely cut off from these essentials.

One of the qualitative interviewees, who was a caregiver for seniors and people with disabilities, elaborated on how hard the pandemic has been on her clients:

*“I was working with a guy [as his caregiver], and we were trying to find a can of beans for three weeks. Three weeks and two different stores. He would send me once a week. He would send me to the store, I would look, and they would say, ‘oh, be here tomorrow at 6am. We will be unloading a truck.’ These are people who can’t go out on their own. And I’m only available to work with them once a week. So, if they don’t have items available on that day, my only other option is to try the following week. It’s tough to let them know, ‘I’m sorry, I can’t get you these essentials because maybe somebody else was panic buying or there’s not enough supplies.’ Some people don’t have family members, all they have is their caregivers. And they rely on canned food so they can cook in a stove or on the microwave. And not being able to bring that back home, it’s heartbreaking to have to tell them, ‘I’m sorry I can’t find you the food that you need’.”*

To conclude the section on economic issues, participants were asked an open-ended question: “Is there anything else you want to say about your financial situation or access to food/medicine?”

Overall, 67 participants reported “no” in that they had nothing to write. Beyond that, the most common theme among participants was that they are in a fortunate position. For example, one survey participant described their position as the following:

*“I feel very blessed to be able to work, have an income, and very good health insurance with access to care. Very aware of others who do not have the same options. Sheltering in place and this pandemic does not favor those in middle/lower income bracket and there is great inequity with regard to resources available.”*

However, many others reported that they have difficulty making ends meet. For example:

- *“It is difficult with less money coming in”*
- *“It’s getting harder to stay on top of bills”*
- *“My husband and I are living on his \$20/hour job. We’ve both wiped out our retirement savings to be able to pay bills and mortgage since February.”*

See the table below for additional themes reported among participants.

Themes About Financials and/or Access to Food/Medicine	References
Fortunate	50
Difficulty making ends meet	20
Public assistance has been helpful	12
Food prices going up	8
Curb side/delivery pickup has been helpful	5
Difficult getting resources in the beginning	5
Difficult to get resources	5
Difficult to get cleaning/disinfectant products	5
Worried about the future	5
Filing unemployment has been difficult	4
Difficult getting healthcare appointments	3
Essential workers need more aid	3
Afraid to get healthcare	2
Can't find work	2
Have been saving	2
Other	5

## Mental Health and Well-Being

The pandemic can have substantial impact on individual’s mental health and wellness, especially in light of the measures taken to reduce the spread of the disease (e.g., shelter-in-place and social distancing).

### *Psychological Distress and Hope*

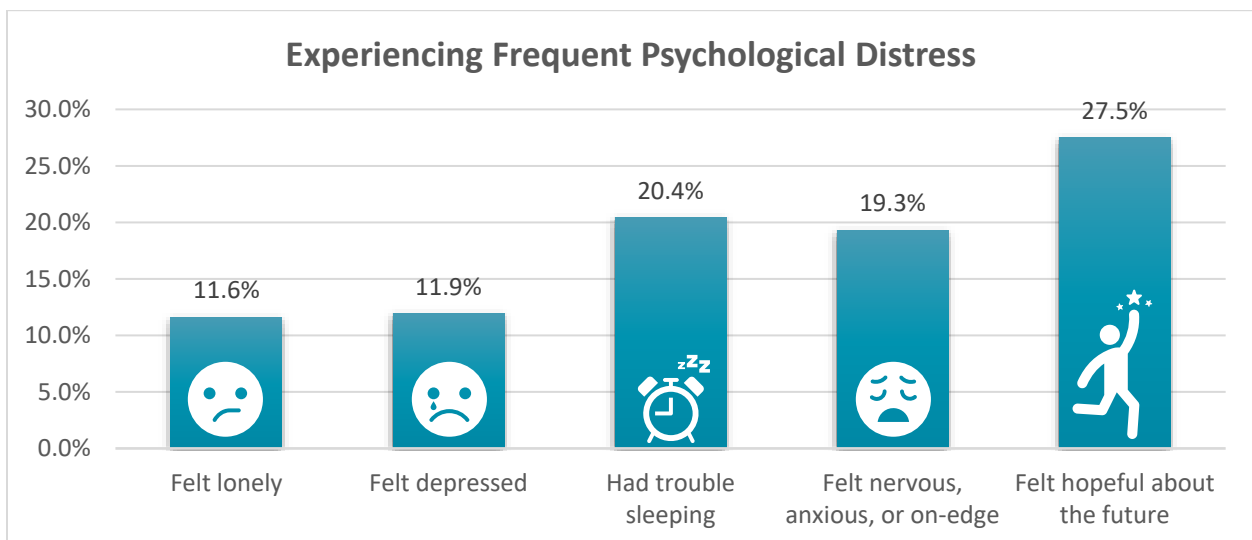
To assess mental health and well-being, participants were asked, “In the past seven days, how often have you:”

- Felt lonely
- Felt depressed
- Had trouble sleeping
- Felt nervous, anxious, or on-edge
- Felt hopeful about the future

These items, originally scales used to measure anxiety and depression, were compiled by the Pew Research Center to measure psychological distress—with an added question about hope.<sup>20</sup>

The figure below represents the percent of participants who reported feeling this way “most or all of the time (5 to 7 days a week)”. As illustrated below, the most common symptom of psychological distress is having trouble sleeping—roughly 1 in 5 participants are having trouble sleeping most or all days. A similar amount feel nervous, anxious, or on-edge most days of the week.

On a positive note, feelings of hope for the future are more common than any of the symptoms of psychological distress.



**Note.** “Felt lonely”,  $n = 577$ ; “Felt depressed”,  $n = 579$ ; “Had trouble sleeping”,  $n = 579$ ; “Felt nervous, anxious, or on edge”,  $n = 574$ ; “Felt hopeful about the future”,  $n = 585$ .

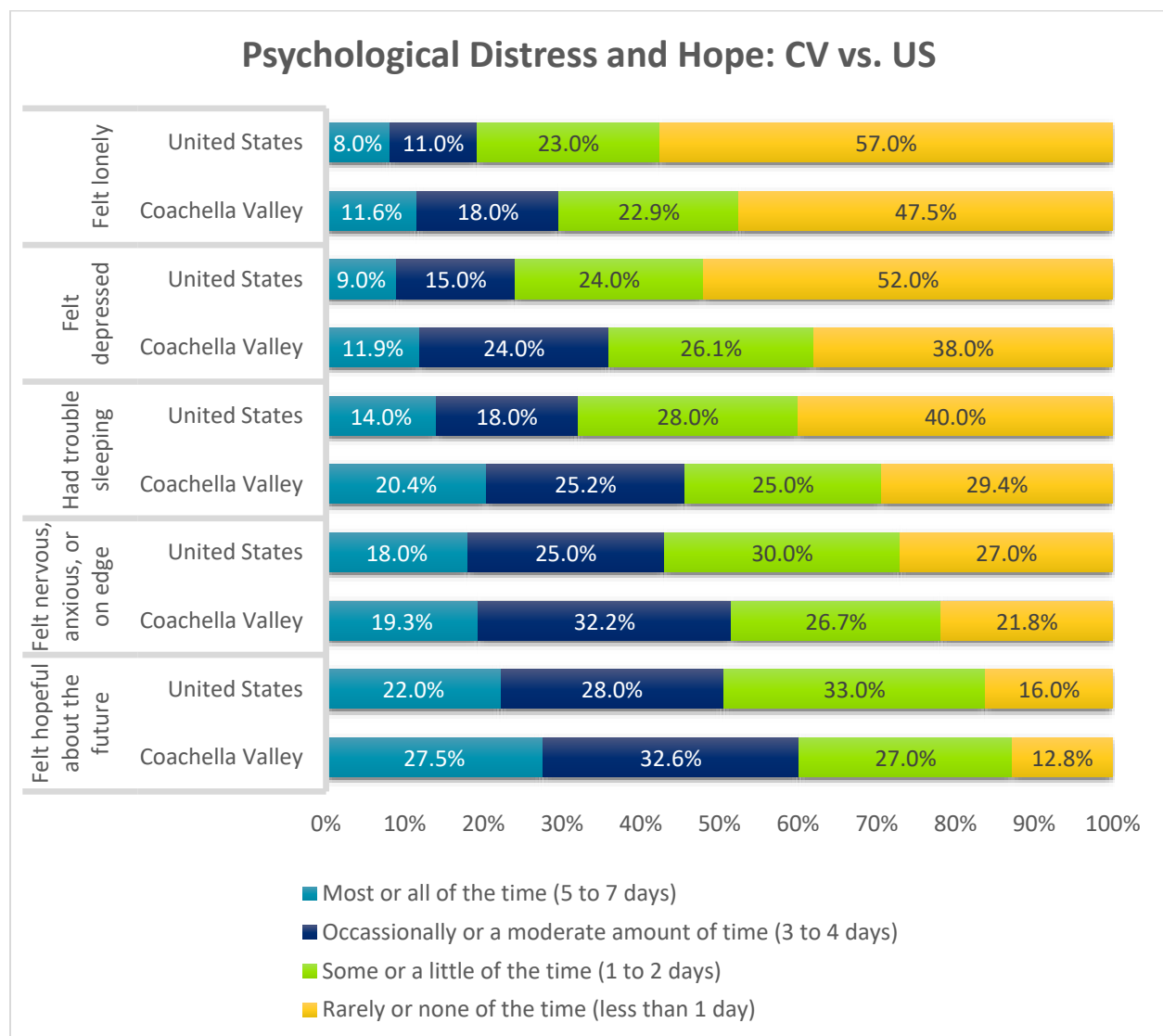
<sup>20</sup> People financially affected by COVID-19 outbreak are experiencing more psychological distress than others. (2020). Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/03/30/people-financially-affected-by-covid-19-outbreak-are-experiencing-more-psychological-distress-than-others/>



Rates of psychological distress—and hopeful feelings—can be compared to the United States as a whole by comparing the national data that Pew Research Center collected at the start of the shelter-in-place order (March 19 to 24, 2020) to the local Coachella Valley data collected by HARC.

As illustrated in the figure below, **Coachella Valley residents in June are overall experiencing higher levels of psychological distress than adults nationwide in March.** This is not surprising, as the longer the pandemic lasts, the more stressful it can be.

On the plus side, the data for Coachella Valley in June show higher levels of hope for the future than the national data did in March.

