ASSESSING THE IMPACT OF COVID-19 ON LOW-INCOME HOUSEHOLDS AND COMMUNITIES IN NORTH CAROLINA

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Assessing the Impact of COVID-19 on Low-Income Households and Communities in North Carolina

Executive Summary

Monitoring surveys provide valuable quantitative insights into the magnitude, geographic manifestations, and social demography of COVID-19 infections, hospitalizations, and deaths in the state of North Carolina. However, the voices of the people behind the numbers are equally important but heard less often, especially the voices of low-income people who have had their trials multiplied by the pandemic and responses to control it. Similarly, rarely do we hear firsthand from local community leaders who are on the frontlines of efforts to protect public health and safety during crises like the COVID-19 pandemic.

The North Carolina Community Action Association (NCCAA) commissioned a study to assess the impact of the COVID-19 pandemic on its efforts to combat poverty and facilitate self-sufficiency in low-income communities throughout the state. We conducted focus groups with individuals served by Community Action Agencies (CAAs) and conducted a corresponding set of key informant interviews with identified leaders in five communities across the state. The research focused on five themes:

- Behavioral responses to recommended protective measures
- Hardships and economic fallout
- Coping strategies
- Adequacy of relief measures
- Perception and beliefs about COVID-19 vaccines

Because of COVID-19 safety precautions, we conducted the focus groups and key informant interviews virtually via Zoom. Designed to last no more than 90 minutes, the focus groups and key informant interviews were conducted in the evening, typically from 6 p.m. to 7:30 p.m., using semi-structured interview protocols developed by our research team based on a review of the extant literature on the COVID-19 pandemic (see Appendix A). Between eight and ten individuals participated in each focus group session and a similar number of individuals in the key informant interviews across the five communities. In each of the five communities, the participants were recruited by the NCCAA. Participants with low incomes were provided a $100 gift card in appreciation of their time.

We digitally recorded each of the five focus group sessions and each of the four sessions with key informants representing the five targeted communities in the study. We used a professional transcription service to transcribe the digital files, and then conducted separate detailed content analyses of the transcripts from the five focus
group sessions and the four sessions with community key informants. We generated eight key takeaways from our content analysis of the focus group transcripts and nine key takeaways from our content analysis of the transcripts emanating from our Zoom sessions with community key informants.

The key takeaways of this research along with supporting evidence in the form of direct quotes from study participants are presented below. We begin with the findings we derived from our focus groups followed by the findings derived from our key informant interviews. We conclude with a set of recommendations community action agencies should consider as they continue their efforts to eliminate poverty and generate self-sufficiency among low-wealth individuals and families, and work to create more inclusive and equitable communities throughout our state.

**Key Takeaways—Focus Group Participants**

“They’re all a learning experience. You’ve got to roll with the punches. If not, it will be really hard. It’s a lot of learning.”

“We have [gone] to food banks. And we have a really good community, so neighbors helping neighbors—I’m sorry if I’m emotional.”

Despite the “glass is always half full even when it is half empty” mentality and the strong sense of community cohesiveness expressed in the above two quotes from focus group participants, North Carolina low-income families faced major obstacles and challenges during the COVID-19 pandemic. From our content analysis of the diverse perspectives and viewpoints expressed in the five focus groups we conducted with such families throughout the state, we have organized our findings regarding the “lived world” experiences of the COVID-19 pandemic into the following eight key takeaways.

1. COVID-19 exacted a disproportionately heavy toll on low-income families, especially in terms of both exposure to and deaths from the coronavirus.

“I personally was affected with COVID. My grandparents work at—well, they volunteer at a food bank every week and someone at the food bank had it, didn’t know, and then they bought me ice cream and cake for my 22nd birthday and I was infected on my birthday. It was horrible for one night, but it wasn’t too bad. And I’m, like, very fortunate to be alive and everything.”

“During the holidays, both my grandmother and grandfather, they both had COVID. I’ve had an uncle to pass away from COVID. Actually, another one of my uncles that was in the nursing home, he had COVID. And I’ve had an aunt to pass away from COVID. So, it has really, really impacted my family. Three people diagnosed and survived COVID and two people that I know passed away from COVID.”

2. Above and beyond disparate exposures and deaths, the COVID-19 pandemic created major employment challenges and forced low-income households to make difficult decisions and choices regarding work versus personal safety and the health and wellbeing of their families.

“Prior to COVID, I was working...at Krispy Kreme. When COVID hit, of course, I, like many people, was out of work. I—actually, I was forced to be out of work because of my children being at home, you know, some of them wasn’t doing what they [were] supposed to do, so I had to...stop working to be able to get my household in check...”

“I was not able to [pay all bills]. I think it was in November. I was late. But that was because my younger one was quarantined for two weeks, which that meant for me to stay with him, because we don’t have any family close or anything, so I didn’t have any other sitting or childcare plan.”
3. The shift to remote learning during the pandemic shed new light on deficiencies in infrastructure related to availability, access, quality, and cost of internet services for low-income families.

“The internet here where I stay is kind of hit-and-miss, and it’s very, very expensive. I pay almost $200 (a month) just for internet alone.”

“They [my children] can connect, but it’s hit or miss because we’re on satellite internet, so we might get prioritized, we might not get prioritized. They may get knocked off; they may not get knocked off. We have good days; we have bad days.”

4. The pandemic heightened personal and familial stress and anxiety posing, in the process, major socio-emotional and mental health challenges for low-income individuals and families throughout the state.

“I suffer from depression, anxiety, and stuff like that. Being isolated at home for many months, it hit me bad. It got to a point where I needed to go out. I didn’t care if it had to be Walmart, to Dollar Store, anywhere. I needed to go out or talk to a friend or somebody, see somebody face-to-face. Because having three kids at home all week and then with not socializing with somebody else, I mean, over the phone is not the same as socializing with somebody in person. So, it did affect me bad, I can say.”

“My oldest [child], I think, probably suffered the most from the loneliness and from that feeling of missing out on something that she really enjoys. And then as far as my husband and I, the emotional effects that it took on us was mostly from watching our children go through things.”

5. Government safety-net programs were an important lifeline but fell short of addressing the range of assistance low-income households needed during the pandemic.

“The stimulus checks did help a lot. And then with being in early childhood education, the state also gave us bonuses separate from the stimulus check. We got four different bonuses throughout the year also, just for being in education. So that helped also.”

“I get EBT, too. Thank God for that. As far as family, all of us was kind of like in the same boat, so we weren’t able to even help each other.”

“I have been able to receive the unemployment, but then again, when I first received the unemployment, I got max unemployment along with the additional $600 [stimulus check], which was nice, because of the simple fact that that’s what I brought home every week as my regular pay. But once they dwindled it down, it has been a struggle.”

“We obviously got the stimulus payments which have been very helpful. Neither of us were approved for unemployment. I tried to contact them, and I have no idea why. It just says like “pending resolution.” I applied for a small business loan in April and I still haven’t heard anything back.”
“SO, ALL WE’VE GOTTEN ARE THE STIMULUS PAYMENTS. WE DON’T GET ANYTHING ELSE. I FEEL LIKE IT’S HARDER THAN IT SHOULD BE TO GET HELP. I TRIED TO APPLY FOR PPP, PROVIDED TAX RECORDS, AND FOR SOME REASON, THAT’S NOT ENOUGH. THEY WANT ACTUAL BUSINESS RECORDS. SO, I’M KIND OF ON HOLD WITH THAT BECAUSE I’M NOT EXACTLY SURE WHAT THAT EVEN MEANS. I MEAN, IT’S BEEN TOUGH, EVEN TO JUST GET HELP.”

6. Beyond government support and private sector assistance, residents have pursued a wide array of coping strategies, tactics, and practices to survive the pandemic.

“We [had to sell a car], because we’re in the process of getting my husband’s green card, we’re not allowed to ask the government for anything, so I didn’t draw unemployment. We didn’t get the stimulus checks. So, we had to come up with money on our own.”

“ALSO, WHENEVER I COULD, I WOULD SELL FOOD FROM HOME. I WOULD TAKE LOTS OF ORDERS. I WOULD ASK PEOPLE IF ANYBODY WANTED TO BUY—SAY, FOR EXAMPLE, WE’LL HAVE CHICKEN WITH RICE AND BEANS, OR ENCHILADAS, OR TAMALES, OR ANYTHING WE COULD MAKE. SOMETIMES IT WOULD BE ME AND MY MOM AND WE WOULD SPLIT IT UP, SO WE’LL HAVE MANY ORDERS, AND WE WOULD SELL FOOD IN ORDER TO GET A LITTLE BIT OF INCOME, WHETHER IT WOULD BE FOR THAT WEEK’S GROCERIES OR A LIGHT BILL OR A WATER BILL OR ANYTHING.”

“We’re currently renting this house, hoping to own it before too long. Currently, I have my mother and grandmother living with us. We got married just over a year ago, so—but my grandparents been having some health issues, and we had some issues with my mother’s housing arrangements, just due to some familial issues as well as some pandemic issues, as far as money, things like that.”

7. Augmenting personal resiliency, nonprofit organizations were instrumental in creating a therapeutic community for the most vulnerable families, providing much needed supports—financial and socio-emotional as well as basic necessities such as food and personal protective equipment—during the pandemic.

“You know, all the bills went up, but the income didn’t go up. (The local community action agency) was able to help out on several occasions, which was a blessing.”

“The house that we moved into was not wheelchair accessible. And the money that we had laid aside had been—part of it had been to build a ramp and when we weren’t able to use that money for that, (the local community action agency) came in and helped us in that department to be able to get our daughter up the driveway and into our house safely. That was a really big blessing.”

“(The local community action agency) actually—since they didn’t have summer camp, they actually brought our children food every week and that probably saved us. It was amazing.”

8. Compliance with safety precautionary measures—with only a few exceptions—is high but vaccine hesitancy is widespread among North Carolina’s low-income families and households.
“[W]E DIDN’T TRAVEL; WE DIDN’T GO ANYWHERE; WE DIDN’T HAVE PEOPLE OVER. IT WAS STRAIGHT LOCKDOWN. ISOLATION.”

“WE TOOK THE MOST PRECAUTIONS WE COULD, STAYED AWAY FROM BIG CROWDS. RIGHT NOW, WE DO GO OUT WITH PRECAUTIONS—HAND SANITIZERS, WASHING HANDS, MASKS—but prior, like, we didn’t have any problems with following everything.”

“YEAH, I HAVE LITTLE KIDS WHO ARE CONSTANTLY WASHING THEIR HANDS, PUTTING ON HAND SANITIZER, MAKING SURE THAT EVERYBODY’S GOT A MASK. WE HAVE NO ISSUES.”

“WE’VE BEEN COMPLYING PRETTY WELL, ALTHOUGH I DO HAVE A TEENAGER IN THIS HOUSE, AS WELL, AND HE THINKS HE CAN FLY OUT OF HERE AT SOME MOMENT WITHOUT A MASK OR WASHING THEM HANDS, OR SOMETHING LIKE THAT, BUT OTHER THAN THAT, WE’VE BEEN PRETTY—they’ve been complying well.”

“I DON’T TRUST IT [THE VACCINE]. THERE HASN’T BEEN ENOUGH RESEARCH DONE ON IT. THEY SPEND YEARS AND YEARS AND YEARS, TRIAL AND ERROR, FOR VACCINES, AND THEY HAVEN’T—they spent six months, and it was rushed on top of that, and me and my wife, we may plan to have another kid, and they don’t have any research on it, on what may potentially happen with pregnancy if you’ve had the vaccine, and i’m just not going to take a chance. and overall, honestly, i just don’t trust it.”

“Well, to be totally honest and very transparent, i just don’t trust it. me being african-american, based on the history of what has been done to african-americans, especially because back in history, when i read about what [has been] done to african-americans in regard to being tested on, i don’t trust it. and i’m not trying to make anybody feel uncomfortable, it’s just—I just don’t…trust it, and i just think they just threw it together too quick. i’m just waiting, i’m not saying i won’t do it, i’m just not sure. i’m on the fence with it. that’s the way i feel about it.”

“No, we don’t have any plans right now as in getting the vaccine…i’ve heard a lot of people are getting sick because of it. and you know, as a parent, you’re the one that provides for your family and you don’t have to be sick and at home in the bed because…you took the covid shot.”

Key Takeaways—Key Informant Interviews

“We know what’s going on, but we really don’t know what’s going on is the best way i can say it”

Notwithstanding the element of truth in this local government official’s observation regarding the COVID-19 pandemic, our nine takeaways from this research are as follows.

1. The COVID-19 pandemic has wreaked havoc in communities throughout the state.

“We’ve always had a hard time, but i think with the covid hitting us when it did, that we found that everything doubled, all of the crises seemed to double. the food needs doubled. the need for heating and oil doubled and tripled. unemployment—we don’t have a lot of employment in [this community], and so even what we had seemed to be diminished…”

“I think it has made life harder…here in [this western nc community]. for example, we are heavily tourism dominated. so, at the onset of covid we saw the rug get pulled straight out from underneath us and we really didn’t have any idea to know when…we [were] going to come back.”

“…wow, do we need affordable housing…with people fleeing the city, every house that’s for sale [in this community] is gone. they’re [outsiders] buying these houses sight unseen; they’re coming here. they don’t even go in the home; they’re buying them online, and they’re fleeing the city. i’ve got people from new york, pennsylvania, tennessee, florida. they’re all coming here. there’s no affordable housing. that was a problem before the pandemic, now it is a real problem.”
“WE’VE SEEN THIS VIRUS TOTALLY DISRUPT THE LIVES OF INDIVIDUALS AND FAMILIES...THAT ABSOLUTELY NEED TO WORK BUT HAVE NOT BEEN ABLE TO WORK IN SOME INSTANCES BECAUSE OF THE DISRUPTION OF THE VIRUS.”

2. Some demographic groups have been more adversely affected than others.

“IT’S LIKE THAT OLD SAYING THAT IF THE UNITED STATES CATCHES A COLD, THEN THE BLACK COMMUNITY CATCHES PNEUMONIA. AND THIS PANDEMIC HAS CERTAINLY TAKEN ITS EFFECT ON THE AFRICAN-AMERICAN COMMUNITY.”


“I BELIEVE THAT IT’S HAD A PROFOUND IMPACT ON OUR LOW-INCOME CITIZENS THAT WE ARE TRYING TO SERVE...IN TERMS OF BASIC FOOD INSECURITY AND THE ABILITY TO MAINTAIN EMPLOYMENT...BECAUSE OF COVID CONTACTS AND COVID DISEASE, IT’S BEEN VERY DIFFICULT FOR FOLKS TO MAINTAIN EMPLOYMENT; EVEN VERY LOW-WAGE EMPLOYMENT, IT’S BEEN DIFFICULT.”

“What I’ve noticed is when our community started getting hit pretty hard with COVID...there were a few parents that lost their employment...it was really hard for them when they’re single parents and their kids had exposure somewhere, and they were out for so long, and then they get back in class, and there’d be another [shutdown]. When they have multiple kids, and they’re all out in the community...doing multiple things...it was hard for some of our parents to maintain a straight line because they were trying to follow all the rules for getting their... [childcare]... it was a little rough for some of our parents to maintain the daycare, maintain the employment.”

“I will tell you that my biggest concern is...our children that I think have...the least resources to be successful in the online environment...it’s children who are being cared for by grandparents, or in some cases, even great-grandparents. They [the caregivers] had legitimate concerns about Covid being brought into the household if the children go to school.”

“...another demographic group that I’m really concerned about that hasn’t been mentioned is the 20- to 30-year-old age group. Those are the people who are out of high school that are not necessarily having that interaction with their classmates, even if it’s online, but they’re typically people who would have a nightlife [because] they may not have a family of their own yet. So, a lot of those people, I think, have been isolated during this pandemic.”

“I’ll speak to the elderly...we have a high elderly population... lots of those folks have retired here from somewhere else, and they’re a bit isolated to start with. But my personal opinion is this has been devastating on senior citizens...they’ve not been able to meet; they’ve not been able to gather. Even through churches and community groups, it’s...been really devastating to them not to be able to have any sort of socialization if they don’t have close family contacts...I think there’s a mental health piece with our senior citizens in particular.”
3. COVID-19 has simultaneously forced local governments and nonprofits to collaborate and challenged their ability to fully provide support, goods, and services to the needy in their communities.

“UNITED WAY HAD A NORTH CAROLINA PARTNERSHIP WITH HANES. THEY PROVIDED MASKS TO THOUSANDS OF STUDENTS ALL OVER THE STATE. AND SO...WE WERE ABLE TO CONNECT THE SCHOOLS WITH 104,000 MASKS THAT...WERE DELIVERED AT THE FIRST OF THE YEAR.”

“The best thing that has come out of this for us as a neighboring church is to give people hope out of their helplessness and hopelessness. To be there with a word of comfort, a word of cheer. Pick up the phone and say, ‘We’re thinking about you. We are praying for you.’ We’ve donated boxes of food. We’ve shared how to go to a food bank and get food if you need it. Or they will even deliver it if you’re unable to go out. So, just being a beacon of light and hope has been a great thing out—the tragedy has been a triumph if we could meet the needs of a few people.”

“I can tell you that...we are working with everybody. Even our little town...we’re down to about 450...water bills that people have not paid and we’re working with them to do everything we can not to cut anybody [off]...we’re trying to be a kinder and gentler community, and we have made that decision as a council. I hope this goes on forever.”

“What I’ve seen...our population changed. We’re a population of 17,800 people...but...we’re eight golf courses and two ski resorts. So, all these people that are normally not here chose to flee the city and come to their homes in the mountains [during the pandemic]. So, our population is probably 27,000 people, and that did put a strain...on services that the county provided.”

4. Enforcement of safety protocols has been a major challenge during the COVID-19 pandemic.

“It’s political. It’s polarizing. It’s all those things and we’ve all experienced...our little run-ins, depending on where you are, what kind of place you go to, whether that business embraces, I’ll call it COVID policy, or not. The understanding that our law enforcement is strapped and they don’t have the time to go looking for COVID violations; they’re dealing with the domestic violence issues; they’re dealing with other things that are going on in our community.”

“If I can be completely candid with you, your mask is a cultural thing. For the most part, the persons of color really have no problem with wearing the masks, it’s just a matter of wearing it correctly. And generally, what I see in the community as a whole is those who are trying to make a political statement who happen to be of the Caucasian persuasion, who just don’t want to wear [a mask]...and that’s their statement. As I say, for the most part, people of color really don’t have that much of a problem.”

“I think there is...a split in the people that I see. I think there are folks who don’t adhere to...recommendations. And I don’t know if that’s because they don’t believe the science or make it a political matter...anecdotally, my brother-in-law owns a restaurant, a little mom-and-pop kind of home-cooking place, and there’s a debate every morning with the regulars: those who wear the masks and those who don’t and those who social distance and those who don’t. And...I don’t know that we’ll ever get over that, but it happens every day in different venues.”

5. Vaccine hesitancy is widespread throughout the state.

“As far as the vaccine, I do ask people, and I get comments ranging from, ‘I’m not going to be a lab rat for anybody,’ to, ‘This is a government conspiracy to make money.’”

“So, it’s a tough conversation, I think...part of it might be rural Appalachian culture...we don’t need much. We can do it all ourselves...it’s okay to get help every once in a while, and I think there’s some people that see the vaccine as help, therefore we don’t need help, and that’s unfortunate.”
“I REALLY DON’T KNOW IF IT’S PREVALENT IN OUR AREA, BUT I HEAR...SO MANY STORIES ABOUT ESSENTIAL WORKERS AND EMS PERSONNEL AND THOSE TYPES OF FOLKS REFUSING TO TAKE THE VACCINE, AND THAT’S REALLY CONCERNING TO ME...IT’S JUST MOSTLY ONE GROUP OF FOLKS WHO FOR WHATEVER REASON FEEL LIKE MAYBE IT’S UNSAFE OR MAYBE IT’S NOT NECESSARY...VERSUS THE OTHER SIDE, AND IT DOESN’T REALLY SEEM TO FOLLOW ACROSS ANY SOCIOECONOMIC LINES THAT I CAN TELL; IT’S PRETTY MUCH ACROSS THE BOARD.”

“I THINK WE CAN...ATTRIBUTE SOME OF THE FEAR TO THE OVERALL ATMOSPHERE AND ENVIRONMENT WE’RE OPERATING IN. SOME OF IT MAYBE HISTORICAL, BUT THERE STILL IS THE FEAR THAT WE'RE JUST NOT GOING TO GET FAIRNESS AND JUSTICE, PERIOD, GIVEN THE CURRENT ATTITUDES INSIDE THIS COUNTRY.”

“I THINK THERE’S A LOT OF MISINFORMATION OUT THERE. AND IN TALKING WITH FOLKS IN MY AREA, IT TENDS TO GO ALONG THOSE SAME LINES. THE FOLKS THAT WANT TO GET THEIR VACCINATION TEND TO GET THEIR INFORMATION FROM WHAT I GUESS YOU WOULD CALL RELIABLE SOURCES. THE FOLKS THAT TEND TO BE SKEPTICAL ARE THE FOLKS THAT TEND TO DO THINGS LIKE SPEND MORE TIME ON FACEBOOK TO GET A LOT OF THEIR INFORMATION FROM THERE.”

“THERE’S A LOT OF MIXED MESSAGING. THERE WAS A LOT OF DISTRESS AND WHATNOT. FROM WHAT I’M SEEING OR HEARING OR HAVING CONVERSATIONS IS IT’S PEOPLE DON’T KNOW WHAT TO BELIEVE. THEN YOU THROW IN FACEBOOK OR ANY OF THE OTHER MEDIA PLATFORMS WHERE...THERE’S A VERY BIG DIVIDE ON WHETHER TO VACCINATE OR WHY TO VACCINATE. IT’S LIKE PEOPLE DON’T KNOW [WHO] TO LISTEN TO OR WHAT INFORMATION IS TRUE AND NOT SKewed IN ONE WAY OR THE OTHER. I HEAR THAT A LOT IS THE PEOPLE JUST DON’T KNOW WHAT TO LISTEN TO.”

“...I THINK THE CDC HAS BASICALLY LOST A LOT OF CREDIBILITY WITH PEOPLE ON THE STREET...WEAR A MASK...DON’T WEAR A MASK, THERE’S BEEN A LOT OF INFORMATION THAT’S BEEN CHANGED, AND SO, I THINK PART OF THE REASON PEOPLE AREN’T GETTING THE VACCINE IS BECAUSE THEY DON’T KNOW WHOM TO BELIEVE BECAUSE THE NEWS HAS BEEN ALL OVER THE PLACE.”

6. Beyond government assistance, residents have pursued a wide array of coping strategies, tactics, procedures, and practices to survive the pandemic.

“...I KNOW SOME PEOPLE THAT HAD TO SELL SOME THINGS TO MAKE ENDS MEET, ESPECIALLY IF THEY DIDN’T HAVE ANY SAVINGS TO PULL FROM. YOU COULDN'T GO ANYWHERE, DO ANYTHING, AND SOME PEOPLE JUST COULDN'T WORK, BUT THERE [WERE] BILLS THAT STILL HAD TO BE PAID.”

“I’VE BEEN INUNDATED WITH PEOPLE WANTING INFORMATION ABOUT FOOD PRESERVATION AND GARDENING. A LOT PEOPLE ARE GOING BACK TO HOME GARDENING AND THEY WANT TO LEARN HOW TO PRESERVE THEIR OWN FOOD.”

“...THEY HAVE ALL TAKEN ON TO BURNING WOOD ALL WINTER...EVEN AN ELDERLY WOMAN THAT LIVES IN FRONT OF ME THAT ALWAYS USED PROPANE AND ALL OF HER FAMILY WAS HELPING WITH THAT. EVERYBODY'S BURNING WOOD TO STAY WARM. THAT'S THEIR BIGGEST WAY OF SAVING SOME MONEY RIGHT NOW, I THINK.”

“I THINK EVERYBODY’S GOT THE SIDE HUSTLE...IT'S YOUR REGULAR JOB AND THEN THE OTHER 12 THINGS THAT YOU DO TO TRY TO MAKE IT ALL WORK. AND SOME OF THOSE 12 THINGS HAVE BECOME PEOPLE'S PRIMARY THINGS AND HELPED THEM BALANCE A LITTLE BIT.”

7. The pandemic has devastated small and some large businesses, forcing some to close and others to struggle to maintain a stable workforce, retain customers and supply chains.

“WE'RE ONE OF THE LARGER EMPLOYERS IN THIS AREA, AND COVID KILLED US...WE HAVE SEEN 150 EMPLOYEES PRETTY MUCH HIT THE STREETS LOOKING FOR ANOTHER JOB...THEY'VE LOST SPOTS HERE THAT ARE PAYING A PRETTY GOOD WAGE FOR UP HERE ON THE MOUNTAIN, AND THEY'VE GONE OFF. THEY'VE LIVED OFF THE BENEFITS THAT THEY RECEIVED FROM UNEMPLOYMENT, AND THAT RAN OUT, AND THEY JUST WERE TAKING MOST ANY JOB THEY COULD GET THEIR HANDS ON UNTIL THEY CAN FIND SOMETHING JUST A LITTLE BETTER TO MOVE ON TO. THEY'RE NOT STABLE. THEY'RE JUST GETTING BY, BY THE SKIN OF THEIR TEETH RIGHT NOW.”
“DEFINITELY SMALL BUSINESSES HAVE BEEN AFFECTED. MY BARBER OF 22 YEARS HAD TO CLOSE HIS BUSINESS BECAUSE HE CAME DOWN WITH COVID. A COUPLE OF OTHER PRACTITIONERS IN HIS SHOP CAME DOWN WITH COVID.”

8. Pandemic-induced layoffs combined with caregiver responsibilities and personal health challenges have decimated the workforce.

“THERE WAS ONE PARTICULAR DAY IN LATE MARCH OF LAST YEAR WHERE ABOUT 4,000 FOOD SERVICE WORKERS LOST THEIR EMPLOYMENT, A LOT OF THOSE WERE [UNIVERSITY] STUDENTS…WE SAW THEM LEAVING THE [COMMUNITY]; WE SAW A LOT OF OUR WORKFORCE DEPARTING AND NOT REALLY UNDERSTANDING FULLY HOW WE WERE GOING TO OPERATIONALLY NAVIGATE THROUGH THE SUMMER WHEN TRADITIONALLY A LOT OF OUR BUSINESSES HERE MAKE THEIR HIBERNATING MONEY, WE LIKE TO CALL IT.”

“I WOULD SAY, FOR AN AREA OF THE STATE THAT SEES SO MANY OF OUR LOW-INCOME WORKERS HOP FROM JOB TO JOB FROM A SEASONAL STANDPOINT, [THE PANDEMIC] TOOK OUT ONE OF THOSE MIDDLE HOPS AND IT MADE PEOPLE REALLY HAVE TO PUT SOME POWER IN THEIR LEGS AND JUMP AS HIGH AS THEY COULD TO HOPEFULLY GET TO THE NEXT LANDING SPOT, AND SOME WERE MORE SUCCESSFUL THAN OTHERS, UNFORTUNATELY.”

“…42% OF SMALL BUSINESSES IN MARCH REPORTED THAT THEY COULD NOT FILL POSITIONS. THE AVERAGE FOR THE LAST 10 YEARS HAS BEEN 22%. SO, THAT’S MORE THAN DOUBLED.”

“…80 OPEN POSITIONS AT THE END OF OCTOBER…I DON’T KNOW THAT THESE HAVE EVER ALL GOTTEN FILLED. WE ENDED UP HIRING SOMEONE, AND THEN WE WAITED FOR THE BACKGROUND CHECK…THE DAY THEY WERE SUPPOSED TO SHOW UP FOR WORK, THEY DIDN’T COME.”

“WE’VE SEEN THE DEVASTATION TO THE AVAILABILITY OF WORKFORCE AND…IT’S NOT EVEN JUST OUR SMALL BUSINESSES…WITHIN THE DEPARTMENT OF SOCIAL SERVICES…I BELIEVE…OUT OF A WORKFORCE OF 74, WE [CURRENTLY] HAVE FIVE VACANCIES, AND WE CANNOT FILL THEM.”

“THE LAST [TIME] I SPOKE WITH OUR SHERIFF… I BELIEVE HE INDICATED THAT HE’S GOT SOMEWHERE IN THE NEIGHBORHOOD OF MAYBE 11 TO 13 VACANCIES; ALSO, HE CANNOT FILL THEM. SO, NOT JUST SMALL BUSINESSES, BUT EVEN THE GOVERNMENT SECTOR IS REALLY GETTING HIT HARD IN THAT REGARD.”

“We’re a little worried about what’s going to come forward when the safety nets that have been put into place to kind of help for right now, what that’s going to look like once they have stopped. The rent stuff, how that’s going to affect our families, the medical providers here in town. Whether they’re going to stay or if we’re getting new ones. The dental availability in our rural areas has decreased. We actually lost one of our providers, unfortunately. I don’t know if it was directly due to COVID, but it’s an impact that our families are seeing right now.”

“I think…what I was stunned by is…the messaging was the first big problem. I think that’s maybe one of the things we have to figure out for all these future issues is how do you find your people that can step up and communities will listen to…there’s multiple diverse communities…there’s not just one community—but who are the people that can speak to that community and how can they have a message that they can trust.”

“I think we’re sort of in this age where there’s sometimes sort of suspicion of the experts or people feel like the experts are talking down to them… I think we have to look at new avenues, new ‘influencers,’ and how you can get these communicators in the community that will take the evidence but can put that evidence into terms and means that the public will…accept.”

“Nonprofits deeply immersed in COVID response at a time where none of them could raise the way they normally did. Post-COVID, restocking the coffers of these organizations will be a challenge.”

Recommendations for NCCAA Moving Forward

1. Leverage Community Action Agencies’ outstanding reputation in low-income communities throughout the state to identify trusted messengers and to develop trusted messages in the current and any future crisis. Once identified, community influencers, including faith leaders, must be trained how to develop and coordinate multi-channel communications strategies for the multiple phases of disasters and pandemics, to refocus trust and integrity to the local level and organizations that play an influential role in the life and values of local communities. The unwavering support for vaccinations by key local leaders in the mountain region to address vaccine hesitancy is a useful guide.

2. To overcome a major barrier to women’s ability to participate in the labor market generally, and especially during the pandemic, develop a small business technical and managerial assistance program to both encourage the development of new and strengthen existing childcare businesses in low-income communities. Without a robust set of viable childcare enterprises, lack of access to childcare will continue to be a major barrier to women’s re-entry and full participation in the labor market, especially for unpartnered females with school-age children.

