COVID-19 and the Experiences of Populations at Greater Risk

Description and Top-Line Summary Data—Wave 2, Fall 2020

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Preface

Since 2013, the Robert Wood Johnson Foundation (RWJF) has led a pioneering effort to advance a Culture of Health that enables "all in our diverse society to lead healthier lives, now and for generations to come" (Plough and Chandra, 2015). Since that time, RWJF and the RAND Corporation have developed the Action Framework and associated national measures to track progress toward a Culture of Health (Chandra et al., 2016) and have fielded the National Survey of Health Attitudes in 2015 and 2018 (Carman et al., 2016; Carman et al., 2019) to capture how people in the United States think about, value, and prioritize issues of health, well-being, and health equity. Now, in the context of COVID-19, RAND and RWJF have partnered again to build from the National Survey of Health Attitudes to implement a longitudinal survey to understand how these health views and values have been affected by the experience of the pandemic, with particular focus on populations deemed vulnerable or underserved, including people of color and those from low- to moderate-income backgrounds. This top-line report serves to summarize descriptive findings from the first and second waves of the COVID-19 and the Experiences of Populations at Greater Risk Survey, fielded during summer and fall 2020. This is the second top line of a four-wave survey; subsequent top-line reports will update these findings.

Researchers from RAND and RWJF jointly conducted the research reported here; the report is intended for individuals and organizations interested in learning more about public attitudes about a Culture of Health and how COVID-19 specifically may influence views about health, health investments, and how different populations are affected. The report should be beneficial to a variety of national, state, and local leaders responding to COVID-19 and generally interested in how health views and priorities are evolving.

This research was sponsored by the Robert Wood Johnson Foundation and conducted within RAND Social and Economic Well-Being. Anita Chandra led this research study with a large, diverse team of RAND researchers. Questions about the report can be directed to chandra@rand.org.

RAND Social and Economic Well-Being is a division of the RAND Corporation that seeks to actively improve the health and social and economic well-being of populations and communities throughout the world. This research was conducted in the Community Health and Environmental Policy Program within RAND Social and Economic Well-Being. The program focuses on such topics as infrastructure, science and technology, community design, community health promotion, migration and population dynamics, transportation, energy, and climate and the environment, as well as other policy concerns that are influenced by the natural and built environment, technology, and community organizations and institutions that affect well-being. For more information, email chep@rand.org.

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Summary

Since 2013, the Robert Wood Johnson Foundation (RWJF) has led a pioneering effort to advance a Culture of Health to enable "all in our diverse society to lead healthier lives, now and for generations to come" (Plough and Chandra, 2015). Since that time, RWJF and the RAND Corporation have developed the Action Framework and associated national measures to track progress toward a Culture of Health (Chandra et al., 2016) and have fielded the National Survey of Health Attitudes (NSHA) in 2015 and 2018 (Carman et al., 2016; Carman et al., 2019) to capture how people in the United States think about, value, and prioritize issues of health, well-being, and health equity. Now, in the context of COVID-19, RAND and RWJF have partnered again to build from the NSHA to implement a longitudinal survey to understand how these health views and values have been affected by the experience of the pandemic, with particular focus on populations deemed vulnerable or underserved, including people of color and those from low- to moderate-income backgrounds. This top-line report serves to summarize descriptive findings from the first and second waves of the COVID-19 and the Experiences of Populations at Greater Risk Survey, fielded during summer and fall 2020. This is the second top line of a four-wave survey; subsequent top-line reports will update these findings.

The questions in this COVID-19 survey focused specifically on experiences related to the pandemic (e.g., financial, physical, emotional), how respondents viewed the disproportionate impacts of the pandemic, whether and how respondents' views and priorities regarding health actions and investments are changing (including the role of government and the private sector), and how general values about such issues as freedom and racism may be related to pandemic views and response expectations. Some questions used in the NSHA are fielded in this COVID-19 survey, while others were newly used from other COVID-19 surveys or newly developed for this effort.

Using methods comparable with those used in the NSHA survey, we collected data via the RAND American Life Panel (ALP) and the KnowledgePanel (administered by Ipsos). Both are nationally representative internet panels whose members are recruited via probability-based sampling methods. Both provide computers and internet connections for respondents who do not have them at the time of panel recruitment. Both compensate respondents for their participation. Both panels collect demographic information about respondents separately and provide this information with each data set. We fielded the same survey instrument in both panels. In the first wave, the two survey efforts combined resulted in a final total sample of 5,164 completed surveys: 1,098 from the ALP and 4,066 from the KnowledgePanel. In the second wave, the two survey efforts combined resulted in a final total sample of 4,143 completed surveys: 1,045 from the ALP and 3,098 from the KnowledgePanel. All respondents to the first wave were invited to participate in the second wave. We anticipated greater attrition from the KnowledgePanel

sample. Each panel brings distinct benefits. With the ALP, we can link responses to a very rich set of background variables collected through other surveys, as well as to responses collected in the 2015 and 2018 NSHA. On the other hand, the KnowledgePanel provides a significantly larger sample size.

In both panels, we oversampled respondents who are Black, Hispanic, or Asian. The KnowledgePanel sample was limited to individuals in households with income under $125,000. The ALP sample limited White individuals to those with household incomes under $125,000 but imposed no income limits on Black, Hispanic, or Asian respondents. We were most interested in understanding the experiences of historically underserved individuals in U.S. society. The income limits allow us to focus on individuals in households that were likely eligible to receive the federal COVID-19 stimulus checks. In both panels, we oversampled lower- and middle-income households. These oversamples will allow for research that compares subgroups based on income or race and ethnicity.[1] We created weights to align the distribution of characteristics in our sample as closely as possible to the distribution of characteristics of the population from the 2019 Current Population Survey (U.S. Census Bureau, undated). We calculated the margin of sampling error based on the 95-percent confidence interval. The margin of sampling error for the full sample ranges from 0.11 percent to 1.89 percent for proportions near 0 percent and 50 percent, respectively.

This report describes the objectives of the COVID-19 survey, the development of the survey, and the construction of the survey sample. The report principally focuses on summarizing detailed top-line results for each of the questions in the survey and sociodemographic characteristics of the sample.

[1] In the ALP, we also conducted a survey concurrent with wave 1 of higher-income households that can be combined with the sample of groups at greater risk to create a general-population sample. This is described in the appendix of the wave 1 report (Carman et al., 2020).

Acknowledgments

We appreciate reviews of two anonymous reviewers. We thank a broad group of researchers from the University of California, Berkeley; Harvard University; NORC at the University of Chicago; Stanford University; Trinity College; the University of Connecticut; the University of Minnesota; and the Urban Institute for their contributions to the survey design process. We also thank the survey participants, who offered their perspectives on health and well-being issues in the United States.

Abbreviations

ALP	RAND American Life Panel
COVID-19	coronavirus disease 2019
CPS	Current Population Survey
MOE	margin of error
NSHA	National Survey of Health Attitudes
RWJF	Robert Wood Johnson Foundation

1. Survey Overview

Since 2013, the Robert Wood Johnson Foundation (RWJF) has led a pioneering effort to advance a Culture of Health to enable "all in our diverse society to lead healthier lives, now and for generations to come" (Plough and Chandra, 2015). Yet, in 2020, society faces COVID-19, economic recession, and a reckoning with systemic racism and social injustice. What is being termed in popular press as the "triple pandemic" is particularly affecting populations that have historically been underserved, including people of color and low- to middle-income households. This report describes the second of four surveys conducted as part of the COVID-19 and the Experiences of Populations at Greater Risk Survey, a survey that RWJF and RAND Corporation researchers developed and conducted as part of the foundation's Culture of Health vision and that will be repeated two additional times over the coming year, through summer 2021. This survey was designed to measure the experiences, views, and perceptions of a nationally representative sample of groups living in the United States and historically at greater risk as they face the COVID-19 pandemic, economic recession, and social injustice. The objectives of this survey were

1. to understand the experience of COVID-19, with particular focus on underserved populations, especially in terms of income and race and ethnicity
2. to examine how these populations may be thinking about COVID-19 in the context of health mindset and expectations, the role of government versus the private sector, and health equity and to explore how this thinking evolves as communities continue to experience impacts but also recover
3. to identify, over time, whether American views about health and health equity have evolved and, in short, assess whether the progress toward a Culture of Health has evolved (e.g., greater understanding of what influences health, the existence of health inequities, the willingness and action to engage civically for health).