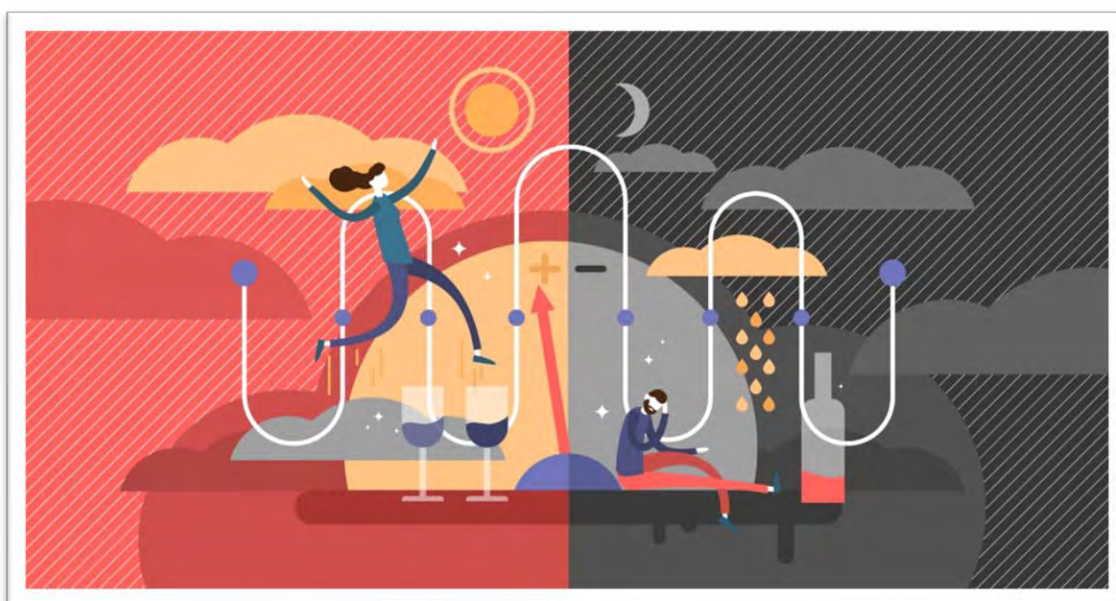


**Note.** “Felt lonely”, *n* = 577; “Felt depressed”, *n* = 579; “Had trouble sleeping”, *n* = 579; “Felt nervous, anxious, or on edge”, *n* = 574; “Felt hopeful about the future”, *n* = 585. U.S. data are from Pew Research Center from March 19-24, 2020.<sup>21</sup>

<sup>21</sup> People financially affected by COVID-19 outbreak are experiencing more psychological distress than others. (2020). Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/03/30/people-financially-affected-by-covid-19-outbreak-are-experiencing-more-psychological-distress-than-others/>

One of the qualitative interviewees touched on the issue of mental health, and illustrate some of the racing thoughts and mental health struggles local people experience:

*“I feel like it comes in waves, like some days I'm good and everything's normal, but other days it just becomes very frustrating. Just to think about like all the things that I am not able to do or, you know, how my life would be different, or I would have a better job right now, if it wasn't because all of this. No, it's not a constant. But when in those waves come of like stress and like depression and the anxiety of not being able to provide, it's just very stressful. They do come in waves but, you know, there's also good days where I'm like, 'oh, it's so nice to be home and relax'.”*

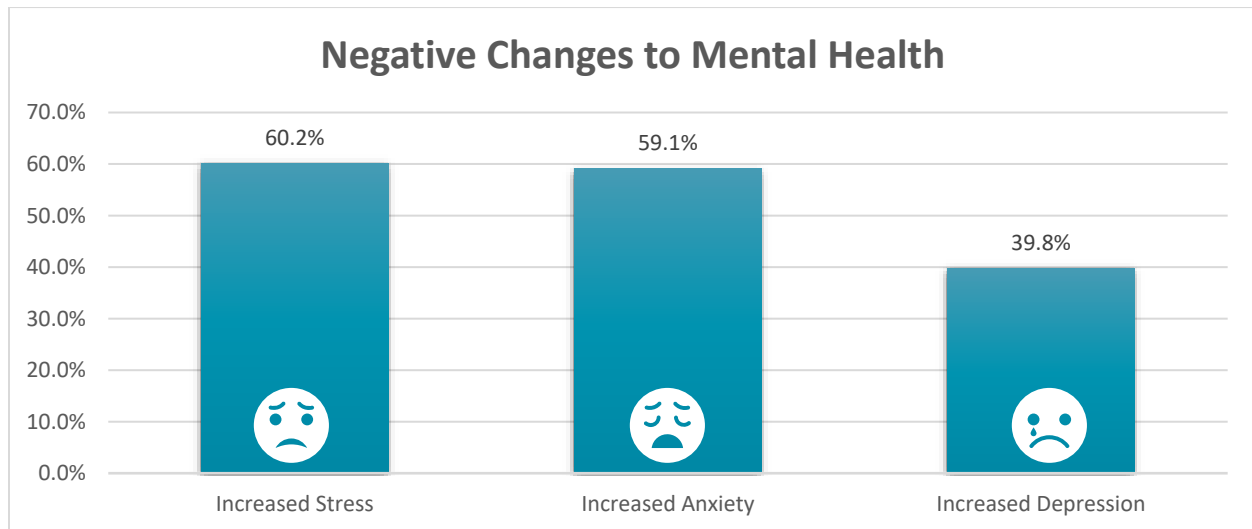


Another of the qualitative interviewees described the coping mechanisms they employed to deal with uncertainty, especially the uncertainty of being unemployed during the pandemic:

*“I have an art project to do every week; whenever I finish it, I'll start a new project. I'll switch between art and between reading. So, like, sometimes I'll do art. Sometimes I'll do reading. Oh, like right now what I'm working on is improving my resumé, making it more appealing and less cluttered or just, you know, little projects like that. It really helped me. And since I'm applying to jobs, that also feels like a job, you know, like it gives me a routine for the day. So just having routines, having something to do is helpful. I notice in those days where I either I just don't feel like doing anything so I don't do anything. That's when I go on a spiral downward.”*

### **Negative Mental Health Impacts due to COVID-19**

To assess the negative impacts on mental health, participants were asked, “For some people, sheltering in place and the pandemic has resulted in some negative changes to mental health. Have you experienced any of these negative changes since you started sheltering in place? Check all that apply.” As illustrated below, **the majority of participants are under increased stress (60.2%) and increased anxiety (59.1%).**



**Note.** *n* = 460.

A total of 14.3% of participants indicated they experienced another negative mental health impact. Of these, 18 comments were along the lines of “no”, “none”, “not applicable”.

The most common theme was of various negative mental health impacts. For example:

- *“Hopelessness, futility”*
- *“Lack of motivation and drive”*
- *“Increased boredom, less concentration”*
- *“Negative thoughts”*
- *“Increased grumpiness or moodiness”*
- *“Irritation with husband—too much time together”*

The next most common theme was about poor health behaviors. Most of these were about weight gain and lack of exercise, but a few tackled other topics like drinking too much and not accessing preventive healthcare.

Another common theme was centered around political stances and/or concerns over social unrest. For example,

*“Losing hope and faith in the human race. Can't believe China is still having the wet market festival right now and can't believe people buck the system by not covering their noses with masks. Can't believe people would be allowed to demonstrate and protest during a pandemic.”*

Several participants mentioned feelings of sadness. For example,

- *“Sad that I am a widow—would love to have my husband with me”*
- *“Saddened by the lack of compliance and the wish to help others”*
- *“Tristeza” (sadness)*

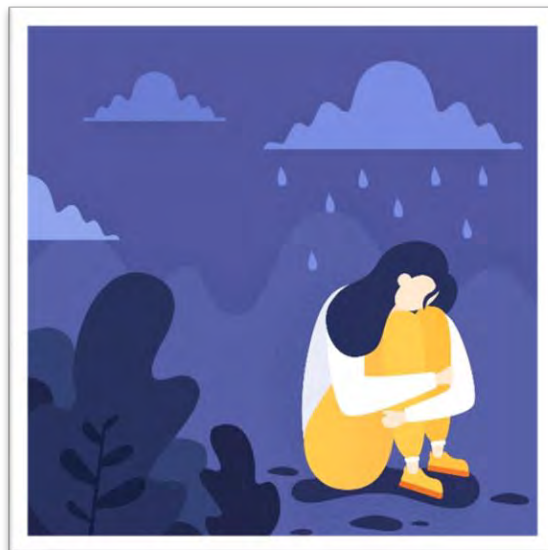
A few comments discussed how the pandemic has been especially hard on those with existing mental illnesses. For example,

- *“Fear for my mentally ill son’s health”*
- *“I have Bi-Polar II disorder so my medication was upped as well. My stress, depression & anxiety levels have also risen”*
- *“I’m bipolar so in by mid-April I was a wreck, alone and forgotten”*

One of the most tragic of all the comments about negative mental health impacts stated, *“my sister died of COVID, everything is worse”*.

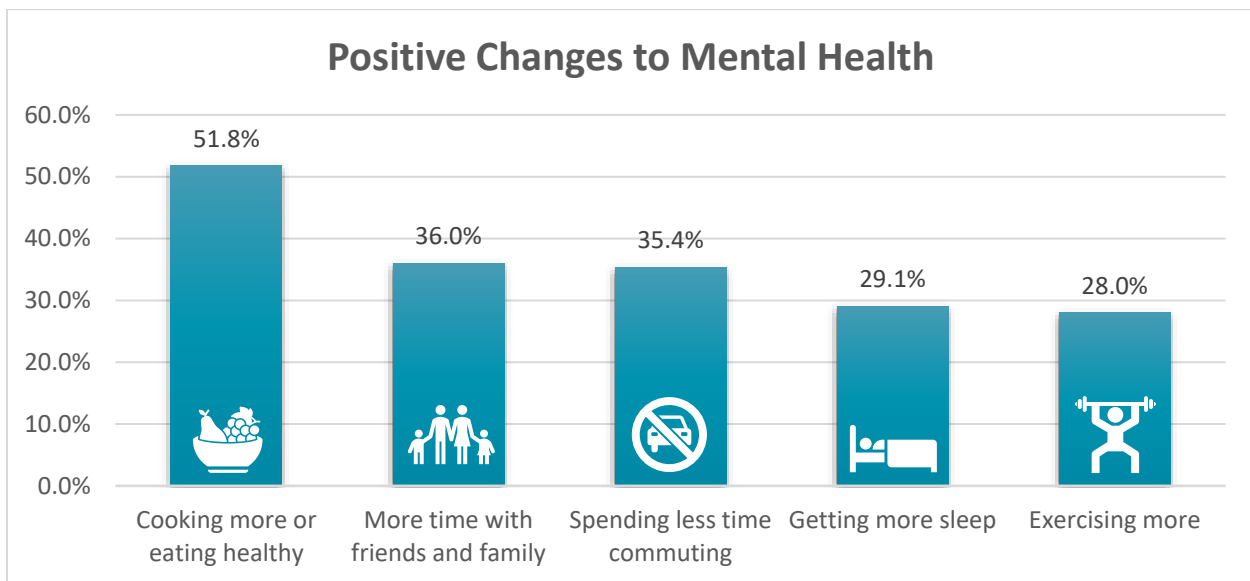
See the table below for a list of themes from the open-ended responses about negative mental health impacts.

Themes About Negative Mental Health Impacts	References
Nothing, none, N/A	18
General mental health issues	17
Poor behaviors (e.g., lack of exercise, weight gain)	10
Political stances/social unrest concerns	5
Sadness	5
Mental illness exacerbated by pandemic	4
Loneliness/isolation	4
Inconvenienced	3
Financial stress	2
Nightmares/bad dreams	2
Other	5



### **Positive Mental Health Impacts due to COVID-19**

Positive changes were assessed by asking, “For some people, sheltering in place has had positive changes on their mental health. Have you experienced any of these positive changes since you started sheltering in place? Check all that apply.” **About half of participants (51.8%) report cooking more and/or eating healthy.** About a third of participants reported spending more time with friends and family and spending less time commuting, as illustrated below.



**Note.** *n* = 475.

A total of 13.9% of participants stated another positive change occurred in mental health and were asked to elaborate. Responses were qualitatively analyzed to identify common, recurring themes. Among these responses, the most common theme was engaging in hobbies more often. In particular, participants described activities like:

- *“Gardening”*
- *“More time for meditation”*
- *“Reading”*
- *“Doing more crafts”*

Another common theme was self-reflection. For example, one survey participant stated:

*“I’ve had more time to evaluate my priorities and how I spend my time and some of the changes I’ve been forced to make by the pandemic will probably be continued once it’s over. One in particular, I spend considerably less time on social media and more time communicating one-on-one or in small groups with the people I care about.”*

Another theme of the positive changes was increased opportunities for home improvement. For example:

- *“Getting more chores around the house done, like painting the bathroom.”*
- *“Getting yard/garden projects done. Getting inside projects done like cleaning and organizing.”*
- *“Cleaning closets”*

See the table below for a list of themes from the open-ended responses.

Themes About Positive Mental Health Impacts	References
Engaging in hobbies more often	14
Having more self-reflection	9
Working on the home more	9
Nothing has changed	7
Reading more often	7
Contacting others more often	5
Diet and fitness	5
More time with family	2
More time with pets	2
Spirituality and religion	2
Watching more television	2
Sleeping in	2
<i>Other</i>	5





### ***Mental Health in General***

To conclude the section on mental health, participants were asked an open-ended question: “Is there anything else you would like to share about how COVID-19 has affected you and your mental health?”