3. Building on Community Action Agencies’ reputation as caring and trusted entities across the state, advocate with state and federal governments for financial resources to develop and launch a multi-generational mental wellness program to address the pandemic-inducing anxiety and depression as well as abuse and battery that continues to affect the lives of adults and children in poverty-stricken communities throughout the state.
4. Assess the feasibility and suitability of Community Land Banks and Community Land Trusts to expand the inventory of affordable and workforce housing in Community Action Agency communities. In particular, these efforts should focus on communities where the influx of wealthier pandemic refugees has greatly reduced the supply of affordable housing. Where possible, these efforts should partner with existing community-based organizations. Hope Renovations (www.hoperenovations.org), for example, is an all-female owned and operated venture that empowers women to pursue living-wage jobs in the construction trades.

5. To reduce reliance on government and philanthropic support moving forward, invest in an impact investing training program for Community Action Agency leaders and other NCCAA key stakeholders. The program will provide low-wealth community leaders with the resources to create sustainable financing models to address the social determinants of health.

The full report is presented in two parts. Part I, “Lived Experiences of the COVID-19 Pandemic,” presents the findings from our focus groups with low-income families throughout the state. Part II, “Ruminations from the Frontlines of the COVID-19 Pandemic,” presents the findings from our key informant interviews with local leaders in low income communities served by Community Action Agencies throughout the state. The protocols used to gather the qualitative data in the two reports are attached in an Appendix.
Part 1 - Lived Experiences of the COVID-19 Pandemic

Abstract

The COVID-19 pandemic wreaked havoc and disrupted the lives of low-income individuals and families throughout the state. Many of the disruptions were shared by all, including isolation-induced mental health issues and adjustments to safety protocols as well as financial challenges. Many lost jobs and some left jobs to protect family members. Some had major housing issues. Those with school-age children had multiple challenges, including access, reliability, and costs of broadband to support the shift to virtual learning in schools; the inability to maintain or return to work because their children needed them at home; and the loss of free- and reduced meals at schools. Attitudes about vaccination varied considerably, with some adamant in their refusal to be vaccinated, while others acknowledged uncertainty but hesitatingly sought the vaccines and still others were eager to be vaccinated. Despite personal exposures and familial losses to the coronavirus, study participants also demonstrated great resiliency, creating ways to keep food on the table, supporting family and friends, finding the positive in having more time with children and other family members, and continuing to search for a way forward throughout the pandemic.

Introduction

We were asked by the North Carolina Community Action Association (NCCAA) to assess how the COVID-19 pandemic was affecting their efforts to combat poverty and facilitate self-sufficiency in low-income communities throughout the state. To do this, we conducted focus groups with individuals served by Community Action Agencies in five communities across the state. The focus groups explored five themes derived from the extant literature on the COVID-19 pandemic.

- Behavioral responses to recommended protective measures
- Hardships and economic fallout
- Coping strategies
- Adequacy of relief measures
- Perception and beliefs about COVID-19 vaccines

Given COVID-19 safety precautions, we conducted these five focus groups over Zoom. The focus groups were designed to last no more than 90 minutes. Most of the focus groups were conducted in the evening, from 6:00 to 7:30 PM, using a semi-structured research protocol developed by the research team (see Appendix A). Low-income participants were given a $100 gift card in appreciation for their time.

Most of the focus group participants were women, with a few single men and a few men as part of participating couples. In the eastern and piedmont communities, most participants were African American, while in the western communities, most of the participants were white. Many were parents with children in their homes. Some lived with their families, including extended family members, while others lived with unrelated housemates or alone. Most worked at least part time or were looking for work. Some participants worked for the Community Action Agencies, usually in child development and childcare jobs. All focus group participants had low incomes and lived in poverty per the Federal Poverty Guidelines.
We digitally recorded all five of the focus group sessions and used a professional transcription service to transcribe the digital files. We then conducted a detailed content analysis of the transcripts, which generated the key takeaways presented below.

**Key Takeaways**

“IT’S ALL A LEARNING EXPERIENCE. YOU’VE GOT TO ROLL WITH THE PUNCHES. IF NOT, IT WILL BE REALLY HARD. IT’S A LOT OF LEARNING.

WE HAVE [GONE] TO FOOD BANKS. AND WE HAVE A REALLY GOOD COMMUNITY, SO NEIGHBORS HELPING NEIGHBORS—I’M SORRY IF I’M EMOTIONAL.

Despite the “glass is always half full even when it is half empty” mentality and the strong sense of community cohesiveness expressed in the above two quotes from focus group participants, North Carolina low-income families faced major obstacles and challenges during the COVID-19 pandemic. From our content analysis of the diverse perspectives and viewpoints expressed in the five focus groups we conducted with such families throughout the state, we have organized our findings regarding the “lived world” experiences of the COVID-19 pandemic into the following eight key takeaways.

Supporting evidence for each of these key takeaways, extracted directly from the focus group transcripts, is presented below.

1. COVID-19 exacted a disproportionately heavy toll on low-income families, especially in terms of both exposure to and deaths from the coronavirus.

Multiple focus group participants talked about the pandemic’s impact on them personally. For example, one reported,

“FOR ME THINGS, HAVE BEEN REALLY IFfy. SOME THINGS WILL GET CUT OFF AND I’LL HAVE TO STRUGGLE TO GET IT BACK ON, BECAUSE I HAVEN’T BEEN WORKING... BECAUSE OF COVID. SO, IF MY WI-FI GOES OFF, I HAVE TO STRUGGLE TO GET IT BACK ON... BECAUSE I NEED IT... MY LIGHTS ACTUALLY GOT CUT OFF AT ONE POINT, AND I HAD TO ASK MY FAMILY IF THEY COULD HELP ME... BECAUSE I JUST SIMPLY DIDN’T HAVE THE MONEY...BECAUSE I HAVEN’T BEEN WORKING. IT REALLY BEEN A HUGE STRUGGLE FOR ME BECAUSE I’M NOT USED TO NONE OF THIS.”

A second, who was a college student, reflected on the challenge of having to balance multiple responsibilities during the pandemic.

“I MEAN, IT’S BEEN A CHALLENGE FOR ME...I DON’T [HAVE] KIDS, BUT... I’M IN COLLEGE, AND... I JUGGLE: GOING TO WORK AND GETTING MY [SCHOOL] WORK DONE, AND THEN I’M IN TRAINING TO BE A MANAGER, SO I’VE GOT TO ACTUALLY DO THAT WORK ON TOP OF MY SCHOOL WORK AND GO TO WORK AND STILL TRY TO GET THE PROPER REST AFTER COMING HOME AND CLEANING UP, COOKING AND EATING, AND STILL TRY TO MAKE TIME FOR MYSELF TO RELAX...IT’S JUST A STRUGGLE.

A third talked about the pandemic’s impact in relationship to her role as an essential worker and fear of contracting the virus. She said,

“I CURRENTLY WORK...WITH CHILDREN EVERY DAY. WE SEE SNOTTY NOSES EVERY SINGLE DAY AND I FEAR EVERY SINGLE DAY THAT ONE OF THEM IS COMING IN WITH COVID. BUT I REALLY JUST PUT IT PAST ME AND TRY TO DO MY JOB AS BEST I CAN AND JUST MAKE SURE THEIR NOSE IS WIPED.

Similarly, a fourth focus group participant concentrated on her role as a domestic abuse counselor during the pandemic. She said,
In the beginning of the pandemic, I was called by several former colleagues, and I started doing some sessions for people... locked in with their batterers... I was doing sessions with women especially... the batterers are home with them and they can't go out, and so I had to teach them how to roll into balls and how to separate themselves if they knew the cycle of abuse was going to cause them to be beaten [in front of] their children... and it was real, and what I get now is a lot of follow-up calls... the isolation is not just somebody who's alone in the home, but someone who is alone in their [abusive] situation.

A fifth expressed frustration over having to deal with social services during the pandemic.

I hate, absolute hate, having to use social services, any type of public assistance. If I can do it on my own, I am going to do it on my own.

Further elaborating on why she abhors the system, she continued by stating,

... when you go down to public assistance... they're like, "why you can't do this, why you can't do that, why can't a family member help you"?

... like it's our fault that we're in this pandemic, when it's people that use their services every single month, versus somebody [like me] that rarely goes down that really needs help that really doesn't have it, that's unfair to us.

And a sixth vocalized the pandemic's impact on him personally as a business owner, stating,

Yeah, I had a business, and before the pandemic, I was doing fine, but after Covid, everything just slowed down to nothing, so I had to shut down. I have a home, I have a mortgage, I live alone, and quite honestly, it's a struggle, but I've managed to find some part-time [work].

Five focus group participants honed-in on the pandemic's impact on their families. The first said, for instance,

... it was frustrating... having to look your kids in the face and tell them, "hey, we don't have lights and water because I couldn't pay it." I don't even know how to explain that other than just saying it and telling them. "let's hope for the best because I don't have it right now."

The second commented,

Well, it really hit us hard because... I was the only one working... my daughter... had just finished college and came home and when I lost my job, it was like, what am I going to do? we got behind on bills, they [were] coming faster than I can think. and it was trying times, and I didn't even know what to do but pray about those bills. and God always makes a way out of no way, but it was really hard.

The third said,

"it has been pretty hard. we have gotten by through help [from others]... as far as family, all of us was kind of like in the same boat, so we [weren't] able to even help each other"

The fourth shared,
IT'S AFFECTED [MY FAMILY], LIKE, IN SO MANY WAYS. WE HAD TO BUDGET A LOT WITH COVID. WE DIDN'T REALLY GO ANYWHERE, SO THAT KIND OF HELPED. BUT MOST OF THE LITTLE BIT OF INCOME WE HAD WAS JUST GOING TO BILLS AND STUFF. BASICALLY, THE MAIN THINGS WE NEEDED, WHICH WAS HOUSEHOLD ITEMS, FOOD, LIGHTS, BILLS, JUST STUFF LIKE THAT. WE DIDN'T HAVE MUCH, BUT THE LITTLE BIT THAT WE HAD WAS JUST GOING TO THINGS THAT WE REALLY, REALLY NEEDED.

The fifth-- a focus group participant with a disabled child--talked about the devastating impact of job loss during the pandemic.

...MY HUSBAND WAS WORKING AS AN ENGINEER AND LOST HIS JOB DUE TO COVID BECAUSE OUR DAUGHTER WAS IN AN EXTREMELY HIGH-RISK CATEGORY. THEY DID NOT ALLOW HIM TO SOCIAL DISTANCE. HE HAD FMLA, BUT IT DIDN'T MEET THE GUIDELINES FOR HIM TO BE ABLE TO HAVE ANY TIME OFF OR DO ANY WORK FROM HOME. SO, HE GOT FIRED BECAUSE HE COULDN'T BE AROUND [BECAUSE] THERE WAS ACTIVE COVID CASES IN HIS WORKPLACE WITH PEOPLE HE WOULD HAVE BEEN IN CONTACT WITH. SO, HE LOST HIS JOB BECAUSE OF THAT.

However, focus group participants devoted most of their attention to COVID exposures—personally and within their own families. Some explained that they were COVID survivors, others were both COVID survivors and burdened by COVID causalities within their families, and still others were not affected by the virus personally but identified family members who succumbed to COVID-19.

Two were Covid Survivors who talked about their personal experiences. One said,

I PERSONALLY WAS AFFECTED WITH COVID. MY GRANDPARENTS WORK AT—WELL, THEY VOLUNTEER AT A FOOD BANK EVERY WEEK AND SOMEONE AT THE FOOD BANK HAD IT, DIDN'T KNOW, AND THEN THEY BOUGHT ME ICE CREAM AND CAKE FOR MY 22ND BIRTHDAY AND I WAS INFECTED ON MY BIRTHDAY. IT WAS HORRIBLE FOR ONE NIGHT, BUT IT WASN'T TOO BAD. AND I'M, LIKE, VERY FORTUNATE TO BE ALIVE AND EVERYTHING.

The other stated,

I WAS HOSPITALIZED WITH COVID FOR SIX WEEKS. THEY SENT ME HOME WITH OXYGEN. I'M CURRENTLY—I'M DONE WITH OCCUPATIONAL THERAPY, BUT I'M STILL DOING PHYSICAL THERAPY. MY LIFE WAS NORMAL BEFORE COVID.

A third talked about both her experience and her daughter's experience with COVID.

I HAD THE VIRUS, AND ONE OF MY DAUGHTERS HAD IT, BUT WE'RE DOING FINE NOW. BUT ONE THING I WOULD LIKE TO ADD, THEY DON'T GIVE YOU ANYTHING, YOU JUST HAVE TO WORK ON YOURSELF. SO MY APPETITE WAS GONE, BUT IT'S BACK.

Several focus group participants described other family members or relatives who contracted the coronavirus, and in some instances, died from the deadly disease.

One said,

I'VE HAD FAMILY MEMBERS TO GET COVID. I KNOW I GOT REALLY SICK LAST YEAR BEFORE COVID AND EVERYTHING, BUT I HAD ALL THE OF THE SYMPTOMS AND I WENT TO THE DOCTOR THREE TIMES WITHIN, LIKE, A WEEK-AND-A-HALF AND THEY COULDN'T FIGURE OUT WHAT IT WAS. I'M SURE IT WAS COVID, BUT THEY HADN'T COME OUT WITH A NAME HERE YET.

A second noted,

EVERYBODY IN MY HOUSE GOT IT EXCEPT FOR MY CHILDREN.

A third explained how she and other members of her family contracted the virus from wearing a mask of a friend who had been exposed to the deadly virus.

YOU KNOW, AND ACTUALLY WHAT GOT US COVID WAS WEARING A FRIEND OF OURS MASK AND SHE DID NOT KNOW THAT HER PARENTS HAD COVID. SO [SHE] CONTRACTED IT FROM HER PARENTS AND THEN WE CONTRACTED IT FROM HER BECAUSE WE WORE HER MASK.
A fourth revealed,

**I’VE HAD TWO FAMILY MEMBERS THAT WERE HOSPITALIZED FOR IT, BUT NOBODY’S PASSED AWAY.**

A fifth said,

**WELL, MY MAMA HAD GOT COVID, BUT WE STAYED AND HELPED HER.**

A sixth noted,

**DURING THE HOLIDAYS, BOTH MY GRANDMOTHER AND GRANDFATHER, THEY BOTH HAD COVID. I’VE HAD AN UNCLE TO PASS AWAY FROM COVID. ACTUALLY, ANOTHER ONE OF MY UNCLE’S THAT WAS IN THE NURSING HOME, HE HAD COVID. AND I’VE HAD AN AUNT TO PASS AWAY FROM COVID. SO IT HAS REALLY, REALLY IMPACTED MY FAMILY. THREE PEOPLE DIAGNOSED AND SURVIVED COVID AND TWO PEOPLE THAT I KNOW PASSED AWAY FROM COVID.**

And a seventh focus group participant reflected on having to deal with an obstinate and un-sympathetic landlord after receiving a COVID diagnosis and having to quarantine for two weeks.

**WHEN I HAD COVID, I HAD TO QUARANTINE FOR THE TWO WEEKS... I COULD NOT GET IT ACROSS TO MY LANDLORD THAT I HAD COVID AND I COULDN’T WORK. SO THAT WAS TWO WEEKS’ PAY OUT AND IT WAS COMPLETELY IMPOSSIBLE FOR THEM TO UNDERSTAND IT. YOU KNOW, EVEN THOUGH WE HAVE THE WHOLE WORLD GOING ON WITH THE NEWS AND EVERYTHING, PEOPLE SAYING, “WELL, YOU KNOW, COVID’S HAPPENING, “THEY DON’T CARE. THEY WANT THEIR MONEY. IT WAS REALLY FRUSTRATING.**

For most focus group participants, however, work was immediately disrupted by COVID. Some remained employed, but hours and pay were cut. As one focus group participant put it, 

**I’M CURRENTLY EMPLOYED, BUT IT’S—THEY CAN ONLY HAVE SO MANY PEOPLE IN THE WAREHOUSE, AND I CAN’T GO THERE.**

Some focus group participants described employers who went to great lengths to accommodate their needs during the pandemic. Commenting on these supportive employers, one reported,

**I WAS WORKING 20 HOURS A WEEK, MAKING PRETTY DECENT MONEY FOR THE AREA. BUT MY SON HAS RESPIRATORY ISSUES, SO HE CANNOT ATTEND SCHOOL PHYSICALLY, SO HE’S DOING VIRTUAL ACADEMY. I DIDN’T QUALIFY FOR FMLA, BUT MY SUPERVISORS WERE AMAZING AND ACCOMMODATED MY SCHEDULE.**

Another vocalized,

**I ACTUALLY GOT OFFERED ANOTHER JOB WHILE I WAS ON FMLA THAT ALLOWED ME TO BRING MY KIDS TO WORK WITH ME. SO, AT THE END OF APRIL, I SWITCHED JOBS SO THAT I COULD CONTINUE TO WORK AGAIN.**

2. **Above and beyond disparate exposures and deaths, the COVID-19 pandemic created major employment challenges and forced low-income households to make difficult decisions and choices regarding work versus personal safety and the health and wellbeing of their families.**

For others, job loss was swift, as the commentaries by the following two focus group participants illustrate.

**I WAS WITH NASCAR FOR SIX YEARS PRIOR TO THE PANDEMIC, AND THE NEXT DAY WE DIDN’T HAVE A JOB.**

**I WORK IN THE ADMISSION BUILDING AT [THE LOCAL UNIVERSITY]. I WAS LAID OFF IN MARCH OF LAST YEAR AND I DIDN’T START WORKING [AGAIN] UNTIL FEBRUARY OF THIS YEAR.**

The largest group of focus group participants reportedly either voluntarily left jobs for safety reasons or were fired because of their unwillingness to ignore COVID-mandated
safety precautions and risk exposing their families to the deadly virus. The commentaries of the following four focus group participants are instructive in this regard.

The first said,

...MY HUSBAND...WAS WORKING AS AN ENGINEER AND LOST HIS JOB DUE TO COVID BECAUSE OUR DAUGHTER WAS IN AN EXTREMELY HIGH-RISK CATEGORY. THEY DID NOT ALLOW HIM TO SOCIAL DISTANCE. HE HAD FMLA (FAMILY AND MEDICAL LEAVE ACT), BUT IT DIDN'T MEET THE GUIDELINES FOR HIM TO BE ABLE TO HAVE ANY TIME OFF OR DO ANY WORK FROM HOME. SO HE GOT FIRED BECAUSE HE COULDN'T BE AROUND—AND THERE WAS ACTIVE COVID CASES IN HIS WORKPLACE WITH PEOPLE THAT HE WOULD HAVE BEEN IN CONTACT WITH. SO HE LOST HIS JOB BECAUSE OF THAT. AND AT THE SAME TIME, WE WERE IN THE PROCESS OF SELLING OUR HOUSE AND BUYING A NEW HOUSE. IT'S AFFECTED US PRETTY GOOD. HE'S GOT ANOTHER JOB NOW, BUT IT DOESN'T OFFER HEALTHCARE LIKE WE HAD BEFORE.

The second—a caregiver for his mother and — grandmother—noted,

I WAS IN RETAIL. I HAD JUST CELEBRATED SIX YEARS. I NOTICED THAT SOME OF THE CLEANING AND THINGS THAT THE COMPANY HAD PUT IN PLACE TO MITIGATE RISK WEREN'T BEING FOLLOWED, NOTICED QUITE A FEW OF MY COWORKERS COUGHING AND THINGS LIKE THAT AND LET THEM KNOW THAT I WAS FEARFUL OF RETURNING FOR WORK, ESPECIALLY GIVEN MY MOM AND GRANDMOTHER'S CONDITION, SO I TOLD THEM THAT I'D LIKE A LEAVE OF ABSENCE. THEY DIDN'T GRANT IT BUT SAID THAT IT WAS FINE FOR ME TO STAY HOME, AND THEN SEVERAL MONTHS LATER, RELEASED ME FOR NOT COMING BACK AFTER MY LEAVE OF ABSENCE.

The third reported,

I WAS DOING PERSONAL PCA, WHICH IS PERSONAL CARE AID. OF COURSE, THAT WASN'T VERY LONG, ONCE THEY SENT THE KIDS HOME...TO BE HOME Schooled. I WAS FORCED TO STAY HOME. I TRIED TO DO AS MUCH AS I COULD AS FAR AS STILL WORK AND DO IT TOGETHER, BUT I WAS...AFRAID OF...DOING IT [PERSONAL CARE] INSIDE THE HOME, NOT IN A FACILITY, AND THEY STILL HAD FAMILY MEMBERS AND FRIENDS AND ALL OF THAT COMING OVER, SO, OF COURSE, I DIDN'T WANT TO TAKE ANYTHING BACK HOME.

And the fourth stated,

[BEFORE THE COVID HIT, I WAS WORKING AT AMAZON, BUT WHEN THEY WOULDN'T CONFIRM HOW MANY POSITIVE CASES THEY WOULD GET, I HAD TO LEAVE BECAUSE MY BEST FRIEND WAS PREGNANT AT THE TIME AND I HAD TO TAKE...HER CONCERNS [INTO CONSIDERATION], BECAUSE SHE WAS PREGNANT, AND I HAD TO LEAVE THAT JOB.

For the self-employed, work literally dried up and was nearly impossible to find during the pandemic, as this focus group participant, who is part of a married couple household, explained.

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Still others—mainly women—were forced to quit their jobs to be at home with their children when school systems shutdown and shifted to online or virtual learning. In this regard, COVID-19 exacerbated existing childcare issues that historically have served as barriers to securing and maintaining stable employment for low-income families, especially single parents with children.

A focus group participant who is a dental hygienist described her situation in the following way. 

I had done dental hygiene for 13 years and the last seven-and-a-half years I worked at a community health clinic... and then once school stopped last March, I had to stay home with the kids. After about two months... the company I worked for closed because of COVID, because we did dental care, and what I did was considered preventative. I did get unemployment for about six weeks. And then once I was offered my job back in June, I didn't have childcare because summer camps were closed, so I left that position.

Explaining what happened to her, a focus group participant who is clerical assistant said, 

I was working prior to the pandemic... I was a clerical assistant. I actually was terminated because of the pandemic because I had to remote learn my children. But, fortunately enough, they put that in my termination notice so I was able to use that whenever I went to a new job and was able to obtain what I needed for the kids to go to school and stuff.

Offering a similar message, a focus group participant who was an employee at Krispy Kreme, reported, 

Prior to COVID, I was working... at Krispy Kreme. When COVID hit, of course, I, like many people, was out of work. I—actually, I was forced to be out of work because of my children being at home, you know, some of them [weren't] doing what they [were] supposed to do, so I had to... stop working to be able to get my household in check...

And a third focus group participant disclosed, 

I was not able to (pay all bills), I think it was in November. I was late. But that was because my younger one was quarantined for two weeks, which [required] me to stay with him, because we don't have any family close or anything, so I didn't have any other sitting or childcare plan.

Not only did the pandemic force women with children out of the labor market, lack of access to childcare also is making it difficult for those women to re-enter the workforce.

I do have four school-age children, 17—sorry, 18, 14, 12, and 5, so it's kind of hard really trying to find a good stable job where I can be home with my kids to monitor and to have school, especially my five-year-old, because he's in kindergarten.

3. The shift to remote learning during the pandemic shed new light on structural issues related to availability, access, quality, and cost of internet services for low-income families.

The pandemic made the need for affordable access to broadband in homes more apparent than ever. Some needed broadband access for work. For most, the primary use of the internet was for school. Several participants were students at universities and community colleges, taking classes online. Many participants had school-age children in the household, and they were all in virtual learning. While internet access was generally adequate for those living in a city or larger town, the quality of access varied, and it was expensive.

Only one focus group participant rated her internet service highly in terms of both the quality of the connections and cost. She said, 

Internet is solid. I have great internet, honestly. It's like $80 a month.
Other focus group participants were far less complementary and extremely critical of the internet service they had in most instances. For example, one reported,

"IT’S GOOD (INTERNET ACCESS). IT’S A LITTLE SLOW, A LITTLE UNSTABLE TIMES, BUT IT’S OKAY. EVERYBODY’S ON IT, SO THE BANDWIDTH IS SLOW."

Another stated reflectively,

"INTERNET ACCESS IS JUST LIKE EVERYBODY ELSE, YOU HAVE YOUR GOOD TIMES AND YOU HAVE YOUR BAD TIMES. YOU’VE JUST GOT TO BE IN THE RIGHT SPOT IN THE HOUSE AND PRAY."

A third commented forcefully,

"I LIVE WITH...MY FIVE ... SCHOOL-AGE KIDS, AND THE INTERNET SUCKS. IT BUFFERS ALL THE TIME. IT GOES OUT AND THEY GET KNOCKED OUT OF CLASS. AND NOW IT’S GETTING BETTER BECAUSE WE HAD TO DO A BETTER INTERNET SPEED WITH SPECTRUM, SO IT’S BETTER NOW."

Focus group participants from rural areas of the state complained about limited access to broadband—and the cost when it was available. One indicated that she lost a job because of poor internet service.

"I HAVE VIASAT, WHICH IS A SATELLITE INTERNET, SO THAT CAUSED ME TO LOSE A JOB JUST RECENTLY."

Another complained,

"THE INTERNET HERE WHERE I STAY IS KIND OF HIT-AND-MISS, AND IT’S VERY, VERY EXPENSIVE. I PAY ALMOST $200 (A MONTH) JUST FOR INTERNET ALONE."

Registering a similar complaint, a third vocalized,

"...AS FAR AS INTERNET ACCESS, WE’VE BEEN—I DON’T WANT TO SAY “STUCK” WITH CENTURYLINK, BUT UNFORTUNATELY, IT’S THE ONLY ONE WE CAN GET HERE."

And the fourth asserted,

"WE ONLY HAVE REALLY ONE GOOD INTERNET SERVICE OUT HERE, AND THAT’S SPECTRUM. ALL THE REST OF THEM ARE NOT REALLY WORTH ACCOUNT...."

Describing her children’s experiences, one focus group participant said,

"THEY CAN CONNECT, BUT IT’S HIT OR MISS BECAUSE ... WE’RE ON SATELLITE INTERNET, SO WE MIGHT GET PRIORITIZED, WE MIGHT NOT GET PRIORITIZED. THEY MAY GET KNOCKED OFF, THEY MAY NOT GET KNOCKED OFF. WE HAVE GOOD DAYS, WE HAVE BAD DAYS."

Another parent asserted unhesitatingly,

"INTERNET ACCESS IS HORRIBLE. INTERNET ACCESS IS HORRIBLE AND EXPENSIVE, BUT WE MAKE IT WORK."

Despite the issues related to reliability and cost, at least one focus group participant noted that an internet connection quickly became an essential bill to pay when schools shut down during the pandemic. More specifically, she stated,

“SO THERE WAS A POINT WHERE I HAD TO PAY MY INTERNET BILL SO MY KIDS COULD GO TO SCHOOL AND NOT PAY MY LIGHT BILL. BUT I DID GET THE MONEY TO MAKE SURE EVERYTHING WAS PAID”
Several focus group participants talked about how poor internet services made virtual schooling more difficult—for parents and children. One painted a picture of the challenges by stating,

**IT’S BEEN A COUPLE OF STRUGGLES. ESPECIALLY LIKE YOU KNOW HOW INTERNET ON THE PHONE IS—THE HOTSPOT IS LIMITED. SO WE TRY TO DO THE MOST WE CAN ONLINE. AND WHATEVER WE CAN’T GET DONE WE JUST DON’T WORRY ABOUT IT AND...BASICALLY DO THE PAPERWORK. MOST OF THE PAPERWORK GETS DONE—WELL, ALL OF IT GETS DONE AND MOST OF THE ONLINE GETS DONE. WHEN WE CAN’T, WE TRY TO GO, LIKE, TO THE LIBRARY OR SOMEWHERE TO GET WI-FI. SOMETIMES WE CAN’T GO. BUT WHEN WE CAN, WE DO GO.**

Referring to the online education process and the need for internet access for other reasons, another said,

**AS FOR ME, IT WAS A LITTLE BIT STRESSFUL BECAUSE I WAS HAVING TROUBLE WITH THE INTERNET. WE HAD A LOT OF PROBLEMS. IT WAS BEFORE I HAD TO SWITCH OVER, IT WAS GOING IN AND OUT, AND WE ALL COULDN’T GET ON, AND THEN JUST LEARNING A NEW SYSTEM.**

Even without internet problems, according to several focus group participants, the shift to online learning during the pandemic created problems for parents who were suddenly thrust into a teaching role and for students who found it difficult to adjust to a virtual learning format.

Commenting on her role in homeschooling her child, one focus group participant lamented,

**MY YOUNGEST—WE’VE BEEN HOMESCHOOLING AND, YOU KNOW, I’M NOT A PROFESSIONAL BY ANY MEANS AND WE’RE JUST DOING IT SO THAT I COULD WORK. IT’S DEFINITELY AFFECTED [HIM]. I’M NOT THE BEST TEACHER. JUST DOING OUR BEST.**

Another talked about the pandemic-induced online learning challenge that her daughter experienced.

**MY HARDEST PART WITH IT WAS THE WHOLE INTERNET THING. MY DAUGHTER IS A SENIOR AND IT WAS JUST HARD FOR HER TO LIKE STAY FOCUSED, LIKE ONLINE AND THE WHOLE ONLINE THING. SHE GOT BEHIND ON HER GRADES. SHE’S AN A/B STUDENT; SHE GOT BEHIND AND IT WAS JUST LIKE SHE COULDN’T DO THE WORK LIKE SHE WOULD DO IT IN THE CLASSROOM.**

4. **Key Takeaway #4:** The pandemic heightened personal and familial stress and anxiety posing, in the process, major socio-emotional and mental health challenges for low-income individuals and families throughout the state.