This survey builds on the National Survey of Health Attitudes (NSHA) (Carman et al., 2016; Carman et al., 2019) to study the evolving views and experiences of individuals during the COVID-19 pandemic. The survey covered a variety of topics, including individual health and well-being, household economic information, prior emergency or disaster experience, experience with COVID-19, feelings of safety, use of community and policy supports, concerns about equity in COVID-19 response and systemic racism, and health civic engagement, as well as views of the role of government, the role of the private sector, the determinants of health, how the United States should approach health (including health care), and trade-offs under COVID-19.

Road Map for This Report

This report describes the latest results from the second of a series of national surveys called the COVID-19 and the Experiences of Populations at Greater Risk Survey. In addition to describing the survey development and methods, this report provides the survey top-line data but does not provide analyses of trends or other analyses of subpopulations. Those findings will be presented elsewhere, including in peer-reviewed journal articles in development and on the Culture of Health website that RWJF maintains (RWJF, undated). This report draws heavily on the reports written to describe two previous surveys conducted with similar methods (Carman et al., 2016; Carman et al., 2019) and the report describing the first wave of this survey series (Carman et al., 2020).

Survey Design Process

Our survey was designed with the goals described above in mind. Where possible, survey questions were drawn from existing surveys; however, because this survey addresses the emergent crises of 2020, many new questions were developed to measure experiences and views in a changing world. Our survey content was reviewed by a group of researchers conducting surveys about COVID-19 impacts. The survey design process balanced the urgency of capturing real-time experiences with COVID-19 with finding survey items that at least had reasonable face and content validity. The review with survey researchers was an important step in this regard.

Selection of Key Constructs to Measure

In developing the survey, we began with a list of key topics and subtopics of interest:

- health and demographics
  - individual health and well-being
  - household economic information
  - prior emergency or disaster experience
- COVID-19 impacts
  - experience with COVID-19
  - feelings of safety
  - use of community and policy supports
- views, mindset, and expectations
  - concerns about equity in COVID-19 response and systemic racism
  - health civic engagement
  - views of the role of government
  - views of the role of the private sector
  - views regarding the determinants of health

– views on how the United States should approach health and health care, as well as views on trade-offs under COVID-19.

In some cases, the research team was able to use standard survey questions that have been used in many different surveys, such as a standard measure of subjective well-being and self-rated health. In other cases, the team looked for more-specific questions by reviewing several existing survey instruments, particularly our own past survey, the NSHA, to identify survey questions, as documented in Table 1.1. The NSHA was fielded in 2015 and 2018 (Carman et al., 2016; Carman et al., 2019) to capture how people in the United States think about, value, and prioritize issues of health, well-being, and health equity.

Table 1.1. Surveys Reviewed During Survey Development

Survey	Developer and Citation
Census Household COVID-19 Pulse Survey	U.S. Census Bureau, "Measuring Household Experiences During the Coronavirus Pandemic," webpage, last revised October 7, 2020. As of October 9, 2020: https://www.census.gov/householdpulsedata Centers for Disease Control and Prevention, Division of Human Development and Disability, personal correspondence, 2020.
COVID Impact Survey	COVID Impact Survey, homepage, undated. As of October 9, 2020: https://www.covid-impact.org/
Stanford Mind & Body Lab Mindset Measures for COVID-19 study	Stanford University, Mind & Body Lab
Gallup Panel survey, April 10–12, 2020	Lydia Saad, "In U.S., More Fear COVID-19 Illness Than Financial Harm," Gallup, April 16, 2020. As of October 9, 2020: https://news.gallup.com/poll/308504/fear-covid-illness-financial-harm.aspx
American Health Values Survey	NORC at the University of Chicago, "American Health Values Survey," webpage, undated. As of October 9, 2020: https://www.norc.org/Research/Projects/Pages/american-health-values-survey.aspx NORC at the University of Chicago, *American Health Values Study: Final Report*, Chicago, 2016.
National Survey of Health Attitudes	RAND and RWJF Katherine Grace Carman, Anita Chandra, Sarah Weilant, Carolyn Miller, and Margaret Tait, *2018 National Survey of Health Attitudes: Description and Top-Line Summary Data*, Santa Monica, Calif.: RAND Corporation, RR-2876-RWJF, 2019. As of October 9, 2020: https://www.rand.org/pubs/research_reports/RR2876.html
Santa Monica Well Being	RAND, New Economics Foundation

Survey	Developer and Citation
	Office of Civic Wellbeing, City of Santa Monica, Wellbeing Project, homepage, undated. As of October 9, 2020: https://wellbeing.smgov.net
SHADAC COVID-19 Survey	State Health Access Data Assistance Center, "SHADAC COVID-19 Survey Results," webpage, undated. As of October 9, 2020: https://www.shadac.org/publications/shadac-covid-19-survey-results
Survey of Household Economics and Decisionmaking, supplemental data from April 2020	Federal Reserve Board, "Supplemental Appendixes to the Report on the Economic Well-Being of U.S. Households in 2019—May 2020," webpage, last revised May 21, 2020. As of October 9, 2020: https://www.federalreserve.gov/publications/2020-supplemental-appendixes-report-economic-well-being-us-households-2019-overview.htm
COVID-19 Tracking Poll	Kristof Stremikis, "COVID-19 Tracking Poll: 75% of Californians Support Shelter in Place 'as Long as Needed,'" California Health Care Foundation, April 24, 2020. As of October 9, 2020: https://www.chcf.org/blog/covid-19-tracking-poll-75-californians-support-shelter-place-as-long-as-needed/
American Pathways Project	Pew Research Center, "Explore the Data," webpage, 2020. As of October 9, 2020: https://www.pewresearch.org/pathways-2020/covid_econopen/total_us_adults/us_adults/
Initiative on Global Markets Forum Poll	University of Chicago, Booth School of Business, "Policy for the COVID-19 Crisis," webpage, March 27, 2020. As of October 9, 2020: http://www.igmchicago.org/surveys/policy-for-the-covid-19-crisis/
2012 Values Survey	Pew Research Center, "2012 American Values Survey," webpage, undated. As of October 9, 2020: https://www.pewresearch.org/politics/values/
Coronavirus Index	Axios-Ipsos Ipsos, "Coronavirus Misinformation and Reckless Behavior Linked," October 20, 2020. As of October 20, 2020: https://www.ipsos.com/en-us/news-polls/axios-ipsos-coronavirus-index
Understanding America Study: Understanding Coronavirus in America ("COVID") Survey	University of Southern California, Center for Economic and Social Research Understanding America Study University of Southern California, "Understanding America Study: Understanding Coronavirus in America," webpage, undated. As of October 9, 2020: https://covid19pulse.usc.edu

A large section of our survey was focused on measuring respondents' views, mindset, and expectations about current events because of their centrality to the Culture of Health framework

and because they are not currently being considered in as much detail in other work. These topics have not been measured in other surveys, and there were few existing survey questions to draw from, so many survey questions were developed de novo.

We conducted a series of meetings with a group of researchers implementing surveys about the impacts of COVID-19. In these meetings, we reviewed the survey topics and questions from our survey for feedback from experts. We also discussed whether they were aware of existing questions to measure topics of interest for our survey. The group featured researchers from the University of California, Berkeley; Harvard University; NORC at the University of Chicago; Stanford University; Trinity College; the University of Connecticut; the University of Minnesota; and the Urban Institute. Many of these researchers shared their survey instruments, which (among others) are in Table 1.1.

Changes to the Survey Since Wave 1

After the first wave of the survey, several questions were dropped, revised, or added. Two questions were dropped. We dropped a question on disaster experience (w1_disaster) because it had asked about experiences prior to the start of the pandemic. We also dropped a question about the drivers of health (w1_drivers), which we anticipate will not change significantly. Both of these questions will be included again in the final wave of our surveys.

Several questions were modified. The question about experiences during the pandemic (w1_covidexp) was significantly revised and replaced with (w2_exp). The results from wave 1 suggested that the "check all that apply" structure was leading to underreporting; as a result, we reduced the number of subquestions and restructured the question as a yes-or-no question to encourage respondents to respond to all subquestions. As a result of this restructuring, we updated who was asked the follow-up question about how long they expected financial hardship to last. Previously, only those who reported "severe financial hardship" were asked the follow-up question; in the updated survey, we asked the follow-up question to those who reported problems affording food, inability to pay rent, or problems paying monthly bills. We also modified the question about trade-offs between the risk of COVID-19 and the benefits of protest (w1_protest). The original question focused on injustice and police brutality, which were at the core of the protests occurring in the early summer when wave 1 was developed. In wave 2, we broadened the question asking about protesting for whatever issues respondents believe in.