The most common theme among participants were experiencing negative outcomes. Participants reported increased anxiety and stress, becoming lethargic, and feeling frustrated. For example, one participant wrote, *“Feel scared, anxious, uncertain about the future.”*

Some positive outcomes were reported including feeling fine and having time to reflect on themselves. For example, one participant wrote, *“I feel in some aspects, COVID-19, has become a leveler which leads to determining what IS important and what is not. I spend less time with trivial matters.”*

See the table below for details about these themes.

Themes on “Anything Else” re: Mental Health	Number of References
<b>Negative Outcomes</b>	
Anxiety and stress	27
Lethargic	11
Frustrated and overwhelmed	10
Anger	7
Feeling isolated	6
Miss socializing with friends/family	6
Negative media has affected my mental health	4
Gained weight	3
Fear, paranoia, general negative mental health	3
Grieving	2
Lack of focus	2
<i>Other negative outcomes</i>	6
<b>Positive Outcomes</b>	
Feeling fine	7
I have had time to reflect on myself	6
Spending time with family	2
Lost weight	1
Reading more	1
<b>Other/Neutral</b>	
Have to do telehealth	3
Can't go out anymore	2
Medication helps	1
Haven't had time to think about it	1
No positive changes	1

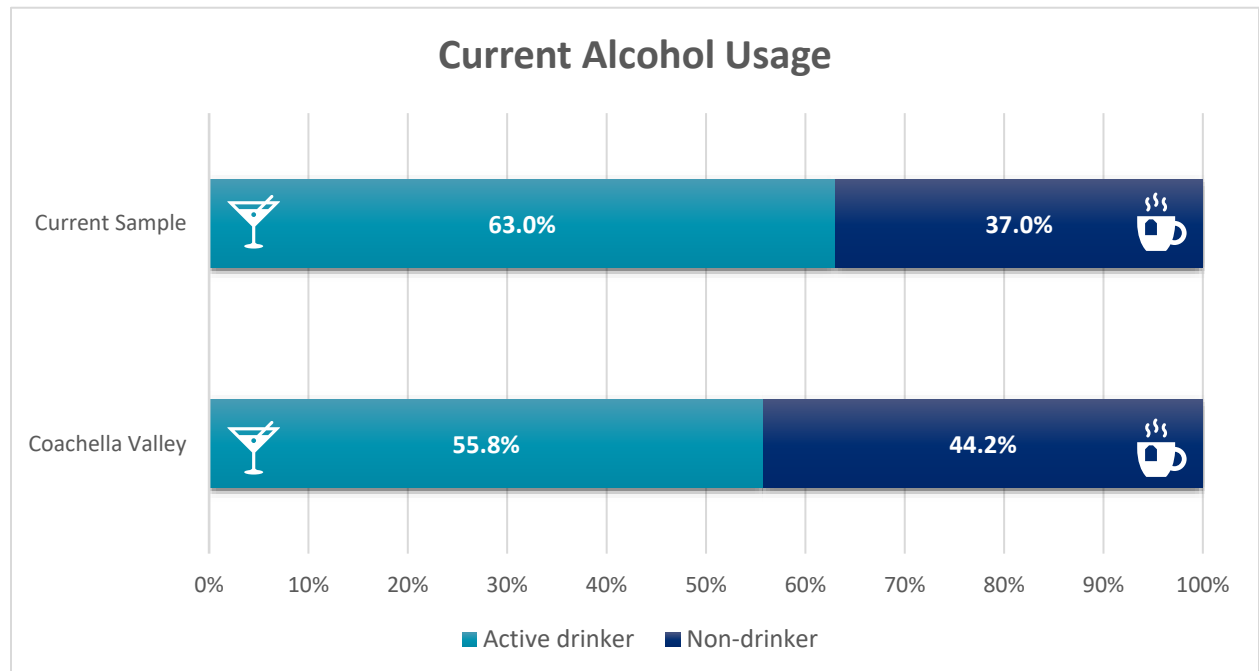
## Alcohol Use

Alcohol use can be an easy go-to coping mechanism during the pandemic, but it is not a healthy choice.

Participants were first asked to report on how many days per month they consumed alcohol in the past month. Approximately 37.0% of participants did not consume any alcohol in the past month and are considered non-drinkers. The other **63.0% are active drinkers**.



The rate of active drinkers in the current sample is slightly higher than the percentage of Coachella Valley adults who are active drinkers (55.8%), as illustrated in the figure below.



**Note.** Current sample,  $n = 578$ . Coachella Valley data are from HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at [www.HARCdata.org](http://www.HARCdata.org)

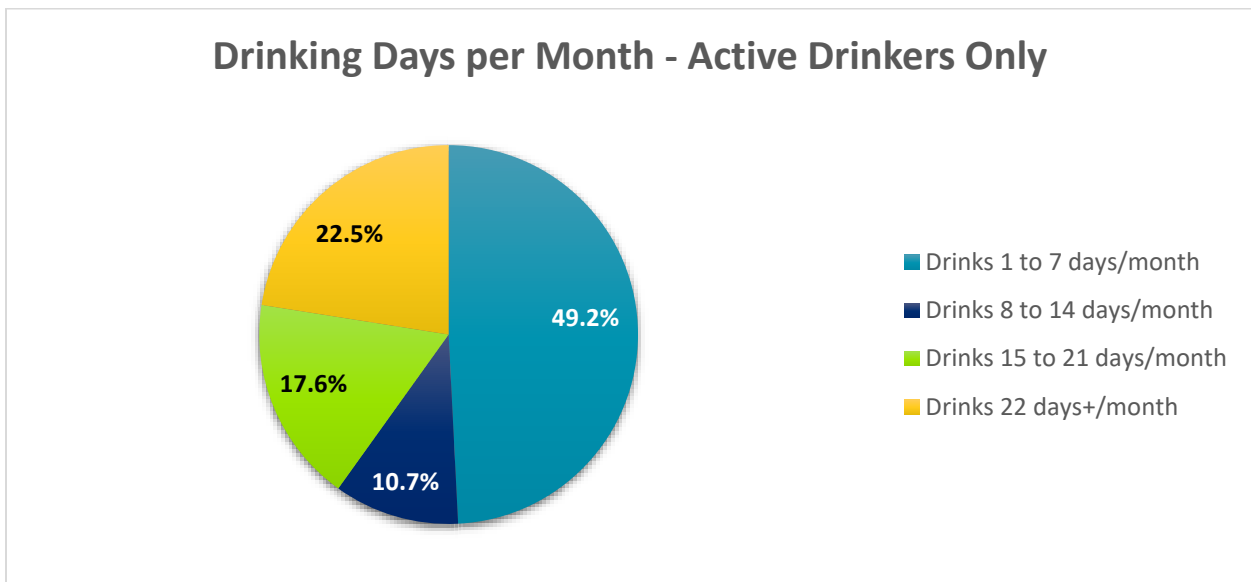
MONTH						
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Active drinkers were asked, “How many days of the past month did you drink alcohol?”

Results show that, **on average, active drinkers consume alcohol about 12 days per month, or roughly three days per week**, as illustrated in this example calendar.

About 39.0% of active drinkers were drinking on four days or fewer in the past month, indicating that they only drink alcohol about once a week or less. In contrast, about 12.4% of active drinkers are drinking every day of the month.

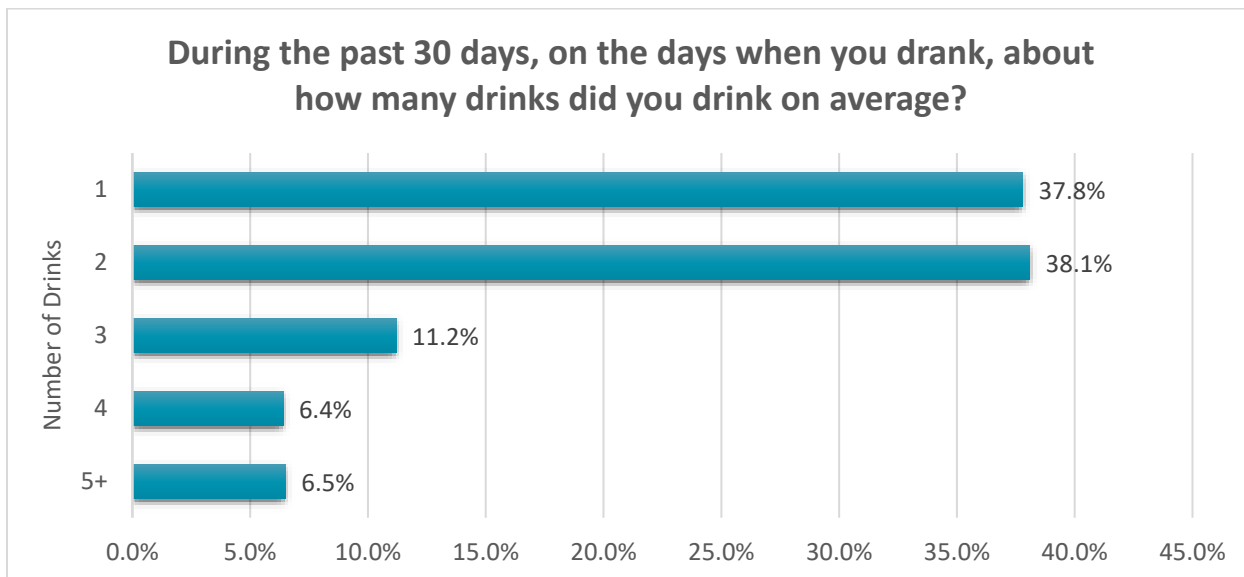
As illustrated in the figure below, about half (49.2%) of active drinkers are drinking 1 to 7 days per month, while 22.5% of drinkers are consuming alcohol 22 days or more (about 70% of the time).



**Note.** Active drinkers only  $n = 364$ .

Drinking on a daily basis isn't necessarily bad; however, drinking heavily on those days *is* detrimental to health. To assess this, drinkers were asked, "During the past 30 days, on the days when you drank, about how many drinks did you drink on average?"

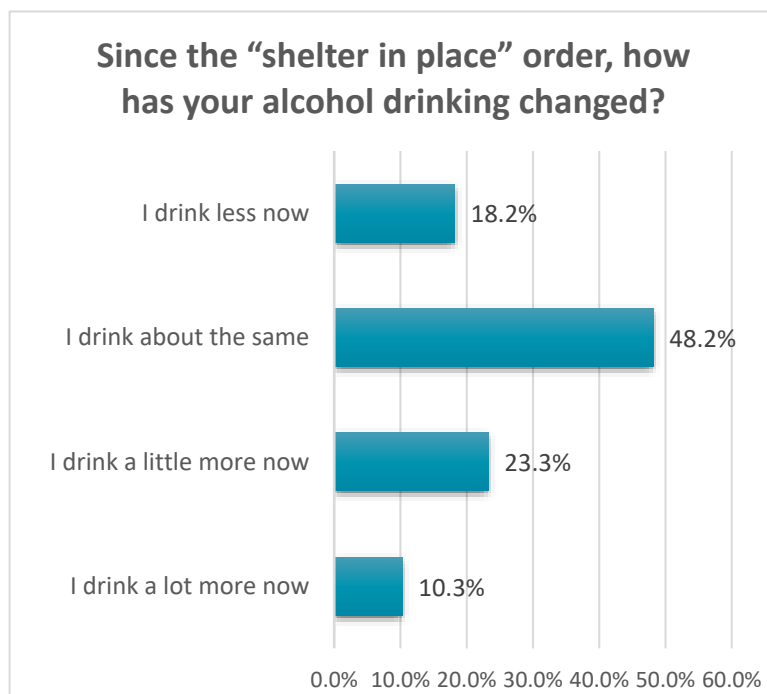
Overall, **most active drinkers (75.9%) only consumed one or two drinks on the days when they consumed alcohol**, as illustrated in the figure below, which is generally considered drinking in moderation. However, 6.5% are consuming five or more drinks on each day that they drink. This is unhealthy, and likely has detrimental impacts to their health and well-being.