In addition to loss of work and childcare issues, focus group participants honed-in on how isolation at home led to loneliness and created—and in some instances exacerbated—feelings of anxiety and depression. As one focus group participant put it, for example,

**I SUFFER FROM DEPRESSION, ANXIETY, AND STUFF LIKE THAT. BEING ISOLATED AT HOME FOR MANY MONTHS, IT HIT ME BAD. IT GOT TO A POINT WHERE I NEEDED TO GO OUT. I DIDN’T CARE IF IT HAD TO BE WALMART, TO THE DOLLAR STORE, ANYWHERE. I NEEDED TO GO OUT OR TALK TO A FRIEND OR SOMEBODY, SEE SOMEBODY FACE TO FACE. BECAUSE HAVING THREE KIDS AT HOME ALL WEEK AND THEN WITH NOT SOCIALIZING WITH SOMEBODY ELSE, I MEAN, OVER THE PHONE IS NOT THE SAME AS SOCIALIZING WITH SOMEBODY IN PERSON. SO IT DID AFFECT ME BAD, I CAN SAY.**

Echoing a similar sentiment, another focus group participant said,

**I THINK IT DID CREATE A SENSE OF LONELINESS BECAUSE YOU’RE STUCK WITH YOUR KIDS ALL THE TIME, BUT I WAS STILL LONELY BECAUSE I WASN’T ABLE TO SOCIALIZE WITH EVERYBODY ELSE.**

Commenting on her mental wellbeing during the pandemic, another focus group participant reflected on how the combination of COVID and cold weather made matters worse.
ASSESSING THE IMPACT OF COVID-19 ON LOW-INCOME HOUSEHOLDS AND COMMUNITIES IN NORTH CAROLINA

COVID CAME BASICALLY WHEN IT GOT REALLY COLD, AT LEAST OVER HERE WHERE I’M AT. AND I THINK WHEN IT GETS COLD EVERYONE HAS A BIT MORE SADNESS BECAUSE YOU STAY IN THE HOUSE MORE. AND THEN THE PANDEMIC ON TOP OF THAT JUST MADE—PROBABLY ANYONE WITH DEPRESSION, IT MADE IT WORSE. BECAUSE I STRUGGLE WITH THAT MYSELF AND IT DEFINITELY WORSENED IT. I THINK THAT IF ANYONE DID HAVE DEPRESSION OR ANYTHING LIKE THAT, IT WOULD HAVE MADE IT WORSE FOR YOU BECAUSE THE COLD ALWAYS BRINGS THAT ON FOR ME, AT LEAST. AND THEN ON TOP OF IT, THERE WAS A PANDEMIC. SO, I THINK IT WOULD MESS WITH ANYONE’S EMOTIONAL STATE, HONESTLY.

Another focus group participant talked about how limited interaction with family exacerbated her feelings of isolation.

SO COVID’S DEFINITELY PUT A GAP—A BIGGER GAP BETWEEN ME AND MY FAMILY, AND I GUESS THAT’S WHY I’VE BEEN EXPERIENCING A LOT OF LONELINESS, BECAUSE IT’S JUST ME AND MY SON HERE.

Some focus group participants who are parents expressed concerns about the pandemic’s psychological effects on their children. For example, one opined,

MY OLDEST, I THINK, PROBABLY SUFFERED THE MOST FROM THE LONELINESS AND FROM THAT FEELING OF MISSING OUT ON SOMETHING THAT SHE REALLY ENJOYS. AND THEN AS FAR AS MY HUSBAND AND I, THE EMOTIONAL EFFECTS THAT IT TOOK ON US WAS MOSTLY FROM WATCHING OUR CHILDREN GO THROUGH THINGS.

Confirming the potential adverse effects on young people, a focus group participant who was a college senior said,

I DEFINITELY FEEL LONELY...I’M A SENIOR THIS YEAR. I DO KIND OF FEEL LIKE, CHEATED OUT OF THOUSANDS OF DOLLARS FOR MY TUITION. YEAH. I JUST FEEL KIND OF LONELY. I’M NOT AS SOCIAL AS I WAS BEFORE. I’M A HUGE PEOPLE-PERSON BUT I KNOW THAT, LIKE, I CAN’T BE THAT, JUST TO MAKE SURE THAT OTHER PEOPLE ARE SAFE AND I KEEP MYSELF SAFE. SO, IT’S SAD AND IT’S, LIKE, DEPRESSING...

Some participants acknowledged the possible adverse effects of isolation on mental health, but also indicated they found opportunity in the pandemic as well. For instance, one contended,

“I DON’T THINK THE ISOLATION WAS THAT BAD. I TEND TO STAY BY MYSELF ANYWAY, SO YOU GET TIME TO REFLECT AND TO THINK ABOUT LIFE AND MEDITATE AND YOU KNOW, SEE WHERE YOU WANT TO GO RIGHT NOW. BECAUSE OBVIOUSLY LIFE IS VALUABLE AND SHORT AND YOU’VE GOT TO MAKE THE BEST OF IT”

A second said,

I FEEL LIKE USING THIS TIME IS GOOD TO REFLECT, GATHER YOUR THOUGHTS, SO YOU CAN COME OUT PROBABLY A BETTER PERSON.

And a third asserted that he benefitted from having time with family, especially his children, which enabled him to fend off the potentially adverse effects of isolation.

I FEEL LIKE ...IF YOU GET LONELY, THEN YOU LET IN THIS PANDEMIC THAT’S TEMPORARY EATING YOU UP, SO YOU JUST GOT TO STAY POSITIVE AND FIND POSITIVE THINGS TO DO...EVEN IF YOU TURN AROUND AND CLEAN SOME STUFF OR DO SOME STUFF AROUND THE HOUSE YOU’VE BEEN PUTTING OFF AND PUTTING OFF AND PUTTING OFF, THEN YOU JUST GOT TO FIND WAYS FOR SPENDING TIME WITH YOUR KIDS, DOING STUFF AROUND THE HOUSE, READING, ADVANCING YOURSELF, LEARNING. SO, JUST TRYING TO FIGURE OUT WHAT IT IS AND STAY POSITIVE.
He continued by stating,

AND SO, I WAS PRETTY GOOD AT KEEPING MYSELF OCCUPIED. I JUST STAYED IN THE YARD AND PLAYED WITH THE KIDS A LOT AND IT WAS THE MOST TIME I’VE EVER GOT TO SPEND WITH MY KIDS ONE-ON-ONE, EVER, I THINK, BECAUSE I DIDN’T HAVE TO WORRY ABOUT WORK. NOT BECAUSE I DIDN’T WANT TO WORK, BUT BECAUSE I COULDN’T. IT WAS THE FIRST TIME I THINK I’VE EVER GOT TO SPEND AN EXTENDED PERIOD OF TIME WITH EITHER ONE OF MY CHILDREN IN THEIR ENTIRE LIVES BECAUSE I WORKED FULL-TIME.

And he concluded,

TO BE HONEST, I FEEL LIKE MAYBE IT’S ACTUALLY MADE MY FAMILY HAVE TO BE A BIT CLOSER BECAUSE WE—IN THE VERY BEGINNING, WE HAD VERY BUSY SCHEDULES. THE PANDEMIC DEFINITELY SLOWED ALL THAT DOWN. AND I’M TALKING ABOUT JUST IN MY PERSONAL HOUSEHOLD, NOT EVERYBODY IN MY FAMILY.

5. Key Takeaway #5: Government social safety programs were an important lifeline but fell short of addressing the range of assistance low-income households needed during the pandemic.

Focus group participants were uniform in their assessments of the roles that stimulus payments, unemployment benefits, EBT, and some state-funded programs played in their survival during the pandemic.

Nearly every focus group participant praised the stimulus payments, as the following commentaries illustrate.

(I)THE STIMULUS HELPED A LOT BECAUSE IT WAS EXTRA INCOME THAT WE WOULD NOT NORMALLY HAVE ON A NORMAL BASIS.

I RECEIVED THE STIMULUS AND IT HELPED ME GET CAUGHT UP ON MOST OF MY BILLS OR PAY SOME OF THEM AHEAD.

I DON’T HAVE ANYTHING TO DO WITH...MY BIOLOGICAL PARENTS, SO I DON’T KNOW WHY, BUT I GOT THE STIMULUS. I’M GUESSING BECAUSE I’M CONSIDERED INDEPENDENT NOW. BUT THEY [STIMULUS CHECKS] DEFINITELY HELPED OUT A LOT. THEY HELPED ME PAY MY UTILITY BILLS AND PUT GAS IN MY CAR AND GET GROCERIES. BECAUSE THERE [WERE] A FEW MONTHS THERE WHERE I WAS JUST EATING GRANOLA BARS BECAUSE THAT’S PRETTY MUCH ALL I COULD GET.

THE STIMULUS, EVERY ROUND, ALL THREE HAVE JUST PAID THE MORTGAGE, GOT GROCERIES ON THE TABLE.

THE STIMULUS CHECKS HAVE HELPED OUT TREMENDOUSLY...THE STIMULUS CHECKS HAVE GOTTEN US BACK ON TRACK WITH THINGS THAT NEEDED TO BE DONE IN OUR HOUSE AS FAR AS HANDICAP ACCESSIBLE BATHROOMS AND STUFF LIKE THAT.

WE GOT IT [DURING] THAT TWO WEEKS THAT [MY HUSBAND] HAD LOST HIS JOB AND THEN, LIKE I SAID, IT TOOK A WHOLE MONTH FOR UNEMPLOYMENT TO COME IN, SO WHEN THAT STIMULUS CHECK CAME IN, IT’S WHAT HELPED KEEP US AFLOAT DURING THAT TIME PERIOD.

I RECEIVED THE STIMULUS CHECK AND YES IT HAS BEEN ADEQUATE. IT HELPS OUT VERY WELL.

YES, I RECEIVED THE STIMULUS AND IT...GOT US CAUGHT UP ON CAR NOTES AND CAR INSURANCE AND EVERYTHING.

OTHERS REFLECTED ON STIMULUS CHECKS IN COMBINATION WITH OTHER SAFETY NET PROGRAMS.

THE STIMULUS CHECKS DID HELP A LOT. AND THEN WITH BEING IN EARLY CHILDHOOD EDUCATION, THE STATE ALSO GAVE US BONUSES SEPARATE FROM THE STIMULUS CHECK. WE GOT FOUR DIFFERENT BONUSES THROUGHOUT THE YEAR ALSO, JUST FOR BEING IN EDUCATION. SO THAT HELPED ALSO.

STIMULUS CHECKS 100% HELPED OUT BIG TIME. THE UNEMPLOYMENT THAT [I] RECEIVED HELPED ME IMMENSELY. AND FOR A LITTLE WHILE THERE, I WAS ABLE TO TAKE SOME OF MY STUDENT LOAN AND WITHHOLD THAT FOR A FEW MONTHS THERE.
However, quickly after praising benefits received from various social safety net programs, multiple focus group participants expressed concerns about the economic challenges they will likely face once those benefits were reduced or ended. For example, one noted,

*I HAVE BEEN ABLE TO RECEIVE THE UNEMPLOYMENT, BUT THEN AGAIN, WHEN I FIRST RECEIVED THE UNEMPLOYMENT, I GOT MAX UNEMPLOYMENT ALONG WITH THE ADDITIONAL $600 [STIMULUS CHECK], WHICH WAS NICE, BECAUSE OF THE SIMPLE FACT THAT THAT'S WHAT I BROUGHT HOME EVERY WEEK AS MY REGULAR PAY. BUT ONCE THEY DWINDLED IT DOWN, IT HAS BEEN A STRUGGLE.*

In addition, some focus group participants hastened to point out that they did not receive or qualify for unemployment payments and/or other types of available assistance. Two talked specifically about not being able to secure unemployment.

One said,

*I WAS NOT QUALIFIED FOR UNEMPLOYMENT. I DIDN'T GET STIMULUS CHECKS BECAUSE I WAS A STUDENT. THE ONLY THING THAT I DID HAVE HELP WITH BESIDES [THE LOCAL COMMUNITY ACTION AGENCY] AND MY OWN FUNDS WAS WE GOT, LIKE, I GUESS, CARES ACT FUNDING FROM THE UNIVERSITY... IT WAS LIKE $325, WHICH I WAS SO GRATEFUL... *

Referring to her husband, the other indicated,

*HE DIDN'T QUALIFY FOR THE UNEMPLOYMENT FOR WHATEVER REASON.*

Another focus group participant reported challenges trying to deal with the bureaucracy to obtain support for a family member.

*I HAVE A MENTALLY CHALLENGED NEPHEW AND...HE CAN'T ANSWER ANY OF THEIR QUESTIONS, SO THEY WON'T LET ME TALK BECAUSE HE'S OVER 20... HE JUST TURNED 21 ON CHRISTMAS. BUT I CAN'T GET ANY OF THE SERVICES BECAUSE HE CAN'T ANSWER THEIR QUESTIONS, AND I'M HIS GUARDIAN, AND ... THEY HAVE PROOF OF ME BEING HIS GUARDIAN ... AND STILL, BECAUSE HE'S 21, IT'S A HIPA LAW OR SOMETHING ... HE'D HAVE TO BE THERE TO ANSWER THEIR QUESTIONS BUT HE DON'T KNOW HOW TO.*

One participant, who owned a small business, reported the frustration of being self-employed and trying to get assistance beyond stimulus checks.

*WE OBVIOUSLY GOT THE STIMULUS PAYMENTS WHICH HAVE BEEN VERY HELPFUL. NEITHER OF US WERE APPROVED FOR UNEMPLOYMENT. I TRIED TO CONTACT THEM AND I HAVE NO IDEA WHY. IT JUST SAYS LIKE “PENDING RESOLUTION.” I APPLIED FOR A SMALL BUSINESS LOAN IN APRIL AND I STILL HAVEN'T HEARD ANYTHING BACK.”*
SO, ALL WE’VE GOTTEN ARE THE STIMULUS PAYMENTS. WE DON’T GET ANYTHING ELSE. I FEEL LIKE IT’S HARDER THAN IT SHOULD BE TO GET HELP. I TRIED TO APPLY FOR PPP, PROVIDED TAX RECORDS, AND FOR SOME REASON, THAT’S NOT ENOUGH. THEY WANT ACTUAL BUSINESS RECORDS. SO, I’M KIND OF ON HOLD WITH THAT BECAUSE I’M NOT EXACTLY SURE WHAT THAT EVEN MEANS. I MEAN, IT’S BEEN TOUGH, EVEN TO JUST GET HELP.

Moving beyond the various types of government support, several participants in the study sang the praises of their landlords and others who were understanding of the situation and provided flexibility in paying rent and other bills during the pandemic.

One reported,

SO, AT FIRST, I WAS WORRIED ABOUT PAYING RENT AND EVERYTHING BECAUSE I WAS BEHIND A MONTH, BUT MY LANDLORD WAS PRETTY GOOD ABOUT LETTING ME CATCHUP.

Another offered,

(O)UR LANDLORD LET US SPLIT OUR PAYMENT FOR ONE MONTH, THE VERY FIRST MONTH WHEN IT ALL BEGAN, BECAUSE WE WERE A LITTLE SHORT. I JUST—I EXPLAINED TO HIM, YOU KNOW, IT’S BEEN A DIFFICULT TIME FOR EVERYBODY, SO WE PAID HALF OF IT AT THE BEGINNING AND THEN THE OTHER HALF AT THE END OF THE MONTH, AND HE WORKED WITH US AND HE WAS FINE WITH THAT.

A third chimed in stating,

WE’VE STRUGGLED QUITE A BIT WITH EVERYTHING. OUR LANDLORD WAS PRETTY AWESOME. THEY LIVE IN FLORIDA AND THEY HAVE MULTIPLE HOUSES, SO THEY HAD TOLD US UP FRONT, “IF YOU HAVE ANY PROBLEMS, LET US KNOW AND WE WILL WORK WITH YOU.” SO, WE WERE LUCKY IN THAT AREA. BUT KEEPING THE LIGHTS ON, GETTING FOOD—WE HAD A PLACE LOCALLY THAT DID FOOD BOXES, SO WE WERE VERY LUCKY.

And a fourth said,

I THINK BLUE RIDGE ELECTRIC WAS REALLY GOOD ... THEY JUST KIND OF PUSHED IT BACK ... SO INSTEAD OF PAYING YOUR $100 OR WHATEVER A MONTH, THEY LET US BREAK THAT UP, WHAT WE WOULD OWE THEM, OVER TIME. IT WAS HELPFUL.

6. Key Takeaway #6: Beyond government support and private sector assistance, residents have pursued a wide array of coping strategies, tactics, and practices to survive the pandemic.

When faced with diminishing resources and limited resources, families and individuals found ways to raise money or save money. Four focus group participants volunteered that they sold assets.

LIKE YOU KNOW HOW KIDS LEAVE THEIR CLOTHES VERY EASILY, SO WE WOULD DO—SELL CLOTHES. WE HAD TO SELL A CAR. WE GOT TO SELL ONE CAR AND FURNITURE, LIKE TV FURNITURE AND OTHER THINGS THAT WE HAD AVAILABLE THAT WE COULD SELL THAT WE REALLY DIDN’T NEED.

SO, WE ENDED UP SELLING MY CAR TO HELP PAY UTILITIES.

WE (HAD TO SELL A CAR), BECAUSE WE’RE IN THE PROCESS OF GETTING MY HUSBAND’S GREEN CARD, WE’RE NOT ALLOWED TO ASK THE GOVERNMENT FOR ANYTHING, SO I DIDN’T DRAW UNEMPLOYMENT. WE DIDN’T GET THE STIMULUS CHECKS. SO, WE HAD TO COME UP WITH MONEY ON OUR OWN.

LEVERAGING THEIR ENTREPRENEURIAL INSTINCTS, ANOTHER FOCUS GROUP PARTICIPANT REVEALED THAT SHE AND HER MOTHER BEGAN AN INFORMAL RESTAURANT TO RAISE MONEY TO SUSTAIN THEIR FAMILY DURING THE PANDEMIC.
Also, whenever I could, I would sell food from home. I would take lots of orders. I would ask people if anybody wanted to buy—say, for example, we'll have chicken with rice and beans, or enchiladas, or tamales, or anything we could make. Sometimes it would be me and my mom and we would split it up, so we'll have many orders, and we would sell food in order to get a little bit of income, whether it would be for that week's groceries or a light bill or a water bill or anything.

After the pandemic began, others indicated that they coped with housing related challenges either by moving in with friends or bringing family members into their households. Emblematic of these types of coping strategies, a key informant who is a college student said,

I stay with my sister and my best friend. I go to college. I mean, it's all right. It could be better, but I mean, it gets me by.

And another key informant revealed,

We're currently renting this house, hoping to own it before too long. Currently, I have my mother and grandmother living with us. We got married just over a year ago, so—but my grandmother's been having some health issues, and we had some issues with my mother's housing arrangements, just due to some familial issues as well as some pandemic issues, as far as money, things like that.

Several key informants acknowledged looking forward to living independently again but accepted the need to share housing to reduce housing costs at least during the pandemic.

I'm just praying for the opportunity to come my way to start working again to get my own (place to live.)

Right now, I'm trying to get my own apartment, but eventually I'll get to all that other stuff.

Shifting to other coping strategies, several focus group participants reported returning to school or training to change careers after COVID.

I did welding and fabrication and maintenance at a factory...and I got laid off at the beginning of the pandemic. (We) were in shutdown, and then when they opened back up, that's when I joined the barber college and started to change my career.

Before COVID, I was a carpenter's assistant... right now, I'm in school doing something else. Trying to broaden myself in the construction field.

7. Key Takeaway #7: Augmenting personal resiliency, nonprofit organizations were instrumental in creating a therapeutic community for the most vulnerable families, providing much needed supports—financial and socio-emotional as well as basic-necessities such as food—during the pandemic.

Focus group participants were quick to acknowledge the pivotal role local community action agencies have played in helping them navigate and survive the pandemic.

You know, all the bills went up but the income didn't go up. (The local community action agency) was able to help out on several occasions, which was a blessing.

The house that we moved into was not wheelchair accessible. And the money that we had laid aside had been—part of it had been to build a ramp and when we weren't able to use that money for that, (the local community action agency) came in and helped us in that department to be able to get our daughter up the driveway and into our house safely. That was a really big blessing.

I was behind on rent and my lights for a few months and I received help through the (the local community action agency) where I'm obtaining my GED.
I actually started at [The Local Community Action Agency] because my lights and water got cut off. I called 211 and they referred me to [The Local Community Action Agency]. They helped me get my lights and my water back on in the same day because they both got cut off the same day. I was offered a job whenever I came in.

I mean, if it wasn’t for the local community, I mean, I don’t know where we would be. I almost lost my car, which I worked really hard to get. I couldn’t make the car payment. And [The Local Community Action Agency] helped me with that because that was our main mode of transportation.

Well, the mortgage, of course, is an issue. But right now, I’m in a COVID moratorium... once I get back on my feet, I [will] have to go back to paying my mortgage. And as far as utility bills, [A Community Group] has helped me out with those, so I’m just taking one month at a time.

I couldn’t pay November’s rent. I also had an issue with the water bill, because my money was gone, and the people—I went to the place to talk about the water bill, and the lady helped me with the rent. . . . (The people in (the town where she lives), fabulous people, they took care of me. Thank god for it.

Feeding families was a challenge for many.

As far as food, I get food stamps, as well. And food sometimes had to be stretched because my children... are still all virtual. So, I just learned how to budget out food for the week.

Focus group participants also were especially grateful to food banks and other organizations, including churches and schools, that help them feed their families, and especially their children many of whom had received free or reduced-price meals at school, during the pandemic.

Government programs, including the Pandemic-EBT (P-EBT) were crucial for some families, along with help from the community.
Commenting specifically on the role of schools in helping to feed her children during pandemic, one focus group participant volunteered,

"WE DID (HAVE TROUBLE GETTING ENOUGH FOOD) AT FIRST, WHERE ALL THE GROCERIES HAD NO MILK, OR YOU COULD JUST GRAB A GALLON OF MILK, AND I HAVE THREE CHILDREN. AND THE SCHOOL DID HELP...THEY WOULD BRING LUNCH EVERY DAY OR SO..."

And another focus group participant offered a general observation about the role of her church and fellow church members in the pandemic. She stated,

"WE HAVE A GOOD CHURCH AND GOOD CHURCH MEMBERS THEY HAVE HELPED US OUT."

8. Key Takeaway # 9: Compliance with precautionary measures—with only a few exceptions—is high but vaccine hesitancy is widespread among North Carolina’s low-income families and households.

Regarding government mandated safety protocols, one focus group participant stated unequivocally,

"WE DIDN’T TRAVEL; WE DIDN’T GO ANYWHERE; WE DIDN’T HAVE PEOPLE OVER. IT WAS STRAIGHT LOCKDOWN. ISOLATION."

Expressing a similar sentiment, another stated,

"WE TOOK THE MOST PRECAUTIONS WE COULD, STAYED AWAY FROM BIG CROWDS. RIGHT NOW WE DO GO OUT WITH PRECAUTIONS—HAND SANITIZERS, WASHING HANDS, MASKS—BUT PRIOR, LIKE, WE DIDN’T HAVE ANY PROBLEMS WITH FOLLOWING EVERYTHING."

A third said,

"I WORK IN HEALTHCARE, SO I DEFINITELY TAKE PRECAUTIONS FOR MYSELF, MY PATIENTS, MY COWORKERS, MY FAMILY."

A fourth added,

"YEAH, I HAVE LITTLE KIDS WHO ARE CONSTANTLY WASHING THEIR HANDS, PUTTING HAND SANITIZER, MAKING SURE THAT EVERYBODY’S GOT A MASK. WE HAVE NO ISSUES."

A fifth stated,

"MY HUSBAND IS THE ONLY ONE THAT GOES PRETTY MUCH TO WORK. HE WORKS A LOT WITH CONSTRUCTION COMPANIES NOW, SO MOST OF HIS TIME IS SPENT OUTSIDE AND HE IS ABLE TO WEAR HIS MASK AND SOCIAL DISTANCE AND EVERYTHING."

And a sixth asserted,
WE DON’T PLAY. WE DON’T GO [ANYWHERE WITHOUT] MASKS…[AND] HAND SANITIZER…WE’VE GOT LYSOL WIPES, WASHING CLOTHES LIKE EVERY OTHER DAY…BECAUSE THERE’S GERMS [ON] EVERYTHING…TRYING TO KEEP EVERYTHING WIPED DOWN.

Among focus group participants, there was a lot of discussion regarding mask wearing. For example, one stated,

EVERYBODY IN MY HOUSE WEARS A MASK, I LITERALLY BLEACH EVERYTHING ALL THE TIME. I DON’T TAKE MY SON OUT AS MUCH, BECAUSE HE IS ONE YEAR OLD AND HE CAN’T WEAR A MASK, BUT I’M TRYING TO GET HIM TO WEAR A MASK TOO.

Two focus group participants indicated, however, that there was initial reluctance to wearing masks in their households. One explained,

I WAS PRETTY HESITANT AT FIRST WITH MASK WEARING. I WAS A LITTLE APPREHENSIVE ABOUT IT. IT ONLY TOOK ME A COUPLE DAYS AND THEN I STARTED FOLLOWING DIRECTIONS. AND MY KIDS FOLLOW THE DIRECTIONS PRETTY WELL.

Others talked about mask wearing hesitancy among other adult family members.

I JUST REMEMBERED WHENEVER IT FIRST HAPPENED MY BROTHER AND MY BOYFRIEND COMPLETELY REFUSED TO MASK. AND EVERYWHERE WE WENT THEY WERE LIKE, “NO, I’M NOT GOING TO WEAR A Mask. IT CAN’T BE THAT BAD.”

Several focus group participants reported challenges in compliance with mask wearing protocols among children and teens. One referenced the experience with her own child. She stated,

FOR US, JUST MY YOUNGER CHILD IS LIKE HE’S GOING TO TURN FOUR AND HE’S VERY, "WHY SHOULD I WEAR A MASK? DO I HAVE TO WEAR A MASK," AND HE TRIES TO PULL IT OUT OR STUFF. BUT EVERYBODY ELSE JUST WASHES THEIR HANDS AND SOCIAL DISTANCE AND TRY TO DO THAT.

A second offered the following explanation of the challenge in her household.

THE ONLY ISSUE THAT I HAD WAS WITH MY KIDS, PUTTING A MASK ON THEM WAS—AT FIRST I WASN’T TOO SURE ABOUT IT BUT ONLY BECAUSE I HAVE A—MY LITTLEST ONE HAS ASTHMA SO THAT WAS ONLY—that’s the ONLY THING THAT I WAS AFRAID OF WITH HER AT FIRST. BUT MY OLDEST DAUGHTER WAS JUST FINE WITH THE MASK, BUT MY LITTLEST ONE, IT WAS HARD TO TELL MYSELF TO PUT A MASK ON HER WITH HER ASTHMA. THAT’S WHAT I WAS WORRIED ABOUT WITH HER.

And a third described the challenge of getting her teenager to comply with the mask wearing protocol.

WE’VE BEEN COMPLYING PRETTY WELL, ALTHOUGH I DO HAVE A TEENAGER IN THIS HOUSE, AS WELL, AND HE THINKS HE CAN FLY OUT OF HERE AT SOME MOMENT WITHOUT A MASK OR WASHING THEM HANDS, OR SOMETHING LIKE THAT, BUT OTHER THAN THAT, WE’VE BEEN PRETTY GOOD—they’ve been complying well.

In terms of the broader set of state-mandated precautionary measures, avoiding mass gatherings constituted more of a problem than mask wearing, according to focus group participants. Two said holidays were a problem in their families. Specifically, one noted,

MY FAMILY ACTUALLY WAS HARDHEADED ON THAT PART (HOLIDAY VISITS). THEY ALL WANTED TO GET TOGETHER STILL. NOBODY WANTED TO CANCEL ANY EVENT, SO THAT’S WHERE I HAD PROBLEMS WITH THEM IN THAT ASPECT. BECAUSE THEY DIDN’T REALLY, I GUESS, TAKE IT TOO SERIOUSLY WHEN IT CAME TO JUST FAMILY BEING AROUND, SO THEY STILL WANTED TO GET TOGETHER. AND I WAS MORE AFRAID OF EVERYBODY GETTING TOGETHER. SO, YEAH. MY FAMILY DID NOT BEHAVE, I GUESS YOU COULD SAY, IN THAT PART.

And the other disclosed,

ON THANKSGIVING, THAT WAS THE HARDEST TIME. MY GRANDDAUGHTER AND MY SON, THEY WANTED TO COME OVER, AND WHAT HAPPENED, THE SON CAME OVER, JUST STAYED OUTSIDE.
Aside from violating calls to avoid holiday gatherings, some focus group participants reported family and friends who wanted to visit them even though they were supposed to stay isolated. Describing some of her family members, one said,

**“BUT I HAD…TROUBLE WITH PEOPLE FEELING LONELY AND WANTING TO COME VISIT, AND I’M LIKE, “NO, YOU CAN’T. DO NOT COME.”**

Another shared a similar story, stating,

_BUT THE PROBLEM I’VE HAD IS, PEOPLE WHO COME TO MY HOUSE JUST TO BE VISITORS, JUST TO SAY, “OH, I WAS THINKING OF YOU,” WHATEVER, THEY DIDN’T WANT TO BE ON THE PHONE OR THEY WERE PASSING BY…_

Elaborating on this problem, she further explained that she,

...HAD TO PUT A GOOD GIRLFRIEND OF MINE OUT. SHE’S SITTING ON MY COUCH, AND SHE JUST WANTED TO GO TO THE BATHROOM, SHE CLAIMED, AND THEN SHE TELLS ME, “OH, AND I’M ON QUARANTINE.” I SAID, “YOU’RE WHAT?”

She concluded by stating forcefully that,

_I’VE LEARNED TO ASK SOME VERY SERIOUS QUESTIONS BEFORE YOU OPEN UP INTO MY DOOR. MATTER OF FACT, I’VE LET PEOPLE KNOW, “JUST DON’T COME,” BECAUSE I’M NOT GOING TO RISK MY LIFE FOR ANYBODY ELSE’S, IT’S NOT COOL._

Harkening a similar refrain, a fourth focus group participant reported,

_I HAD MORE ISSUES WITH MY FAMILY WANTING TO COME OVER BECAUSE THEY WERE LONELY AND THEY WANTED TO COME SEE MY KIDS, AND I WAS—AND MY DAD WAS NOT VERY SAFE DURING THE PANDEMIC. I MEAN, NOT AT THE BEGINNING. I THINK HE JUST DIDN’T TAKE IT VERY SERIOUSLY. AND SO, I HAD ISSUES WITH THAT. LIKE, HE WOULD WANT TO COME OVER AND SEE MY KIDS AND I WOULD HAVE TO BE LIKE, “NO, DON’T.”_

Still another focus group participant talked about the challenge she faced trying to keep family members from coming to visit her mother who was undergoing chemotherapy at the time.