We added two questions. First, in wave 1, more than 70 percent of respondents reported that the pandemic could be an opportunity for positive change (w1_positivech). To better understand this result, we added a question (w2_positivechg) to ask respondents what change they would like to see. Second, we added a question about vaccine prioritization (w2_vaccine). When a vaccine becomes available, it is likely that there will not be enough of the vaccine available immediately for all people in the United States. This new question will give us insight into the public's evolving views of equity and in this evolving area.

Chapter 2 provides the text for each question in the survey and lists the source. The survey was organized by topic, and we provide headers there to guide readers through the topics in this survey.

Survey Length

The resulting survey contained 37 questions, several with subquestions or multiple parts. The median time to complete the survey was between 14 and 15 minutes.

Survey Sample Selection

We collected data via the RAND American Life Panel (ALP) and the KnowledgePanel. Both are nationally representative internet panels recruited via probability-based sampling methods. Both provide computers and internet connections for respondents who do not already have them. Both panels collect demographic information about respondents separately and provide this information with each data set. Respondents in both panels are paid a modest amount for their participation. The content of the survey conducted in each panel was identical. Although there were small differences in the formatting used on the screen across the two panels (for example, the standard background colors used for the panels differ), the presentation was very similar. Both surveys were fielded from October 9 through November 2, 2020. The two survey efforts combined resulted in a final total sample of 4,143 completed surveys. All respondents from the first wave (5,164) were invited to participate in the second wave. We fielded the survey in the ALP because of the rich historical data collected through that panel that can be linked to new data collection. These historical data include not only the previous survey that we ran in the ALP in 2015 and 2018 (Carman et al., 2016; Carman et al., 2019) but also any other surveys previously run in the ALP. However, to boost sample size, we also conducted the survey in the KnowledgePanel.

In both panels, we oversampled respondents who are Black, Hispanic, or Asian. The KnowledgePanel sample was limited to individuals in households with income under $125,000. The ALP sample limited White individuals to those with household incomes under $125,000 but imposed no income limits on Black, Hispanic, or Asian respondents. We were most interested in understanding the experiences of the historically underserved individuals in U.S. society. The income limits allow us to focus on individuals in households that were likely eligible to receive the federal COVID-19 stimulus checks. In both panels, we oversampled lower- and middle-income households. Table 1.2 describes the target sample size from wave 1 based on income and race or ethnicity for both panels and the combined sample.[2] These oversamples will allow for research that compares subgroups based on income or race and ethnicity. Note that, in the ALP

[2] For some groups in the ALP, our target sample size was limited by the total sample who had participated in our past survey, as we later discuss in more detail.

in wave 1, we also conducted a concurrent survey of higher-income households that could be combined with the survey of groups at greater risk to create a general population sample; this is described in the appendix of the wave 1 report (Carman et al., 2020).

Table 1.2. Target Sample Selection for Wave 1

Sociodemographic Group	ALP Target Sample	KnowledgePanel Target Sample	Combined Target Sample
Race			
Non-Hispanic White	524 (52%)	1,901 (49%)	2,425 (49%)
Non-Hispanic Black	150 (15%)	760 (18%)	910 (18%)
Non-Hispanic Asian	61 (6%)		61 (1%)
Non-Hispanic other (includes Asian for the KnowledgePanel)	65 (6.5%)	319 (8%)	384 (8%)
Hispanic	200 (20%)	1,020 (26%)	1,220 (24%)
Income			
$24,999 or less	220 (22%)	1,024 (26%)	1,244 (25%)
$25,000 to $49,999	350 (35%)	1,211 (30%)	1,561 (31%)
$50,000 to $74,999	250 (25%)	1,185 (30%)	1,435 (29%)
$75,000 to $124,999	100 (10%)	579 (14%)	679 (14%)
$125,000 or more	80 (8%)	Not applicable	80 (2%)

NOTES: Percentages are rounded and might not sum to 100. Respondents could pick only one race.

RAND American Life Panel

The ALP began in 2003. All data from the ALP are made publicly available and can be linked, allowing researchers to make use of data collected in other surveys fielded in the ALP. Panel members have been recruited via address-based sampling and random-digit dialing and include an oversample of vulnerable populations. The vulnerable-population oversample draws from geographic areas with lower per capita incomes and larger proportions of native Spanish speakers. All panel members update demographic data from the ALP quarterly. Additional information about the panel is available from the ALP (RAND Corporation, undated).

Our sample was limited to panel members who had participated in our 2018 survey. From this group, we selected a subset of individuals based on the race and ethnicity and income characteristics described above, with the goal of having a total of 1,000 individuals respond to this survey. All panel members who had participated in this past survey with incomes below $75,000 were invited to participate. Among those with incomes between $75,000 and $125,000, non-Hispanic White panelists were randomly selected to participate, whereas all panelists of

other races or ethnicities were invited to participate.[3] This resulted in a sample of 1,331 panel members being invited to participate in the first wave survey. Of those, 1,098 (82.5 percent) completed the survey. For wave 2, 1,098 respondents were invited to participate in our survey and 1,045 responded (95-percent completion rate).

We fielded this survey from October 9 through November 2, 2020. Note that our sample from the ALP is not representative of individuals in the youngest age group (ages 18 to 24). This is because only respondents from the ALP who had participated in our 2015 survey were invited to participate in the 2018 survey, and only those who participated in our 2018 survey were invited to participate in this survey. The KnowledgePanel sample was not restricted in this way.

KnowledgePanel

The KnowledgePanel is administered by Ipsos.[4] Panel members were recruited via address-based sampling and random-digit dialing. Additional information is available from Ipsos (Ipsos, undated).

We selected a subset of individuals in the Knowledge Panel based on the race and ethnicity and income characteristics described above, with the goal of having a total of 4,000 individuals respond to the wave 1 survey who fit the characteristics shown in Table 1.2. A total of 7,010 panel members were invited to wave 1 and 4,066 responded (58 percent). We fielded wave 2 of the survey from October 9 through November 2. We invited the 4,066 panel members who had participated in wave 1 to participate in this survey, and 3,098 (76.2 percent) completed the wave 2 survey.[5] Prior to fielding wave 1, a pre-test was conducted with the KnowledgePanel, which we used to identify and clarify questions that were more burdensome to respondents.

Summary

Table 1.3 summarizes the field dates and sample sizes for each wave and each panel.

[3] All ALP panelists who participated in our survey in 2018 and who were not invited to the wave 1 survey were invited to participate in a supplemental survey run concurrently with wave 1; this is described in the appendix of Carman et al., 2020.

[4] It was formerly known as the Knowledge Networks Panel and was administered by Knowledge Networks.

[5] Thirteen respondents were dropped from the sample by Ipsos for leaving more than half of the questions blank or completing the survey in less than four minutes.

Table 1.3. Summary of Field Dates and Sample Sizes

		ALP		Knowledge Panel		Total	
Wave	Field Dates	Sample Size	Participation Rate (%)	Sample Size	Participation Rate (%)	Sample Size	Participation Rate (%)
1	June 29–July 22, 2020	1,098	82.5	4,066	58.0	5,164	61.7
2	October 9–November 2, 2020	1,045	95.2	3,098	76.2	4,143	80.2
3	Winter 2021						
4	Spring 2021						

Combining Sample Data

We combined data from the ALP and KnowledgePanel as we have done in our previous surveys (Carman et al., 2016; Carman et al., 2019). In our previous work, we took several steps to assess the appropriateness of combining these data. First, we took care to ensure that the implementation of the survey in the two panels was the same. Both panels displayed the questions in the same order, implemented randomization in the same way, and kept the general format of each screen similar to ensure comparability. Second, in 2015, we compared responses across the two panels. To test the feasibility of combining the two samples, we investigated whether there were systematic differences between responses to the two surveys, after controlling for demographic characteristics, and found no meaningful differences. Third, in 2015, we investigated differences by device (i.e., participation via desktops and laptops versus smartphones). In our past work, we did not identify any systematic biases across the two surveys by device type. Because this method was successful in our past work, for this survey, we pooled the two panels for final analyses.