**Note.** Active drinkers only  $n = 357$ .

Participants were also asked about how their drinking habits may have changed since the beginning of the shelter-in-place order that began on March 19, 2020.

Results show that most active drinkers have either not changed their drinking habits or are actually drinking less now than before the pandemic, as illustrated in the figure to the right. However, **a third of active drinkers have increased their alcohol consumption since the pandemic**, which is concerning.



**Note.** Active drinkers only  $n = 369$ .

## Needs and Resources

Participants were also asked about their needs and resources accessed: “Have you accessed any of these resources during the pandemic? Please check all that apply.” Approximately 60% of participants were able to receive a stimulus check, as illustrated in the table below. Beyond this, **the most commonly utilized resource was food banks, food pantries, and meal delivery.**

Resource Accessed	Number of Participants	Percent of Participants
Stimulus check received	374	59.9%
Food bank/food pantry/delivered meals	111	17.8%
Prescriptions delivered	75	12.5%
Unemployment insurance	69	11.1%
Utility discounts	48	7.7%
Rent deferral or forgiveness	18	2.9%
<i>Other</i>	58	9.3%

Those who selected “other” were given the opportunity to elaborate. The theme with the greatest number of references was home delivery systems. Examples include:

- “*Food delivered*”
- “*Groceries delivered*”
- “*Restaurant delivery*”

Following this, a number of participants indicated that they didn’t access resources. Car insurance discounts, deferred bills, and free food were several other resources identified by participants.

Themes About Other Resources Utilized	Number of References
Home delivery services	12
Didn't access any resources	10
Car insurance discounts	7
Deferred bills	7
Free food	5
Curbside pickup	3
Received SBA/PPP Funds	3
Haven't received benefits	2
Pick-up systems	2
Unemployment/disability	2
<i>Other</i>	5

To understand which organizations have been helpful to local residents, participants were asked, “In the past month, which organizations have been most useful to you? Please specify the organization’s full name.”

As illustrated in the table to the right, food banks were referenced the most often. Of these 28 references, nine specifically mentioned FIND Food Bank.



Other common helpful organizations included Galilee Center and the Employment Development Department. It is worth noting that there were 23 references for not needing to access local organizations.

Many other organizations only received one reference but were not included in the table to the right for the sake of simplicity. See Appendix A for a complete list.

Name of Organization	References
Food Bank	28
Galilee Center	10
Employment Development Department	9
Instacart	7
Desert AIDS Project	6
Great Plates	6
LGBT Community Center of the Desert	6
CalFresh	5
Lift to Rise	5
United Way	5
Eisenhower Medical Center	4
Kaiser Permanente	4
Mizell Senior Center	4
Salvation Army	4
Amazon	3
Churches	3
Joslyn Center	3
Small Business Administration	3
American Association of Retired Persons (AARP)	2
Department of Public Social Services	2
Desert Hot Springs Senior Center	2
Desert Oasis Healthcare	2
Employment Websites	2
Facebook	2
Let's Kick Ass	2
Palm Springs Public Library	2
Palm Springs Unified School District	2
Postmates	2
Wal-Mart	2
YouTube	2
Zoom	2

Participants were also asked, “In the past month, which programs have been most useful to you? Please specify the exact name of the program.” By far, the most common theme among participants was “Not Applicable/None/Haven’t used any programs”. This theme received 48 references.

Among those who utilized services, **the most commonly referenced program among participants were food distribution programs**. For example, participants referenced food banks and school lunch programs for students.

Another common program was the broad area of healthcare insurance/services. That is, participants referenced having healthcare, receiving wellness services, and behavioral health services as being useful.

Public assistance programs specific to food were also referenced including CalFresh, Pandemic-EBT, EBT, and food stamps.

See the table below for a complete list of references among participants.

Most Helpful Programs	References
Food distributions	30
Healthcare insurance/services	15
Public assistance-food (i.e., EBT, CalFresh, Food stamps)	12
Specific organizations	11
Food delivery systems	8
Employment development department	8
Stimulus check	6
COVID-19 testing and anti-body testing	5
Fitness programs	5
All of the above (i.e., food, delivery, unemployment insurance, utility discounts, rent deferral)	4
Curb side pickup	4
Church-related functions	3
Entertainment	3
News	3
Educational resources	2
PPP funds	2
Senior centers	2
Zoom	2
Board of Directors	1
Deferred bills	1
In-home supportive services	1
Low-income home energy assistance program	1
REAP program	1
Rental assistance	1



To conclude the section on unmet needs, participants were asked an open-ended question: “Is there anything you need right now that you’re not able to get?”

The most common response among participants was that nothing is needed, which was reported by 138 people.

Among participants who reported an additional need, the most common themes reported were help paying bills, needing cleaning/disinfectant supplies, food, and healthcare services. Under help paying bills, participants specifically mentioned that they need money to pay bills and that they need help with rent. Common areas of need include cleaning/disinfectant supplies, Clorox wipes, sanitizers, and disinfectant sprays.

See the table below for a list of needs reported among participants.

Themes About Unmet Needs	References
Nothing, none, not applicable	138
Help paying bills	22
Cleaning/disinfectant supplies	15
Food	9
Healthcare services	9
Employment	6
Companionship	5
Housing	4
House maintenance	3
Unemployment insurance	3
Masks	2
Personal necessities	2
Support from government	2
Vacation	2
<i>Other</i>	11



## Focus on Special Populations

Robert Wood Johnson Foundation published a critically important article titled, “Health Equity Principles for State and Local Leaders in Responding to, Reopening, and Recovering from COVID-19”.<sup>22</sup> In this article, they emphasized the importance of disaggregating data to help identify and address health disparities. Specifically,

*“Pandemics and economic recessions exacerbate disparities that ultimately hurt us all. Therefore, state and local leaders cannot design equitable response and recovery strategies without monitoring COVID’s impacts among socially and economically marginalized groups. Data disaggregation should follow best practices and extend not only to public health data on COVID cases, hospitalizations, and fatalities, but also to measures of access to testing, treatment, personal protective equipment (PPE), receipt of social and economic supports; and the downstream consequences of COVID on well-being, ranging from housing instability to food insecurity.”*

Thus, in order to understand how some groups may be disproportionately impacted by COVID-19, the following section highlights three sub-groups of the Coachella Valley:

1. Households with children
2. Participants with lower income
3. Black, Indigenous, People of Color (BIPOC)

Not all questions from the survey are included in these sections; only variables that contain statistically significant differences between the demographics being compared (e.g., households with children vs. households without children) are included in the subsequent pages.

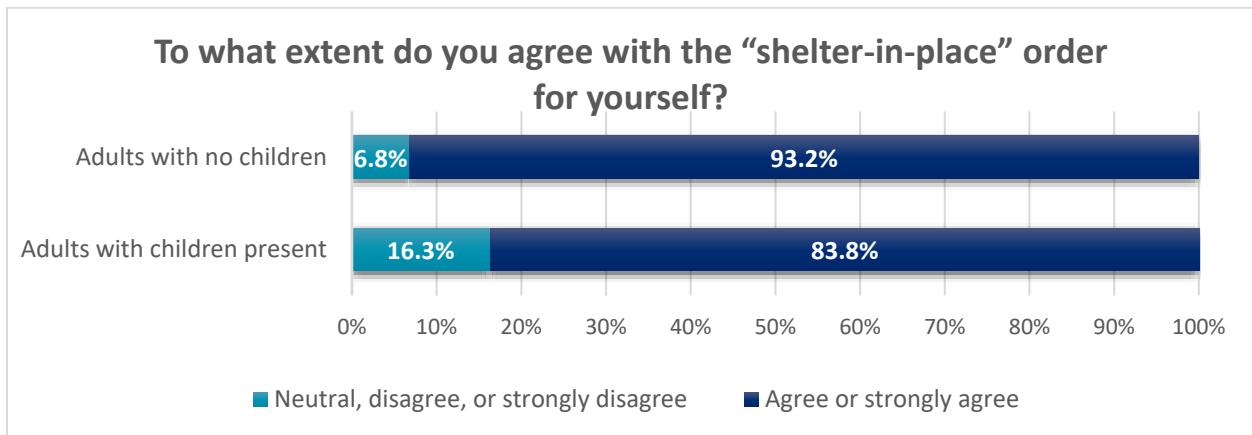


<sup>22</sup> Robert Wood Johnson Foundation (May 2020). Health Equity Principles for State and Local Leaders in Responding to, Reopening, and Recovering from COVID-19. [https://www.rwjf.org/en/library/research/2020/05/health-equity-principles-for-state-and-local-leaders-in-responding-to-reopening-and-recovering-from-covid-19.html?rid=0034400001rm81IAAA&et\\_cid=2094334](https://www.rwjf.org/en/library/research/2020/05/health-equity-principles-for-state-and-local-leaders-in-responding-to-reopening-and-recovering-from-covid-19.html?rid=0034400001rm81IAAA&et_cid=2094334)

### Focus on Households with Children

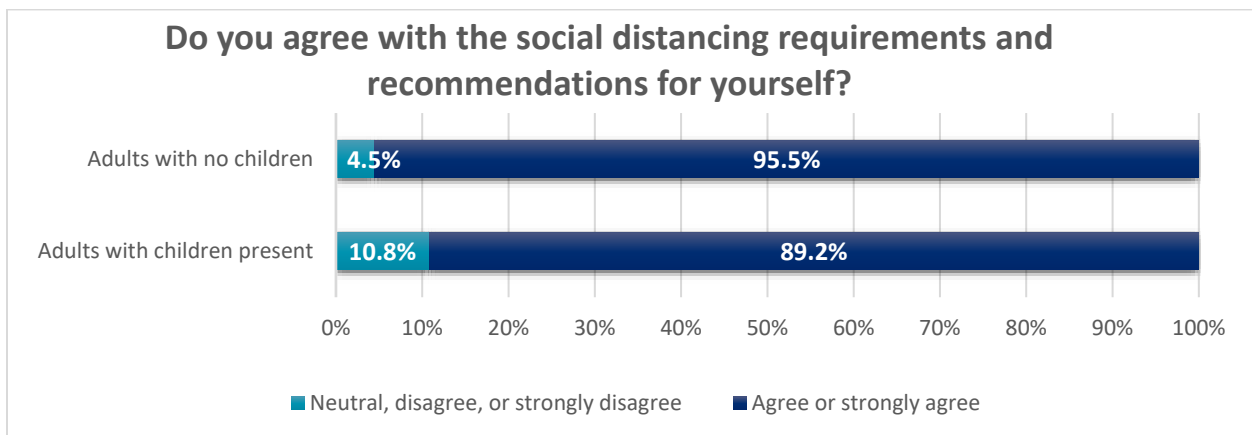
A household with children is defined as any participant that lives in a household with one or more children under the age of 18. Households with children are compared to households without children. There were 164 participants (26.3% of the sample) with children present, and the remaining 459 participants (73.7% of the sample) did not have children present.

When looking at agreement with the “shelter-in-place” order, adults living in homes without children were more likely to agree or strongly agree (93.2%) with the order when compared to adults who have children in the household (83.8%).



**Note.** Adults with no children  $n = 454$ ; Adults with children  $n = 160$ . Statistical significance:  $\chi^2 (1, N = 614) = 12.47, p < .001$ .