_YES, AND TRYING TO KEEP EVERYBODY AWAY FROM HER (HER MOTHER), ESPECIALLY WHEN SHE HAS FAMILY COMING IN TOWN FROM UP NORTH, AND EVERYBODY WANTED TO THINK THEY WANT TO COME IN AND SEE HER AND VISIT HER. NO, YOU CAN’T COME IN BECAUSE HER IMMUNE SYSTEM IS EVEN WORSE, ONE, BECAUSE OF HER AGE, AND THEN ALSO CHEMO AND RADIOLGY THAT SHE’S GOING THROUGH IN ORDER TO KEEP HERSELF TOGETHER._

While non-compliance with recommended safety precautions was a relatively minor issue for focus group participants, the same cannot said about vaccine take up. Most participants expressed major concerns about the vaccines. Several factors are driving vaccine hesitancy.

Multiple focus group participants did not trust the process of vaccine development and expressed major concerns about the possible unknown effects.
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I DON'T TRUST IT. THERE HASN'T BEEN ENOUGH RESEARCH DONE ON IT. THEY SPEND YEARS AND YEARS AND YEARS, TRIAL AND ERROR, FOR VACCINES, AND THEY HAVEN'T—THEY SPENT SIX MONTHS, AND IT WAS RUSHED ON TOP OF THAT, AND ME AND MY WIFE, WE MAY PLAN TO HAVE ANOTHER KID, AND THEY DON'T HAVE ANY RESEARCH ON IT, ON WHAT MAY POTENTIALLY HAPPEN WITH PREGNANCY IF YOU'VE HAD THE VACCINE, AND I'M JUST NOT GOING TO TAKE A CHANCE. AND OVERALL, HONESTLY, I JUST DON'T TRUST IT.

I DON'T FEEL THAT IT WAS TESTED … I HEAR PEOPLE THAT COMPLAIN ABOUT IT AND I KNOW THEY GOT IT… AS FAR AS PAIN IN THE ARMS AND JUST DIFFERENT SYMPTOMS—AND THEN YOU READ ABOUT PEOPLE DYING FROM GETTING IT. IT WASN'T PROPERLY TESTED. I DON'T KNOW IF THE JOHNSON & JOHNSON ONE IS TESTED, I MIGHT GET THAT ONE, BUT IT—RIGHT NOW, WITHOUT THE TWO DOSES ONE BEING TESTED, I'M JUST A LITTLE SKEPTICAL BECAUSE WHAT DID THEY TEST IT ON? WHAT ARE THE SIDE EFFECTS AND WHERE IS… THE INFORMATION YOU'RE SUPPOSED TO GET WHEN YOU'RE TAKING ANY KIND OF MEDICINES?

WELL, I HAVE NOT BEEN VACCINATED YET. I DON'T NECESSARILY KNOW THAT I HAVE ANY PLANS TO GET VACCINATED. MY HUSBAND DOESN'T HAVE ANY PLANS TO GET VACCINATED. OUR BASIC CONCERN AND THE REASON THAT WE HAVEN'T YET…IS SORT OF LIKE WORKING OUT THE KINKS—DOES THAT MAKE ANY SENSE?

SO, I'M NOT AGAINST IT IF PEOPLE WANT IT. MY MOM HAS BEEN VACCINATED. MY DAD HAS BEEN VACCINATED. I WANT TO SEE MORE LONG-TERM EFFECTS BEFORE I GO AND PUT SOMETHING IN MY BODY. I HAVE TWO CHILDREN, ONE THAT HAS BIRTH DEFECTS THAT HAS TO GET SURGERIES AND THAT NEEDS HIS MOM TO TAKE CARE OF HIM. BUT IF PEOPLE WANT IT, THAT IS THEIR CHOICE AND I HAVE NOTHING AGAINST IT. I JUST—I DON'T KNOW. I WANT…TO SEE THE KINKS BE WORKED OUT FIRST.

I'M NOT GETTING VACCINATED. I FEEL LIKE EVENTUALLY YOU'RE GOING TO TURN INTO A ZOMBIE.

For some focus group participants, vaccine hesitancy was based on a misunderstanding of the science behind the vaccines and the procedures used to clinically test the vaccines.

NO, WE DON'T HAVE ANY PLANS RIGHT NOW AS IN GETTING THE VACCINE… I'VE HEARD A LOT OF PEOPLE ARE GETTING SICK BECAUSE OF IT, AND YOU KNOW, AS A PARENT, YOU'RE THE ONE THAT PROVIDES FOR YOUR FAMILY AND YOU DON'T HAVE TO BE SICK AND AT HOME IN THE BED BECAUSE … YOU TOOK THE COVID SHOT.

I WAS TALKING TO THE RECEPTIONIST WHEN I WENT TO THE HOSPITAL TO SEE MY GRANDFATHER THIS PAST WEEKEND. AND SHE SAID THE FIRST SHOT WAS BAD AND THE SECOND SHOT WAS EVEN WORSE. AND SHE SAID … FOR A COMPLETE 48 HOURS SHE WAS IN THE BED AND SHE COULDN'T DO ANYTHING. SO, I DON'T THINK I'M GOING TO GET IT RIGHT NOW.

MY SISTER GOT VACCINATED AND MY MOM GOT VACCINATED, BUT I'M NOT DOING IT. I'D BE THAT 1% TO GET ALL THE SIDE EFFECTS, SO—and I'm good.

Several expressed concerns about the immediate side effects of vaccinations.

WELL, I'M NOT AGAINST IT IF PEOPLE WANT IT. MY MOM HAS BEEN VACCINATED. MY DAD HAS BEEN VACCINATED. I WANT TO SEE MORE LONG-TERM EFFECTS BEFORE I GO AND PUT SOMETHING IN MY BODY. I HAVE TWO CHILDREN, ONE THAT HAS BIRTH DEFECTS THAT HAS TO GET SURGERIES AND THAT NEEDS HIS MOM TO TAKE CARE OF HIM. BUT IF PEOPLE WANT IT, THAT IS THEIR CHOICE AND I HAVE NOTHING AGAINST IT.

SO, I'M NOT AGAINST IT IF PEOPLE WANT IT. MY MOM HAS BEEN VACCINATED. MY DAD HAS BEEN VACCINATED. I WANT TO SEE MORE LONG-TERM EFFECTS BEFORE I GO AND PUT SOMETHING IN MY BODY. I HAVE TWO CHILDREN, ONE THAT HAS BIRTH DEFECTS THAT HAS TO GET SURGERIES AND THAT NEEDS HIS MOM TO TAKE CARE OF HIM.

I'M NOT GETTING VACCINATED. I FEEL LIKE EVENTUALLY YOU'RE GOING TO TURN INTO A ZOMBIE.

Several African American focus group participants expressed skepticism, citing the history of abusive medical testing using African American subjects.
Well, to be totally honest and very transparent, I just don’t trust it. Me being African American, based on the history of what has been done to African Americans, especially because back in history, when I read about what has been done to African Americans in regards to being tested on, I don’t trust it. And I’m not trying to make anybody feel uncomfortable, it’s just—I just don’t trust it, and I just think they just threw it together too quick. I’m just waiting, I’m not saying I won’t do it, I’m just not sure. I’m on the fence with it. That’s the way I feel about it.

(T)hey got all these vaccines. Is the one with the blue caps for the Black people? Is the red caps for the White people? Is the yellow cap for the Asians? You know, I don’t know because I’m paranoid, because I do a lot of Black history, you know, looking up on stuff, you know, and history just surely repeats itself.

And vaccination hesitancy is keeping many focus group participants and their families from moving forward with the COVID vaccination.

I mean, we still haven’t talked about it. We still haven’t decided. We say we’re not, but then we’re like, “Oh, should we? Should we not?” We really need to look into it more.

At this time, I don’t think none of us are going to get it. For me, personally, I can answer it for myself, I just don’t know enough about it yet. It’s just super-new still, so I’d rather wait until I know more about it and everyone knows more about it, and then I guess I’ll decide then. But right now, I’m just at a “no.”

No, we don’t have any plans right now as in getting the vaccine. I’m not really sure because it’s not been out there that long. So, I’m pretty nervous on the borderline of getting it. I don’t also want to get it because I’ve heard a lot of people are getting sick because of it. And you know, as a parent you’re the one that provides for your family and you don’t have to be sick and at home in the bed because of the fact that you’re sick because you took the COVID shot.

While there was considerable concern and skepticism in most of the communities where the study took place, one community in particular was largely positive about COVID vaccinations. To be sure there were concerns and acknowledgement of uncertainty, but almost everyone in this region had been vaccinated or planned to be vaccinated. The key distinction in this region is community leaders have been outspoken in support of vaccination, underscoring the importance of trusted messengers and trusted messages in vaccine safety and efficacy, as noted in our tandem report on the experiences and perspectives of key informants on the frontlines of the pandemic.

One focus group participant from this region emphasized his level of support and trust in the science behind the vaccines.

Totally in full support of the vaccine, but I also am fully understanding of anybody’s concerns. I personally have my own concerns with it. I do think that it came out awfully fast, but I would still trust science and the overall medical community.

Two focus group participants from this region talked about either already receiving or preparing to receive the vaccine.

I’ve got my first dose of the Moderna vaccine scheduled. I just scheduled that literally four hours ago for this upcoming Friday. My mother got her vaccine started. And, yeah, overall, I fully support it and I totally understand why anybody would be concerned about it. I think it’s totally valid.
Others—three specific focus group participants from this region—talked about family members who have already been vaccinated.

My elderly parents were able to get it fairly quickly and got along quite well with it. My husband and I are on a waiting list to receive the vaccine because we haven’t fallen in any category thus far that has made it easily accessible to he and I.

I just received my second vaccine on Friday, so I have the vaccine. My immediate family members, like my brother and my mother, have all received it except for one. So, I would recommend it.

My husband and I are both scheduled to get it next Wednesday, our first dose. My in-laws,… they’ve both had both their doses, but they have said that they’re not going to see any family until we’re all vaccinated. So, they’re very, very cautious. I would recommend getting it just for the people who can’t fight it, you know, who it could kill. Our uncle that is in the hospital right now actually got his first dose, but his wife works in childcare, so she’s the one that brought it home. I mean, yeah, there are concerns about what are the long-term side effects. Are there any? I’ve had a bad experience, not with vaccines, but just I guess medical devices, and I don’t think we really know everything that our bodies are capable of. So, there is some risk, but I see it as I’m doing it to protect the people that it could harm.

And a focus group participant from this region who is African American had this to say about getting vaccinated.

So, I’m eligible through my job because I’m a state employee…. but I’m [not] eligible… until April. I think me and my family’s concerns are just with us being black… and vaccinations, the history of them used on black people… but my god mom and god sisters and all my aunts are teachers, they had to get it and they’ve been fine. So, I’m definitely going to get it just because I feel like anything to make us go back to normal. I hate this pandemic life. And… like I said, I always want to do my part…

Recommendations for NCCAA Moving Forward

Based on the foregoing eight takeaways from our focus groups with low-income households, we offer the following five recommendations for NCCAA’s consideration.

1. Leverage community action agencies’ outstanding reputation in low-income communities throughout the state to identify trusted messengers and to develop trusted messages in the current and any future crisis. Once identified, community influencers, including faith leaders, must be trained how to develop and coordinate multi-channel communications strategies for the multiple phases of disasters and pandemics, to refocus trust and integrity to the local level and organizations that play an influential role in the life and values of local communities. Perhaps the strategy employed by local leaders in the mountain region to address the vaccine hesitancy problem can be a useful guide.

2. To overcome a major barrier to women’s ability to participate in the labor market generally, and especially during the pandemic, develop a small business technical and managerial assistance program to both encourage the development of new and strengthen existing childcare businesses in low-income communities. Without a robust set of viable childcare enterprises, lack of access to childcare will continue to be a major barrier to women’s re-entry and full participation in the labor market, especially for unpartnered females with school-age children.
3. Building on community action agencies’ reputation as caring and trusted entities in the state’s low-income communities, lobby state and federal governments for financial resources to develop and launch a multi-generational mental wellness program to address the pandemic-inducing anxiety and depression as well as abuse and battery that continue to affect the lives of adults and children in poverty-stricken neighborhoods and communities throughout the state.

4. Assess the feasibility and suitability of Community Land Banks and Community Land Trusts to expand the inventory of affordable and workforce housing in Community Action Agency communities. In particular, these efforts should focus on communities where the influx of wealthier pandemic refugees has greatly reduced the supply of affordable housing. Where possible, these efforts should partner with existing community-based organizations. Hope Renovations (www.hoperenovations.org), for example, is an all-female owned and operated venture that empowers women to pursue living-wage jobs in the construction trades.

5. To reduce reliance on government and philanthropic support moving forward, invest in an impact investing training program for community action agency leaders and other key stakeholders in communities served by the North Carolina Association of Community Action Agencies. The goal of such a program is to inculcate in low-wealth community leaders the know how to create sustainable financing models to attack the social determinants of health that are draining the life blood for the local citizenry in their communities.
Part 2 - Ruminations from the Frontlines of the COVID-19 Pandemic

We are awash in quantitative data from monitoring surveys on the magnitude, geographic manifestations, and social demography of COVID-19 infections, hospitalizations, and deaths, as well as vaccination patterns. Much less is known about (1) the lived-world experiences of people affected—directly or indirectly—by the deadly virus; and (2) the impacts on and experiences of local government agencies and nonprofit organizations on the frontlines of the pandemic trying to protect public health and safety as well as support local needs in their communities.

Working with the North Carolina Community Action Association (NCCAA), we conducted qualitative research—focus groups with low-income families and key informant interviews with government and nonprofit leaders on the frontlines of the pandemic—to document the impact of the COVID-19 pandemic on North Carolina’s most vulnerable households and communities. We collaborated with the NCCAA to recruit study participants across four regions of the state and developed semi-structured key informant and focus group protocols to gather data on five COVID-19 pandemic themes:

• Behavioral responses to recommended protective measures
• Hardships and economic fallout
• Coping strategies
• Adequacy of relief measures
• Perceptions and beliefs about COVID-19 vaccines

Given the restrictions on in-person gatherings, we used the Zoom© virtual platform to gather our data, hosting separate ninety-minute sessions with low-income families and key community leaders, respectively, in eastern North Carolina, central North Carolina, western North Carolina, and far western North Carolina. Each session was recorded, and the deliberations were subsequently transcribed by a professional transcription service. Our research team conducted a content analysis of the transcripts and developed a coding scheme that identified the core themes running through the information supplied by study participants.

In this report, we present the findings from our key informant interviews with government and nonprofit leaders as well as small business owners across the four regions of the state. We have organized our finding around nine key takeaways.

Key Takeaways

"WE KNOW WHAT’S GOING ON BUT WE REALLY DON’T KNOW WHAT’S GOING ON IS THE BEST WAY I CAN SAY IT" (LOCAL GOVERNMENT OFFICIAL IN EASTERN NORTH CAROLINA).

Notwithstanding the element of truth in this eastern North Carolina local government official’s observation regarding the COVID-19 pandemic, our nine takeaways from this research are as follows. Below is the supporting evidence that provides the basis for each takeaway.

1. KEY TAKEAWAY #1: The COVID-19 pandemic has wreaked havoc in communities throughout the state.

This is the consensus among all key informants—local governmental officials, school administrators, law enforcement, nonprofit leaders, and business owners—across the state.
Some talked about the impacts in regional terms. Commenting on the pandemic’s impact in western NC, for example, one key informant opined,

“WE’VE ALWAYS HAD A HARD TIME, BUT I THINK WITH THE COVID HITTING US WHEN IT DID, THAT WE FOUND THAT EVERYTHING DOUBLED, ALL OF THE CRISIS SEEMED TO DOUBLE. THE FOOD NEEDS DOUBLED, THE NEED FOR HEATING AND OIL DOUBLED AND TRIPLED. UNEMPLOYMENT—WE DON’T HAVE A LOT OF EMPLOYMENT IN [THIS COMMUNITY], AND SO EVEN WHAT WE HAD SEEMED TO BE DIMINISHED…”

She continued:

“…WE’VE BEEN KIND OF IN AN EMERGENCY SITUATION. THE STIMULUS CHECKS HAVE HELPED, BUT WHERE I’VE FOUND PEOPLE HAVE FALLEN THROUGH THE CRACKS ARE PEOPLE THAT WERE WORKING THAT NEEDED DAYCARE AND THEY COULDN’T AFFORD TO PAY FOR THEIR DAYCARE BECAUSE THEY WEREN’T WORKING ENOUGH TO BE ABLE TO COVER THE EXPENSES.”

Another key informant chimed in noting,

“I THINK IT HAS MADE LIFE HARDER…HERE IN [THIS WESTERN NC COMMUNITY], FOR EXAMPLE, WE ARE HEAVILY TOURISM DOMINATED. SO, AT THE ONSET OF COVID WE SAW THE RUG GET PULLED STRAIGHT OUT FROM UNDERNEATH US AND WE REALLY DIDN’T HAVE ANY IDEA TO KNOW WHEN…WE [WERE] GOING TO COME BACK.”

Continuing the discussion about the impact of the COVID-19 crisis in western NC, another key informant reported, large numbers of “pandemic refugees” from major urban centers in other states descended upon North Carolina mountain communities and, in the process, created resentment among local residents. Elaborating on this population influx, the key informant said,

“AND THE THING THAT HAS REALLY STRUCK ME IS THAT A LOT OF DIVIDES THAT WERE UNDERNEATH [PRIOR TO THE PANDEMIC] HAVE COME TO THE SURFACE. THERE’S A LOT OF RESENTMENT HERE.”

He continued by describing the resentment in the following way.


Other key informants talked about how the pandemic has further highlighted community needs for affordable housing in western NC—a problem exacerbated by the influx of newcomers fleeing densely populated cities. As one local official in western NC enunciated,
“WOW, DO WE NEED AFFORDABLE HOUSING... WITH PEOPLE FLEEING THE CITY, EVERY HOUSE THAT'S FOR SALE [IN THIS COMMUNITY] IS GONE. THEY'RE [OUTSIDERS] BUYING THESE HOUSES SIGHT UNSEEN; THEY'RE COMING HERE. THEY DON'T EVEN GO IN THE HOME; THEY'RE BUYING THEM ONLINE, AND THEY'RE FLEEING THE CITY. I'VE GOT PEOPLE FROM NEW YORK, PENNSYLVANIA, TENNESSEE, FLORIDA. THEY'RE ALL COMING HERE. THERE'S NO AFFORDABLE HOUSING. THAT WAS A PROBLEM BEFORE THE PANDEMIC, NOW IT IS A REAL PROBLEM.”

Casting additional light on the housing affordability crisis in western NC, another key informant said,

“We had a billion dollars—one billion dollars in residential real estate sales in the high-country region for the year 2020. A lot of those folks are relocating from Charlotte, Raleigh, Atlanta, wherever they come from, driving up the property values as they come, to the point that any parcel that we could have ever thought about for some sort of [affordable] housing project is so astronomically priced now that it makes it not cost effective.”

He concluded,

“So, while in the short-term we’ve got some economic flow in our county, if you were a real estate agent or a construction worker you were doing OK. But long-term, that’s just going to make a hard issue [affordable housing] even worse.”

Another key informant agreed,

“The home sales that have been going on up here...[are] just going to make [the demand for] affordable housing even worse...whether it's repairs for housing or it's just finding affordable housing—it's only going to get worse.”

Yet another key informant summed up the nature of western NC's pandemic-induced housing affordability crisis in the following way.

“What I hear a lot is rent is no longer affordable, and even if it were all the rentals, nobody’s moving...so, there is a backlog of people looking for affordable housing...I see more people holding signs, more people who appear to be living on the street or homeless...I've only been...here for four years, but that seems to be kind of an issue in this particular area.”

One key informant talked specifically about the impacts on rural communities in central North Carolina. She ventured,

“We've seen this virus totally disrupt the lives of individuals and families...that absolutely need to work but have not been able to work in some instances because of the disruption of the virus.”

She continued by noting,

“And then, in other cases, they had no choice but to go to work because of the role that they were in, and having their children not being in school, having loved ones being sick...in rest homes or in other situations, it has really caused a lot of stress and strain on families...and relatives...I know.”

Another key informant argued that the lack of access to reliable broadband exacerbated the pandemic's impact in rural communities, especially for school aged children.
“WITH SCHOOL OUT... THE MAJORITY OF MY RURAL STUDENTS DO NOT HAVE RELIABLE, AFFORDABLE INTERNET... IN [THEIR] HOMES. SO, [THE PANDEMIC] BROUGHT ALL THAT TO THE SURFACE. IT WAS THE SAME PROBLEM IT'S BEEN FOR FOUR YEARS, BUT NOW IT'S REALLY JUST BROUGHT ATTENTION TO IT.”

This key informant continued by asserting that the pandemic has,

“...JUST SHOWN WHERE OUR REAL BIG NEEDS ARE AND HOW WE ARE JUST NOT THERE YET WITH BROADBAND CONNECTIVITY... UP HERE IN THE MOUNTAINS, THEY TALK ABOUT THIS LAST MILE, THIS LAST MILE—WELL, IN THE MOUNTAINS IT'S IMPOSSIBLE TO GET TO THESE LAST MILES BECAUSE OF THE TERRAIN AND MOST OF THE PROVIDERS ARE LIKE, "IT'S NOT EVEN WORTH OUR TIME... SO, IT JUST MAKES IT EVEN WORSE.”

A faith community leader in central NC painted the most vivid picture of the community impact of the COVID-19 pandemic.

“IN THE LIFE OF THE CHURCH THAT I SERVE... THIS PAST YEAR HAS TAKEN AN EMOTIONAL AND MENTAL TOLL ON ME. WELL OF 14 [DEATHS], TO THE POINT THAT I STOPPED COUNTING... I HAVE EULOGIZED FRIENDS. I HAVE EULOGIZED PARENTS OF FRIENDS ACROSS THE STATE. I'VE GONE TO COVID FUNERALS OF PASTORS ALL OVER THE STATE.”

Closer to home, this faith leader noted,

“AND EVEN THE CHURCH THAT I SERVE, WE HAVE LOSS SEVERAL PEOPLE, ELDERLY, WHO IN THEIR WINTER YEARS WERE JUST COASTING... IN ONE HOUSE, THERE WAS AN OUTBREAK OF SEVEN PERSONS... AND THE MATRIARCH OF THAT FAMILY DIED. AND SO, IT HAS TAKEN A TOLL.”

2. KEY TAKEAWAY #2: Some demographic groups have been more adversely affected than others.

Across the state, key informants honed-in on the pandemic's impacts on various socio-demographic groups in their communities. One from central NC—a local school superintendent—said, for instance, that the pandemic has been particularly hard on the African American community.

“It's like that old saying that if the United States catches a cold, then the Black community catches pneumonia. And this pandemic has certainly taken its effect on the African American community.”

Describing the impacts, she listed,

“FOOD INSECURITY, LOSS OF JOBS, BUSINESS CLOSINGS, UNWILLINGNESS TO GET TESTED, FEAR OF QUARANTINING AND LOSS OF INCOME NEEDED TO SURVIVE, DISTRUST OF VACCINES, INABILITY TO PROPERLY HANDLE DEATH AND HONOR LOSS OF LOVED ONES, COLLATERAL DAMAGE.”

And she concluded,

“It's unlike anything that I have ever seen where a medical condition has become so politicized that—it's ... not a health issue anymore, it's a political issue. And that makes it really challenging to deal with.”

A western NC key informant specifically highlighted the pandemic's impact on women, noting

“And no offense to all the guys on this, but it's [the pandemic] really been detrimental to women. The majority of the burden has been placed on not only the schooling, the childcare, the nutrition—it's a lot. I've seen women cry just like, 'I'm just so tired. I don't know what to do.'”
A nonprofit organization leader commented specifically on the pandemic’s impact on low-income individuals and households in the far western part of the state.

“I BELIEVE THAT IT’S HAD A PROFOUND IMPACT ON OUR LOW-INCOME CITIZENS THAT WE ARE TRYING TO SERVE...IN TERMS OF BASIC FOOD INSECURITY AND THE ABILITY TO MAINTAIN EMPLOYMENT...BECAUSE OF COVID CONTACTS AND COVID DISEASE, IT’S BEEN VERY DIFFICULT FOR FOLKS TO MAINTAIN EMPLOYMENT; EVEN VERY LOW-WAGE EMPLOYMENT, IT’S BEEN DIFFICULT.”

A key informant from eastern NC asserted the closing of childcare centers during the pandemic has exacerbated childcare dilemmas for low-income families with children. She said,

“WE HEAR FROM PARENTS THAT ARE OUT OF WORK BECAUSE THERE’S NOT ENOUGH CHILDCARE. WE HEAR FROM PARENTS WHO ARE AFRAID TO PUT THEIR CHILDREN IN CHILDCARE. YOU KNOW...THERE’S A LOT OF MENTAL HEALTH ISSUES, TRYING TO KEEP THAT COMMUNITY [CHILDCARE BUSINESSES] MENTALLY STRONG, BUT ALSO WORKING FAMILIES [STRUGGLING WITH CHILDCARE ISSUES]. WE DO HOME [VISITS] SO WE'RE SEEING BOTH SIDES OF IT.”

Building on this view of the pandemic’s impact, another key informed said,

“WE ENCOUNTERED A LOT OF PEOPLE WHO HAVE REALLY BEEN FACED WITH IMPOSSIBLE CHOICES...A LOT OF PEOPLE KIND OF STUCK WITH STOP WORKING TO TAKE CARE OF THEIR CHILD IF THEY LOSE THE DAYCARE, BUT THEY DON'T HAVE ENOUGH HOURS TO AFFORD THE DAYCARE...IT'S A CATCH-22: THEY'RE STUCK EITHER WAY.”

Another informant said the pandemic is a balancing act, especially for those who are single parents.

“WHAT I'VE NOTICED IS WHEN OUR COMMUNITY STARTED GETTING HIT PRETTY HARD WITH COVID...THERE WERE A FEW PARENTS THAT LOST THEIR EMPLOYMENT...IT WAS REALLY HARD FOR THEM WHEN THEY'RE SINGLE PARENTS AND THEIR KIDS HAD EXPOSURE SOMEWHERE, AND THEY WERE OUT FOR SO LONG, AND THEN THEY GET BACK IN CLASS, AND THERE'D BE ANOTHER [SHUTDOWN]. WHEN THEY HAVE MULTIPLE KIDS, AND THEY'RE ALL OUT IN THE COMMUNITY...DURING MULTIPLE THINGS...IT WAS HARD FOR SOME OF OUR PARENTS TO MAINTAIN A STRAIGHT LINE BECAUSE THEY WERE TRYING TO FOLLOW ALL THE RULES FOR GETTING THEIR... [CHILDCARE]. ...IT WAS A LITTLE ROUGH FOR SOME OF OUR PARENTS TO MAINTAIN THE DAYCARE, MAINTAIN THE EMPLOYMENT.”

She went on to say, “We started doing extra things for our parents...we had to completely adjust....”

Commenting on the impact on families in central NC, a key informant working in a Head Start program said,

“A LOT OF THEM HAD TO TAKE TIME OFF WORK, SO THE PANDEMIC HAS KIND OF AFFECTED THE FAMILIES A LOT IN OUR AREA BECAUSE A LOT OF THEM NEED...CHILDCARE, SO THEY HAD TO MAKE A LOT OF ARRANGEMENTS. SO, IT KIND OF HURT THEM THAT WAY.”

A group of key informants expressed specific concerns about the pandemic’s impact on children in their communities. For example, one from western NC said,

“And, children are feeling isolated. Some of them aren’t even going to school when it’s offered. They’re falling through the cracks and people have to go out and find them. So, there’s just a lot of isolation and desperation, and sometimes we hear about it and sometimes we don’t hear about it until after the fact.”

Agreeing, a key informant from indicated that the impact has been devastating on children who were accustomed to

“...seeing their teachers and...all of us [childcare workers] every day of their lives and then all of a sudden childcare or their school family is not there anymore.”
A key informant from the central part of the state commented specifically on how the pandemic is affecting latchkey kids. noting,

“OUR CHILDREN ARE…UNATTENDED IN MANY INSTANCES, AND NOT HAVING THE AVAILABILITY IN MANY INSTANCES OF SUFFICIENT BROADBAND AND WI-FI THAT THEY COULD…EVEN IF THEY WERE SUPERVISED TO THE POINT THAT THEY COULD GET ON AND COMPLETE THEIR HOMEWORK, THEY HAVEN’T BEEN ABLE TO DO IT BECAUSE OF THE LACK OF INFRASTRUCTURE TO DO THAT.”

Echoing similar concerns about the impact of the pandemic on latchkey kids, another central NC key informant said,

“WITH SCHOOLS, I’VE SEEN LITTLE KIDS IN SECOND AND THIRD GRADE PLAYING DURING REGULAR SCHOOL HOURS. AND WHEN WE ASK THE QUESTION, “AREN’T YOU SUPPOSED TO BE IN SCHOOL? AREN’T YOU SUPPOSED TO BE ONLINE? WELL ONE SAID, “I DON’T HAVE A COMPUTER, BUT MY SISTER HAS A COMPUTER, BUT WE DON’T HAVE WI-FI.”

This key informant continued by making the following observation,

“REALLY? YOU GIVE ONE A COMPUTER WITH NO WI-FI, SO THEY WERE OUT PLAYING. I JUST THINK A POOR JOB WAS DONE THERE IN TERMS OF TRYING TO MAKE SURE THAT ALL OF THE SUPPLIES WERE ROLLED OUT AND ROLLED OUT ESPECIALLY TO OUR MINORITY COMMUNITIES, AND WITH THE UNDERSTANDING THAT, WITH THE DIGITAL DIVIDE, THEY PROBABLY DON’T HAVE ACCESS TO THE INTERNET. SO, WHAT ARE THEY GOING TO DO WITH THESE COMPUTERS?”

A local school superintendent in eastern NC expressed similar concerns about children who are raised in extended family or multigenerational households.

“I WILL TELL YOU THAT MY BIGGEST CONCERN IS…OUR CHILDREN THAT I THINK HAVE…THE LEAST RESOURCES TO BE SUCCESSFUL IN THE ONLINE ENVIRONMENT…IT’S CHILDREN WHO ARE BEING CARED FOR BY GRANDPARENTS, OR IN SOME CASES, EVEN GREAT GRANDPARENTS. THEY [THE CAREGIVERS] HAD LEGITIMATE CONCERNS ABOUT COVID BEING BROUGHT INTO THE HOUSEHOLD IF THE CHILDREN GO TO SCHOOL.”

She added,

“AND YET, A LOT OF THESE FOLKS HAVE NOT HAD A LOT OF TECHNOLOGY SKILLS IN THEIR LIFETIMES, SO THEY’RE NOT REALLY WELL-EQUIPPED TO HELP THE KIDS WITH THEIR SCHOOL WORK.”