Weighting

To make the sample representative of the overall population, we used weighting, a statistical adjustment. To create weights to match the distribution of characteristics in our sample as closely as possible to that of the population from the 2019 Current Population Survey (CPS) (see U.S. Census Bureau, undated), we used a raking algorithm, following the methods described in Deming, 1943, and Deville, Särndal, and Sautory, 1993. We limited the CPS to non-Hispanic White households with incomes less than $150,000 and Black, Hispanic, and Asian households with any income level. We used household characteristics as observed in the panels prior to our survey, as these characteristics were used for selection into the sample. Our weighting procedure is the same procedure used for other ALP surveys and is described in more detail in Pollard and Baird, 2017. We aimed to match population proportions on interactions of gender and race and ethnicity, gender and education, and gender and age, as well as household income interacted with household size. To calculate the weights, we combined the two samples and matched the

distribution of characteristics of the pooled sample to the distribution of the CPS. In other words, our weighting procedure treated observations from the two panels as equivalent. We have not adjusted these weights to reflect how the panelists were originally recruited to either the ALP or the KnowledgePanel.

Future Waves

This survey represents the second wave of a planned four-wave survey study. We intend to conduct wave 3 in the winter of 2021, and wave 4 in the spring of 2021. When future waves are collected, updated versions of this report will be made available.

Sample Description

Our total sample was 4,143 respondents. Table 1.4 compares the weighted and unweighted characteristics of our sample with the characteristics of the U.S. population as estimated in the CPS. The survey sample distributions represent characteristics of the ALP and the KnowledgePanel *at the time of sampling*.[6] Some households had changes in income or other characteristics between the time of selection and the time of the survey; as a result, at the time of our survey, some households might have had income high enough that they would no longer be eligible for selection. We chose to keep these households in our survey because we were interested in following the evolving experiences of selected households, including changes in income. We expect that, in future waves, we may see further changes in characteristics.

[6] ALP respondents were selected prior to the survey, whereas KnowledgePanel respondents were selected at the time of the survey. As a result, some ALP respondents had changes in characteristics between the time of sampling and the time of the survey. For the KnowledgePanel, the time of sampling and the time of the survey were the same.

Table 1.4. Comparison of the Survey Sample and the Current Population Survey

Characteristic	Combined ALP and KnowledgePanel		2019 CPS (%)
	Unweighted (%)	Weighted (%)	
Gender			
Male	42.6	47.6	47.8
Female	57.4	52.4	52.2
Race or ethnicity			
Non-Hispanic White	50.7	59.9	58.8
Non-Hispanic Black	17.6	13.0	13.2
Hispanic	23.5	19.9	18.4
Non-Hispanic Asian	5.9	5.3	7.2
Non-Hispanic, all other races	2.3	1.9	2.5
Education			
Less than high school	9.3	9.4	11.6
High school	29.2	31.7	30.3
Some college	32.9	27.1	28.6
College graduate	28.6	31.8	29.5
Age, in years			
18–24	2.8	4.4	11.7
25–44	27.4	35.6	34.4
45–64	38.3	35.7	32.0
65+	31.5	24.3	21.9
Income			
Less than $30,000	28.6	23.1	23.5
$30,000 to $59,999	39.2	29.5	29.4
$60,000 to $99,999	23.7	26.9	26.7
$100,000 or more	8.5	20.5	20.4
Household size, in number of residents			
1	30.0	17.2	16.1
2	34.2	36.9	35.1
3	14.5	18.4	18.4
4	11.0	14.9	15.9
5 or more	10.4	12.5	14.6

NOTE: Percentages are rounded and might not sum to 100.

Margin of Sampling Error

We calculated the margin of sampling error (also known as the margin of error [MOE]) based on the 95-percent confidence interval. If a study were repeated 100 times, the 95-percent confidence interval would contain the true value 95 percent of the time. The MOE is a function of the sample size and the measured proportion, with the smallest MOE for proportions near 0 percent or 100 percent and the largest MOE for proportions near 50 percent. Because the overall sample size of our survey is large, 4,143 respondents, the MOE for the full sample ranges from 0.11 percent to 1.89 percent for proportions near 0 percent and 50 percent, respectively. We have not adjusted the MOEs to reflect design effects.

Limitations

This research has several limitations. First, we drew our sample from two panels. Although we identified no significant differences in responses across the two panels when controlling for demographic differences, we might not be able to discern from the social and demographic profiles of the sample every underlying difference regarding attitudes and perspectives. However, this combining of panels has been successfully pursued with the 2015 and 2018 versions of the NSHA (Carman et al., 2016; Carman et al., 2019). Second, many respondents used smartphones to respond to the survey. Although both the ALP and the KnowledgePanel have optimized their formatting for smartphones, our survey contained several large tables—for example, for question 1, which asked the respondent to rate many different things on one screen. These tables can be difficult for respondents using smartphones, and we cannot be sure of the devices' effect or influence on those questions specifically. Third, we adjusted the data to account for differences in demographic characteristics between our sample and the CPS, but we did not adjust the data for the differential probabilities of selection that (in addition to calibration) cause design effects. A design effect is an indicator of the impact of sample design and weighting on the effective sample size of the survey. Our adjustment might underestimate the size of the design effect, since we do not have sufficient information about geographic clustering and secondary recruitment details. This information is not available from the ALP and the Knowledge Panel. Fourth, we were able to conduct only limited pilot testing of key survey questions on a convenience sample. However, many survey questions were derived from other sources.

Access to the Data

The combined data set with weights will be made available through RWJF's Health and Medical Care Archive at the Inter-University Consortium for Political and Social Research (ICPSR) at the University of Michigan. This process of storing data at ICPSR has been used for the NSHA in 2015 and 2018.

2. Top-Line Summary Data

This chapter presents the top-line survey results from the second wave of the COVID-19 and the Experiences of Populations at Greater Risk Survey. For each question in the survey, we present the text as it was presented to survey respondents, as well as a variable name for those who use the data. All responses were listed in the order presented in the topline unless otherwise indicated. For each question, we report the responses for respondents in wave 1 who responded to wave 2, and all respondents in wave 2. Those interested in seeing responses for the full sample in wave 1 should refer to Carman et al., 2020. All responses are weighted.

After the main survey questions, we present the survey respondents' unweighted demographic characteristics. We present the unweighted demographic characteristics so that readers can see the original survey sample composition before we applied weighting procedures. This can aid users of the survey data, who might apply other weighting approaches in their analyses. Weighted demographic characteristics are shown in Table 1.4.

We report the percentage of respondents who chose not to answer each question and label this as "missing." None of the question responses provided a "don't know" option.

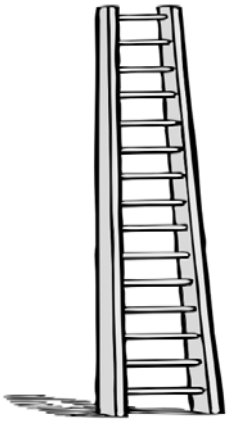
In the interest of parsimony, the following tables do not present the MOE for each question. As described in Chapter 1, we calculated the MOE based on the 95-percent confidence interval. The MOE for the full sample ranges from 0.11 percent to 1.89 for proportions near 0 percent and 50 percent, respectively.

For these tables, we report to one decimal point. All results are presented as the percentage of respondents selecting each answer.

Health and Demographics: General Well-Being and Health

Q1. [w2_lifesat] Assume the ladder is a way of picturing your life. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst life for you. On which step of this ladder would you say you personally feel you stand at this time?

(Please select one number only—0 is the worst possible life for you, 10 is the best possible life for you.)



Sample	0	1	2	3	4	5	6	7	8	9	10	Missing
Wave 1	0.4	0.6	1.7	3.6	5.6	11.3	14.9	22.3	25.4	8.9	5.3	0.1
Wave 2	0.5	0.7	1.9	3.9	5.7	11.7	13.7	21.7	24.3	10.8	5.1	0.1

SOURCES: Adapted from Cantril Ladder and various sources.

Q2. [w2_resilience] For the following question, please indicate how much you agree or disagree with the statement. When things go wrong in my life it generally takes me a long time to get back to normal.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	4.5	23.2	20.8	35.2	16.2	0.1
Wave 2	4.6	22.5	21.9	35.2	15.7	0.1

SOURCE: Santa Monica Well-Being Survey.

Q3. [w2_healthstatus] In general, would you say your health is excellent, very good, good, fair, or poor?

Select only one answer.