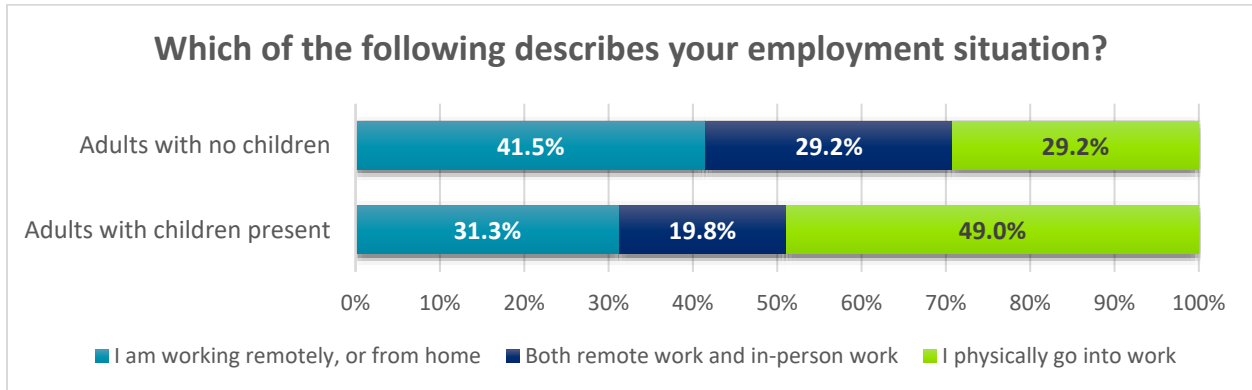
Similarly, when looking at agreement with social distancing guidelines, adults living without children were more likely to agree or strongly agree (95.5%) with the order when compared to adults who live with children. (89.2%).



**Note.** Adults with no children,  $n = 449$ ; Adults with children,  $n = 158$ . Statistical significance:  $\chi^2 (1, N = 607) = 8.11, p < .01$ .

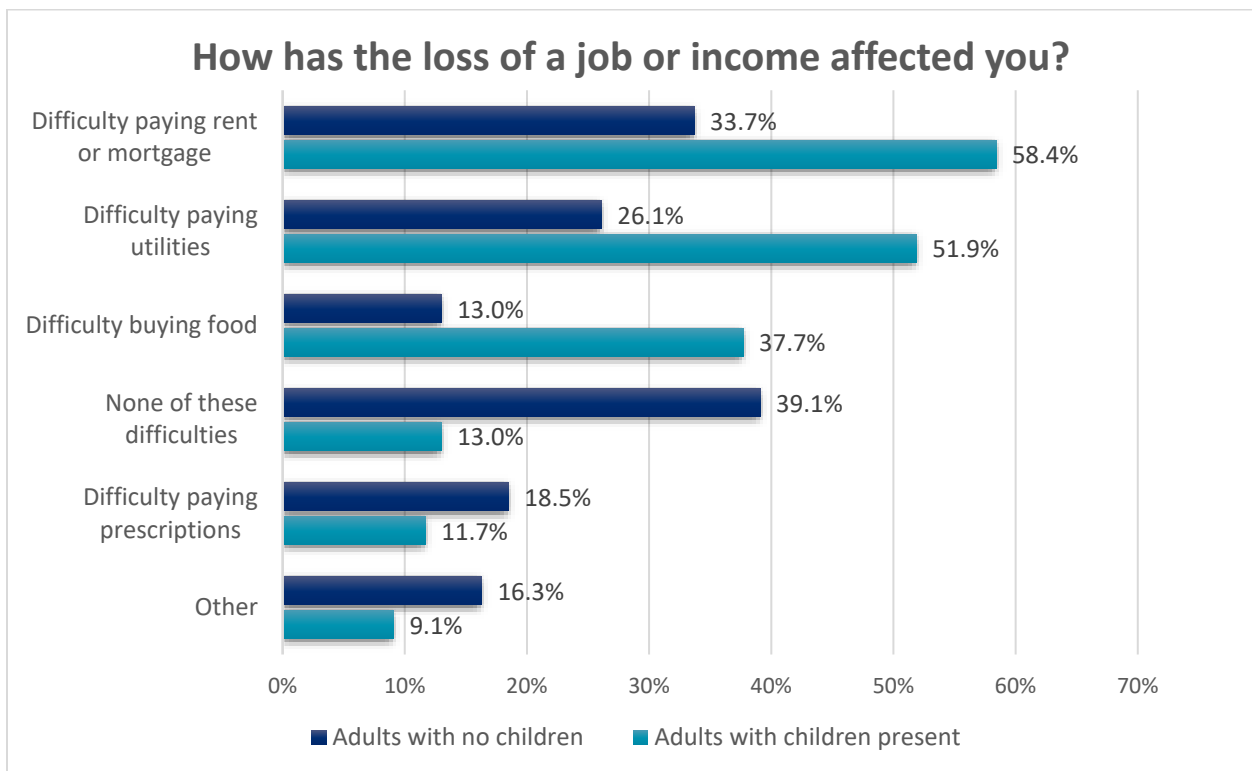
Overall, **adults who live with children are less likely to agree with the safety precautions than adults who don't live with children.** This may be an age artifact; adults living without children are likely older and therefore perceive their own risk as higher.

Employed adults with children were significantly more likely to be going into work than those without children (49.0% versus 29.2%, respectively). This may be because the distractions represented by children make working from home extremely difficult or nearly impossible.



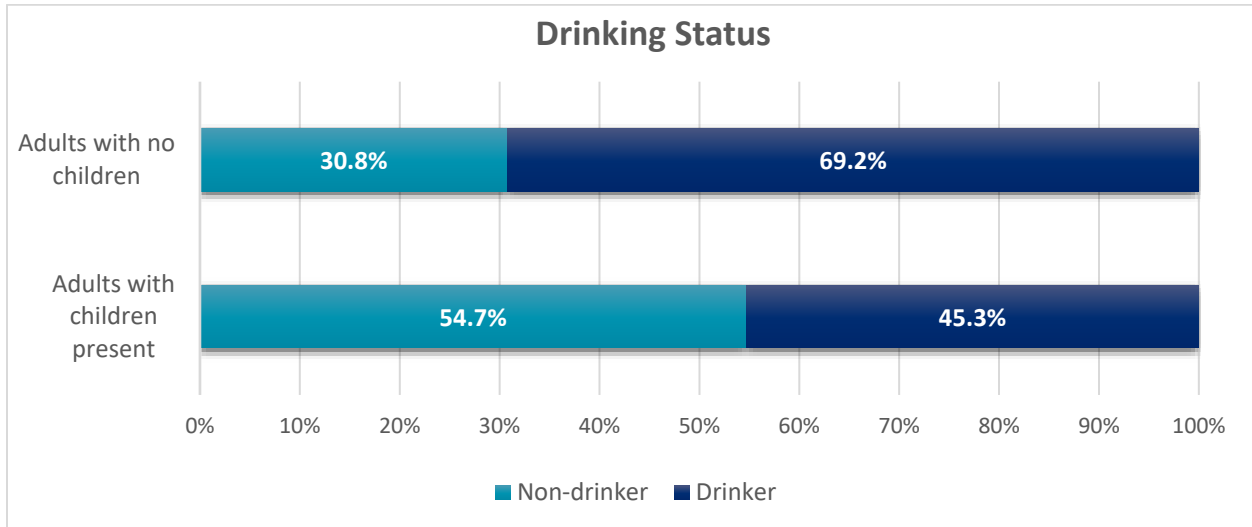
**Note.** Adults with no children  $n = 195$ ; Adults with children  $n = 96$ . Statistical significance:  $\chi^2 (2, N = 291) = 10.98, p < .01$ .

Participants who live with children are significantly more likely than their childless counterparts to struggle with paying rent/mortgage, utilities, and purchasing food, as illustrated in the figure below.



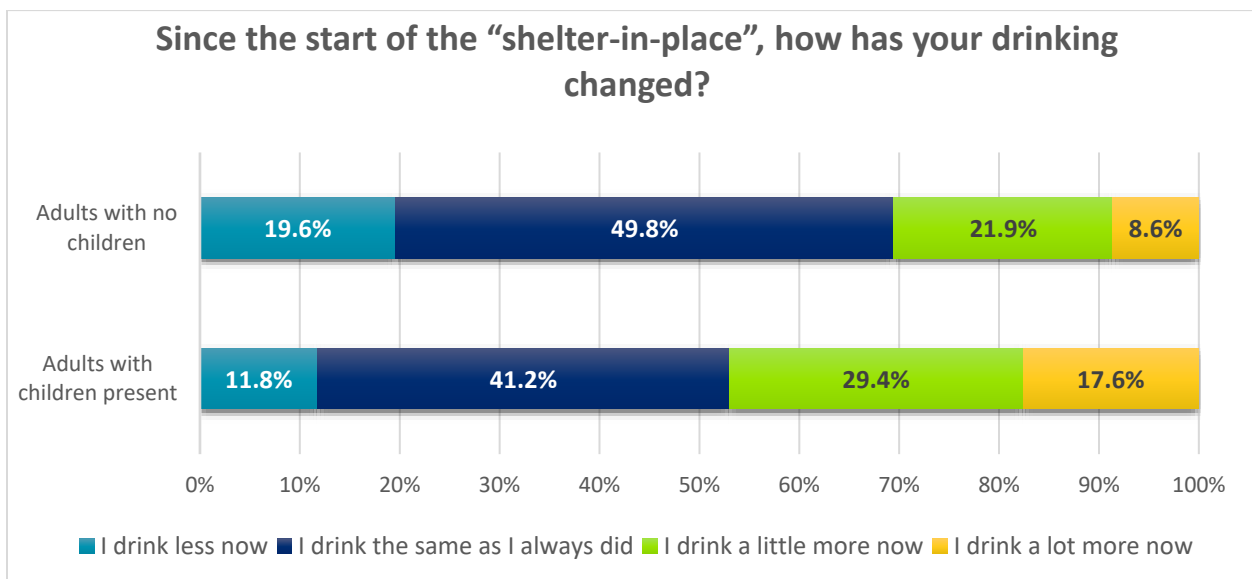
**Note.** These questions are only asked of participants who lost their job or had decreased income due to the pandemic. Adults with no children  $n = 92$ ; Adults with children  $n = 77$ .

Adults with children are significantly less likely to consume alcohol than those without children (45.3% versus 69.2%, respectively). This may be because people with children in the home need to be responsible for them, or because they want to set a good example in front of the children, or because they have less disposable income.



**Note.** Adults with no children,  $n = 429$ ; Adults with children,  $n = 148$ . Statistical significance:  $\chi^2 (1, N = 577) = 27.12, p < .001$ .

Despite the fact that those with children drank less, their drinking was also more likely to be impacted by the pandemic. Specifically, **adults with children were significantly more likely to report that their drinking has increased during the pandemic when compared to adults with no children** (17.6% versus 8.6%, respectively). Thus, it is plausible that they may soon catch up to the adults without children in their drinking habits if the shelter-in-place order continues.

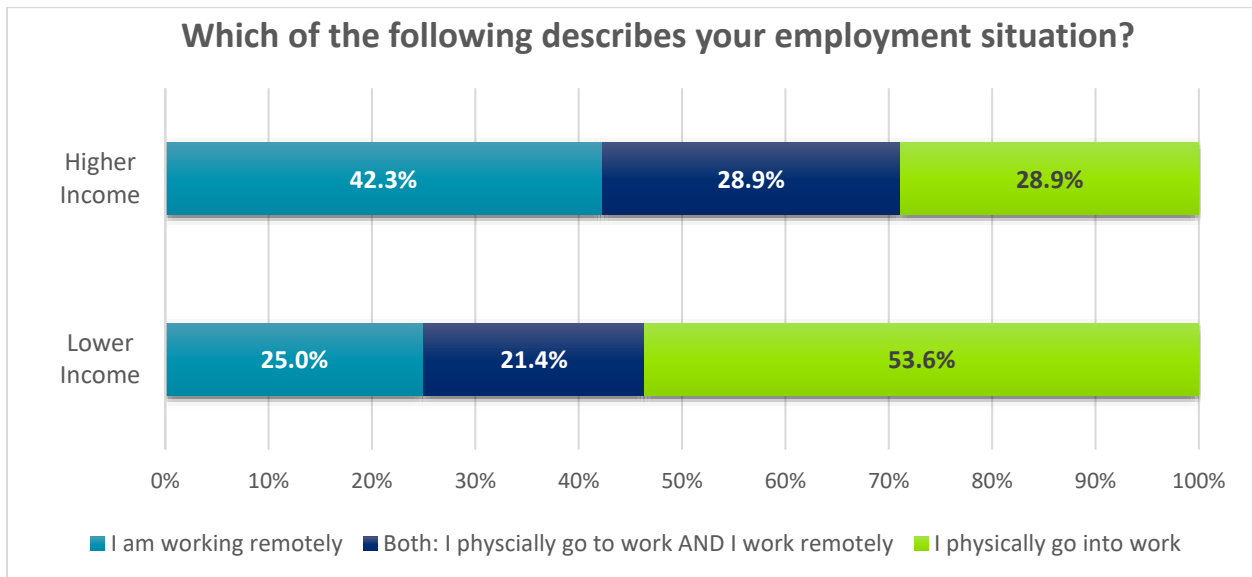


**Note.** Adults with no children  $n = 301$ ; Adults with children  $n = 68$ . Statistical significance:  $\chi^2 (3, N = 369) = 8.44, p < .05$ .