Focusing on yet another vulnerable demographic, a central NC key informant said the pandemic added another level of mental stress for individuals already dealing with the stigma of HIV/AIDS, noting that,

“…YOU’RE ALREADY DEALING WITH THAT, AND THEN TO HAVE COVID—THAT’S REALLY BEEN HARD ON OUR CLIENTS. WE HAVE SEEN A 60% INCREASE IN THE NUMBER OF CLIENTS WHO ARE REQUESTING MENTAL HEALTH ASSISTANCE. SO… IT’S REALLY BEEN HARD. IT’S REALLY BEEN HARD.”

She continued by noting,

“…WHEN WE SURVEYED OUR CLIENTS TO SEE THE MAJOR THINGS THAT WAS TROUBLING THEM, IT WAS FOOD. IT WAS FOOD AND HAVING ACCESS TO FOOD. THE FEAR OF GOING OUT TO BE EXPOSED, GOING TO THE GROCERY STORES AND WHATNOT, FEAR OF EXPOSURE...BECAUSE OUR CLIENTS HAVE...COMPRISED IMMUNNOSYSTEMS—SO THAT THEY HAD A FEAR OF GOING OUT AND IF THEY GOT COVID, THEN THE FEAR OF DYING, LIKE MOST PEOPLE HAD.”

Shifting attention to another highly vulnerable group, a key informant from the mountains of western NC said there is
“…ANOTHER DEMOGRAPHIC GROUP THAT I’M REALLY CONCERNED ABOUT THAT HASN’T BEEN MENTIONED IS THE 20-TO-30 YEAR OLD AGE GROUP. THOSE ARE THE PEOPLE WHO ARE OUT OF HIGH SCHOOL THAT ARE NOT NECESSARILY HAVING THAT INTERACTION WITH THEIR CLASSMATES, EVEN IF IT’S ONLINE, BUT THEY’RE TYPICALLY PEOPLE WHO WOULD HAVE A NIGHTLIFE [BECAUSE] THEY MAY NOT HAVE A FAMILY ON THEIR OWN YET. SO, A LOT OF THOSE PEOPLE, I THINK, HAVE BEEN ISOLATED DURING THIS PANDEMIC.”

And, rounding out the demographic focus, several informants shared concerns about the pandemic’s impact on the elderly in their community. One—a key informant from the far west—focused on the homebound elderly.

“…MY MOM, SHE’S AN OLDER WOMAN… IN HER 70S, AND SHE DOESN’T DRIVE…BUT SHE WAS STUCK AT HOME…AFRAID TO GO OUT ANYWHERE…MENTAL HEALTH IS A BIG PART OF IT BECAUSE IT’S [THE PANDEMIC] GOING ON FOR A YEAR NOW.”

Highlighting other impacts on the elderly, another key informant from the far western part of the state said,

“ONE OF THE THINGS THAT I THINK HAS MADE IT HARD, ESPECIALLY FOR THE ELDERLY PEOPLE WHO MAYBE DON’T DRIVE OR IF THEY HAVE TO GET A TAXI, OR EVEN FOR THE SINGLE PARENT THAT MIGHT NOT HAVE GAS MONEY. WE HAD TO GO TO THE STORES MORE OFTEN TO GET THE PRODUCTS...BECAUSE ... THEY’RE RUNNING OUT OF A LOT OF THINGS AND I’M NOT JUST TALKING ABOUT DISINFECTANTS AND TOILET PAPER, ALTHOUGH MORE PEOPLE ARE BUYING MORE OF THOSE TYPES OF THINGS, AND THOSE ARE NOT COVERED BY FOOD STAMPS.”

He continued,

“SO, IT’S JUST AN INCREASED EXPENSE OF WHAT PEOPLE ARE HAVING TO BUY TO DO WHAT THEY NEED TO DO AND DO ALL THE WASHING AND STUFF. BUT IN ADDITION TO THAT, JUST THE AVAILABILITY OF THE PRODUCTS...AND THE LACK THEREOF HAS BEEN AN INCONVENIENCE FOR EVERYONE.”

One key informant from the mountains provided the example of the pandemic’s impact on her mom.

And, lastly, a central NC key informant remarked,

“IN OUR COMMUNITY...WE’VE HAD A LOT OF ELDERLY TO GET SICK DUE TO THE COVID, WHERE THEY END UP IN NURSING HOMES [OR] IN HOSPITALS, UNABLE TO SEE FAMILY MEMBERS...FAMILY MEMBERS TO GO AND HAVING TO WAVE AT THEM FROM THE OUTSIDE, NOT BEING ABLE TO GO IN... EVENTUALLY SOME WOULD GET BETTER, COME HOME, SOME DIDN’T.”

A third group of our key informants commented on the social-psychological and emotional toll the pandemic has imposed on communities. For example, the head of...
a community-based organization described what she defined as the pandemic’s “trickle effect” in eastern NC communities.

“[W]E HAVE ALL TYPES OF PROBLEMS...IT SEEMS TO BE A TRICKLE EFFECT WITH US...IT STARTS OUT THEY CATCH COVID, OR THEIR HOURS DECREASE AT WORK, OR THEY LOSE THEIR JOB, AND THEN THE CHILDREN ARE [SHIFTED TO] VIRTUAL LEARNING. THEN THEY CAN’T AFFORD DAYCARE AND THEN THEY'RE STRESSED. THEN YOU GOT DOMESTIC VIOLENCE IN THE HOME. THEN YOU GOT DSS INVOLVED BECAUSE THE KIDS ARE BEING ABUSED... THEN THEY GOT PTSD. THEN THEY GOT MENTAL HEALTH [ISSUES] BECAUSE THEY HAVE ALL THESE PROBLEMS THAT ROLL DOWN.”

A public health official from western NC focused on high coronavirus infections rates in her community, volunteering that,

“...IT [THE PANDEMIC] HIT US PARTICULARLY HARD...FROM AN INFECTION STANDPOINT. HEALTH CARE SERVICES WERE IMPACTED. [THE LOCAL HOSPITAL] ENDED UP SETTING UP A FIELD HOSPITAL IN [THE COMMUNITY]. WE HAD IT ROUGH FROM THAT STANDPOINT, BUT WE'VE KIND OF GOTTEN BACK ON THE OTHER SIDE OF THAT...AND THE AREA IS STARTING TO STABILIZE...”

Making a similar observation a local governmental official from an eastern NC community asserted,

“We are in a community that has a high rate of COVID incidents, so we’ve had a lot of families who have been impacted by COVID. A lot of quarantines that kids are missing a lot of school because of that. Families that are dealing with that, we’ve had children that have loss family members to COVID. So, they are dealing with that grief.”

Similarly, a community leader from central NC zeroed-in on the number of COVID-related deaths and the inability to properly honor deceased family members and other community residents.

“Another situation that I believe has affected the community is the number of deaths that have occurred as a result of the pandemic. And, of course, those executive orders that have prevented the gatherings at funerals, and especially for our culture...we believe in making sure we honor our dead.”

He went on,

“We haven’t been able to do that to the extent that we have normally been accustomed to...doing that...and [in] some instances...all of the families have not been able to attend the memorial services for their loved ones. That in addition to [not] being able to visit [loved ones] in nursing homes and that type of thing...grandparents and grandchildren not being able to have that comradery together.”

A key informant representing a community in the far western part of the state shared a similar observation regarding pandemic-related deaths, specifically in nursing homes.

“The other thing is...at the local nursing home here through close association, I was able to observe the devastation on the part of not only the residents in care [but also] the grieving of the families (and) the deaths...”
There was also, according to a key community leader from western NC, a marked increase in domestic violence during the pandemic.

“DOMESTIC VIOLENCE HAS REALLY SHOT UP AND THAT’S KIND OF A SECRET UNTIL PEOPLE START TALKING ABOUT IT. BUT [A LOCAL NONPROFIT] HAS BEEN DOCUMENTING A HIGH INCREASE IN DOMESTIC VIOLENCE.”

Expressing a similar view, a leader of a domestic violence prevention program in eastern NC stated,

“AND THE DOMESTIC VIOLENCE INCIDENTS HAVE DEFINITELY INCREASED DUE TO VICTIMS HAVING TO BE MORE SHELTERED WITH THE ABUSERS. SO, IT’S MORE DIFFICULT FOR THE VICTIMS TO REACH OUT TO RECEIVE SERVICES AND TO ACTUALLY ESCAPE FROM THE HOME. AND, SO, WHEN THERE ARE DOMESTIC VIOLENCE INCIDENTS NOW, THEY’RE MUCH MORE SERIOUS, LEADING TO SERIOUS INJURIES, HOMICIDES, MURDER-SUICIDES DUE TO THE STRESS, THE TRAUMA TO THE HOUSEHOLD THAT THE COVID IMPACT HAS INCREASED IN THE HOMES.”

This program manager quickly adds that she has not seen murder-suicides in her local client base but notes that the incidence has increased

“WITHIN THE NETWORK OF [DOMESTIC VIOLENCE] PROGRAMS IN THE STATE.”

And she notes further that,

“NATIONALLY, THERE’S BEEN A HUGE SPIKE.”

Other key informants communicated about the pandemic’s impact on mental health. A key nonprofit leader serving low-income families in the central part of the state said,

“We have seen a significant increase in the number of our clients that need mental health appointments...a lot of them are saying that this is just so difficult for them to deal with. We have had a couple of clients that did have substance abuse problems previously.”

Offering an example, she continued by stating,

“And, one called and said, “look, this is really getting to me. I’m going to have to smoke some crack or something.” so, you kind of feel helpless because this particular client had gone so long without touching anything.”

A community leader in eastern NC agreed by stating,

“The other big thing we’re seeing, and we are begging the state for, and we have been even before this, (the pandemic) has made it even worse, is mental health. There’s just not the funding or the resources available for mental health in this whole region. So, that’s just been compounded even more.”

Harkening a similar refrain, a key informant from a western NC community reflected on the pandemic’s impact,

“I saw a lot of emotional issues, people not being able to visit or be with their families, and...depression was a big problem for them. And, also, with our young people, a lot of them got more into the drugs and stuff. I’ve seen a negative side, a bad side, and I just keep praying that it’s going to get better.”

And a minister from central NC summed up the social-psychological and emotional toll of the pandemic most cogently.

“Another thing that [it] has affected, I believe, ...is...our way of thinking...not only our way of thinking as to how we do things, but how we recall things. I believe that it has affected our memory...our entire way of thinking...some people have difficulty thinking back...to where they were and or how they functioned a year ago...”

Finally, a key community leader in central NC asserted that the pandemic created a herd mentality in her community, a behavior manifested most clearly in,
“...THE GROCERY STORES IN PARTICULAR...WERE LIKE WAR ZONES AND THE SHELVES WERE EMPTY. AND PEOPLE HAVE SORT OF THIS HOARD MENTALITY, THAT THEY WANT TO MAKE SURE THAT THEY STOCKPILE AND GET ENOUGH OF WHATEVER IS AVAILABLE...TO MAKE SURE THAT THEY—IF SOMETHING HAPPENS AGAIN, THAT THEY DON’T RUN OUT, THEY WILL ALREADY HAVE SOMETHING IN STORE.”

3. KEY TAKEAWAY #3: COVID-19 has simultaneously forced local governments and nonprofits to collaborate and challenged their ability to fully provide support, goods, and services to the needy in their communities.

Key informants from across the state offered examples of how a diverse group of government agencies and nonprofit organizations, including churches, collaborated to address the needs of low-income households and families during the pandemic.

For example, a United Way official said,

“WE REALLY HAVE JUST SEEN A LOT OF...STRONG EBBS AND FLOWS AND WAVES OF NEED. SO, IT STARTED OUT VERY STRONGLY ABOUT FOOD, MAKING SURE THAT FOLKS WERE GOING TO HAVE FOOD, AND THAT INITIAL FEAR AND CONCERN AND LACK OF EMPLOYMENT FOR FOLKS WHEN EVERYTHING WAS SHUT DOWN, AND WHILE THAT STILL STAYED, THEN...THE COMMUNITY STARTED GETTING HIT WITH NEEDS FOR SUPPORT FOR RENT AND UTILITIES. AND THAT WAS VERY STRONG...AND ALSO, JUST A REALLY STRONGER NEED THAN WE’VE EVER SEEN OF JUST CONNECTING TO THE SERVICES. SO, WE’VE DONE A...HEAVY PUSH...TO MAKE SURE...NONPROFITS IN OUR COMMUNITY ARE IN [THE NC211] SYSTEM AND THEY'RE IN NCCARE360 SO THAT THEY CAN BE REFERRED. WE'VE JUST BEEN DOING A LOT OF THAT TO MAKE SURE THAT FOLKS CAN GET REFERRALS TO GET THE SERVICES THAT THEY NEED.”

“UNITED WAY HAD A NORTH CAROLINA PARTNERSHIP WITH HANES. THEY PROVIDED MASKS TO THOUSANDS OF STUDENTS ALL OVER THE STATE. AND SO...WE WERE ABLE TO CONNECT THE SCHOOLS WITH 104,000 MASKS, THAT...WERE DELIVERED AT THE FIRST OF THE YEAR.”

Another key informant described how a central NC alliance of churches partnered with public schools.

“WE PARTNERED WITH [AN ELEMENTARY SCHOOL] IN OUR NEIGHBORHOOD...WE TOOK IT UPON OURSELVES TO...PURCHASE HEADPHONES FOR THE TEACHERS. WE ESTABLISHED A WI-FI SO THAT IF THEY JUST DRIVE UP ON OUR CHURCH PARKING LOT, SIT IN THEIR CARS, VANS, OR WHATEVER MEANS, THEY CAN CONNECT TO THE WI-FI SYSTEM, WHICH HAS HELPED TO RELIEVE SOME FORM OF TENSION.”

In addition, this key informant continued,

“...WE PURCHASED...ABOUT $500 WORTH OF GIFT BAGS, AND THEY COULD HAVE STRESS BALLS, JUMP ROPES, FRISBEE—THINGS THAT THEY COULD JUST TAKE A BREAK FROM THE COMPUTER, GO OUTSIDE FOR A FEW MINUTES, AND JUST THROW A BALL UP IN THE AIR AND TRY TO CATCH IT—WHATEVER THEY COULD DO TO KEEP THE KIDS COMFORTABLE.”

And another key informant described how churches and nonprofits in central NC also collaborated to provide transportation assistance to individuals who wanted to get vaccinated.

One eastern NC key informant explained one such partnership.
“I have thrown myself... in the efforts to getting people vaccinated... we have been supporting it in the efforts of our church and the efforts of our county, and across the state of North Carolina, as well, through the General Baptist State Convention.”

Key informants also described how local governments stepped up to the plate during the pandemic. For example, a council person in an eastern NC community said,

“I can tell you that... we are working with everybody, even our little town... we’re down to about 450... water bills that people have not paid and we’re working with them to do everything we can to cut anybody [off]... we’re trying to be a kinder and gentler community and we have made that decision as a council. I hope this goes on forever.”

Above and beyond collaborations, several key informants talked about how their staffs demonstrated a high degree of resiliency during the pandemic.

In this regard, one eastern NC key informant said,

“...we are a small organization and we pulled together even more [during the pandemic] because we knew that we had to not only take care of the victims and their dependent children that we were serving, but also ourselves... I’m so grateful our staff... was able to... walk out of that structured job description and just help each other out.”

Another key informant from eastern NC who specializes in pediatrics echoed similar sentiments about staff resiliency during the pandemic.

“...our staff... has done a great job dealing with the COVID issues. We’ve done drive through COVID testing in the parking lot. We’ve done drive-through flu vaccines in the parking lot for people who are hesitant to come into a medical facility.”
But these and other entities were quick to add that they also faced pandemic-related challenges that constrained their ability to fully respond in a comprehensive way to the needs in their local communities.

A local hospital official, for instance, talked about the challenge of dealing with asymptomatic carriers of the virus and vaccine hesitancy among hospital staff.

“EVEN ON OUR LABOR AND DELIVERY [UNIT] WHERE WE’VE HAD ANY NUMBER OF PATIENTS, ON ANY DAY, COMING IN TESTING POSITIVE, ASYMPTOMATIC...THAT HAD NO IDEA THAT THEY HAD [COVID] AND THEIR TEST IS POSITIVE. IT REALLY SHOWED HOW EASY IT IS TO BE AN ASYMPTOMATIC CARRIER.”

Notably, he continued by stating,

“WE’VE HAD SOME SICK PATIENTS. A LOT OF STRESS AND ANXIETY [FOR OUR STAFF]. AND EVEN...WHEN WE WERE ONE OF THE FIRST ONES TO OFFER THE VACCINE, VERY FEW OF OUR LABOR AND DELIVERY STAFF WERE WILLING TO TAKE IT...EVEN THOUGH THERE’S SO MUCH BETTER INFORMATION AND REASSURANCE WITH THE MRNA VACCINE THAT A LOT OF THING WE GIVE PATIENTS, THERE’S STILL THIS RELUCTANCE TO USE IT.”

Similarly, a school superintendent underscored the challenge of vaccine hesitancy among her school staff in eastern NC.

“WE’VE WORKED HARD TO MAKE PEOPLE KNOW IT’S AVAILABLE [THE VACCINE] AND TO MAKE SURE THAT NOBODY WAS LEFT OUT. AND WE DID IT AT TIMES THAT EVERYBODY COULD GO AND PEOPLE COULD GO...WITH PEOPLE THAT THEY KNEW...I STILL REGULARLY SPEAK TO PEOPLE WHO [SAY], “NO THANKS. NO THANKS.” AND...I SAY THINGS...LIKE “WHEN’S THE LAST TIME YOU HAD A SMALLPOX CASE AT SCHOOL? WHEN’S THE LAST TIME YOU DEALT WITH POLIO?... THEY USED TO CLOSE SCHOOLS FOR THOSE THINGS AND DON’T NOW BECAUSE OF VACCINES.”

Elaborating further on the nature of the challenge, she said,

“AND KIDS ARE GOING TO COME BACK AND THEY’RE NOT YET GOING TO BE ELIGIBLE FOR VACCINES AND YOU ARE A STAFF MEMBER. SO, YOU CAN PROTECT YOURSELF IF YOU CHOOSE TO DO THIS THING THAT WE LET YOU DO DURING YOUR WORKDAY AND...THE GENEROSITY THAT IT'S FREE.”

Offering insights into the magnitude of the vaccine hesitancy problem, she concluded by stating,

“I WISH THAT I COULD TELL YOU WE’VE HAD 100%. WE HAVE OFFERED IT TO 100% [OF OUR EMPLOYEES]. I THINK WE’RE PROBABLY AT ABOUT 50% OF OUR STAFF RIGHT NOW THAT HAS HAD THEIR FIRST VACCINE.”

Other key informants zeroed in on the role conflicts that their staff of essential workers faced. For example, a leader of a childcare center in eastern NC said,

“I HAVE STAFF WITH YOUNG CHILDREN, AND...OUT-OF-COUNTY STAFF, AS WELL...WHO LIVE IN VERY RURAL AREAS THAT THEY DON’T HAVE HIGH-SPEED INTERNET. WE ALLOW THEM TO BRING THEIR...CHILDREN HERE.”

Elaborating on the role strain that staff face, she opined,

“...IT’S JUST VERY HARD FOR THEM TO BE ABLE TO WORK AND HAVE THEIR CHILDREN HERE AND TRYING TO MAKE SURE THAT THEIR SCHOOL WORK GETS DONE.”

Another key informant, who operates a childcare center in eastern NC, talked about the challenge of dealing with COVID quarantined staff.

“We’ve experienced COVID here. I’ve got a staff person quarantined right now. I’ve got one home with COIVD. We’ve had our bouts of COVID and quarantined...staff. Then the cost of trying to make sure, if they are quarantined, that they can work from home. So, we’ve seen some additional cost here as well, trying to make sure that my staff are able to work from home when they need to. Being very mindful of their needs with their families as well, and just mentally taking care of themselves...I’ve got to be mindful that...we’re out there trying to help the childcare community, trying to help families, but they’ve [staff] got their own families.”
A second key informant who works in a childcare organization said the logistics of accessing the vaccine for staff also posed a major challenge, especially for essential workers in the childcare industry.

“I JUST WANT TO MENTION ONE OF THE THINGS WE HAVE FOUND OUT WORKING WITH THE CHILDCARE COMMUNITY... CHILDCARE FOLKS, THEY WORK. THEY WORK EIGHT TO FIVE. THEY WORK SOMETIMES SIX TO SIX. DOING A [VACCINE] CLINIC FROM EIGHT TO FIVE DOESN'T WORK FOR THAT POPULATION.”

To overcome this barrier, many childcare workers, according to this key informant, had to go to nearby counties with more flexible scheduling to get their vaccinations.

Offering a different take on the problem, a key informant in health care in eastern NC said,

“BUT THE MOST DISAPPOINTING THING... IS THE HESITANCY TO TAKE THE VACCINE AMONG PEOPLE WHO ARE ON THE FRONTLINES. AND IT’S LARGELY YOUNG WOMEN WHO HAVE BEEN ON SOCIAL MEDIA AND HAVE GOTTEN THESE WILD IDEAS ABOUT SOME OUT OF THE PARK COMPLICATION THAT MIGHT OCCUR WITH THE VACCINE AND ARE REALLY WORRIED THAT WE'RE SETTING UP PEOPLE FOR CONTINUING PROBLEMS WITH COVID BECAUSE THE HEALTHCARE COMMUNITY HAS NOT EMBRACED THE VACCINE.”

Turning to another challenge, a key informant from western NC—local government official—addressed the stress imposed on government services by the influx of pandemic refugees fleeing possible exposure to Covid-19 in densely settled urban communities. He noted,

“What I’ve seen...our population changed. We’re a population of 17,800 people...but...we’re eight golf courses and two ski resorts. So, all these people that are normally here chose to flee the city and come to their homes in the mountains [during the pandemic]. So, our population is probably 27,000 people. And that did put a strain on services that the county provided.”

Commenting further on the adverse impacts on local government service provision, this local official reported,

“EMS is absolutely killed. We are dying. The sheriff’s office. The... call volume into 911 has doubled and tripled, put a real strain. Social services. Unbelievable amount of paperwork, less people to do it, people having to work from home to get all of this work done and all of this paperwork done, trying to help with food stamps.”

He also noted the pandemic’s debilitating impact on the county’s solid waste collection department, especially low-wage employees who are stretched beyond capacity.

“My solid waste director came and sat down the other day and he’s a grown man ready to cry. Solid waste...put a strain on us... people were bored, so they cleaned out their home and we’re filling dumpster after dumpster after dumpster of things people are cleaning out their house, and I know it sounds silly.”
School administrators who were key informants in this research experienced similar pandemic induced challenges. One noted, for example,

“AS A SCHOOL DISTRICT, WE HAVE HAD HUNDREDS OF PEOPLE WHO HAVE BEEN QUARANTINED AND MANY, MANY PEOPLE WHO HAVE SUFFERED FROM COVID, AND A FEW WHO HAVE SUFFERED GREATLY FROM COVID AND HAVE [BEEN] HOSPITALIZED. SO, WE’VE DEFINITELY BEEN AFFECTED BY IT AMONG OUR STAFF.”

Even worse, this school administrator continued, reporting that,


She concluded by acknowledging,

“IT’S DEFINITELY BEEN IMPACTFUL AND I WOULD SAY VERY MUCH MORE SO IN OUR MORE ECONOMICALLY DISADVANTAGED COMMUNITIES THAT HAVEN’T HAD THE RESOURCES TO SOCIAL DISTANCE AND PROVIDE THEIR KIDS WITH THE OPPORTUNITY.”

Another administrator in the county school system commented on how magnified food insecurity during the pandemic challenged school nutrition staff. He volunteered,

“...ALL OF OUR STUDENTS CAN EAT FOR FREE. AND OUR MEAL PARTICIPATION SINCE COVID HAS BEEN, AT ONE POINT, DOWN TO ABOUT 10% OF OUR STUDENT POPULATION, WHICH IS EXTREMELY LOW...SO WE’VE HAD A [REAL] CONCERN ABOUT JUST GETTING NUTRITION FOR OUR FAMILIES BECAUSE NORMALLY WE HAVE AT LEAST 60, 65% OF OUR STUDENTS PARTICIPATE IN MEAL SERVICE IN A NORMAL YEAR. AND WHEN YOU GET DOWN TO 10%, IT’S REALLY CONCERNING WITH WHAT TYPE OF NUTRITION THAT OUR CHILDREN ARE RECEIVING. SO THAT’S BEEN A BIG ONE FOR MY AREA, AND TRYING TO FIND PARTNERSHIP THERE, AND HOW TO GET FOOD TO OUR FAMILIES THAT NEED IT.”

Describing how the school system responded, he stated,

“We shut down in March and we really scrambled. “What can we do?”...[W]e had everything from trying to keep our employees working...to get them paid, and how to get the meal service to our students. So, we started having curbside meals at all of our schools where families could come and pick up the meals.”

In addition, he noted that working with the local housing authority,

“...We’ve been putting meals on buses and...trying to deliver to population centers where we know...a lot of our students live that could potentially walk or we could deliver several meals to a central location.”

Continuing to elaborate on meal delivery efforts, he stated,

“It has been very...difficult... in the more rural parts of our county...where our population is more spread out, and trying to figure out how...can we afford to get these meals to these families. Employing child nutrition employees and putting them on the bus to deliver meals is very expensive... so [in] the more rural parts, we’ve stuck with trying to have the curbside [pickup] and having families come to us. We send extra meals home...[on]...fri[days]...for the weekends.”
Summing up the school system’s valiant efforts, he stated,

“IT’S NOT ADEQUATE. I’LL GO AHEAD AND TELL YOU THAT…I THINK WE WERE ABLE TO GET OUR MEAL PARTICIPATION UP…THANKS TO OUR PARTNERSHIPS, TO AROUND 17%. SO, WE IMPROVED IT SEVEN PERCENTAGE POINTS, BUT YOU STILL HAVE A LOT OF CHILDREN AND CHILDREN OF POVERTY THAT YOU’RE WONDERING WHETHER THEY’RE GETTING…THE MEAL SERVICE...”

A housing authority director in eastern NC highlighted yet another pandemic-induced challenge: dealing with community residents who were fearful of taking the COVID test. Explaining why this was the case, she said,

BECAUSE THE ONLY INCOME THAT THEY MAY HAVE IS COMING FROM THEIR JOB. THEREFORE, IF THEY GET A POSITIVE TEST, THEN THEY HAVE TO QUARANTINE, AND WHO’S GOING TO TAKE CARE OF THE FAMILY? WHO’S GOING BRING THE INCOME IN? WHO’S GOING TO PAY THE RENT? … FEAR OF HAVING TO TEST POSITIVE AND NOT BEING ABLE TO WORK. AND THEN YOUR JOB’S SAYING UNTIL YOU BRING BACK TWO NEGATIVE RESULTS.

Elaborating further, she stated,

THEN LET’S TALK ABOUT THE HEALTHCARE SIDE. WHEN THEY TEST POSITIVE AND THEY MAY NEED SOME TYPE OF MEDICINE… A LOT OF THEM CANNOT AFFORD IT. THEY DON’T HAVE INSURANCE…SOME INDIVIDUALS CAN’T AFFORD TO GET MEDICATIONS THEY NEED WITHIN THEIR QUARANTINE.

A central NC program manager in a community health center highlighted yet another challenge of providing needed services such as telehealth during the pandemic.

...WITH THE DIGITAL DIVIDE BEING PREVALENT, THE MAJORITY OF OUR CLIENTS—WE WANTED TO DO THE TELEHEALTH PROGRAM TO KEEP THEM FROM COMING TO THE OFFICE, BUT THE MAJORITY OF OUR CLIENTS DIDN’T HAVE ACCESS TO THE INTERNET. AND A LOT OF THEM, BELIEVE IT OR NOT, DIDN’T HAVE CELLPHONES...YOU THINK EVERYBODY HAS CELLPHONES, BUT A LOT OF OUR CLIENTS DIDN’T EVEN HAVE CELL PHONES TO BE ABLE TO PARTICIPATE IN THE TELEHEALTH.

And a county manager raised the challenges the pandemic created in his foster care system.

I DON’T HAVE ENOUGH FOSTER CARE FAMILIES. I DON’T HAVE ENOUGH HOMES. I’VE GOT [MORE] FOSTER CARE NEEDS THAN I HAVE HOMES. THE PANDEMIC HAS BROUGHT THAT AGAIN TO THE SURFACE.

Elaborating on the foster care issue, another key informant said,


The county manager also highlighted the pandemic’s impact on the existing drug crisis in his community.

“DRUG CRISIS IS SOMETHING THAT WE STRUGGLE WITH, TRYING TO GET SOME PEER SUPPORT WITH OUR JAIL PROGRAMS AND STUFF. THIS RECOVING DOOR, IN AND OUT, WITH THE COURT SYSTEM SHUT DOWN NOTHINGS HAPPENING. THAT’S ANOTHER PROBLEM THAT’S TRIPPED MORE FOSTER CARE NEEDS...BECAUSE...THE COURT ISN’T HAPPENING AND WE CAN’T GET THESE FAMILIES BACK TOGETHER.”

Lastly, a key informant from central NC commented on what he characterized as poor coordination among churches, food banks, and other nonprofit organizations involved in food distribution to needy individuals and families during the pandemic.
“THE LINES HAVE BEEN VERY, VERY LONG AND CONSISTENT WHEN FOOD WAS AVAILABLE AT THE RESPECTIVE SITES [IN CENTRAL NC]. AND I DO WANT TO SAY THAT ONE OF MY BIGGEST DISAPPOINTMENTS HAS BEEN THE COORDINATION OF ALL THE DIFFERENT FOOD BANKS AND SHELTERS AND COMMUNICATION OF WHEN THIS FOOD IS AVAILABLE... IN OUR AREA, A VERY BAD JOB HAS BEEN DONE IN COORDINATION AND COMMUNICATION IN A BROAD SENSE OF WHEN FOOD IS AVAILABLE.”

4. KEY TAKEAWAY #4: Enforcement of protocols has been a major challenge during the COVID-19 pandemic.

Key informants across the state, and especially in the far west, were quick to assert that enforcement of safety precautions has been a major challenge during the pandemic. As one key informant characterized it,

“It’s been interesting... it seems that you see a little bit more compliance in those establishments where the signage maybe a little bit more strongly worded versus you can walk right down the street, and... there’ll be an establishment that maybe suggest that you wear a mask and certainly they’re not enforcing it. So, it has been interesting to... watch it play out in a small, rural, mostly conservative [western North Carolina] town.