Sample	Excellent	Very good	Good	Fair	Poor	Missing
Wave 1	6.6	32.6	40.2	16.6	3.9	0.1
Wave 2	6.2	33.2	39.7	17.1	3.6	0.2

SOURCE: Santa Monica Well-Being Survey.

Q4. [w2_wellbeing1-w2_wellbeing6] Below are a number of things people might say they feel. How much of the time in the past week, did you . . .

A. Feel happy

Sample	None or almost none of the time	Some of the time	Most of the time	All of the time	Missing
Wave 1	4.5	33.0	54.6	7.9	0.0
Wave 2	4.0	35.3	52.2	8.3	0.1

SOURCE: Santa Monica Well-Being Survey.

B. Feel sad

Sample	None or almost none of the time	Some of the time	Most of the time	All of the time	Missing
Wave 1	42.7	48.8	7.4	0.9	0.3
Wave 2	44.2	46.2	8.4	0.9	0.2

SOURCE: Santa Monica Well-Being Survey.

C. Feel stressed

Sample	None or almost none of the time	Some of the time	Most of the time	All of the time	Missing
Wave 1	25.9	54.1	15.6	4.3	0.1
Wave 2	25.0	53.4	17.1	4.3	0.2

SOURCE: Santa Monica Well-Being Survey.

D. Have a lot of energy

Sample	None or almost none of the time	Some of the time	Most of the time	All of the time	Missing
Wave 1	16.2	50.4	29.8	3.4	0.1
Wave 2	17.1	49.8	29.4	3.6	0.2

SOURCE: Santa Monica Well-Being Survey.

E. Feel lonely

Sample	None or almost none of the time	Some of the time	Most of the time	All of the time	Missing
Wave 1	55.7	31.7	9.0	3.4	0.1
Wave 2	56.6	31.6	7.9	3.7	0.2

SOURCE: Santa Monica Well-Being Survey.

F. Feel worried

Sample	None or almost none of the time	Some of the time	Most of the time	All of the time	Missing
Wave 1	30.1	52.6	13.1	4.0	0.1
Wave 2	31.4	50.8	13.3	4.4	0.1

SOURCE: Santa Monica Well-Being Survey.

Q5. [w2_chronic] Do you personally currently have one or more chronic health conditions (e.g., diabetes, asthma, depression, heart disease, high blood pressure, substance use disorder)?

Select only one answer.

Sample	Yes	No	Missing
Wave 1	47.8	52.1	0.2
Wave 2	48.4	51.3	0.4

SOURCE: Modified from National Survey of Health Attitudes.

Q6. [w2_disability] Are you limited in any way in any activities because of physical, mental, or emotional problems?

Sample	Yes	No	Missing
Wave 1	28.3	71.5	0.2
Wave 2	26.8	72.8	0.4

SOURCE: Census Household COVID-19 Pulse Survey.

Health and Demographics: Household Economic Information

Q7. [w2_employed] Now we are going to ask about your employment. In the last 7 days, did you do ANY work for either pay or profit?

Select only one answer.

Sample	Yes	No	Missing
Wave 1	50.6	49.2	0.2
Wave 2	52.6	47.1	0.3

SOURCE: Census Household COVID-19 Pulse Survey.

Q7a. [w2_gotowork] (if YES to Q7). In the last 7 days, have you worked outside of your home?

Sample	Yes	No	Missing
Wave 1	72.7	25.8	1.5
Wave 2	76.0	22.9	1.1

SOURCE: Developed by RWJF and RAND.

Q7b. [w2_workathome] (if YES to Q7a). In the last 7 days, does your job require you to work outside of your home?

Sample	Yes	No	Missing
Wave 1	92.1	7.9	.[a]
Wave 2	92.5	7.2	.[a]

SOURCE: Developed by RWJF and RAND.
[a] The period indicates true 0 (rather than a number that has been rounded down to 0).

Q7c. [w2_notworking] (If NO to Q7). What is your main reason for not working for pay or profit?

Select only one answer.

	Wave 1	Wave 2
I did not want to be employed at this time	7.1	7.6
I did not work because I am/was sick with coronavirus (COVID-19) symptoms	0.4	0.4
I did not work because I am/was caring for someone with coronavirus (COVID-19) symptoms	0.3	0.3
I did not work because I am/was caring for children not in school or daycare	6.2	6.4
I did not work because I am/was caring for an elderly person	1.5	1.9
I am/was sick (not coronavirus, or COVID-19 related) or disabled	11.8	13.3
I am retired	46.4	49.0
I did not have work due to coronavirus (COVID-19) pandemic related reduction in business (including furlough)	5.1	3.9
I am/was laid off due to coronavirus (COVID-19) pandemic	4.6	3.5
My employment closed temporarily due to the coronavirus (COVID-19) pandemic	4.4	1.9
My employment went out of business due to the coronavirus (COVID-19) pandemic	0.9	1.2
Other reason, please specify	10.6	9.5
Refused	0.5	1.1

SOURCE: Census Household COVID-19 Pulse Survey, slightly modified on coronavirus term use.

Q8. [w2_leaveui] (If NO to Q7). In the last 7 days, were you receiving pay for the time you were not working?

Select only one answer.

Sample	Yes, I use paid leave	Yes, I receive full pay but do not have to take leave	Yes, I receive partial pay	I am receiving unemployment insurance	No, I receive no pay	Missing
Wave 1	1.1	2.5	1.3	9.0	84.9	1.2
Wave 2	1.1	1.3	1.4	6.7	88.3	1.2

SOURCE: Developed by RWJF and RAND.

Q9. [w2_jobtype1-w2_jobtype10] Do you or someone in your household currently work in any of the following types of jobs?

Check all that apply.

A. Myself

Job	Wave 1	Wave 2
Health care worker (for example doctors, nurses, and nursing home staff)	5.4	5.5
Grocery store or drug store employee	2.4	2.3
Other retail employee	3.8	4.0
Delivery driver	2.1	2.4
Public transportation employee	0.6	0.8
Restaurant or bar employee	1.8	1.8
Police, fire, or other first responder	1.7	1.5
Factory worker	3.3	3.3
Farm worker	1.0	0.8
Other job that currently involves face to face contact with people. (Specify _____)	12.7	14.3
None of the above	59.6	58.7
Refused	9.4	9.1

SOURCE: Census Household COVID-19 Pulse Survey, slightly modified on coronavirus term use.

B. Someone in my household

Job	Wave 1	Wave 2
Health care worker (for example doctors, nurses, and nursing home staff)	7.4	7.2
Grocery store or drug store employee	3.5	3.8
Other retail employee	4.7	4.9
Delivery driver	2.3	2.6
Public transportation employee	1.0	1.2
Restaurant or bar employee	3.5	3.8
Police, fire, or other first responder	1.9	1.9
Factory worker	3.9	4.1
Farm worker	1.3	1.4
Other job that currently involves face to face contact with people. (Specify _____)	11.1	12.6
None of the above	48.7	48.9
Refused	21.4	19.9

SOURCE: Census Household COVID-19 Pulse Survey, slightly modified on coronavirus term use.

Health and Demographics: Prior Emergency or Disaster Experience

*Q10. [w1_disaster] For this question, we'd like you to think about the time **prior to the coronavirus (COVID-19) pandemic, before March 2020**. Have you ever lived in a community during a major stressful event like a natural disaster, economic challenge like a plant closure, major incident of community violence?*

Select only one answer.

Sample	Yes	No	Missing
Wave 1	29.0	70.7	0.3
Wave 2: Not asked	X	X	X

SOURCE: Modified from National Survey of Health Attitudes.

COVID Impacts: COVID Experience

In this section we'd like to know about how the coronavirus (COVID-19) has affected you.

Q11. [w2_coviddx] Has a doctor or other health care provider ever told you or a loved one that you or they have coronavirus (COVID-19)?

Select only one answer.

Sample	Yes, me	Yes, my loved one(s)	Yes, both me and my loved one(s)	No	Not sure	Missing
Wave 1	0.6	6.9	0.7	90.1	1.6	0.2
Wave 2	1.1	10.5	1.6	84.8	1.8	0.2

SOURCE: Modified from COVID Impact Survey.

Q12. [w2_covidtest] Have you been tested for coronavirus (COVID-19) (through a nasal swab or blood test)?

Sample	Yes	No	Missing
Wave 1	11.6	88.0	0.4
Wave 2	26.4	73.2	0.4

SOURCE: Modified from COVID Impact Survey.