### Focus on Lower-Income

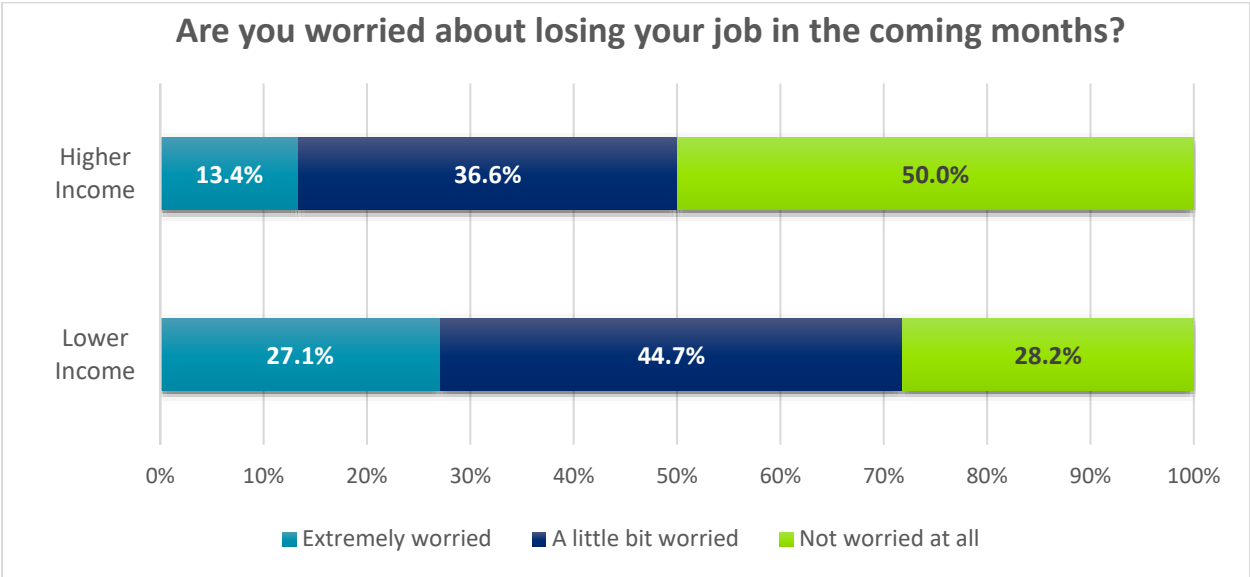
For the purposes of this section, “lower-income” indicates those who are making less than \$50,000 a year in combined household income, before taxes. “Higher-income” indicates those making \$50,000 or more per year. Overall, 38.2% of participants (231 people) are classified as “lower-income” while 61.8% of participants (374 people) are classified as “higher-income”.

**Lower-income workers are significantly more likely to have to go to work physically and less likely to be able to work remotely**, as illustrated in the figure below. This is likely to do with the nature of their work—higher income jobs may be office jobs, which can be done remotely, versus direct service jobs which have to be done in person. This means that lower-income people are at higher risk for being exposed to COVID-19 through their work.



**Note.** This question is only asked of those who are currently employed. Lower income  $n = 84$ , higher income  $n = 201$ . Statistical Significance:  $\chi^2 (2, N = 285) = 16.00, p < .001$ .

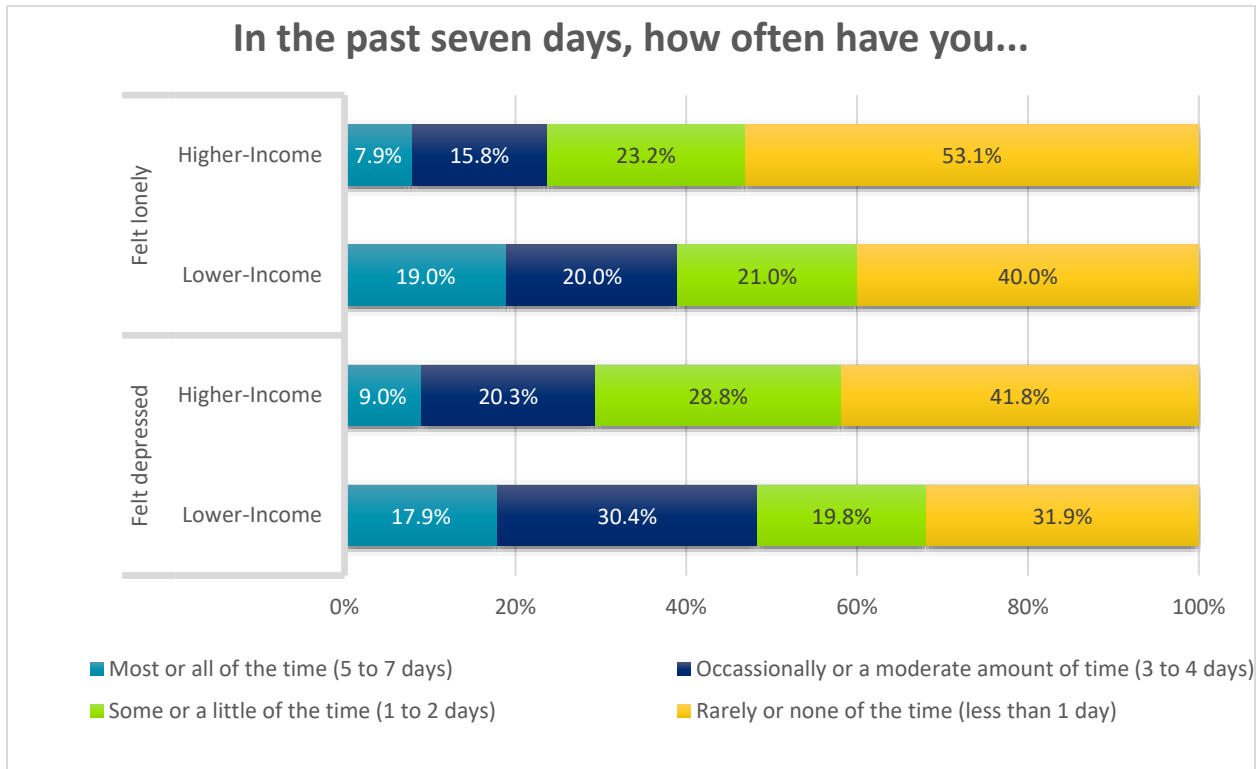
**Lower-income workers are also significantly more concerned about losing their jobs in the coming months than higher-income workers.** As illustrated in the figure below, more than 1 in 4 lower-income workers are “extremely worried” about losing their jobs in the coming months. In contrast, half of higher-income workers are feeling secure in their jobs. This may be due to the nature of the jobs they hold; lower-income workers are often laboring in low-skill jobs and thus are easier to replace than those who require high specialization. This fear of job loss and the resulting stress is unhealthy and unsustainable for low-income workers.



**Note.** This question is only asked of those who are currently employed. Lower income  $n = 85$ , higher income  $n = 202$ . Statistical Significance:  $\chi^2 (2, N = 287) = 13.94, p < .01$ .



**Lower-income participants are significantly more likely to experience psychological distress than higher-income participants.** As illustrated in the figure below, lower-income participants are more likely to frequently feel depressed and lonely than their higher-income counterparts. This likely is related to the financial stress and economic insecurity described on the previous pages.



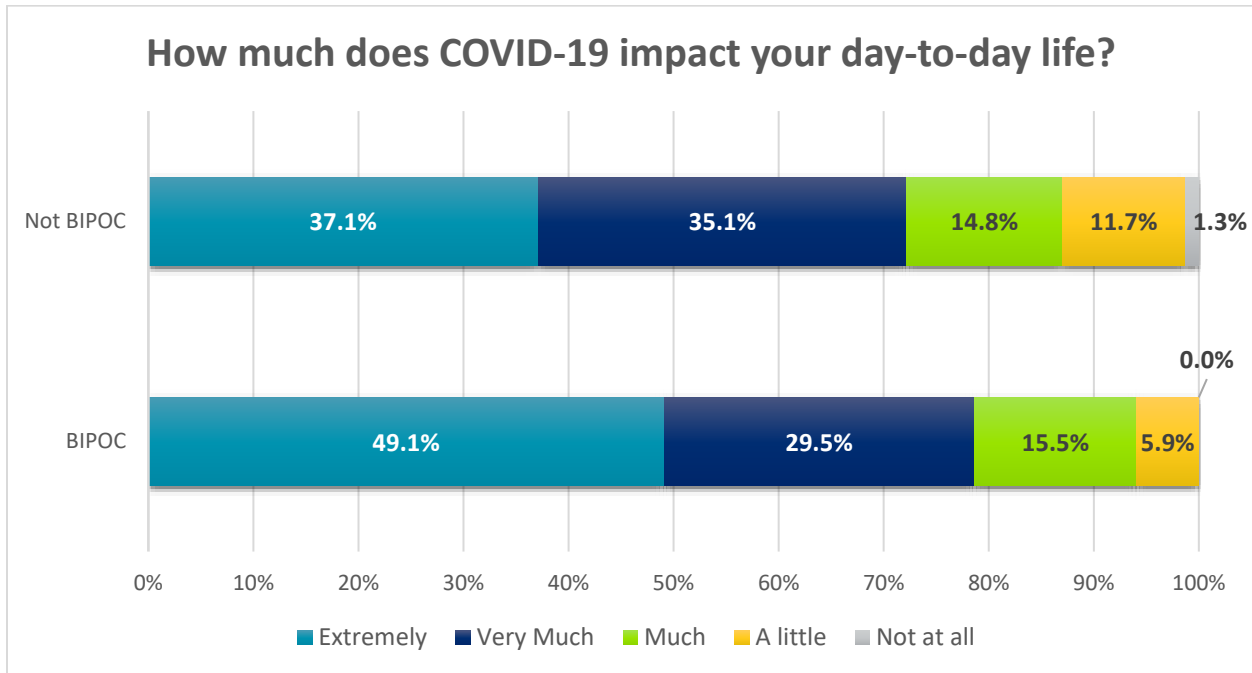
**Note.** “Felt depressed” lower-income  $n = 207$ ; higher-income  $n = 354$ , statistical significance:  $(\chi^2 (3, N = 561) = 21.35, p < .001)$  “lonely”, lower-income  $n = 205$ ; higher-income  $n = 354$ , statistical significance:  $(\chi^2 (3, N = 559) = 19.58, p < .001)$ .

**Focus on Black, Indigenous, People of Color (BIPOC)**

For purposes of this section, “Black, Indigenous, People of Color” includes participants who specified their ethnicity as any type of Hispanic/Latino descent, as well as those who identified their race as Black/African American, Alaska Native/American Indian, Asian, Native Hawaiian/Other Pacific Islander, and/or an “other” race where they specified a race of color in response (e.g., “Arabic”, “mixed”, “bi-racial Filipino/Mexican”, etc.).