There was extensive discussion about mask wearing. One key informant characterized the politics of mask wearing in central NC.

“If I can be completely candid with you, your mask is a cultural thing. For the most part, the persons of color really have no problem with wearing the masks, it’s just a matter of wearing it correctly. And generally, what I see in the community as a whole is those who are trying to make a political statement who happen to be of the Caucasian persuasion, who just don’t want to wear [a mask]... and that’s their statement. As I say, for the most part, people of color really don’t have that much of a problem.

Commenting on the politics in the far west region of the state, a key informant said,

“I think there is... a split in the people that I see. I think there are folks who don’t adhere to... recommendations. And I don’t know if that’s because they don’t believe the science or make it a political matter... anecdotally my brother-in-law owns a restaurant, a little mom-and-pop kind of home-cooking place, and there’s a debate every morning with the regulars: those who wear the masks and those who don’t and those who social distance and those who don’t. And... I don’t know that we’ll ever get over that, but it happens every day in different venues.

Sharing a similar sentiment, another key informant in the far west said,
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I AGREE...WHEN YOU WALK DOWN...OUR MAIN STREET, THERE IS A DIVIDE. SOME STORES HAVE GOT THE SIGN DIRECTLY ON THE FRONT DOOR. THE EMPLOYEES HAVE MASKS, THEY'RE ADHERING TO THE RECOMMENDATIONS, AND THEN TWO STORES DOWN...THEY DON'T CARE. THE EMPLOYEES DON'T HAVE MASKS AND...THEY'RE NOT CONSISTENTLY FOLLOWING RECOMMENDATIONS.

Another key informant added that compliance with mask wearing precautions varies depending on where you are, especially in the mountains. In one community, he explained,

...EVERYBODY SEEMS TO WEAR THEIR MASK THERE...YOU'RE BASICALLY OSTRACIZED IF YOU'RE ...THERE WITHOUT ONE, EVERYBODY'S WEARING IT.

He continued by noting,

I WENT THROUGH [ANOTHER MOUNTAIN TOWN] AND...IT WAS THE COMPLETE OPPOSITE. CONVENIENCE STORES, NOBODY HAD THEM ON. THERE WAS A LARGE SERVICE AT THEIR CHURCH. EVERYBODY'S OUT IN FRONT OF THE CHURCH AS IT LET OUT, NOBODY HAD...ON [A MASK].

Further elaborating on mask wearing compliance challenges, another key informant from western NC said,

...I KNOW THERE [ARE] POCKETS OF THIS COMMUNITY THAT TO THIS DAY HAVE NEVER WORN A MASK AND SOME PLACES YOU CAN GO VISIT OUT IN THE COUNTRY THAT WE'VE HAD ISSUES, AND OUR SHERIFF'S DEPARTMENT [HAS] BEEN BLOWN UP WITH CALLS.

Multiple key informants contended that failure to comply with the mask wearing protocol was a problem in a wide array of businesses.

Commenting on masking wearing in western NC businesses, an extension agent said,

...YOU CAN GO IN ANY STORE...AND IT MIGHT BE 50-50. SOME WILL HAVE MASKS ON...BUT SOME PEOPLE JUST DIG THEIR HEELS IN AND SAY, "NO WAY."

Further complicating matters, this key informant remarked,

"I DON'T THINK THE EMPLOYEES FEEL COMFORTABLE SAYING SOMETHING TO PEOPLE THAT CHOOSE NOT TO WEAR A MASK."

Summarizing the disparate responses to mask wearing in her community, another key informant asserted,

"I THINK MOST OF THE PEOPLE—MOST OF US—ARE DOING WHAT WE'RE SUPPOSED TO DO AND TRYING TO PROTECT OTHERS, BUT...I WON'T GO TO TWO GROCERY STORES...BECAUSE I KNOW THAT HALF THE PEOPLE WON'T BE WEARING MASKS. AND THE WORKERS TOLD ME THEY WEREN'T REQUIRED TO WEAR MASKS. AND...THERE ARE RESTAURANTS ...THAT MOST OF US THAT ARE BEING CAUTIOUS WON'T GO TO NOW, UNTIL THIS IS OVER."

Referring to commercial spaces in his eastern NC community, a different key informant said,

A central NC key informant shared a personal story of dealing with mask wearing non-compliance.

I WENT TO GET MY OIL CHANGED AT THE [TOYOTA DEALERSHIP]. I COUNTED 17 PEOPLE THAT WORKED [THERE] THAT DID NOT HAVE ON A MASK…EVEN THE PERSON THAT DROVE MY CAR BACK UP AFTER THEY CHANGED THE OIL, HE DIDN'T HAVE ON A MASK.

He concluded by re-emphasizing that

...IT'S MOSTLY WHITE PEOPLE. BUT AT THE TOYOTA PLACE THERE WERE A COUPLE OF BLACK PEOPLE IN THERE THAT DIDN'T HAVE THEM ON...I GUESS THEY WANTED TO FIT IN...

A second central NC key informant described his personal experience of non-compliance with the mask mandate in the following way:

[A] COUPLE OF BUSINESSES THAT I FREQUENT, PARTICULARLY DOLLAR GENERAL, IS LIKE IT'S THEIR CULTURE—THE CAUCASIAN PERSUASION WILL COME IN THE STORES WITHOUT MASK ON AND SOMETIMES THE CASHIERS WILL NOT HAVE ON MASK. AND I'VE EVEN SAID SOMETHING TO THEM, "YOU KNOW, YOU'RE SUPPOSED TO HAVE ON A MASK," AND A CAUCASIAN, "OH, I'M TIRED. I'LL GET IT." YOU...DON'T WANT TO START ANY TYPE OF ARGUMENT, BUT THEN THE QUESTION IS...HOW MANY PEOPLE ARE COMING THROUGH YOUR LINE THAT YOU CAN POTENTIALLY EXPOSE BECAUSE YOU DON'T HAVE ON A MASK?

Offering a slightly different perspective, a western NC key informant described what his wife experienced on her job where she was supposed to enforce the mask wearing policy among customers.

I THINK IT WAS A LOT OF THE VISITORS THAT SHE TOLD ME...WHO REALLY WANTED TO BE COMBATIVE WITH HER, AND ALSO, IT WAS ALMOST LIKE THEY WERE KIND OF LOOKING FOR A FIGHT TO SOME DEGREE. THEY WANTED THAT CONFRONTATION.

And a second western NC key informant said he was shocked when the owner of a ski resort called him

...FOR HELP BECAUSE HE COULDN'T GET PEOPLE TO WEAR A MASK...THE PEOPLE THAT DID NOT WANT TO DO THAT WERE TURNED AWAY, GIVEN A REFUND AND SENT HOME...IT WAS AMAZING THAT PEOPLE WOULD NOT [WEAR A MASK]. THEY WERE REALLY ILL WITH THE [SKI RESORT] STAFF SAYING, "WE'RE OUTDOORS, YOU CAN'T GET COVID OUTDOORS." ... I WAS PLEASED THAT [THE SKI RESORT] WENT TO THAT EXTREME AND ACTUALLY REFUNDED PEOPLE'S MONEY.

Continuing the discussion regarding the behavior of tourist, out of towners, and people who are second homeowners in western NC, a third western NC key informant said,

I AM SEEING THE MORE COMBATIVE NATURE. BUT I'VE ALSO SEEN SOME OF THAT ALL ALONG...IT'S BEEN A LOT OF THE PEOPLE OFF THE MOUNTAIN...A LOT OF OUR SECOND HOMEOWNERS AND SOME OF THESE CLUBS...THE STORIES I'VE HEARD...FROM A LOT OF THE FRONTLINE WORKERS...THE OFF THE MOUNTAIN TOURIST HAVE BEEN THE WORST....

Another key informant noted that, in addition to noncompliance, improper wearing of mask is also a problem, resulting in some instances in physical altercations. Commenting on this issue in his far west NC community, for example, he verbalized that the attitude appears to be,

"EVEN THROUGH THE SIGNS ARE UP THAT SHOW THE APPROPRIATE WAY TO WEAR [A MASK] AND IT'S ALL OVER YOUTUBE, IT ALMOST FEELS TO LIKE, 'I'VE GOT THIS THING ON, AND NOBODY IS GOING TO SAY ANYTHING TO ME BECAUSE I AM WEARING IT.'"

He goes on to add,

"THERE HAVE ACTUALLY BEEN PHYSICAL ALTERCATIONS REGARDING THIS IN PUBLIC PLACES."

Still other key informants talked about the problem with mask wearing in office environments. One eastern NC nonprofit leader said,
WE HAVEN'T HAD PROBLEMS WITH PEOPLE WEARING MASK TO THE OFFICE. IT'S WHEN THEY GET INTO THE OFFICE. EITHER THEY WANT TO TAKE THE MASK OFF, OR NOT WEAR IT CORRECTLY, OR JUST...DISCARD IT WHEN THEY GET INTO THE DOOR. SO, IT'S A MATTER OF HAVING TO CONSISTENTLY REMIND PEOPLE TO WEAR THE MASK.

A key informant also identified crucial socio-demographic groups for whom compliance with the mask wearing protocol has been a problem.

One who had personally contracted COVID discussed mask hesitancy among adults in his eastern NC community.

I HATE TO SAY, BUT...I HAVE SEEN IT [MASK HESITANCY] QUITE A BIT. I'VE SEEN IT FROM ADULTS WHO CLAIM THAT THEY HAVE SEVERE ASTHMA PROBLEMS AND THEY DON'T WANT TO WEAR A MASK...I'VE SEEN PEOPLE SAY, "I ALREADY HAD COVID. I CAN'T CATCH IT AGAIN, SO IT'S [MASK WEARING] IS NO BIG DEAL." I'VE ACTUALLY SEEN PEOPLE GET INTO ALTERCATIONS, WHERE THEY FELT UNCOMFORTABLE BEING CLOSE TO SOMEONE, AND SIMPLY ASKED THE PERSON, "HEY, CAN YOU PULL THAT MASK UP? CAN YOU PUT IT ON? AND THEY [THE PERSON] REALLY GOT AGGRESSIVE.

Another key informant highlighted non-compliance among young African Americans in central North Carolina communities, stating that,

...EARLY ON IN THE...PANDEMIC, I DID NOT SEE A LOT OF OUR YOUNG PEOPLE IN THE COMMUNITY OBSERVING—I AM TALKING ABOUT BLACK FOLKS—OBSERVING THE PROTOCOLS: WEARING MASKS, SOCIAL DISTANCING, ETC. I HAVE TO SAY, THOUGH, THE LAST COUPLE OF MONTHS IT APPEARS THAT THAT HAS CHANGED DRastically. AS I MOVE AROUND, I SEE A LOT OF OUR YOUNGER FOLKS—AND I'M TALKING 30 AND DOWN, OR MAYBE 35 AND DOWN—THAT SEEMINGLY NOW AT LEAST ARE WEARING THE MASKS, AND I HOPE DOING THE OTHER HYGIENE PROTOCOLS AS RECOMMENDED BY THE SCIENTISTS AND THE MEDICAL PROFESSIONALS.

Key informants also devoted considerable attention to mask wearing compliance among children in schools. One, a superintendent representing an eastern NC school district, said,

I CAN TELL YOU THAT WE DO HAVE SOME CHILDREN WHOSE FAMILIES CHOSE FOR THEM NOT TO COME TO SCHOOL BECAUSE WE HAVE A MASK POLICY. I HAVE LITERALLY HAD PARENTS TELL ME THAT THE REASON THAT THEY SELECTED VIRTUAL FOR THEIR CHILDREN IS BECAUSE THEY DO NOT BELIEVE IN MASKS AND THEY WOULD NOT HAVE THEIR CHILDREN WEARING MASKS. AND SO...UNTIL WE NO LONGER REQUIRED MASK, THEY WOULD HAVE THEIR CHILDREN VIRTUAL SO THEY DO NOT HAVE TO BE MASKED DURING THE DAY.

In addition to those who opposed masking wearing for their children, the superintendent continued by stating that misinformation also was a barrier to some children wearing masks.

"THERE ARE ALSO SOME PEOPLE WHO BELIEVE THAT WEARING A MASK MAKES YOU SICK. YOU KNOW, REBREATHEING CO2, THEY THINK THAT IT'S GOING TO TRAP GERMS. I'VE HAD PEOPLE SHARE THAT WITH ME. AND, OF COURSE, I DO MY BEST TO BE...EMPATHETIC AND SAY THAT WE HAVE A VIRTUAL OPTION AND THAT THEY ARE ALLOWED TO CHOOSE THAT."

The superintendent summed up the children's mask issue by saying,

I'VE ACTUALLY BEEN A LITTLE DISHEARTENED WITH FOLKS—ADULTS, PARENTS, CHILDREN—WHO HAVE THE MINDSET THAT MASKS ARE NOT PROTECTIVE.
Another school official in eastern NC intimated that failure to wear masks at home has created COVID exposure problems in local schools.

[We've had many, many cases where COVID was brought into our schools from the community. You know, somebody gets it at home. Their parent has it, a sibling has it, a relative.]

Similarly, the head of a foster care organization in the far west said,

...the organization that I'm over employs about 74 individuals. And we were hearing a lot of division around some of the safety precautions."

He continued by citing a specific example.

We had a real challenging time figuring out how to navigate doing visits between birth parents and their foster children when resource parents would say, “Look, if they're going to visit with mom and dad...Can you make sure mom and dad wear masks?”

Explaining the responses to this question, the foster care organization leader said,

...and we got some pretty mixed results...it was an interesting time in trying to navigate that, allowing birth parents to retain their right to visit with their children and balancing that with the requirements under the public health emergency.

Finally, a key informant from the mountains asserted that the refusal to wear a mask and adhere to COVID-19 precautionary measures has come primarily from out of towners—transplants fleeing the pandemic in more densely settled communities. More specifically, he ventured to say,

...for the most part amongst us locals, we do a pretty good job of taking care of each other. I think that's part of the Appalachia culture that we all subscribe to up here.

He continued by arguing,

Our issue has been with out-of-town guest coming from other states, where mask mandates are no longer, where social distancing was never a thing, where COVID never existed. And they come here and they see our businesses complying, they see our residents complying, and they are the ones, I think we are all afraid of, quite honestly...since the 2020 election...I think locally things calmed down a little bit, but our visitors got far more combative.

He further elaborated,

...all of our town managers this week said their law enforcement reported way more aggressive and combative visiting guests from especially South Carolina and Tennessee. We had a group from Alabama terrorize our youth and our staff during my summer program, and I was shocked. We finally had to call the police to come.

Wrapping up the discussion of the mask wearing protocol, another key informant referenced a growing attitude of mask fatigue, especially among people who have been vaccinated. He described the attitude in the following way.

Now I've got a vaccine. I'm not going to wear a mask and I don't need a mask.

He concluded by stating,

I've seen that a little bit more and I'm hearing more stories of it, and that has been my concern...it's part of the whole COVID fatigue. *I'm done with this.*
In addition to masking wearing, there also was considerable discussion around social distancing and mass gatherings precautionary measures. A central NC key informant initiated the discussion by stating, 

EARLY ON...AS YOU MOVED AROUND YOU WOULD SEE GATHERINGS OF THESE YOUNG FOLKS AT CAR WASHES AND OTHER PLACES THAT THEY CONGREGATE—AGAIN, NOT OBSERVING SOCIAL DISTANCING AND PRACTICING GOOD PROTOCOLS. I DON'T KNOW HOW MUCH THAT'S CHANGED, BUT I WOULD SAY THAT I DOFEEL NOW THAT MORE FOLKS ARE WEARING MASKS AT A MINIMUM.

In addition, this key informant said, 

“...THERE ARE PICTURES IN OUR LOCAL PAPER EVERY WEEK THAT SHOWS... WHERE [PEOPLE] ARE NOT WEARING MASKS.

One key informant from far western NC reported there are splits within families regarding precautions, particularly when it comes to gatherings involving high school athletics. Offering a personal perspective, she stated openly, 

MY FAMILY IS KIND OF SPLIT ON THIS. I'VE GOT A COUPLE OF NEPHEWS IN HIGH SCHOOL...THEY'RE VERY ACTIVE IN SPORTS, AND THIS [YEAR] IS IT FOR ONE OF THEM. HE NEEDS TO PLAY, AND HE NEEDS TO BE SEEN IF HE'S GOING TO GET A CHANCE TO GET THAT COLLEGE SCHOLARSHIP, AND, OF COURSE, HIS PARENTS WANT TO WATCH HIM AND, ALL THEIR FRIENDS WANT TO WATCH THEIR KIDS. AND SO, IT'S BEEN A REAL STRUGGLE FOR THEM TO TRY TO GET THE OPPORTUNITY TO SEE THEIR KIDS PLAY BALL AND FOR THOSE FOLKS WHO STILL WANT TO BE SAFE AND, KEEP THEIR KIDS SAFE.

She continued, 

OF COURSE, WE ARE VERY CLOSE TO...OUR SCHOOLS HERE, SO, HOW WE RETURN TO SCHOOL AND ALL OF THOSE ISSUES ARE JUST AS HEATED...AND JUST AS IMPORTANT...AS THEY ARE IN BIG CITIES [IN OUR STATE].

In addition to athletics, another key informant from the far west indicated that church gatherings have been a source of contention.

I THINK THE ONE THING I'VE BEEN HEARING...WAS THAT THE ISSUE AROUND GATHERING IN LOCAL AREAS OF WORSHIP. THAT BECAME A REALLY HOT TOPIC, AND I THINK IT WAS SORT OF [A] FLASHING POINT AT THE VERY BEGINNING [OF THE PANDEMIC]; I DON'T HEAR AS MUCH NOW, BUT...I THINK IT WAS A PRETTY DIVISIVE TOPIC AT THE BEGINNING OF THE PUBLIC HEALTH EMERGENCY.

A central NC minister said some of his parishioners responded to social distancing and others recommended precautionary measures by going to another church.

I've experienced some of our members saying, 

“WELL, SINCE YOU'RE NOT GOING TO LET US INTO OUR CHURCH, WE'LL GO SOMEWHERE ELSE.”

He continued by stating unequivocally, 

“...THAT'S FINE. ENJOY. “BUT WHEN YOU GET SICK, DON'T CALL ME BECAUSE I'M NOT COMING.”

And he added, 

THEY HAVE CALLED ME TO COME TO THE HOSPITAL TO SIT WITH THEM... WHEN THEY HAVE HAD SICK MEMBERS OF THE FAMILY, AND I JUST REFUSE TO GO.
A central NC key informant who also is a minister said getting people to avoid crowds, especially during holidays, was a major challenge. More specifically, he stated,

_I have been stressing most importantly during Christmas. Obey the laws of the land; use common sense...you just can't do it this year...if Dr. Fauci can miss being with his daughters, surely you can miss one holiday from being with your family...missing one holiday is better than missing 365 days in a graveyard. Stop the madness._

In some instances, according to key informants, recommended precautions such as quarantining constituted challenges for individuals, especially those who had caregiver responsibilities. For others, outright resistance was normative.

Describing a major challenge one of her clients who was a caregiver faced, a central NC key informant said,

_WE’VE HAD SITUATIONS WHERE PARTICULARLY ONE OF OUR CLIENTS—AND I’M SURE HE’S NOT ALONE—TESTED POSITIVE, BUT HE STILL WENT TO HIS GRANDPARENTS’ HOUSE BECAUSE HE SAID HE WAS THEIR CAREGIVER AND HE HAD NOBODY ELSE TO CARE FOR THEM, SO HE HAD TO GO. SO, HE COULD NOT QUARANTINE._

Similarly, another central NC key informant said,

_WE HAVE HAD PEOPLE IN THE AREA THAT DON’T HAVE ANYWHERE TO QUARANTINE...THEY TESTED POSITIVE BUT THEY DIDN’T HAVE ANYWHERE TO QUARANTINE, SO...THEY ENDED UP STAYING WITH THEIR FAMILY...AND SOME MEMBERS GOT EXPOSED, BUT THEY DIDN’T HAVE THAT OPTION._

Finally, several key informants from central NC asserted that COVID testing constituted a major compliance problem. One stated forcefully,

_“We were failed with testing. The cost...to see if you had COVID, people couldn’t afford it. So they ended up going home and exposing their families because they didn’t know if they had it or not...I just think...they could have handled that better and...have more testing sites and have it free, kind of like they’re doing the vaccine now...but people had to pay $125, $150 [and] then you had to try to find locations of where they were testing. And there weren’t that many locations to test.”_

Other key informants suggested that, even if the test were free and accessible, some community members may not get tested for fear of having to quarantine, losing income and perhaps employment in the process.

5. **KEY TAKEAWAY #5: Vaccine hesitancy is widespread throughout the state.**

Key informants offered multiple viewpoints and engaged in a robust discussion about vaccine hesitancy.

One key informant from central NC contended that, in the early phases of vaccine rollout, wait times for information about where to get the vaccine was a major barrier that constituted a form of vaccine hesitancy.
PEOPLE ARE SAYING THAT THEY HAVE TO WAIT SO LONG ON THE PHONE...I’VE HAD PEOPLE TO SAY THEY WAITED THREE OR FOUR HOURS TO GET CONNECTED AND THEY WOULD GET CUT OFF, HAD TO START ALL OVER AGAIN. THAT HAS BEEN A PROBLEM.

Offering another explanation for vaccine hesitancy, a local public health official in eastern NC argued that knowledge of others’ experience with the vaccine also is a major barrier. Describing his effort to get someone on the list to get vaccinated, he said the person declined saying

"WELL, NO, BECAUSE MY COWORKER’S BROTHER TOOK THE VACCINE AND HE HAD A HEART ATTACK AND DIED."

He summed up his experience with this person by opining,

So, if anything happens to anybody and they’ve had the vaccine, they’re going to attribute it to the vaccine. No matter what it is, they’re going to say that. And so...that doesn’t help it. But...I think there is natural fear, and rightfully so because of the historical matters with African Americans.

Other key informants agreed with the foregoing viewpoints but were quick to assert that vaccine hesitancy in their communities is firmly rooted in deep political distrust and massive misinformation spread via word of mouth and multiple social media channels.

One reported, for example,

AS FAR AS THE VACCINE, I DO ASK PEOPLE, AND I GET COMMENTS RANGING FROM, “I’M NOT GOING TO BE A LAB RAT FOR ANYBODY,” TO, “THIS IS A GOVERNMENT CONSPIRACY TO MAKE MONEY.”

Making a similar observation, a second informant said,

WE’RE MAKING THE APPOINTMENT FOR THE VACCINE, AND YOU HAVE TWO EXTREMES. YOU’VE GOT PEOPLE THAT ARE EITHER SCARED TO DEATH AND...COME IN DOUBLE-MASKED AND SHIELDS AND GLOVES—AND THEN THE OTHER ONES THAT THEY—I HAD A LADY CALL...ABOUT SOMETHING DIFFERENT, BUT I ASKED HER IF SHE WAS INTERESTED IN SIGNING UP FOR A VACCINE, AND SHE TO ME IT WAS A HOAX.

A third said,

MY OBSERVATION WOULD BE THAT IT’S ABOUT 50-50 IN THE FOLKS THAT I KNOW. 50% WHO WILL SEEK OUT THE VACCINE AND 50% WHO WILL NOT, AND I AM ASTONISHED BY THAT FACT...IF PEOPLE HAD...EXPERIENCED THE LEVEL OF SICKNESS AND NEAR DEATH THAT MY FAMILY DID, THEY WOULD NOT HESITATE ONE BIT TO TRY TO MAKE SURE THAT HEY NEVER CONTRACT COVID.

And a fourth offered the following observation.

WE’VE GOT A, "I’M GOING TO WAIT AND SEE WHAT HAPPENS TO YOU FOLKS THAT ARE BRAVE TO DO THE VACCINE THE FIRST TIME"...THAT’S WHAT’S HAPPENING IN MY COUNTY. ... WE’VE MADE SURE WE’VE GOT PEOPLE IN THE PAPER. WE’VE MADE SURE WE’VE GOT SOME POSITIVE PEOPLE OUT THERE. WE’VE DONE SOME MEDIA BLITZ, TRYING TO ...ENCOURAGE PEOPLE. WE’VE MADE [SURE THOSE] DREADFUL FOUR-HOUR WAITS THAT PEOPLE WENT THROUGH TO GET A VACCINE [ARE] NOT HAPPENING IN OUR COUNTY. WE’RE MAKING SURE THAT’S NOT HAPPENING...BUT THERE’S STILL THAT RESISTANCE THAT, “I’M GOING TO WAIT.”

Key informants noted a high level of distrust among four specific groups which constitutes a barrier to vaccine acceptance.

A key informant from the far west pointed to rural Appalachia culture as a major barrier. More specifically, he stated,
“SO, IT’S A TOUGH CONVERSATION, I THINK...PART OF IT MIGHT BE RURAL APPALACHIA CULTURE...WE DON’T NEED MUCH. WE CAN DO IT ALL Ourselves...IT’S OKAY TO GET HELP EVERY ONCE IN A WHILE, AND I THINK THERE’S SOME PEOPLE THAT SEE THE VACCINE AS HELP, THEREFORE WE DON’T NEED HELP, AND THAT’S UNFORTUNATE.”

Another key informant representing NC mountain communities commented on the vaccine hesitancy issue by saying,

I REALLY DON’T KNOW IF IT’S PREVALENT IN OUR AREA, BUT I HEAR...SO MANY STORIES ABOUT ESSENTIAL WORKERS AND EMS PERSONNEL AND THOSE TYPES OF FOLKS REFUSING TO TAKE THE VACCINE, AND THAT’S REALLy CONCERNING TO ME...IT JUST MOSTLY ONE GROUP OF FOLKS WHO FOR WHATEVER REASON FEEL LIKE MAYBE IT’S UNSAFE OR MAYBE IT’S NOT NECESSARY...VERSUS THE OTHER SIDE, AND IT DOESN’T REALLY SEEM TO FOLLOW ACROSS ANY SOCIOECONOMIC LINES THAT I CAN TELL; IT’S PRETTY MUCH ACROSS THE BOARD.

A central NC key informant highlighted vaccine hesitancy among people of color, stating,

THE ISSUE WITH PEOPLE OF COLOR IS TRYING TO PERSUADE THEM OF THE VALUE OF BEING VACCINATED TO ENSURE THAT WE DON’T CONTINUE TO SPREAD THIS VIRUS THAT’S IN OUR PRESENCE AND ANY NEW VIRUSES THAT COME ALONG.

Commenting specifically on vaccine hesitancy in the African American community, she noted,

A LOT OF PEOPLE I’VE TALKED TO, ESPECIALLY AFRICAN AMERICAN PEOPLE, THEY’RE KIND OF AFRAID OF GETTING THIS SHOT DUE TO THINGS THAT HAPPENED IN THE PAST. BUT I GOT THE SHOT BECAUSE...I GOT COVID. I HAD IT, AND IT’S NOT A FUN TIME, AND, ALSO, MY HUSBAND HAD IT. SO, WHEN THEY CAME OUT WITH THE SHOTS, I WAS READY TO GET ONE. I GOT THE JOHNSON & JOHNSON BUT JUST TALKING TO PEOPLE, I DON’T KNOW IF IT’S [THE HESITANCY] BECAUSE THEY NEED MORE EDUCATION ABOUT THE SHOT OR THEY'RE JUST NOT FEELING GOOD...ABOUT TAKING THE SHOT.

She continues by stating,

EVEN WITH MY YOUNGER BROTHER, HE WAS LIKE, “NAH, I DON’T THINK I AM GOING TO TAKE IT.” AND MY SON REFUSES TO TAKE IT. HE SAID, “I WANT TO DO MORE RESEARCH.” AND I TOLD HIM, “WELL, PEOPLE THAT ARE SMARTER THAN YOU HAVE ALREADY DONE THE RESEARCH.” BUT THAT’S WHAT I SEE IN THE COMMUNITY.

Another key informant from eastern NC concurred that vaccine hesitancy in the African American community is rooted in stuff that happened in the past. Her view was,

...GENERALLY, IT’S...ABOUT STUFF THAT HAPPENED...50, 60, 80 YEARS AGO. AND THEY'RE STUCK IN HISTORY...OFTEN TIMES, WE'RE STUCK ON STORIES AND FACTS FROM THE PAST THAT JUST DON'T HAVE A LOT OF RELEVANCE TO WHAT'S GOING ON TODAY. PARTICULARLY IN TERMS OF WHO'S WORKING ON THESE VACCINES AND WHO'S CERTIFYING THESE VACCINES.

She concludes by saying,
There was agreement among the key informants that vaccine hesitancy is rooted in fear that is driven by the existing political context of biased and inaccurate information and mixed messages.