Q13a. [w1_covidexp1- w1_covidexp14] Are you experiencing or have you experienced any of the following as a result of the coronavirus (COVID-19) pandemic or the response to the pandemic?

Select all that apply.

Note: The order was randomized, with "other" and "none" always listed at the end. This question was changed for waves 2–4 and is included here for comparisons. We include subquestion numbers to ease comparisons with other waves.

		Wave 1
w1_covidexp1	Being exposed to coronavirus (COVID-19) through your work or workplace	7.3
w1_covidexp2	Feeling isolated or lonely	26.0
w1_covidexp3	Death or loss of a loved one	3.8
w1_covidexp4	Not enough food for all members of the household	4.0
w1_covidexp5	Unstable housing or unable to pay rent	4.4
w1_covidexp6	Childcare challenges	5.7
w1_covidexp7	Emotional or physical abuse from others	1.7
w1_covidexp8	Difficulty caring for a chronic condition (yours or others)	5.3
w1_covidexp9	Stigma or discrimination (from being blamed for spreading coronavirus/COVID-19)	1.7
w1_covidexp10	Increased use of alcohol and/or drugs	5.0
w1_covidexp11	Severe financial hardship	10.1
w1_covidexp12	Disruption in school or education for self or someone in your household	21.6
w1_covidexp13	Other issue not listed	7.6
w1_covidexp14	None of these	47.5
	Refused	0.6

SOURCE: Modified from the Centers for Disease Control and Prevention.

Q13b. [w2_exp1–w2_exp14] In the past three months have you experienced any of the following?

Note: The text and structure of this question was modified from wave 1 to wave 2. We include subquestion numbers to ease comparisons to wave 1. The order was no longer randomized.

w2_exp2. Feeling isolated or lonely

Sample	Yes	No	Missing
Wave 2	39.2	60.5	0.3

w2_exp3. Death or loss of a loved one

Sample	Yes	No	Missing
Wave 2	16.0	83.7	0.3

w2_exp10. Increased use of alcohol and/or drugs

Sample	Yes	No	Missing
Wave 2	8.6	91.1	0.3

w2_exp4. Problems affording food

Sample	Yes	No	Missing
Wave 2	10.9	88.7	0.5

w2_exp5. Unable to pay rent or mortgage

Sample	Yes	No	Missing
Wave 2	7.0	92.3	0.7

w2_exp11. Problems paying monthly bills

Sample	Yes	No	Missing
Wave 2	16.1	83.4	0.4

w2_exp6. Disruption in childcare or schooling for children in your household

Sample	Yes	No	Missing
Wave 2	13.2	85.9	0.9

w2_exp8. Difficulty caring for a chronic condition (yours or others)

Sample	Yes	No	Missing
Wave 2	10.8	88.9	0.3

SOURCE: Developed by RWJF and RAND.

Q14. (If w1_covidexp11 selected in wave 1, and if w2_exp11, w2_exp4 or w2_exp5 selected in wave2) [w2_finhard] How long do you think you will have trouble affording your basic expenses?

Select only one answer.

Note: The question wording was modified slightly from wave 1, which read "How long do you think you will experience financial hardship a result of the disruption caused by coronavirus (COVID-19)?"

Sample	Not long at all	A few weeks	1–3 months	4–6 months	7–12 months	More than a year	Missing
Wave 1	3.7	3.3	12.7	27.3	20.3	32.4	0.3
Wave 2	10.3	9.1	24.0	20.3	9.9	25.9	0.5

SOURCE: Developed by RWJF and RAND.

COVID Impacts: Feelings of Safety

Q15. [w2_worry] How worried are you that you or a loved one will get coronavirus (COVID-19)?

Select only one answer.

Sample	Not worried at all	Not too worried	Somewhat worried	Very worried	Missing
Wave 1	8.5	25.9	47.3	18.2	0.1
Wave 2	11.2	26.9	44.7	17.1	0.2

SOURCE: Gallup Panel survey, April 10–12, 2020.

COVID Impacts: Use of Community and Policy Supports

Q16. [w2_assist1_1-w2_assist1_8] For each of the programs listed below, please indicate if you or anyone in your household received the assistance before coronavirus (COVID-19) started; started receiving assistance since coronavirus (COVID-19) started; applied or asked for but has not received assistance since coronavirus (COVID-19) started; or has not received nor applied for assistance from since coronavirus (COVID-19) started?

A. Medicaid, health insurance exchanges, or another state health insurance program

	Yes, my household **was already receiving assistance** from this program **before** coronavirus (COVID-19) started	**Yes**, my household **started receiving assistance** from this program **since** coronavirus (COVID-19) started	My household **applied** or asked for **but has not received assistance** from this program since coronavirus (COVID-19) started	**No,** my household **has not received nor applied** for assistance from this program since coronavirus (COVID-19) started	**Missing**
Wave 1	21.3	1.8	1.3	75.1	0.7
Wave 2	21.3	2.1	1.3	74.8	0.4

B. Unemployment insurance

	Yes, my household **was already receiving assistance** from this program **before** coronavirus (COVID-19) started	**Yes,** my household **started receiving assistance** from this program **since** coronavirus (COVID-19) started	My household **applied** or asked for **but has not received assistance** from this program since coronavirus (COVID-19) started	**No,** my household **has not received nor applied** for assistance from this program since coronavirus (COVID-19) started	**Missing**
Wave 1	2.1	13.4	4.0	79.8	0.8
Wave 2	2.0	13.9	2.5	81.0	0.6

C. Food stamps (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

	Yes, my household **was already receiving assistance** from this program **before** coronavirus (COVID-19) started	**Yes,** my household **started receiving assistance** from this program **since** coronavirus (COVID-19) started	My household **applied** or asked for **but has not received assistance** from this program since coronavirus (COVID-19) started	**No,** my household **has not received nor applied** for assistance from this program since coronavirus (COVID-19) started	**Missing**
Wave 1	10.9	3.0	1.9	83.3	0.8
Wave 2	10.3	2.9	2.3	83.9	0.6

D. Temporary Assistance for Needy Families (TANF)

	Yes, my household **was already receiving assistance** from this program **before** the coronavirus (COVID-19) started	**Yes,** my household **started receiving assistance** from this program **since** coronavirus (COVID-19) started	My household **applied** or asked for **but has not received assistance** from this program since coronavirus (COVID-19) started	**No,** my household **has not received nor applied** for assistance from this program since coronavirus (COVID-19) started	**Missing**
Wave 1	1.0	0.5	1.7	95.8	0.9
Wave 2	1.2	0.5	1.4	96.1	0.8

E. Stimulus Check or other financial support for households

	Yes, my household **was already receiving assistance** from this program **before** the coronavirus (COVID-19) started	**Yes,** my household **started receiving assistance** from this program **since** coronavirus (COVID-19) started	My household **applied** or asked for **but has not received assistance** from this program since coronavirus (COVID-19) started	**No,** my household **has not received nor applied** for assistance from this program since coronavirus (COVID-19) started	**Missing**
Wave 1	7.7	56.1	2.4	33.0	0.8
Wave 2	6.6	50.6	1.9	39.9	1.0

F. Paycheck Protection Program or other financial support for small businesses

	Yes, my household **was already receiving assistance** from this program **before** the coronavirus (COVID-19) started	**Yes,** my household **started receiving assistance f**rom this program **since** coronavirus (COVID-19) started	My household **applied** or asked for **but has not received assistance** from this program since coronavirus (COVID-19) started	**No,** my household **has not received nor applied** for assistance from this program since coronavirus (COVID-19) started	**Missing**
Wave 1	0.8	3.3	1.3	93.6	1.0
Wave 2	0.8	3.4	1.2	93.7	0.8

G. Housing or renter's assistance programs

	Yes, my household **was already receiving assistance** from this program **before** the coronavirus (COVID-19) started	**Yes,** my household **started receiving assistance** from this program **since** coronavirus (COVID-19) started	My household **applied** or asked for **but has not received assistance** from this program since coronavirus (COVID-19) started	**No,** my household **has not received nor applied** for assistance from this program since coronavirus (COVID-19) started	**Missing**
Wave 1	2.4	0.8	1.5	94.4	0.9
Wave 2	2.3	0.8	1.6	94.7	0.7

H. Programs related to caring for my children (including school-based programs, meals)

	Yes, my household **was already receiving assistance** from this program **before** the coronavirus (COVID-19) started	**Yes,** my household **started receiving assistance f**rom this program **since** coronavirus (COVID-19) started	My household **applied** or asked for **but has not received assistance** from this program since coronavirus (COVID-19) started	**No,** my household **has not received nor applied** for assistance from this program since coronavirus (COVID-19) started	**Missing**
Wave 1	1.6	3.6	1.3	92.6	0.9
Wave 2	1.5	4.1	1.1	92.7	0.6

SOURCE: Modified from the SHADAC COVID-19 Survey.