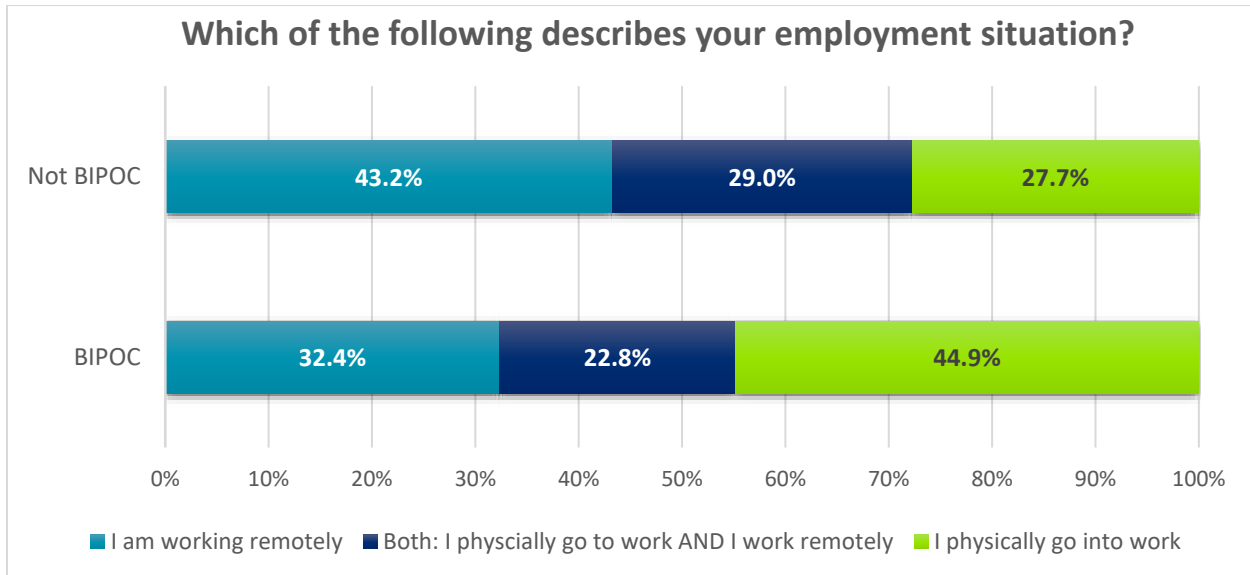
There were 226 participants (36.3% of the sample) who were classified as Black, Indigenous, People of Color (BIPOC) and 396 participants (63.7% of the sample) who were not classified as people of color.

**BIPOC participants were significantly more likely than non-BIPOC participants to report major impacts from COVID-19 on their daily life**, as illustrated in the figure below. About half of BIPOC participants felt extremely impacted by COVID on a daily basis, compared to 37.1% of non-BIPOC participants.



**Note.** BIPOC  $n = 220$ ; Not BIPOC  $n = 385$ . Statistical significance:  $\chi^2 (4, N = 605) = 13.81, p < .01$ .

BIPOC workers are significantly more likely than non-BIPOC workers to have to physically go into work (44.9% versus 27.7%, respectively). BIPOC workers are also significantly less likely to work completely remotely (32.4% versus 43.2%, respectively). With a high proportion of BIPOC workers going to work, they have a higher risk of being exposed than the people who are able to work completely from home.

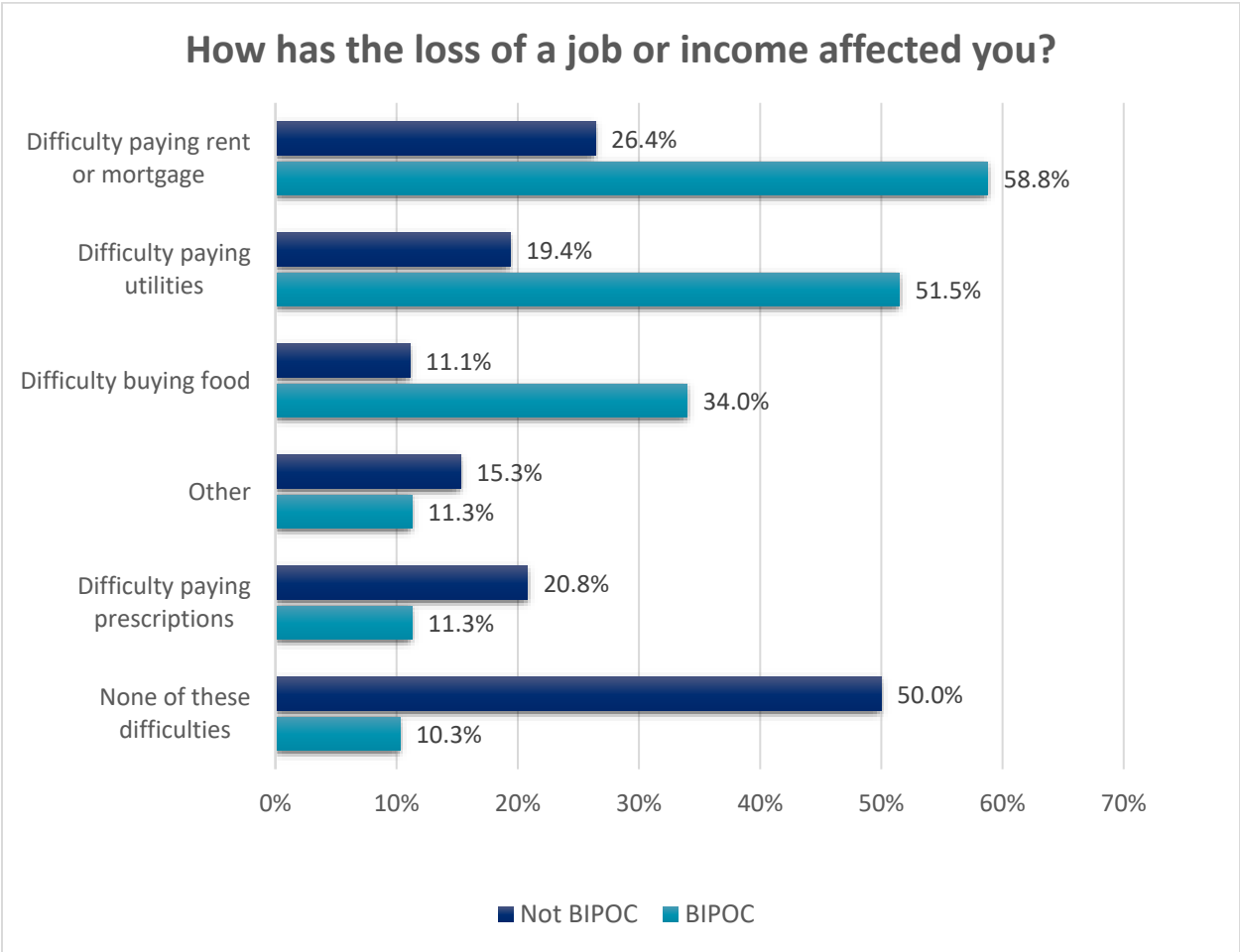


**Note.** BIPOC,  $n = 136$ ; Not BIPOC,  $n = 155$ . Statistical significance:  $\chi^2 (2, N = 291) = 9.25, p < .05$ .

One of the qualitative interviewees touched on the fact that many of the essential jobs are held by Latinx people:

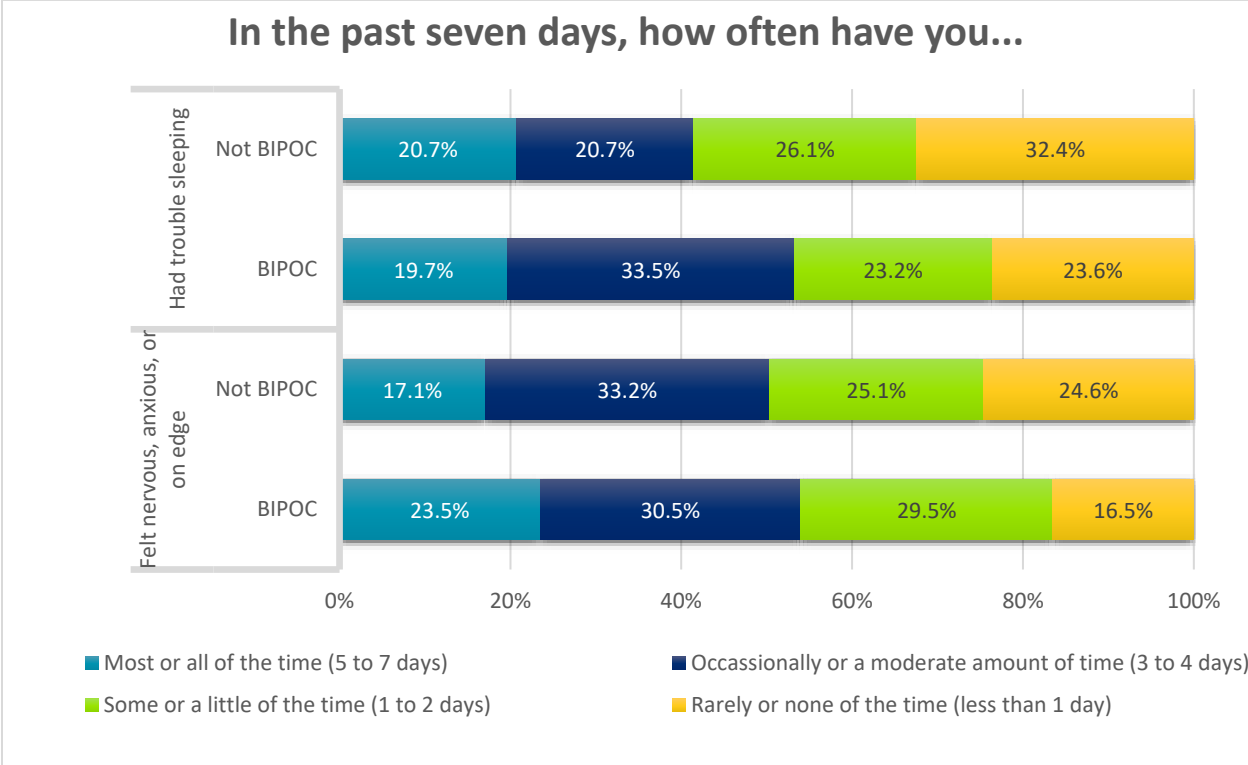
*“The essential workers only can go to their jobs. I was concerned to know if landscaping was considered essential because that is what my dad does. It’s essential to me because it’s like the only way my household gets income, but I don’t know if the government considers it essential. I was struggling, rushing to find information, ‘does his job qualify as essential?’ I saw so many things online saying that it was not deemed an essential job, but then LA County was defining it as essential, so I was going based off of what they said. I like seeing other jobs that Latinos do like mechanics, construction, gardening, all that stuff. It’s like Latinos are the majority of people who do those professions. I was relieved to know at least the Latino community would still be working, even if it’s going to be fewer hours, we are still going to get some form of income.”*

BIPOC participants are significantly more likely to struggle to pay their rent/mortgage, utilities, and food when compared to non-BIPOC people, as illustrated in the figure below. For example, **BIPOC participants are twice as likely as non-BIPOC participants to have difficulty paying rent/mortgage and utilities now.**



**Note.** These questions are only asked of people who lost a job or income during the pandemic. BIPOC *n* = 97; Not BIPOC *n* = 72.

**BIPOC participants are significantly more likely to experience psychological distress than non-BIPOC participants.** As illustrated in the figure below, BIPOC participants are more likely to frequently have trouble sleeping and to frequently feel nervous, anxious, or on-edge.



**Note.** “Had trouble sleeping”, BIPOC  $n = 203$ ; not BIPOC  $n = 376$ , statistical significance: ( $\chi^2 (3, N = 579) = 12.49, p < .01$ ) “Felt nervous, anxious, or on edge”, BIPOC  $n = 200$ ; not BIPOC  $n = 374$ , statistical significance: ( $\chi^2 (3, N = 574) = 7.89, p < .05$ ).