Commenting on existing fear and vaccine hesitancy, a central NC key informant said,

*I think we can ... attribute some of the fear to the overall atmosphere and environment we're operating in. Some of it may be historical, but there still is the fear that we're just not going to get fairness and justice, period, given the current attitudes inside this country.*

A second central NC key informant agreed by stating,

*I think that people...they're not listening to the scientists. They're listening to a lot of negative people they don't know and they're afraid to ask questions...it's just fear...*

A third—a key informant from eastern NC--shared,

*In my community...there are a lot of folks that listen to one news source, and that news source has continued to play up that it is all a hoax...and...I've had personal conversations with several people who refuse to take it because it's not safe and there's no reason for it, that we'll be at herd immunity and they don't need it.*

Two key informants from central NC echoed similar viewpoints. One opined,

*I think there's a lot of misinformation out there. And in talking with folks in my area, it tends to go along those same lines. The folks that want to get their vaccination tend to get their information from what I guess you would call reliable sources. The folks that tend to be skeptical are the folks that tend to do things like spend more time on Facebook to get a lot of their information from there.*
And the other said,

*I THINK IT’S A LOT OF WORD OF MOUTH. AND...IF THEY’RE YOUNG PEOPLE, WHATEVER SOCIAL MEDIA PLATFORMS AND NETWORKS THEY TUNE TO. THEY GET ALL THESE DIFFERENT CRAZY NOTIONS...THAT LEAD TO THEM NOT TRUSTING THE VACCINE. BUT I THINK IT’S MORE WORD OF MOUTH IN OUR COMMUNITY.*

Several key informants specifically blamed social media for the widespread misinformation. For example, one from central NC said,

*I AGREE. I THINK ITS SOCIAL MEDIA FEEDING A LOT OF DISINFORMATION. BUT AGAIN, IT IS ALSO WORD OF MOUTH. AND SOME PEOPLE JUST HAVE A NATURAL FEAR BECAUSE OF THE TIME FRAME THAT IT TOOK TO PRODUCE THIS VACCINE.*

Another key informant from out west concurred by stating,

*THERE’S A LOT OF MIXED MESSAGING. THERE WAS A LOT OF DISTRUST AND WHATNOT FROM WHAT I’M SEEING OR HEARING OR HAVING CONVERSATIONS IS ITS PEOPLE DON’T KNOW WHAT TO BELIEVE. THEN YOU THROW IN FACEBOOK OR ANY OF THE OTHER MEDIA PLATFORMS WHERE...THERE’S A VERY BIG DIVIDE ON WHETHER TO VACCINATE OR WHY TO VACCINATE. IT’S LIKE PEOPLE DON’T KNOW [WHO] TO LISTEN TO OR WHAT INFORMATION IS TRUE AND NOT SKewed IN ONE WAY OR THE OTHER. I HEAR THAT A LOT IS THE PEOPLE JUST DON’T KNOW WHAT TO LISTEN TO.*

Yet another key informant echoed a similar sentiment,

*I DO THINK THE MIXED MESSAGING HAS PLAYED INTO WHY PEOPLE ARE RESISTANT TO IT [THE VACCINE].”*

Still another elaborated on mixed messaging by noting,

*YOU HAVE THE NEWS, THEN...YOU HAVE FACEBOOK, AND...YOU’RE STANDING AROUND THE WATERCOOLER-TYPE SITUATION.*

Noting further that 50% of her friends have not been vaccinated, she said,

*THEY’RE STILL WAITING BECAUSE YOU HEAR ALL THE NEGATIVE, LIKE, YOU MIGHT FEEL LIKE YOU JUST GOT A FLU SHOT, THE FIRST ONE [AND] THE SECOND REALLY PACKS A PUNCH. AND WITH JOHNSON & JOHNSON PULLING CAUSE OF POTENTIAL BLOOD CLOTS...IT IS A LOT OF MIXED MESSAGES...AND IT WAS MADE SO QUICKLY AND PUSHED TO THE PUBLIC TO WHERE...I THINK SOME PEOPLE ARE AFRAID TO GO GET IT...THEN, TOO, IT’S JUST A LOT TO TAKE IN AND PROCESS, ESPECIALLY WHEN YOU’RE IFFY ABOUT IT FROM THE START.*

And a key informant in the mountains said,

*SO MUCH FALSE NEWS OUT THERE AND SO MUCH GOSSIP THAT ISN’T BASED ON THE BIOLOGY AND THE SCIENCE, BUT YOU HAVE TO KNOW A LOT ABOUT ANTIGEN-ANTIBODY RESPONSES AND RECOMBINANT DNA TO EVEN GET A GRASP TO MAKE AN INFORMED DECISION, AND IT’S HARD TO TALK TO PEOPLE ABOUT THAT KIND OF STUFF WITHOUT PUTTING IT IN LAY TERMS.*
At least one key informant—an individual representing communities in the far west part of the state—blamed the CDC for being partly responsible for the misinformation and mixed messages, noting that,

...I THINK THE CDC HAS BASICALLY LOST A LOT OF CREDIBILITY WITH PEOPLE ON THE STREET...WEAR A MASK...DON'T WEAR A MASK, THERE'S BEEN A LOT OF INFORMATION THAT'S BEEN CHANGED, AND SO, I THINK PART OF THE REASON PEOPLE AREN'T GETTING THE VACCINE IS BECAUSE THEY DON'T KNOW WHOM TO BELIEVE BECAUSE THE NEWS HAS BEEN ALL OVER THE PLACE.

Notably, an eastern NC key informant had a slightly different perspective on the messaging problem. He said,

“...[IT] IS NOT SO MUCH OF WHO YOU TRUST, BUT NOT LISTENING TO THOSE SOCIAL MEDIA VOICES THAT ARE OUT THERE DISPUTING THINGS THAT ARE [TRUE] AND MAKING COMMENTS THAT ARE NOT FACTUAL ABOUT THE VACCINE. OR EVEN ABOUT COVID.”

Lastly, one key informant—a community leader from eastern NC key—was reflective in his assessment of the vaccine hesitancy problem. He verbalized,

YOU KNOW...IT'S BEEN A YEAR—BUT WE'RE STILL HEARING THINGS LIKE, “WELL, I DIDN'T LOSE MY SENSE OF TASTE OR SMELL, SO I DON'T HAVE IT.” I MEAN, THERE'S JUST A SLEW OF SYMPTOMS YOU COULD HAVE AND THEN THERE'S NONE THAT YOU COULD HAVE. BUT THERE'S JUST STILL SO MUCH THAT'S KIND OF IN THE BACK OF PEOPLE'S EARS...THAT...SOMETIMES WILL DAMAGE THE GOOD THAT MANY OF THE NONPROFITS AND HEALTH ORGANIZATIONS ARE REALLY TRYING TO DO AROUND HERE.

6. KEY TAKEAWAY #6: Beyond government assistance, residents have pursued a wide array of coping strategies, tactics, procedures, and practices to survive the pandemic.

Key informants said stimulus checks and other forms of government assistance helped tremendously during the pandemic. Those representing communities in the mountains and far west also acknowledged donations from outsiders—second homeowners and vacationers.

One said, for instance,

[DONATIONS] COMING FROM OUR VISITORS [VACATIONERS AND SECOND HOMEOWNERS] WHO HAVE MORE MONEY THAN WE DO...THEY'VE STAYED IN TOUCH WITH US ALL YEAR AND THEY'RE GIVING A LOT OF MONEY...THEY'RE REALLY INVESTING BECAUSE THEY KNOW THE NEED IS SO GREAT...SO, BEYOND OUR LOCAL PEOPLE, WE HAVE A LOT OF PEOPLE FROM FLORIDA, GEORGIA, DIFFERENT PLACES, THAT ARE REALLY INVESTING IN THE FUTURE OF THE COUNTY AND SEE THE NEEDS AND WANT TO HELP. THAT WAS A GOOD THING OUT OF THIS...THE GENEROSITY HAS ALMOST DOUBLED IN A LOT OF OUR NONPROFITS.

Echoing a similar sentiment, another key informant said,

WE'VE HAD A LOT OF PEOPLE, AND SOME OF THEM HAVE BEEN...OUT-OF-TOWN PEOPLE, WHO HAVE REALLY COME THROUGH TO HELP US...JUST SEEING THE LEVEL OF NEED, AND...THAT'S BEEN A REAL BLESSING TO SEE.
Despite these external sources of charitable support, these and other key informants were quick to chronicle the multiple strategies, tactics, practices low-income families had to embrace or adopt to survive the crisis.

A central NC key informant described a parent without internet access who received a donated cell phone during the pandemic. She noted that

...PRIOR TO THAT, [THE PARENT] WAS DRIVING TO A CHURCH EACH MORNING, SITTING IN THE PARKING LOT SO THAT HER KIDS COULD HAVE ACCESS TO THE WI-FI TO DO THEIR SCHOOLWORK.

A western NC key informant identified two different coping strategies in her community. The first she described in the following way, noting that

I’LL TRY TO DO THIS WITHOUT SOUNDING TOO JUDGMENTAL. I HAVE OBSERVED PEOPLE MAKING TREMENDOUS ADJUSTMENTS IN THEIR LIVES AND SACRIFICES. THREE OR FOUR GENERATIONS LIVING UNDER THE SAME ROOF. FOLKS HAVE TAKEN SECOND AND THIRD JOBS TO TRY TO MAKE IT SO THAT MOM CAN TAKE CARE OF THE KIDS...THEY ARE CUTTING BACK ON FOOD, TRADING DOWN FOR A LESS EXPENSIVE VEHICLE, ALL OF THOSE THINGS THAT THEY CAN DO—NOT EATING AS MUCH AND DOING LOTS OF THINGS.

A key informant in a central NC community addressed the tough choices and difficult decisions residents had to make.

OF COURSE, THERE HAVE BEEN DECISIONS THAT HAD TO BE MADE AS RELATED JUST TO WHETHER WE ARE GOING TO FILL OUR PRESCRIPTIONS OR WHETHER WE'RE GOING TO BUY A DOZEN OF EGGS. ALL OF THOSE ARE METHODS THAT PEOPLE HAD TO MAKE DECISIONS ON TO TRY TO SUSTAIN THEMSELVES THROUGH THIS PERIOD OF TIME THAT WE'VE BEEN GOING THROUGH THE PANDEMIC.

Representing a community in the far west region of NC, another key informant said,

...I KNOW SOME PEOPLE THAT HAD TO SELL SOME THINGS TO MAKE ENDS MEET, ESPECIALLY IF THEY DIDN'T HAVE ANY SAVINGS TO PULL FROM. YOU COULDN'T GO ANYWHERE, DO ANYTHING, AND SOME PEOPLE JUST COULDN'T WORK, BUT THERE [WERE] BILLS THAT STILL HAD TO BE PAID.

A key informant from the mountains of NC focused specifically on the food insecurity problem, noting that his organization served 1,200 people per month. He noted further that

"[P]eople turned to food banks...because there was nothing in the stores and it's stretching [their] limited resources."

Other residents of communities across the state, according to other key informants, attempted to deal with food insecurity by limiting food intake, relying almost solely on certain kinds of affordable foods such as granola bars, or growing and preserving (i.e., canning) their own food during the pandemic. Regarding those who took up gardening and food preservation, an extension agent in western NC said,
“I’VE BEEN INUNDATED WITH PEOPLE WANTING INFORMATION ABOUT FOOD PRESERVATION AND GARDENING. A LOT PEOPLE ARE GOING BACK TO HOME GARDENING AND THEY WANT TO LEARN HOW TO PRESERVE THEIR OWN FOOD.”

To save money for food and other basic necessities, a key informant noted that some people in his mountain community shifted to burning wood instead of using propane to keep warm during the winter months of the pandemic. He elaborated by stating,

...THEY HAVE ALL TAKEN ON TO BURNING WOOD ALL WINTER...EVEN AN ELDERLY WOMAN THAT LIVES IN FRONT OF ME THAT ALWAYS USED PROPANE AND ALL OF HER FAMILY WAS HELPING WITH THAT. EVERYBODY'S BURNING WOOD TO STAY WARM. THAT'S THEIR BIGGEST WAY OF SAVING SOME MONEY RIGHT NOW, I THINK.

To overcome the social isolation the pandemic caused, one key informant, referencing those turning to food banks, said

THEY’VE DEVELOPED A COMMUNITY...IT’S THE SAME PEOPLE [THAT] COME AT THE SAME TIME. THEY STAY SOCIALLY DISTANCED BUT THEY’RE STILL INTERACTING, AND THAT’S A LOT OF OUR SENIORS.

Another key informant from a community in the far west indicated some middle-aged groups,

...ARE HAVING VIRTUAL BOOKS GROUPS BECAUSE WE CAN’T GET TOGETHER ANYMORE AND THEY STILL WANT TO HAVE THAT INTERACTION. SO, IT’S ZOOM® WATCH PARTIES WHERE YOU WATCH MOVIES WITH YOUR FRIENDS OR VIRTUAL BOOK GROUPS OR THE TAI CHI CLASSES. PEOPLE ARE TRYING TO FIGURE OUT HOW TO BE TOGETHER BUT STILL BE SPACED OUT.

Still other key informants talked about side hustles as a pandemic coping strategy. One from a community in the NC mountains specifically said,

I THINK EVERYBODY’S GOT THE SIDE HUSTLE...IT’S YOUR REGULAR JOB AND THEN THE OTHER 12 THINGS THAT YOU DO TO TRY TO MAKE IT ALL WORK. AND SOME OF THOSE 12 THINGS HAVE BECOME PEOPLE’S PRIMARY THINGS AND HELPED THEM BALANCE A LITTLE BIT.

Expressing concern about this coping strategy, he continued by stating,

MY FEAR...IS THAT EVERYBODY’S JUST SO STRESSED OUT AND OVERWORKED AND TIRED THAT IF WE DON’T SEE SOME NORMALITY SOON AND THEY CAN GO BACK TO THAT PRIMARY SOURCE OF EMPLOYMENT OR THEY DON’T JUST HAVE TO WORK AS HARD...IT’S A HARD LIFE ANYWAY, IT’S BEEN MADE HARDER...CAN PEOPLE BACK OFF SOME OF THAT?

Even though moratoriums were put in place, a central NC key informant indicated that forced relocations did occur. To quote, she opined,

AND WE HAVE FOUND THAT SOME PEOPLE HAD TO MOVE FROM HOMES BECAUSE THEY WERE IMPACTED. BUT WE KNOW THAT THERE WERE LAWS THAT PREVENTED [LANDLORDS] FROM PUTTING PEOPLE OUT OR EVICTING THEM DURING THIS COVID. I DON’T THINK SOME PEOPLE EVEN WERE AWARE OF IT AND SOME JUST DECIDED TO FOLD UP AND MOVE BACK HOME WITH PARENTS OR WHATEVER.

7. KEY TAKEAWAY #7: The pandemic has devastated small and some large businesses, forcing some to close and others to struggle to maintain a stable workforce and retain customers
Key informants discussed the pandemic’s impact on large, small, and minority owned businesses as well as the supply chains that support local businesses in their communities.

Supply chains disruptions, according to one key informant, were especially harmful to daycare centers that reportedly could not "...GET HYGIENE PRODUCTS; THEY COULDN'T GET DIAPERS AND LAUNDRY DETERGENT AND SHAMPOO AND DEODORANT."

Access to other goods and services was also a major problem for both businesses and community residents, especially in far western NC, as this key informant described using personal experience.

AND IF YOU HAVE HAD TO PURCHASE A MAJOR APPLIANCE DURING THIS PANDEMIC, THEN YOU KNOW WHAT I'M TALKING ABOUT; THEY'RE JUST NOT THERE. I HAD TO GO TO LOWE'S TO PURCHASE A NEW STOVE WITHIN THE LAST YEAR, AND THE AVAILABILITY IS SLIM TO NONE AS FAR AS WHAT YOU CAN GET. THEY ALL SAY THEY CAN'T GET PARTS; THEY CAN'T GET SUPPLIES. I ALSO TRIED TO PURCHASE A NEW LAWNMOWER LATERLY, AND THEY ARE LIKE, "I'M NOT EVEN SURE WE'RE GOING TO BE ABLE TO GUARANTEE THAT WE CAN EVEN GET THIS FROM THE DEALER." AND IT WAS A MAJOR BRAND, SO IT'S NOT JUST SMALL BUSINESSES, IT'S MAJOR COMPANIES THAT ARE HAVING TROUBLE PRODUCING PRODUCTS RIGHT NOW. I THINK IT'S AT EVERY LEVEL AND IN EVERY TOWN, THIS IS AN ISSUE.

Continuing the discussion on supply chain disruptions, another key informant from the far west said,

"I ...HAD TO TRY AND SALVAGE A REFRIGERATOR IN THE MIDDLE OF THIS [PANDEMIC] AND IT WAS A VERY LONG-DELAYED PROCESS...SUPPLY CHAIN ISSUES HAVE IMPACTED THIS...SMALL RURAL MOUNTAIN TOWN. YOU CAN'T EASILY RUN DOWN THE STREET TO GET THINGS THAT YOU MIGHT IF YOU WERE IN A LARGER METROPOLITAN AREA THAT HAD EASIER ACCESS TO THE INTERSTATE...

Highlighting how the pandemic affected a major employer in western NC, one key informant said,

"WE'RE ONE OF THE LARGER EMPLOYERS IN THIS AREA, AND COVID KILLED US...WE HAVE SEEN 150 EMPLOYEES PRETTY MUCH HIT THE STREETS LOOKING FOR ANOTHER JOB...THEY'VE LOST SPOTS HERE THAT ARE PAYING A PRETTY GOOD WAGE FOR UP HERE ON THE MOUNTAIN, AND THEY'VE GONE OFF. THEY'VE LIVED OFF THE BENEFITS THAT THEY RECEIVED FROM UNEMPLOYMENT, AND THAT RAN OUT, AND THEY JUST WERE TAKING MOST ANY JOB THEY COULD GET THEIR HANDS ON UNTIL THEY CAN FIND SOMETHING JUST A LITTLE BETTER TO MOVE ON TO. THEY'RE NOT STABLE. THEY'RE JUST GETTING BY, BY THE SKIN OF THEIR TEETH RIGHT NOW."

Key informants devoted the most attention to the pandemic’s impact on small- and minority- owned businesses throughout the state. One central NC key informant placed the pandemic’s impact on this sector of the business community in stark perspective, noting that
funeral homes are one of the few businesses that thrived during the pandemic but also was quick to express concern for their staff.

...OF COURSE, THE FUNERAL BUSINESS HAS ESCALATED TREMENDOUSLY. WE PRAY FOR [THEIR] PERSONNEL BECAUSE, IN MY OPINION THEY ARE LIKE FRONT-LINE WORKERS...BECAUSE THEY DEAL WITH THAT SITUATION.

Another key informant in central NC gave personal knowledge of pandemic-induced business closures.

I KNOW PERSONALLY...WE'VE HAD SEVERAL...SMALL BUSINESSES TO CLOSE. AND, ONE, WAS BECAUSE OF A LACK OF CUSTOMERS, WHICH DID NOT GENERATE INCOME. SO, UNFORTUNATELY, THEY HAD TO CLOSE OR LAY OFF.

Another key informant in central NC also reported on personal knowledge of small business closures.

DEFINITELY SMALL BUSINESSES HAVE BEEN AFFECTED. MY BARBER OF 22 YEARS HAD TO CLOSE HIS BUSINESS BECAUSE HE CAME DOWN WITH COVID. A COUPLE OF OTHER PRACTITIONERS IN HIS SHOP CAME DOWN WITH COVID.

A third key informant from central NC said minority businesses, in particular, suffered during the pandemic because they did not have a relationship with a financial institution that would enable them to access Payroll Protection Program (PPP) funding from the SBA.

[T]hese small businesses in the area...didn't have a very solid relationship with a financial institution. They had no chance to get PPP to bridge them in the situation. So, a lot of minority businesses did not get the benefit of the stimulus package in terms of the PPP grants and loans.

Expressing a similar concern about government support, a key informant from the far west asserted,

SO, EVERYTHING HAS BEEN WORKING AGAINST OUR SMALL BUSINESSES, AND I KNOW SOME FOLKS HAVE ACCESS TO MONEY [FROM THE GOVERNMENT], BUT I DON'T KNOW THAT IT GOT WAY OUT WEST LIKE IT DID IN OTHER PLACES.

Others focused on a different set of pandemic-induced small business challenges. For example, one key informant in the far west said the pandemic,

...HAS BEEN VERY DIFFICULT ON A NUMBER OF SMALL BUSINESSES. THE COSTS ASSOCIATED WITH ADAPTING TO REQUIREMENTS OF THE PANDEMIC AS FAR AS SOCIAL DISTANCING AND CLEANING...HAVE BEEN EXPENSIVE AT A TIME WHEN THE REVENUES ARE DOWN, AND PRICES ARE UP FOR THE GOODS AND SERVICES THEY'RE TRYING TO BRING IN...

Another from the mountains said,

...IT'S BEEN SAD TO SEE SEVERAL SMALL BUSINESSES CLOSE BECAUSE OF THE PANDEMIC. CERTAINLY, RESTAURANTS HAVE BEEN HARD HIT. THEY CAN'T KEEP FOLKS EMPLOYED. WE'VE SEEN THE CLOSURE OF SEVERAL BUSINESSES THAT HAVE BEEN AROUND IN THIS AREA [FOR A LONG TIME]...SEEING SOME OF THOSE BUSINESSES CLOSE, IT'S UPSETTING.

Yet another said,

WHAT I CAN SPEAK TO IS WE ARE IN THE MIDDLE OF DOING OUR RE-ENROLLMENTS [FOR HEADSTART]...AND A LOT OF OUR FAMILIES ARE SELF-EMPLOYED OR OWNERS OF SMALL BUSINESSES AND SEEING WHAT THEIR INCOME WAS EVEN A YEAR AGO...WHEN THEY QUALIFIED THE FIRST TIME AND SEEING WHAT THEIR INCOME LOOKED LIKE LAST YEAR, THERE WERE FIVE OR SIX MONTHS WHERE THEY HAD NO INCOME WHATSOEVER. SO, THEY'RE TRYING TO RECOVER FROM THAT AND GET BACK ON THEIR FEET. [IT]... IS A LITTLE SHOCKING ...TO SEE WHAT PEOPLE ARE HAVING TO DEAL WITH.

Several key informants focused specifically on the pandemic's impact on childcare businesses. For example, one from eastern NC noted,
[5]OME OF OUR CHILDCARES ARE SMALL BUSINESSES...THEY'VE HAD HUGE INCREASES TO THEIR OPERATIONAL COST. WHEN THEY WEREN'T ABLE TO SERVE AT THE FULL CAPACITY, THEIR ENROLLMENT DROPPED. BUT YET, THEY WERE HAVING TO BUY MORE SUPPLIES TO CLEAN. THEY WERE HIRING OUTSIDE SERVICES. THEY WERE PAYING STAFF THAT MAY HAVE TO QUARANTINE.

He continued by stating,

THEY'VE INCURRED A HUGE AMOUNT OF COSTS JUST TO OPERATE OVER THE LAST YEAR. AND THEY'VE DONE THIS IN ORDER FOR OTHER FOLKS TO BE ABLE TO GO TO WORK.

He notes further,

"WE'VE HAD TWO LARGE CHILDCARE FACILITIES TO SHUT DOWN."

In response to a question regarding PPP uptake by childcare companies, this key informant said,

THERE WERE SOME THAT TRIED, BUT THE PROCESS WAS NOT EASY TO MANEUVER WITH THE BANKS. I THINK WE HAD OUT OF 78 FACILITIES, I THINK WE HAD TWO THAT WERE ABLE TO PARTAKE IN THAT [PROGRAM]...I'VE HEARD FOUR OR FIVE...ACTUALLY TRIED. BUT SOME THAT LOOKED INTO IT SAID IT WAS NOT AN EASY PROCESS WHATSOEVER. AND I HEARD THAT EVEN FROM ACROSS THE STATE WITH OTHER CHILDCARES AND PARTNERSHIPS.

A key informant from central NC also talked specifically about the problems the self-employed faced during the pandemic.

"[W]E'VE HAD SOME PEOPLE WHO WERE SELF-EMPLOYED—A HAIR STYLIST—SO, RENT WAS DUE, LIGHTS DUE...HAD NO INCOME TO PAY ALL OF THAT. SEVERAL CLIENTS ACTUALLY HAD THAT ISSUE, EVEN THOSE WHO WERE NOT SELF-EMPLOYED."

Further highlighting the challenges this group of sole proprietors faced during the pandemic, another key informant noted that,

[5]OME OF THE SELF-EMPLOYED INDIVIDUALS WERE ABLE TO APPLY FOR UNEMPLOYMENT BENEFITS. BUT THE STATE WOULD ONLY GIVE THEM THE MINIMUM AMOUNT ALTHOUGH THEY SENT IN THE MATERIALS TO SHOW THAT THEY QUALIFIED FOR HIGHER AMOUNTS. THEY'VE ONLY PAID THEM THE MINIMUM AMOUNTS EACH WEEK...THAT'S A CHALLENGE.

Not unlike minority owned businesses, according to one key informant from the mountains, the PPP program was not kind to the self-employed with 1099 income.

I THINK ONE OF THE COMMON THREADS ...WE ALL HAVE UP HERE IS... THE WAY SOME BUSINESSES RUN...WE HAVE A LOT OF 1099 BUSINESSES.

Offering an example of the problem, he said,

FOR INSTANCE, WE HAVE A YOGA BUSINESS IN TOWN THAT HAD 14 1099 EMPLOYEES. SHE APPLIED FOR A PPP LOAN; SHE GOT $87 BECAUSE SHE WAS THE ONLY W-2 SALARY THAT COUNTED FOR HER BUSINESS AND SHE WASN'T PAYING HERSELF BECAUSE SHE WAS TRYING TO PAY EVERYBODY ELSE.
Key informants identified two additional pandemic-induced impacts on the small business community.

The first pertained to the challenge of getting workers vaccinated. Describing this challenge, it was noted that,

[BUSINESSES] HAVE...HAD TO GET CREATIVE ABOUT THAT [VACCINE ROLLOUT]. THERE'S BEEN SUCH AN EAGERNESS TO GET PEOPLE VACCINATED THAT THEY SAY, "ALL RIGHT. LET'S TAKE ALL 10 OF OUR EMPLOYEES TO GET VACCINATED TOMORROW." THEN THEY GO GET THAT SECOND SHOT...AND THEY END UP HAVING TO SHUT DOWN FOR A DAY BECAUSE EVERYBODY'S GOT...SIDE EFFECTS...AND NOBODY'S THERE TO OPERATE [THE BUSINESS].

The second pertained the impact of rising commercial property values in western NC on small business formation. Driven in part by the large influx of pandemic refugees from major urban centers, a key informant addressed this issue by surmising that

"THE COST OF COMMERCIAL PROPERTY RISING PRESENTS A PROBLEM FOR SMALL BUSINESS CLIENTS WHO MAY ASPIRE TO OPEN A RESTAURANT OR SOMETHING."

8. KEY TAKEAWAY #8: Pandemic-induced layoffs combined with caregiving responsibilities and personal health challenges has decimated the workforce.

Key informants identified who in their communities were most affected by pandemic-induced layoffs and discussed barriers to filling jobs vacancies as the major workforce challenges.

With regards to layoffs, a central NC faith leader said,

"I KNOW PERSONALLY, SOME OF OUR MEMBERS HAVE BEEN LAID OFF FROM POSITIONS, COSMETOLOGISTS AND BARBERS, AND THEY RELIED ON THEIR CUSTOMERS. THE SCHOOL...TEACHERS' ASSISTANTS THAT WERE LAID OFF EVEN WHEN A FEW TEACHERS WERE ABLE TO GO BACK TO AND DO VIRTUAL TRAINING AND TEACHING... GROCERY STORE WORKERS HAVE BEEN AFFECTED, YES."

Describing the impact on the workforce in western NC mountain community, a key informant said,

THERE WAS ONE PARTICULAR DAY IN LATE MARCH OF LAST YEAR WHERE ABOUT 4,000 FOOD SERVICE WORKERS LOST THEIR EMPLOYMENT, A LOT OF THOSE WERE [UNIVERSITY] STUDENTS...WE SAW THEM LEAVING THE [COMMUNITY]; WE SAW A LOT OF OUR WORKFORCE DEPARTING AND NOT REALLY UNDERSTANDING FULLY HOW WE WERE GOING TO OPERationally NAVE THROUGH THE SUMMER WHEN TRADITIONALLY A LOT OF OUR BUSINESSES HERE MAKE THEIR HIBERNATING MONEY, WE LIKE TO CALL IT.

A central NC key informant said all essential workers in his community have been especially hard hit.

ALL HAVE BEEN AFFECTED: SOME BY HAVING TO MOVE IN WITH EACH OTHER BECAUSE ONE GROUP MAY NOT BE ABLE TO MAINTAIN THAT HOME SETTING BY PAYING RENT OR PAYING UTILITIES. SO, THEY BUNK UP TOGETHER TO TRY TO MAKE SURE THAT EVERYBODY'S ABLE TO AT LEAST EXIST AND TRY TO WAIT OUT THE BRUNT OF THE PANDEMIC THAT IS GOING ON.
And a key informant from a mountain tourist area in western NC said,

I WOULD SAY, FOR AN AREA OF THE STATE THAT SEES SO MANY OF OUR LOW-INCOME WORKERS HOP FROM JOB TO JOB FROM A SEASONAL STANDPOINT, [THE PANDEMIC] TOOK OUT ONE OF THOSE MIDDLE HOPS AND IT MADE PEOPLE REALLY HAVE TO PUT SOME POWER IN THEIR LEGS AND JUMP AS HIGH AS THEY COULD TO HOPEFULLY GET TO THE NEXT LANDING SPOT, AND SOME WERE MORE SUCCESSFUL THAN OTHERS, UNFORTUNATELY.

At the same time that some workers were challenged by job losses, employers were faced with the challenge of filling vacancies in their workforces during the pandemic. One key informant from central NC succinctly defined the problem by stating,

BUT EMPLOYING FOLKS, EVEN THOUGH THERE'S A LOT OF FOLKS WHO ARE UNEMPLOYED, FINDING SOMEBODY TO WORK STEADY AND NOT BE INTERRUPTED BY PANDEMIC REASONS, OR OTHER REASONS, HAS JUST BEEN A NIGHTMARE FOR SMALL BUSINESSES LIKE THEY'VE NEVER HAD IT BEFORE HERE. IT'S JUST BEEN TERRIBLE.

Another key informant offered insights into the magnitude of the problem in far western NC. He said,

...42% OF SMALL BUSINESSES IN MARCH REPORTED THAT THEY COULD NOT FILL POSITIONS. THE AVERAGE FOR THE LAST 10 YEARS HAS BEEN 22%. SO, THAT'S MORE THAN DOUBLED.

Referencing a local software company where he was employed, this key informant went on to note that there were

...80 OPEN POSITIONS AT THE END OF OCTOBER...I DON’T KNOW THAT THESE HAVE EVER ALL GOTTEN FILLED. WE ENDED UP HIRING SOMEONE, AND THEN WE WAITED FOR THE BACKGROUND CHECK...THE DAY THEY WERE SUPPOSED TO SHOW UP FOR WORK, THEY DIDN'T COME.

A third key informant from eastern NC also illustrated the magnitude of the job vacancy problem by describing a local job fair.

[W]E DID A VIRTUAL JOB FAIR LAST WEEK...AND WE HAD ABOUT 11 ORGANIZATIONS...THAT WERE PRESENT THAT HAD VACANCIES...THERE ARE A LOT OF VACANCIES. A LOT OF AGENCIES NEEDING PEOPLE TO WORK...SOME OF THEM ARE OFFERING MORE MONIES NOW THAN THEY DID LAST YEAR OR IN THE BEGINNING OF THE PANDEMIC.

Key informants were quick to note that the job vacancy problem extended beyond private businesses and are common in nonprofit and government sectors as well. For example, one—a local government official in far western NC—said,

[W]E'VE SEEN THE DEVASTATION TO THE AVAILABILITY OF WORKFORCE AND...IT'S NOT EVEN JUST OUR SMALL BUSINESSES...WITHIN THE DEPARTMENT OF SOCIAL SERVICES... I BELIEVE...OUT OF A WORKFORCE OF 74, WE [CURRENTLY] HAVE FIVE VACANCIES, AND WE CANNOT FILL THEM.