COVID Impacts: Concerns About Equity in COVID-19 Response

Q17. [w2_access_aa] When African Americans need health care, do you think it is easier or harder for them to get the care they need than it is for White Americans, or is there not much of a difference?

Sample	**Easier**	**Not much of a difference**	**Harder**	**Missing**
Wave 1	6.2	51.8	41.7	0.4
Wave 2	6.1	51.0	42.3	0.7

SOURCE: National Survey of Health Attitudes.

Q18. [w2_access_lat] When Latinos need health care, do you think it is easier or harder for them to get the care they need than it is for White Americans, or is there not much of a difference?

Sample	Easier	Not much of a difference	Harder	Missing
Wave 1	7.2	49.6	42.8	0.4
Wave 2	6.5	49.1	43.7	0.7

SOURCE: National Survey of Health Attitudes.

Q19. [w2_access_inc] When low-income Americans need health care, do you think it is easier or harder for them to get the care they need than it is for those who are better off financially, or is there not much of a difference?

Sample	Easier	Not much of a difference	Harder	Missing
Wave 1	11.6	26.9	61.2	0.4
Wave 2	10.9	27.6	61.0	0.5

SOURCE: National Survey of Health Attitudes.

Q20. [w2_access_rur] When Americans living in rural communities need health care, do you think it is easier or harder for them to get the care they need than it is for those who live in urban areas, or is there not much of a difference?

Sample	Easier	Not much of a difference	Harder	Missing
Wave 1	4.3	39.1	56.3	0.3
Wave 2	3.4	36.4	59.5	0.6

SOURCE: National Survey of Health Attitudes.

For the following questions, please indicate how much you agree or disagree with the statement.

Q21. [w2_pocimpact1] People of color (e.g., African Americans, Latinos) are facing more of the health impact of coronavirus (COVID-19) than whites.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	30.9	27.2	28.5	5.0	8.1	0.4
Wave 2	30.1	27.7	29.4	5.5	7.0	0.4

SOURCE: Developed by RWJF and RAND.

*Q22. [w2_pocimpact2] People of color (e.g., African Americans, Latinos) are facing more of the **financial impact** of coronavirus (COVID-19) than whites.*

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	28.7	24.1	32.0	6.4	8.6	0.2
Wave 2	28.9	23.8	31.8	7.3	7.8	0.5

SOURCE: Developed by RWJF and RAND.

Q23. [w2_sysracism] Systemic racism refers to policies and systems that reinforce racial discrimination and unfair treatment of some groups, such as where people get to live or who gets bank loans. This type of racism can be so embedded in the institutions and practices of society that it can still exist even if individuals don't want to discriminate.

For the following question, please indicate how much you agree or disagree with this statement.

One of the main reasons that people of color (e.g., African Americans, Latinos) have poorer health outcomes (e.g., higher rates of diabetes, more deaths from coronavirus (COVID-19)) than whites is systemic racism.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	21.3	21.3	24.7	11.3	21.1	0.2
Wave 2	21.8	20.4	24.5	10.8	22.1	0.5

SOURCE: Developed by RWJF and RAND.

Q24. [w2_engage1-w2_engage4] There are many activities that a person could do to support their communities in these times. During the past month have you . . .

A. Helped your neighbors

Sample	Yes	No	Missing
Wave 1	52.5	47.4	0.1
Wave 2	50.7	49.0	0.3

B. Donated and/or volunteered to local organizations helping the poor such as food banks, job assistance programs, housing assistance programs, etc.

Sample	Yes	No	Missing
Wave 1	24.3	75.5	0.1
Wave 2	26.0	73.7	0.3

C. Supported local businesses (e.g., buying take-out food)

Sample	Yes	No	Missing
Wave 1	80.5	19.3	0.1
Wave 2	80.5	19.2	0.3

D. Worked to change a policy or law to make your community better

Sample	Yes	No	Missing
Wave 1	12.3	87.5	0.1
Wave 2	10.7	89.0	0.3

SOURCE: Modified from National Survey of Health Attitudes.

Q25. [w2_comengage1- w2_comengage3] Thinking about the people and organizations in your community, how often do you think the people or organizations in your community are doing the following ***to help with coronavirus (COVID-19)****?*

A. The people in my community are taking appropriate actions to help limit the spread of coronavirus (COVID-19)

Sample	Most of the time	Some of the time	Rarely	Never	Missing
Wave 1	36.1	48.4	12.1	3.3	0.1
Wave 2	43.3	44.6	8.9	2.9	0.3

B. The people in my community are taking action to support others who are struggling

Sample	Most of the time	Some of the time	Rarely	Never	Missing
Wave 1	24.8	55.0	15.5	4.4	0.3
Wave 2	24.7	56.4	14.2	4.1	0.5

C. The organizations in my community are taking action to support people in need

Sample	Most of the time	Some of the time	Rarely	Never	Missing
Wave 1	37.6	47.7	10.7	3.8	0.2
Wave 2	36.2	48.8	10.5	3.9	0.6

SOURCE: Developed by RWJF and RAND.

Views, Mindset, and Expectations: Views of Government Roles

*Q26. [w2_stgovt2] How much trust do you have that your **state** government (e.g., the governor or state legislature) is doing enough in dealing with the impact of coronavirus (COVID-19) to look out for the interests of all people, regardless of a person's race, how much money someone makes, where people live, or other factors.*

Select only one answer.

Sample	None	A little	A fair amount	A great deal	Missing
Wave 1	14.6	26.9	37.5	20.6	0.5
Wave 2	14.3	30.7	35.9	18.5	0.7

SOURCE: Developed by RWJF and RAND.

*Q27. [w2_fedgovt2] How much trust do you have that the **federal** government is doing enough in dealing with the impact of coronavirus (COVID-19) to look out for the interests of all people, regardless of person's race, how much money someone makes, where people live, or other factors.*

Select only one answer.

Sample	None	A little	A fair amount	A great deal	Missing
Wave 1	28.8	34.5	25.8	10.5	0.4
Wave 2	29.3	34.4	24.7	10.7	0.8

SOURCE: Developed by RWJF and RAND.

Views, Mindset, and Expectations: Views of Private-Sector Roles

Q28. [w2_business] For the following question, please indicate how much you agree or disagree with the statement. Businesses in my community know more about how to protect their own employees and customers from coronavirus (COVID-19) than government officials.

Select only one answer.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	13.8	29.6	37.6	13.2	5.5	0.4
Wave 2	14.8	29.3	36.1	13.5	5.8	0.5

SOURCE: Developed by RWJF and RAND.

Views, Mindset, and Expectations: Understanding What Drives Health

Q29. [w1_drivers1-w1_driver4] Here is a list of some things that may affect people's health and well-being. Please rate each on a scale from 1 to 5 where 1 means it has no effect on health and 5 means it has a very strong effect.

A. The health care they get (e.g., preventive and care when sick)

Sample	No effect 1	2	3	4	Very strong effect 5	Missing
Wave 1	3.0	3.1	22.3	24.6	46.9	0.1
Wave 2: Not asked	X	X	X	X	X	X

SOURCE: Developed by RWJF and RAND.

B. The place they live (e.g., community conditions, housing)

Sample	No effect 1	2	3	4	Very strong effect 5	Missing
Wave 1	4.0	6.0	31.0	30.3	28.5	0.3
Wave 2: Not asked	X	X	X	X	X	X

SOURCE: Developed by RWJF and RAND.

C. The choices they make about their diet, exercise, smoking, etc.

Sample	No effect 1	2	3	4	Very strong effect 5	Missing
Wave 1	2.4	3.5	15.7	20.2	58.0	0.2
Wave 2: Not asked	X	X	X	X	X	X

SOURCE: Developed by RWJF and RAND.

D. How they were born (their genetics/DNA)

Sample	No effect 1	2	3	4	Very strong effect 5	Missing
Wave 1	8.3	11.0	37.7	25.5	17.4	0.2
Wave 2: Not asked	X	X	X	X	X	X

SOURCE: Developed by RWJF and RAND.