## CONCLUSION

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The aim of this needs assessment was to provide results that local organizations can use to better serve community members during the pandemic. Results show that COVID-19 continues to be a life-changing pandemic for our Coachella Valley. This conclusion details some of the ways that everyone can help—at the organizational level and at the individual level.

The impact of COVID-19 is varied across our Valley. Those who were already able to work from home, or who didn't socialize widely are relatively comfortable with the restrictions of shelter-in-place; their day-to-day lives don't look much different. However, the majority of people in our Valley have been substantially impacted by these requirements; many are longing for the socialization opportunities they are used to engaging in.

Many local organizations are providing online options and/or socially-distanced options (e.g., gyms that provide workout sessions in parking lots with more than six feet of space between participants, or hair salons who've moved their operations to the sidewalks), but we need more. Local organizations are encouraged to get creative about how they reach clients/members and continue to engage them during this time; the feelings of social isolation must be reduced.

Additionally, social distancing is difficult in stores, due in part to some members of the public's unwillingness to comply but also to the physical construction of the stores (e.g., small aisles, etc.). Stores should consider implementing one-way traffic (with the use of arrows on the floor) to discourage patrons from meeting face-to-face in aisles. In fact, many participants commented that in these instances it was impossible to maintain a six-foot distance from strangers.

Community engagement is an especially challenging problem in the sunny Coachella Valley. In cooler climates, moving operations outdoors is relatively easy, but currently in the Valley, our temperatures top 100 degrees every single day, making outdoor activities impossible during peak hours. Some local organizations have had success offering very early morning or very late evening hours, but it remains a challenge that will not be going away at least until September. On the plus side, should social distancing requirements continue into the winter months, the Coachella Valley will be better situated to offer outdoor opportunities than those in colder/rainier climates.

Employment is one area that has been particularly altered. Of those who were employed prior to the pandemic (in January 2020), more than 22% have since lost their jobs; most have been laid off or furloughed due to COVID-19. Those who worked seasonal jobs had their employment curtailed early, and many have had their employment dry up (e.g., no need for event planners when all weddings are canceled, no need for dog walkers when their clients are laid off and now have time to walk their own dogs, etc.).

Of those who are still employed, about a third still need to physically go into work, which puts them at greater risk for being exposed to the virus. This is often due to the nature of the work, which cannot be done remotely (e.g., landscaping, nursing, grocery store workers, etc.). Additionally, some of our most vulnerable populations are the ones most likely to still be working on-site, including people with children, those with low-income, and Black, Indigenous, and people of color (BIPOC). This means that they are disproportionately bearing the risk of exposure to the virus.

Organizations that cannot switch their operations to remote work must be especially vigilant about protecting their employees, including social distancing and personal protective equipment (PPE), along with increased cleaning protocols. They must continue to convey this message and its importance.

This is not to say that working remotely is easy—these workers need to be supported as well, but in a different way. Remote workers should be provided with strategies for dividing their time and managing work-life balance. Working from home is especially challenging for those with children in the home; children can be especially distracting and can reduce productivity. Employers who are able to offer flexibility should allow workers to choose what is right for them; options can be provided such as working from home, working in the office, or a combination of the two. For some parents, working from home may be beneficial in that it that allows them to save on childcare costs and to spend more time with their children. For others, it may be a distraction and a stressor, and they may prefer to work at the office instead. There is no one-size-fits-all solution, which is why it is critical for employers and their staff to continuously negotiate a work environment that is acceptable for all.

The biggest economic difficulty for local residents is paying rent/mortgage costs as well as utilities. This is especially problematic for people who were low-income even before the pandemic and for BIPOC. Programs like United Lift, a rental assistance program in Riverside County, are incredibly useful and important.<sup>23</sup> Through United Lift, households can have up to \$3,500 of past-due rent covered, allowing them to avoid eviction and potential homelessness. Other similar programs, like United Way of the Desert's COVID-19 Rental/Mortgage Assistance Fund, provide financial assistance to homeowners as well as renters who are struggling to cope with housing costs.<sup>24</sup>

Overall, the need for these rent/mortgage assistance programs is immense; while they have helped thousands to stay housed in recent months, there is simply not enough money available to help all of those who are in need. Anyone wishing to contribute to those in need during the pandemic should consider contributing to these programs, as it will help keep people housed and meet a substantial need locally.

Another major need is assistance with utility bills; in the Coachella Valley, due to the high temperatures, electricity bills can be extremely high during the summer as residents try to cool their homes. This is also exacerbated by the shelter-in-place orders; individuals who used to spend the hottest parts of the day at work or in air-

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<sup>23</sup> [Unitedlift.org](https://unitedlift.org)

<sup>24</sup> <https://www.unitedwayofthedesert.org/assistancefund>



conditioned public settings like restaurants or malls are now spending those hours in their homes, increasing their utility bills accordingly. Fortunately there are also several programs available locally that can help with utility bills, such as:

- CV Water Counts program, which offers up to \$150 off water bills each year (depends on the water provider) for those who are low-income<sup>25</sup>
- Imperial Irrigation District's Residential Energy Assistance Program (REAP), which provides 20% to 30% discounts on energy bills for low-income people<sup>26</sup>
- Southern California Edison's California Alternative Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) programs, which reduce power rates for low-income customers by up to 30%<sup>27</sup>
- SoCalGas's CARE program, which can reduce natural gas bills by up to 20%<sup>28</sup>

Many of these programs are available to people who have recently lost their job due to COVID-19, even if they are receiving unemployment benefits. These programs are critically important for keeping the lights on, the water running, and the gas flowing. Organizations should make sure all of their employees are aware of these resources.

Many Coachella Valley adults are feeling symptoms of psychological distress, the most common being feeling nervous/anxious/on-edge and having trouble sleeping. The majority of local adults are experiencing increased stress and anxiety. Organizations should support community members by disseminating information about positive mental health practices such as cultivating optimism, practicing gratitude and practicing mindfulness.<sup>29</sup>

Other information that would be useful is how to form good sleep habits (e.g., not using electronic devices just before bed, ensuring a dark room, etc.). Additionally, it is important to communicate to the public about positive coping methods, such as taking up hobbies or committing to a routine. This will reduce the number of people who engage in risky coping habits, such as binge drinking.

On the positive side, many local adults feel hopeful about the future—in fact, more people are feeling hopeful than those who are feeling anxious. This is certainly a silver lining and something we must nurture—organizations must emphasize in their messaging not only the importance of abiding by social distancing and shelter-in-place, but also messaging of hope for the future. Many people are actually experiencing positive side effects from sheltering-in-place, such as cooking more or eating healthy, spending more time with friends and family, spending less time commuting, getting more sleep, and exercising more. We need to emphasize these positive aspects of the pandemic, and once again encourage people to utilize these healthy coping mechanisms.

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<sup>25</sup> <https://www.unitedwayofthedesert.org/help2others>

<sup>26</sup> <https://www.iid.com/customer-service/payment-assistance/energy-customers/>

<sup>27</sup> <https://www.sce.com/residential/assistance/care-fera>

<sup>28</sup> <https://www.socalgas.com/save-money-and-energy/assistance-programs/california-alternate-rates-for-energy>

<sup>29</sup> Lyubomirsky, S. (2007). *The how of happiness: A scientific approach to getting the life you want*. Penguin Press.

Many locals have been supported by food banks during this crisis; the largest of which is FIND Food Bank<sup>30</sup>. Results of this needs assessment emphasized that food banks, food delivery, and food pantries are the most often-accessed resources during this time. Thus, it is not surprising that the demand on our local food banks has increased. Organizations should make their employees aware of the local food bank resources and consider creating a food pantry for workers who are in need. People wishing to help others during this pandemic should consider donating to a food bank to allow them to keep up with this increased demand; no one should have to go hungry.

As described previously, we are fortunate to have many resources available in our Valley to support people in need. However, finding details about these resources is easiest on the internet, and not everyone has access to the internet. Any organization that can provide internet access for their employees should do so and allow their employees time to explore these options and apply online. Those who have no access to the internet at home or at work can find some solutions by calling 211. Riverside County 211 is available 24 hours a day, 7 days a week, in multiple languages, and can direct callers to appropriate resources quickly and simply.

In terms of systems-level change, it is important that everyone have access to the internet so that they can partake in virtual schooling, virtual work, and virtual connections during this pandemic and beyond. Coachella Valley organizations and residents should advocate for increased access to affordable high-speed internet for all, across the entire Valley.

It is critically important to continue to measure the needs of our community as the pandemic morphs and changes. We must be sure to track the interventions that are put in place to address these needs, evaluate their effectiveness, and replicate the most effective ones to better serve our community.

This needs assessment illustrates the many struggles of our community as a result of the COVID-19 pandemic, but it also provides a launchpad for targeted efforts to assist our community. This report provides an understanding of the issues we now collectively face, along with an understanding of the population subgroups that experience these issues with the most gravity. It is worth noting that the report also documents some of the benefits of the stay-at-home orders that have the potential to enhance individual well-being. These findings can help build resiliency in our communities, something that will be greatly needed in the months to come.

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<sup>30</sup> <http://www.findfoodbank.org/>

## APPENDIX

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Appendix A: List of Organizations - “In the past month, which organizations have been most useful to you? Please specify the organization’s full name.”

Name of Organization	References
Food Bank (9 of these were for FIND Food Bank)	28
Galilee Center	10
Employment Development Department	9
Mentions of Programs	9
Instacart	7
Desert AIDS Project	6
Great Plates	6
LGBT Community Center of the Desert	6
CalFresh	5
Lift to Rise	5
United Way	5
Eisenhower Medical Center	4
Kaiser Permanente	4
Mizell Senior Center	4
Salvation Army	4
Amazon	3
Churches	3
Joslyn Center	3
Small Business Administration	3
American Association of Retired Persons (AARP)	2
Department of Public Social Services	2
Desert Hot Springs Senior Center	2
Desert Oasis Healthcare	2
Employment Websites	2
Facebook	2
Let's Kick Ass	2
Palm Springs Public Library	2
Palm Springs Unified School District	2
Postmates	2
Wal-Mart	2
YouTube	2
Zoom	2
Blue Cross Blue Shield	1
Boys and Girls Club	1
California Association of Adult Day Care	1
California Association of Aging	1
Catholic Charities	1
Cecilia Center	1
Centers for Disease Control and Prevention	1
Citibank	1

City of Palm Springs	1
CNN	1
Coachella Valley Christian Church	1
Coachella Valley Rescue Mission	1
Coachella Valley Small Business Development Center	1
College of the Desert	1
Congregation of Jehovah's Witness	1
Cornerstone Pharmacy	1
Costco	1
CVEP	1
CVS Pharmacy	1
CVWD	1
Desert Business Association - LGBT Chamber	1
Desert Healthcare Region	1
Desert Sands Unified School District	1
Dominos	1
Farmer's Market	1
Fit in 42	1
Food Now	1
Grubhub	1
Hadassah	1
HARP-PS	1
Health Career Connection	1
IEHP	1
Imperfect Foods	1
Imperial Irrigation District	1
Inland Equity Partnership	1
Jewish Family Service	1
Joshua Springs Calvary Chapel	1
KESQ	1
Martha's Village and Kitchen	1
McCallum Theatre	1
Narrow Door	1
Nextdoor.com	1
OneFuture Coachella Valley	1
Operation SafeHouse	1
Opportunity Fund	1
Palm Springs Family Care Center	1
Palm Springs Presbyterian Church	1
Pal's	1
Peasant Leaders of the Coachella Valley	1
Planned Parenthood of the Pacific Southwest	1
Prime Timers of the Desert	1
Ralph's	1
Rancho Mirage City Council	1
Regional Access Project Foundation	1

Rite Aid	1
Riverside County Office on Aging	1
Riverside University Health System	1
Sage Mountain Farms	1
Salton City Seventh Day Adventist Church	1
SaverLife	1
St. Elizabeth of Hungary Parish	1
TODEC Legal Center	1
United Healthcare	1
USAA	1
USPS	1
Vons	1
Walgreens	1
Wells Fargo	1