He continued by noting,

THE LAST [TIME] I SPOKE WITH OUR SHERIFF... I BELIEVE HE INDICATED THAT HE'S GOT SOMEWHERE IN THE NEIGHBORHOOD OF MAYBE 11 TO 13 VACANCIES; ALSO, HE CANNOT FILL THEM. SO, NOT JUST SMALL BUSINESSES, BUT EVEN THE GOVERNMENT SECTOR IS REALLY GETTING HIT HARD IN THAT REGARD.

Key informants also discussed the perceived sources of the job vacancy problem, citing multiple barriers to employment during the pandemic.

At least two key informants perceived people exploiting the system of social safety nets to be part of the workforce shortage problem. One from the far west said,

...THE CONCERN AROUND THE IMPACT OF THE ONGOING UNEMPLOYMENT SUPPORT AND HOW IT'S IMPACTING OUR WORKFORCE IS CERTAINLY SOMETHING I'VE HEARD DISCUSSED IN A NUMBER OF AREAS.
The other talked more specifically about people perceived to be milking the system. She said,

_THERE ARE A LOT OF PEOPLE I KNOW PERSONALLY THAT ARE WORKING THE UNEMPLOYMENT SYSTEM AND MAKING MORE MONEY THAN THEY WOULD BE MAKING WORKING...THEY ARE DOING THEIR DUE DILIGENCE TO CONTINUE THAT MONEY COMING IN FOR AS LONG AS THEY CAN._

She continued,

"I DON'T BELIEVE A LOT OF IT IS BEING SAVED FOR BUYING HOUSING OR ANYTHING ELSE LIKE THAT, AND I HAVE HAD ONE PERSON SAY TO ME, IF THE UNEMPLOYMENT HAD HELD OUT FOR MORE WEEKS AND I DIDN'T HAVE TO COME BACK [TO WORK]...I WOULD HAVE BEEN CAUGHT UP AND DEBT-FREE BY NOT WORKING."

Further elaborating, she asserted,

_IF I CAN SIT HOME AND I CAN MAKE MORE MONEY THAN WORKING, THAT'S WHAT PEOPLE WILL DO. SO, UNTIL THAT FAUCET TURNS OFF...YOU'RE GOING TO HAVE A HARD TIME GETTING AND RETAINING EMPLOYEES, EVEN GETTING INTERVIEWS._

Other key informants countered this view by highlighting other perceived barriers. One noted, for instance,

_AND...TALKING WITH...INDIVIDUALS [I.E., BUSINESS OWNERS] DISCUSSING THEIR VACANCIES AND HOW THEY'VE BEEN TRYING TO MARKET, IT HAS BEEN BECAUSE PEOPLE ARE AFRAID OF COMING TO WORK AND CATCHING COVID, OR MAY HAVE HAD COVID BEFORE. NOT THAT THEY DON'T WANT TO WORK. SO, SOME OF THE BUSINESSES, THEY ARE FEELING WHAT IS GOING ON WHEN IT COMES TO THIS PANDEMIC. THEY REALLY ARE._

Several key informants talked about childcare as a major barrier to filling job vacancies. According to a representative from the far west,

..._THERE ARE A LOT OF ... FAST FOOD RESTAURANTS THAT HAVE JOB OPENINGS. SOME OF THEM ARE HAVING TO CLOSE EARLY BECAUSE THEY CAN'T FIND ENOUGH PEOPLE TO WORK._

Describing the childcare barrier, she continued by reporting,

..._A COUPLE OF THINGS WE'VE RUN INTO WITH OUR PARENTS IS EVERY TIME THIS PARENT WOULD GO GET A JOB...SOMETHING WOULD HAPPEN WITH COVID, AND THEIR CHILD WAS SENT HOME...THAT HAPPENED MULTIPLE TIMES._

Continuing, she added,

..._IF THEY ARE YOUNG PARENTS OR JUST PARENTS IN GENERAL...AND THEY HAVE TO BE OUT WITH THEIR KIDS FOR EXTENDED PERIODS OF TIME—UP TO TWO WEEKS—AND IF IT'S MULTIPLE TIMES, I DON'T KNOW HOW UNDERSTANDING [EMPLOYERS] ARE WHEN IT COMES TO THAT. I MEAN, IF YOUR KID'S SICK A DAY HERE OR A DAY NEXT MONTH, YES, BUT FOR AN EXTENDED PERIOD OF TIME [NO]—BUT THERE ARE JOBS AVAILABLE._

Another key informant—this one from western NC—also said,

_AND CHILDCARE IS A VERY, VERY, BIG ISSUE. PEOPLE DON'T UNDERSTAND THAT A LOT OF PEOPLE GET CHILDCARE SUBSIDY BUT THEY COULD ONLY GET IT IF THEY'RE WORKING. AND WHEN YOU'RE NOT WORKING, HOW CAN YOU GO LOOK FOR A JOB IF YOU DON'T HAVE SOMEONE TO WATCH YOUR CHILD?_
And a third noted that school closings and lack of daycare were problems even for companies that were able to stay open during the pandemic. Citing as an example a manufacturing plant in western NC, this key informant said,

\textit{THE PROBLEMS THEY ENCONTERED ... WAS WITH SCHOOL CLOSINGS \text{\cite{and}} \text{\text{\text{\text{AND}}} THE LACK OF DAYCARE WAS A BIG ISSUE. THESE FOLKS...HAD...KIDS [WHO] COULD NOT GO TO SCHOOL [AND] THEY COULD NOT FIND DAYCARE, SO THEY HAD TO MAKE [OTHER] ARRANGEMENTS...IF THEY DIDN'T HAVE GRANDPARENTS...THAT WAS A BIG PROBLEM.}

Another—a key informant from the mountains—discussed the backlog of background checks as a perceived barrier to filling job vacancies.

\textit{AND THERE'S THE WHOLE ISSUE OF EVEN IF YOU FIND A GOOD EMPLOYEE, THERE'S SUCH A BACKUP ON...CRIMINAL BACKGROUND CHECKS—THAT PEOPLE THAT DO WANT TO WORK DON'T WANT TO WAIT FOR TWO, THREE MONTHS TILL THEIR BACKGROUND CHECK COMES IN AND THEY'RE GOING OFF TO PLACES WHERE THEY DON'T HAVE TO GO THROUGH THOSE HOOPS AND Wait.}

\textbf{9. KEY TAKEAWAY #9: Beware of the impending Post-COVID-19 cliff.}

Looking ahead, key informants identified several likely long-term impacts of the COVID-19 pandemic—collateral damage that will have to be addressed post-COVID-19.

Commenting on the challenges ahead, a faith community leader in eastern NC succinctly stated,

\textit{[T]HERE HAVE BEEN SO, SO MANY WAYS THAT THIS PANDEMIC HAS PLAYED HAVOC ON OUR COMMUNITY...I BELIEVE WE'RE GOING TO HAVE TO ADJUST IN ORDER TO GET BACK TO SOME FORM OF NORMALCY...[WE] WILL NEVER BE BACK TO WHERE WE WERE. LIFE AS WE KNOW IT, AS WE KNEW IT BEFORE THIS TIME LAST YEAR, WE WON'T GET BACK THERE.}

Sharing his perspectives on the post-Covid impacts, another central NC minister reflected specifically on the implications for his church and parishioner base by stating,

\textit{I WAS CHATTING WITH ONE OF MY PARISHIONERS TODAY, AND WE CAME TO THE REALIZATION THAT WE HAVE BEEN AFFECTED PSYCHOLOGICALLY BECAUSE—TO BE PERFECTLY HONEST WITH YOU—STREAMING FOR US AS A CHURCH HAS BECOME A WAY OF LIFE NOW, AND WE HAVE TO THINK VERY SERIOUSLY ABOUT HOW WE ARE GOING TO RE-ENTER INTO THE WALLS OF THE CHURCH AND TO BE A CONGREGATION AGAIN.}

Other key informants talked about a post-pandemic cliff and what to do once crisis resources end. One—a nonprofit leader from central NC—said, for instance,

\textit{I DON'T WANT TO GET ON A SOAPBOX, BUT GENERALLY I SALUTE THE CURRENT [BIDEN] ADMINISTRATION FOR THE EFFORTS THAT THEY HAVE MADE. BUT EVEN THERE'S MORE THAT HAS TO BE DONE AFTER WE DO THESE SHORT-TERM TEMPORARY STIMULUS STEPS. WE'VE GOT TO DEAL WITH SOME LONG-TERM CHANGE IN ORDER TO PUT OUR COUNTRY AT A PLACE WHERE EVERYBODY CAN FEEL LIKE THEY ARE VALUED.}

A key informant from far western NC added even more specificity.

\textit{WE'RE A LITTLE WORRIED ABOUT WHAT'S GOING TO COME FORWARD WHEN THE SAFETY NETS THAT HAVE BEEN PUT INTO PLACE TO KIND OF HELP FOR RIGHT NOW, WHAT THAT'S GOING TO LOOK LIKE ONCE THEY HAVE STOPPED. THE RENT STUFF, HOW THAT'S GOING TO AFFECT OUR FAMILIES, THE MEDICAL PROVIDERS HERE IN TOWN. WHETHER THEY'RE GOING TO STAY OR IF WE'RE GETTING NEW ONES. THE DENTAL AVAILABILITY IN OUR RURAL AREAS HAS DECREASED. WE ACTUALLY LOST ONE OF OUR PROVIDERS, UNFORTUNATELY. I DON'T KNOW IF IT WAS DIRECTLY DUE TO COVID, BUT IT'S AN IMPACT THAT OUR FAMILIES ARE SEEING RIGHT NOW.}

He continued by stating,
CHILD CARE HAS BEEN AFFECTED HERE...JUST A LOT OF IMPACTS THAT I THINK ARE GOING TO TAKE A LONG TIME TO WORK OUT AND FOR US TO GET BACK INTO ANYTHING CLOSE TO NORMAL. IT'S GOING TO BE A LONG HAUL FOR OUR FOLKS TO GET BACK TO SOME SENSE OF NORMALCY.

Echoing a similar sentiment, a key informant from a community action agency in central NC stated,

WE SEE INDIVIDUALS THAT HAVE RENTAL ASSISTANCE NEEDS, THAT HAVE MORTGAGE ASSISTANCE NEEDS, AND JUST FINANCIAL SHORTFALLS AS A RESULT OF... LOSING EITHER THEIR INCOME OR BENEFITS FOR A GIVEN PERIOD OF TIME. SO, ANY DOLLARS THAT WE GET OR HAVE THAT WE CAN USE FOR RENTAL OR OTHER KINDS OF ASSISTANCE, IT QUICKLY GOES AWAY BECAUSE THE DEMAND IS SO HIGH FOR THAT KIND OF ASSISTANCE. SO, I WOULD ANTICIPATE THAT WE WILL CONTINUE TO SEE STRESS FOR PEOPLE IN TERMS OF FOOD INSECURITY AND SOME FINANCIAL NEEDS GOING FORWARD.

Another key informant from western NC talked specifically about workforce challenges in his community. He noted,


Further describing the future workforce challenges, he said,

...DURING THE FIRST PART OF THE SHUTDOWN WHEN ALL THE RESTAURANTS AND THE GROCERY STORES LOST THEIR EMPLOYEES—THEY'RE GONE. AND NOW THAT WE'RE KIND OF BACK, THAT WORKFORCE IS NOT OUT THERE ANYMORE. AND THAT HAS REALLY HURT US, AND IT'S GOING TO CONTINUE TO HURT US FOR YEARS TO COME BECAUSE WE HAVE JOBS OUT THERE NOW, BUT THERE'S NOBODY THERE TO FILL THEM. I DON'T KNOW WHERE THE WORKFORCE HAS GONE, BUT THEY'RE NOT IN [THIS COUNTY].

He concluded by asserting that the recruitment of workers will be enormously difficult giving the rapidly escalating cost of housing in his community.

Others talked about the long-term effects of delayed health care during the pandemic. For example, a physician in eastern NC said,

AND ONE THING THAT I'VE ALSO NOTICED IS THAT PEOPLE, OUT OF FEAR OF COVID...STOPPED GOING TO DOCTOR'S APPOINTMENTS AND STOPPED SCHEDULING THEM. AND NOW THAT THEY'RE MORE COMFORTABLE WITH COMING OUT, IT'S HARD TO GET AN APPOINTMENT. YOU HAVE TO WAIT MONTHS BEFORE YOU CAN GET AN APPOINTMENT.

Similarly, a physician who runs a pediatrics clinic in eastern NC commented on a noticeable decline in children showing for services, stating specifically that,

WHAT WE'VE SEEN ... IS A SIGNIFICANT DECREASE IN THE NUMBER OF CHILDREN PRESENTING FOR SERVICES. WE ARE STILL RUNNING OUR PRACTICE. WE HAVE OFFICE HOURS SEVEN DAYS A WEEK. WE OPERATE FOUR OFFICES AROUND THE CATCHMENT AREA...WE'RE TRYING HARD TO GET KIDS IN SO THEY DON'T FALL BEHIND ON ROUTINE CARE LIKE IMMUNIZATIONS.

The physician goes on to state,

I ALSO OVERSEE SEVEN SCHOOL-BASED HEALTH CENTERS...MENTAL HEALTH HAS BEEN A LARGE PART OF THAT. BUT WITH SCHOOLS BEING OFF AND ON...WE'RE JUST VERY CONCERNED ABOUT WHAT'S HAPPENING TO THESE CHILDREN WHO NEED TO BE IN SCHOOL, CAN'T BE IN SCHOOL, DON'T HAVE WI-FI, DON'T HAVE...THE ELECTRONIC TECHNOLOGY TO PARTICIPATE IN SCHOOL.

He concluded,
AND WE KNOW WE'RE GOING TO BE PICKING UP THE PIECES FOR A RIGHT LONG TIME. WE WORRY MORE ABOUT WHAT WE'RE NOT ABLE TO GET OUR HANDS ON THAN WHAT WE'RE HANDLING [IN] THE OFFICE...BUT WE'RE JUST NOT BUSY.

Another key informant from central NC expressed specific concerns about reopening schools

“I THINK...WHAT I WAS STUNNED BY IS...THE MESSAGING WAS THE FIRST BIG PROBLEM. I THINK THAT’S MAYBE ONE OF THE THINGS WE HAVE TO FIGURE OUT FOR ALL THESE FUTURE ISSUES IS HOW DO YOU FIND YOUR PEOPLE THAT CAN STEP UP AND COMMUNITIES WILL LISTEN TO...THERE’S MULTIPLE DIVERSE COMMUNITIES...THERE’S NOT JUST ONE COMMUNITY—BUT WHO ARE THE PEOPLE THAT CAN SPEAK TO THAT COMMUNITY AND HOW CAN THEY HAVE A MESSAGE THAT THEY CAN TRUST.”

Highlighting the need to formulate trusted messages and to find trusted messengers, an eastern NC public health official noted that addressing the information challenge begins with diverse sources of information.

BECAUSE YOU HAVE THE ONES THAT DON'T GET ON SOCIAL MEDIA. YOU HAVE THE ONES THAT DON'T HAVE ANY SOCIAL MEDIA ACCOUNTS. YOU HAVE INDIVIDUALS THAT DON'T DO EMAIL. YOU HAVE INDIVIDUALS THAT DON'T DO ZOOM©...AND THERE'S NO ONE SIZE FITS ALL [MEDIA SOURCE].

This key informant continued by asserting that existing organizations that already work together must partner to address the miscommunication challenge—

“...THE NEGATIVE MYTHS...OR THE UNTRUTHS...SOME OF THEM MAYBE...HALF-TRUTHS AND SOME FALSE ALTOGETHER.”

Re-emphasizing the need for new influencers in terms of messaging, he stated,

“I THINK WE'RE SORT OF IN THIS AGE WHERE THERE'S SOMETIMES SORT OF SUSPICION OF THE EXPERTS OR PEOPLE FEEL LIKE THE EXPERTS ARE TALKING DOWN TO THEM...I THINK WE HAVE TO LOOK AT NEW AVENUES, NEW “INFLUENCERS.” AND HOW YOU CAN GET THESE COMMUNICATORS IN THE COMMUNITY THAT WILL TAKE THE EVIDENCE BUT CAN PUT THAT EVIDENCE INTO TERMS AND MEANS THAT THE PUBLIC WILL...ACCEPT.
A key informant from western NC provided a concrete example of the power and value of a trusted messenger. Focusing the leadership of the local school system, he explained,

...One of the areas that we have seen probably the most compliance in our community has been within our school teachers and our school system population. And I...know it’s not accidental. Our school system superintendent was one of the early community adopters of producing and really living COVID compliance...being a source of information for employees, talking with employees...about...when vaccines come out...Here’s the information so [you can] make informed decisions.

In response to the superintendent’s efforts, the key informant continued to explain,

[The school system] had over 90% of their employees choose to get vaccinated. They’re finishing off their vaccination tomorrow, a big community-wide event. So, all of our teachers here for the most part the next couple of weeks will be fully vaccinated.

He went on to say,

And I feel strongly about the fact that it was because the top made it important. And whether they decided to do something or not to do something, they had somebody that was a trusted leader that was speaking without political overtones of everything without the shaming of everything and just saying, “Look, we’re going to provide you information...”

Continuing the discussion on the importance of trusted leadership, another western NC key informant said,

“I know of other school districts in the area where they’re not even getting 20% of their teachers and administration and personnel [to get vaccinated], and we had 90. That’s incredible.”

Finally, several key informants zeroed in on the pandemic-induced funding challenges moving ahead. One observed, for example, that

Nonprofits deeply immersed in COVID response “at a time where none of them could fundraise the way they normally did. Post-COVID, restocking the coffers of these organization will be a challenge.

And the executive director of a local nonprofit in western NC reflected on pandemic’s long-term effect on his organization’s traditional role of filling gaps other agencies were unable to fill in the community.

[We try to pick up, fill the holes, the gaps in assistance where other agencies may be unable to fill...We had about a 270% increase in 2020 for [unmet] needs...probably about half of those...were rent needs, people just struggling to be able to pay the rent and stay in their homes...Childcare is another big thing that we have encountered a lot. And those are expensive needs...That’s almost a rent payment per month or so...That’s something we can maybe help people for a month or so, but after that, it becomes a struggle for us.
Given the impending funding challenges, the post-pandemic cliff must be top of mind for government, nonprofit, and for-profit leaders in every region of the state.
Focus Group Protocol for Low-Income Individuals and Families

(Moderator: __________)

Let me begin by welcoming each of you to this meeting this evening. I appreciate your taking the time to be here, and I am happy to be taking part in this project. My name is ________, and I am with the CGISC and University of North Carolina at Chapel Hill. I will be leading this evening’s virtual meeting.

You are here to participate in a focus group, which is a research tool that is often used to broaden knowledge and understanding of issues surrounding a specific topic. Have any of you taken part in a focus group in the past?

To give you a little more information, a focus group typically involves from eight-to-twelve participants who possess a certain set of characteristics. The group is brought together to discuss a selected topic or subject. Focus groups are led by a moderator—which is my role this evening.

As participants in this focus group, you share the status of being a resident of one of the communities served by one of North Carolina’s 34 Community Action Agencies. The North Carolina Community Action Association selected you to take part in this project.

We are going to spend the next 90 minutes talking about the impact of Covid-19 pandemic on your households and communities. I will pose a set of questions and engage you in a discussion that will allow you to explain— in your own words—how the pandemic has affected you and the other members of your household or family as well as evaluate the adequacy of the various relief efforts.

It is important for all of you to participate actively in the discussion so that I can capture the full range of viewpoints. Toward this end, there are several ground rules that I want to go over with you.

First, and most important, what we say and talk about here this evening will remain anonymous. In fact, for the purposes of this discussion, as you can see, we have assigned each of you fictitious names to protect your identity and ensure anonymity. Please use your assigned name instead of your real name throughout this discussion.

None of your names—real or fictitious—will be included in the report that I will prepare that summarizes the major findings of the discussion. We will record our discussion, but its sole purpose will be to allow me to go back and review the things we talk about here as I write my report. Again, no names will be used.

The second ground rule, as I noted previously, is that everyone must participate. I know that some people love to talk while others are more comfortable saying as little as possible. But for us to be able to claim success, I need each of you to be an active and enthusiastic participant.

Third, it is important that only one person talk at a time. That way, everyone benefits by hearing what each other has to say, and it makes it easier for me to follow and clearly understand what each of you has to offer to the conversation.

Finally, if you have something to offer to the discussion please do not hesitate to speak up. There are no right or wrong answers in a focus group. The point is to have
an open and free-flowing discussion. What you might consider as being irrelevant may be just the thing that triggers an important point by someone else.

**I would like to begin by asking you a few questions about yourself and your living arrangements prior to the Covid-19 pandemic.**

1. How long have you lived in this community?

2. How many people, including yourself, live in your household and, if applicable, how are the others in your household related to you?

3. Regarding other household members, are any of them school age children and, if so, how many?

4. Are any adult members of your household in school?

5. Do you own or rent your current place of residence?

6. How long have you lived in your current residence?

7. Do you have internet access where you live? If yes, is it sufficient to your needs—in terms of costs, options, and speed?

8. Are you or anyone in your household or family a business owner? If so, what type of business?

**Next, I have a few questions about your situation prior to the Covid-19 pandemic.**

1. Were you employed prior to the pandemic and, if so, what kind of work did you do?

2. Was anyone else in your household employed and, if so, what did they do?

3. Did you have access to health insurance? If applicable, how about other members of your household?

4. Would you say health care was accessible to you and (if applicable) others in your household?

5. Did you have family in a nursing home or skilled nursing facility?

Thank you for those responses. Now I would like to shift gears and ask a few questions about your experiences during the pandemic. I have three specific sets of interrelated questions.

The first set pertain to how you and other members of your household/family responded to recommended Covid-19 pandemic protective measures.

**Have you or anyone else in your household been unwilling to comply with any of the following prescribed precautions?**

A. Wearing a mask

B. Washing hands frequently

C. Practicing social distancing

D. Avoiding gatherings or crowds

E. Adhering to lockdowns or stay at home ordinances

F. Avoiding contact with people who have symptoms

G. Quarantining if instructed by a doctor
The second set of questions pertain to the social, psychological, and emotional impacts of the Covid-19 pandemic on you and the other members of your household/family.

1. Are you or anyone else in your household an essential worker employed in a job that presents a risk of exposure to COVID 19? If yes, are you worried about the potential to expose other family or household members to the coronavirus?

2. Has anyone in your family been infected, hospitalized, or died from the deadly disease? If so, have you been able to cover medical bills or funeral costs?

3. Have you or anyone else in your household/family delayed needed health care due to the pandemic?

4. Have you had difficulty paying your rent or mortgage? How about utilities?

5. Are you worried about losing your home due to eviction or foreclosure?

6. Have you experienced food insecurity?

7. Has loneliness or isolation been a problem in your household?

8. For those of you with school age children, what impact has the shift to remote learning during the pandemic had on your family or household? Do have adequate broadband access? Is the internet affordable? Is it sufficient in terms of speed? Do you have the adequate number of devices for accessing the internet? Are your children learning in this environment?

The third set of questions relate to the economic impacts of the Covid-19 pandemic on you and the other members of your household/family.

1. Have you or anyone in your family lost work because of Covid-19? If so, who?

2. Have you or anyone in your family or household lost income due to Covid-19?

3. Have you or any other member of your households lost employment benefits such as health coverage?

4. Have you or any other member of your household been forced to close a business—temporarily or permanently?

5. Has the pandemic affected your financial situation and, if so, how?

Now, I would like to ask you about any adjustments you have made in your personal and family life to cope with any hardships you have experienced due to the pandemic.

Specifically, have you done any of the following?

A. Reduced food consumption

B. Drew down emergency savings

C. Sold assets (clothing, furniture, car, etc.)

D. Quit job to take care of family members

E. Moved back home with parents

F. Moved in with other relative or friend
G. Experienced homelessness

H. Took a job as an essential worker despite risks to personal safety

I. Started a business

We are almost done. Before wrapping up, I want to ask you about access and adequacy of various Covid-19 relief measures. I have two related questions.

Have you or any member of your household or family benefitted from any of the following relief measures? And, if so, were the benefits adequate given your personal and family or household situation?

How about economic and business relief measures such as:

A. Unemployment insurance payments

B. Stimulus checks

C. Payment relief for public services (utilities, public transit, etc.)

D. Payroll Protection Program & other small business assistance programs

How about effort to stabilize family life during the pandemic such as:

A. Moratoriums on evictions and foreclosures

B. Free or subsidized broadband and internet access

C. Learning activities & materials for children

D. Free or Donated Food

E. SNAP Benefits

F. In-kind transfers (masks, sanitizer, soap, etc.)

How about relief measures to address health issues?

A. Medicaid benefits

B. CHIP benefit

C. Mental health services

I want to conclude this session by asking you about your views regarding the Covid-19 vaccines approved by scientific community and the federal government.

1. Have you been vaccinated?

2. If not, are you planning on getting vaccinated?

3. Will you recommend or insist that other members of your family or household get vaccinated?

4. Do you have concerns?

5. And, if so, what are the nature of your concerns?

Thank you very much for your participation in this focus group.
Key Informants Virtual Interview Protocol

Thank you very much for agreeing to speak with me today. My name is Jim Johnson. I am a Research Associate in the Cedar Grove Institute for Sustainable Communities.

We are working with the North Carolina Community Action Association (NCCAA) to document the impact of the Covid-19 pandemic on the state’s most vulnerable households and communities. Our goal is to move beyond aggregate statistics on the incidence of infections, hospitalizations, and deaths by documenting the impacts through the autobiographical lived experiences of community residents and the reflective voices of leaders on the frontlines of dealing with the pandemic.

As engaged strategic alliance partners in NCCAA’s longstanding efforts to reduce poverty and create pathways to self-sufficiency in low wealth communities, we are interested in learning about what you are “hearing” regarding how the most vulnerable households in your community are experiencing and coping with the Covid-19 pandemic as well as assessing the adequacy of federal, state, and community-based relief efforts. That is, assistance programs that aim to address pandemic-induced economic fallout and hardships.

It is important for all of you to participate actively in the discussion so that I can capture the full range of viewpoints. Toward this end, there are several ground rules that I want to go over with you.

First, and most important, what we say and talk about here today will remain anonymous. In other words, no one’s real name will be used in today’s discussion. In fact, for the purposes of this discussion, as you can see, we have assigned each of you fictitious names to protect your identity and ensure anonymity. Please use your assigned name instead of your real name throughout this discussion.

To further protect your identity, I should note that no names—real or fictitious—will be included in the report that I will prepare that summarizes the major findings of the discussion. We will record our discussion, but its sole purpose will be to allow me to go back and review the things we talk about here as I write my report. Again, no names will be used.

The second ground rule, as I noted previously, is that everyone must participate. I know that some people love to talk while others are more comfortable saying as little as possible. But for us to be able to claim success, I need each of you to be an active and enthusiastic participant.

Third, it is important that only one person talk at a time. That way, everyone benefits by hearing what each other has to say, and it makes it easier for me to follow and clearly understand what each of you has to offer to the conversation.

Finally, if you have something to offer to the discussion please do not hesitate to speak up. There are no right or wrong answers in this type of discussion. The point is to have an open and free-flowing dialogue. What you might consider as being irrelevant may be just the thing that triggers an important point by someone else.

Let me begin by asking you two very general question.

1. In your view, how has the Covid-19 pandemic affected low wealth individuals and communities in your region?

2. Does the pandemic, in your view, present any unique challenges?
Are your hearing concerns about non-compliance with recommended Covid-19 protective measures in your community? If so, would you say this is a major or minor issue? As you understand it, which group or groups in the community are not taking adequate precautions? And which recommended protective measures do locals appear unwilling to comply with specifically?

A. Wearing a mask
B. Washing hands frequently
C. Practicing social distancing
D. Avoiding gatherings or crowds
E. Adhering to imposed lockdowns or stay at home ordinances
F. Avoiding contact with people who have symptoms
G. Quarantining if instructed by a doctor

Based on what you are hearing, what kinds of hardships are individuals and families in the community facing?

A. Difficulty covering household expenses (rent or mortgage, food, car payment, medical expenses, student loans, etc.)
B. Role strain—work versus caregiving responsibilities
C. Concerns about loved ones in senior care facilities
D. Loneliness & anxiety
E. Divorce, separation, domestic violence
F. Child neglect or abuse
G. Alcohol or chemical dependency
H. Positive test for Covid-19
I. Hospitalization for Covid-19
J. Deaths from the disease
K. Inability to cover burial cost for a lost loved one to Covid
L. Laid off, furloughed, lost job
M. Lost Income
N. Lost health care or other benefits
O. Homelessness
P. Eviction
Q. Foreclosure
R. Business closure—temporary or permanent

What are you hearing from small business owners in your community? What types of challenges are they facing?

A. Difficulty accessing customers due restrictions imposed by the government
B. Loss demand (cost of goods or services to high in current economic climate)
C. Difficulty accessing supplies or inputs
D. Increased price of supplies of inputs
What are you hearing about the kinds of strategies individual and families are deploying to cope with the fallout of the pandemic?

A. Reduced food consumption
B. Drew down emergency savings
C. Sold assets (clothing, furniture, car, etc.)
D. Quit job to take care of family members
E. Moved back home with parents
F. Moved in with other relative or friend
G. Took a job as an essential worker despite the potential risks to personal and familial health and wellbeing

Are you hearing concerns or complaints about the way the government is handling the pandemic? If so, are people concerned about the way the federal government, the state government, or both units of government are handling the crisis? Have you heard specific complaints or concerns about the adequacy of any of the following relief measures?

A. Unemployment insurance payments
B. Stimulus checks
C. Payment relief for public services (utilities, public transit, etc.)
D. Moratoriums on evictions and foreclosures
E. Payroll Protection Program & other small business assistance programs
F. Free or subsidized broadband and internet access
G. Free or Donated Food
H. Snap Benefits
I. Medicaid benefits
J. Mental health services
K. In-kind transfers (masks, sanitizer, soap, etc.)

One final question set of questions: What are you hearing from individuals and families in the community regarding the Covid-19 vaccines that have been approved by scientific community and the federal government.

1. Are people planning on getting vaccinated?
2. Will they recommend or insist that other members of your family or household get vaccinated?
3. Or are local citizens registering concerns about the vaccines?
4. And, if so, what are the nature of their concerns?

Thank you for taking the time to answer my questions.
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