Views, Mindset, and Expectations: Views on Future U.S. Approach to Health

For the following questions, please indicate how much you agree or disagree with the statements.

Q30. [w2_equalaccess] Do you agree or disagree with the following statement: It is the obligation of the government to ensure that everyone has access to health care as a fundamental right.

Select only one answer.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	46.1	21.7	14.4	8.5	8.9	0.3
Wave 2	43.9	21.9	15.9	8.9	8.7	0.6

SOURCE: National Survey of Health Attitudes.

Views, Mindset, and Expectations: Trade-Offs and Perspectives

Q31. [w2_liberty] People's right to move about freely is so important that it's worth risking a substantial increase in coronavirus (COVID-19) infections and deaths.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	7.4	13.5	13.9	21.2	43.7	0.3
Wave 2	8.9	12.7	18.0	22.6	37.2	0.6

SOURCE: Developed by RWJF and RAND.

Q32. [w2_economy] Reopening the economy is so important that it's worth increasing the risk of new coronavirus (COVID-19) infections and deaths.

Select only one answer.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	11.2	14.2	14.3	22.3	37.6	0.3
Wave 2	12.3	16.3	17.1	21.5	32.2	0.6

SOURCE: Developed by RWJF and RAND.

Q33. [w2_positivech] The coronavirus outbreak can be an opportunity for our society to make positive changes.

Select only one answer.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	35.7	36.6	18.1	4.6	4.6	0.4
Wave 2	33.1	37.2	20.8	3.6	4.6	0.6

SOURCE: Stanford Mind & Body Lab Mindset Measures for COVID-19 study.

Q33a [w2_positivechg] (if w2_positivech = strongly agree or somewhat agree) What is the most important positive change that you would like to see change?

Select only one answer

Note: This is a new question added in wave 2.

	Wave 2
Reduce income inequality	15.1
Improve access to health care	36.9
Make sure science is supported	11.6
Protect our freedom	12.3
Make sure everyone has flexibility in how they work	5.2
Increase economic growth	9.9
Reduce the role of government	5.2
Other [write in]	3.3
Missing	0.5

SOURCE: Developed by RWJF and RAND.

Q34. [w2_riskhealth] I am willing to risk my own health in order to return to normal life.

Select only one answer.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	8.2	12.6	13.9	18.5	46.3	0.4
Wave 2	10.8	13.8	15.5	19.8	39.6	0.5

SOURCE: Developed by RWJF and RAND.

Q35. [w2_protest] I think it is worth protesting for things I believe in, even if it may pose a health risk to myself or my family.

Select only one answer.

Note: The wording of this question was changed from wave 1 to wave 2. The wording in wave 1 was "I think it is worth taking the risk to get coronavirus (COVID-19) to protest injustice, like police brutality."

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	5.1	13.0	20.9	16.6	44.0	0.3
Wave 2	6.5	17.2	24.8	21.8	28.9	0.7

SOURCE: Developed by RWJF and RAND.

Q36. [w2_ racism] Racism is a major public health crisis.

Select only one answer.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	30.8	19.7	19.1	9.4	20.6	0.4
Wave 2	30.3	20.8	18.8	10.0	19.4	0.7

SOURCE: Developed by RWJF and RAND.

Q37. [w2_injustice] The fact that more people of color (e.g., African Americans, Latinos) are dying from coronavirus (COVID-19) than whites is just another example of racial injustice in this country.

Select only answer.

Sample	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Missing
Wave 1	19.4	16.5	20.8	11.9	31.2	0.3
Wave 2	21.9	16.1	22.0	12.0	27.4	0.6

SOURCE: Developed by RWJF and RAND.

Q38. [w2_vaccine] It is anticipated that in the next 12–18 months, a vaccine for coronavirus will be available. However, at least at first, there may not be enough to go around. Public health authorities must set guidelines about who gets the vaccine first. Please indicate the level of priority that should be given for each of the listed groups.

Note: This is a new question added in wave 2.

A. Front-line medical care staff working with coronavirus patients

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	91.2	5.6	2.2	0.9

B. Essential workers who interact with the public (postal workers, grocery clerks, etc.)

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	68.5	27.1	3.4	1.1

C. People who are pregnant

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	60.5	31.0	7.2	1.2

D. Adults ages 65 years and older with serious illness who are at higher risk of dying from the coronavirus

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	80.8	14.8	3.2	1.2

E. Any adults ages 65 and older regardless of risk

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	49.4	43.2	5.8	1.6

F. Adults ages 19 to 64 with serious illness who are at high risk of dying from the coronavirus

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	69.1	25.2	4.2	1.5

G. Any adults ages 19 to 64 regardless of risk

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	16.1	50.5	31.9	1.4

H. Children ages 0–18 with serious illness who are at high risk of dying from the coronavirus

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	68.8	21.3	8.5	1.4

I. Any children ages 0–18 regardless of risk

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	21.1	41.1	36.4	1.5

J. Racial and ethnic groups who are at higher risk of dying from the coronavirus

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	46.9	40.2	11.4	1.5

K. People who live or work in large group residential settings

Sample	High priority	Medium priority	Low priority	Missing
Wave 2	46.1	42.3	10.1	1.5

Source: Modified from SHADAC COVID-19 Survey.

Survey Respondent Demographics

Both panels collect demographic information about respondents separately and provide this information with each data set. This section presents the survey respondents' unweighted demographic characteristics. Weighted characteristics are provided in Table 1.4. For each table, the wave 1 line shows percentages from the data collected at wave 1 for the entire wave 1 sample (n = 5,164). At the time of the wave 2 survey, ALP collected updated demographic values, but the KnowledgePanel did not. The wave 2 demographic values used for the combined sample are composed of wave 2 ALP characteristics and wave 1 KnowledgePanel characteristics. The wave 2 line shows percentages from the combined data for wave 2 respondents only (n = 4,143).

Respondents by Age Group, in Years

Sample	18 to 24	25 to 44	45 to 64	65+
Wave 1	4.0	29.1	37.5	29.4
Wave 2	2.8	27.2	38.0	32.0

NOTES: Our sample from the ALP is not representative of individuals in the youngest age group (ages 18 to 24). This is because only respondents from the ALP who had participated in our 2015 survey and 2018 survey were invited to participate in this survey. The KnowledgePanel sample was not restricted in this way.

Respondents by Race and Ethnicity

Sample	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic Asian or Pacific Islander	Non-Hispanic all other races
Wave 1	49.5	17.8	24.9	5.4	2.3
Wave 2	50.7	17.6	23.5	5.9	2.3

Respondents by Gender

Sample	Male	Female
Wave 1	42.0	58.0
Wave 2	42.6	57.4

Respondents by U.S. Region

Sample	Northeast	Midwest	South	West	Unknown
Wave 1	15.8	19.3	38.7	26.2	0.0
Wave 2	15.7	19.3	37.8	27.2	0.0

Respondents by Education Level

Sample	Less than high school	High school	Some college	College graduate
Wave 1	10.0	30.3	32.3	27.4
Wave 2	9.3	29.3	32.7	28.7

Respondents by Marital Status

Sample	Married or living with a partner	Separated	Divorced	Widowed	Never married
Wave 1	52.0	2.5	16.4	6.6	22.5
Wave 2	52.1	2.5	16.8	7.0	21.6

Respondents by Number of Household Members

Sample	1	2	3	4	5	6	7	8	9 or more
Wave 1	29.1	33.0	15.2	11.5	6.1	2.9	1.1	0.5	0.6
Wave 2	29.9	33.9	14.7	11.1	5.7	2.8	1.0	0.5	0.5

Respondents by Level of Family Income, in Dollars

Sample	Less than 10,000	10,000–24,999	25,000–49,999	50,000–74,999	75,000–99,999	100,000 or more	Missing
Wave 1	6.2	16.1	33.2	28.8	7.6	8.1	0.0
Wave 2	5.7	15.7	33.4	29.0	7.5	8.7	0.0

Respondents' Work Status

Sample	Working	Not working—on temporary layoff	Not working—looking for work	Not working—retired	Not working—disabled	Not working—other
Wave 1	54.1	1.4	5.5	26.3	6.8	5.9
Wave 2	52.4	1.4	5.1	28.2	6.9	5.8

Respondents by Urbanicity

Sample	Small to midsize or large city, 50k+	Rural or small town, under 50k	Unknown
Wave 1	84.3	15.7	0.1
Wave 2	84.2	15.8	0.0

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