

Oct 21, 2020

EXECUTIVE SUMMARY

Nine months since the first announcement of Covid-19 on U.S. soil, the effects of the pandemic are coming into sharper focus:

- Despite restrictions being lifted over the summer, depressed demand has contributed to the closure of 1 in 4 small businesses nationwide as of the end of September.
- The number of U.S. jobs is recovering but remains 10.7 million fewer than in February.
- Unemployment claims are declining but continue to be filed at levels twice the peak of the Great Recession.
- Employment rates for youth 16-19 years old have rebounded to 31%, now roughly the same as in September 2019, but labor force participation for those 20 years and older fell in September—particularly for women as they struggle to balance work demands with childcare responsibilities.¹
- Fully 22% of Indigenous and 16% of Black individuals do not have internet access, limiting their access to school, work, doctors, and knowledge about the virus.
- Graduate school enrollment is up nearly 3%, while undergraduate enrollment is down 4% – driven by significantly lower enrollment among first-year undergrads.
- More than 1 in 3 adults in 18 states report they are likely to be evicted or foreclosed upon in the next two months.

- Adults reporting anxiety is quadruple the level in January before the pandemic took hold. Mental health is most severely impacted for low-income adults who are dealing with compounding crises.
- Health insurance coverage, which improved significantly over the last decade, is disproportionately lacking among Hispanic and Indigenous working age adults. Because employer-sponsored health insurance is the largest source of health coverage for Americans, millions may have lost coverage in 2020.²
- During a pandemic, an insufficient healthcare system not only impacts those needing treatment for Covid, but also deters people from seeking care for other health issues. For every 2 known Covid deaths, 1 additional person has died above the level expected based on historic norms.
- Covid hotspots are erupting across the South and Midwest, and rural America, and epidemiologists worry that Americans are becoming weary of social distancing as a third wave of the pandemic emerges.^{3,4}
- The amount of time permitted for deduplicating and error-checking 2020 Census responses is less than half what career staff said was needed due to the pandemic, and is 12 weeks shorter than the average time over the last 3 decades. Because census numbers are used to divide up congressional seats and federal funding by state, every state needs a complete and accurate count in order for those divisions to be fair.

At the same time the pandemic has given many the opportunity and inspiration to deepen their civic engagement. Protests have been a fixture across the country for months, with more than 13,000 protests taking place, 95% of them peaceful. These protests have been a way for communities to express their concerns about police brutality, racial injustice, and more recently issues around evictions, PPE for healthcare workers, and school reopenings. In addition, record-breaking numbers of people have already voted early in many states, showcasing a renewed sense of civic duty leading up to the November election.⁵

Pandemic to Prosperity will continue to track changes to these and a number of other indicators quarterly as a means for measuring progress as the nation endeavors to simultaneously manage Covid and build a more equitable future.

Pandemic

Lives and Livelihoods

To begin to recover from any disaster, an assessment of damages is a necessary first step. In the case of Covid, the damage is not related to a single event. Instead, pandemic-related damages will continue to unfold until an effective vaccine is developed and universally distributed. As such, tracking Covid-related damage will require monitoring more than one metric over multiple months.

This section tracks a select number of highly-vetted indicators to examine the extent of Covid-related damage to lives and livelihoods. It examines how peoples' lives are faring, and how this impact differs across different sections of society. It also looks at damage to livelihoods state by state.

Much of the current discussion about the pandemic is limited to indicators focusing on the health and economic impacts. In later sections of this report, these indicators serve as a backdrop for a unique analysis of the complex interactions between the pandemic and our nation's civic health.

As more data becomes available, additional metrics will be added to this section to better assess how states are protecting lives and livelihoods.

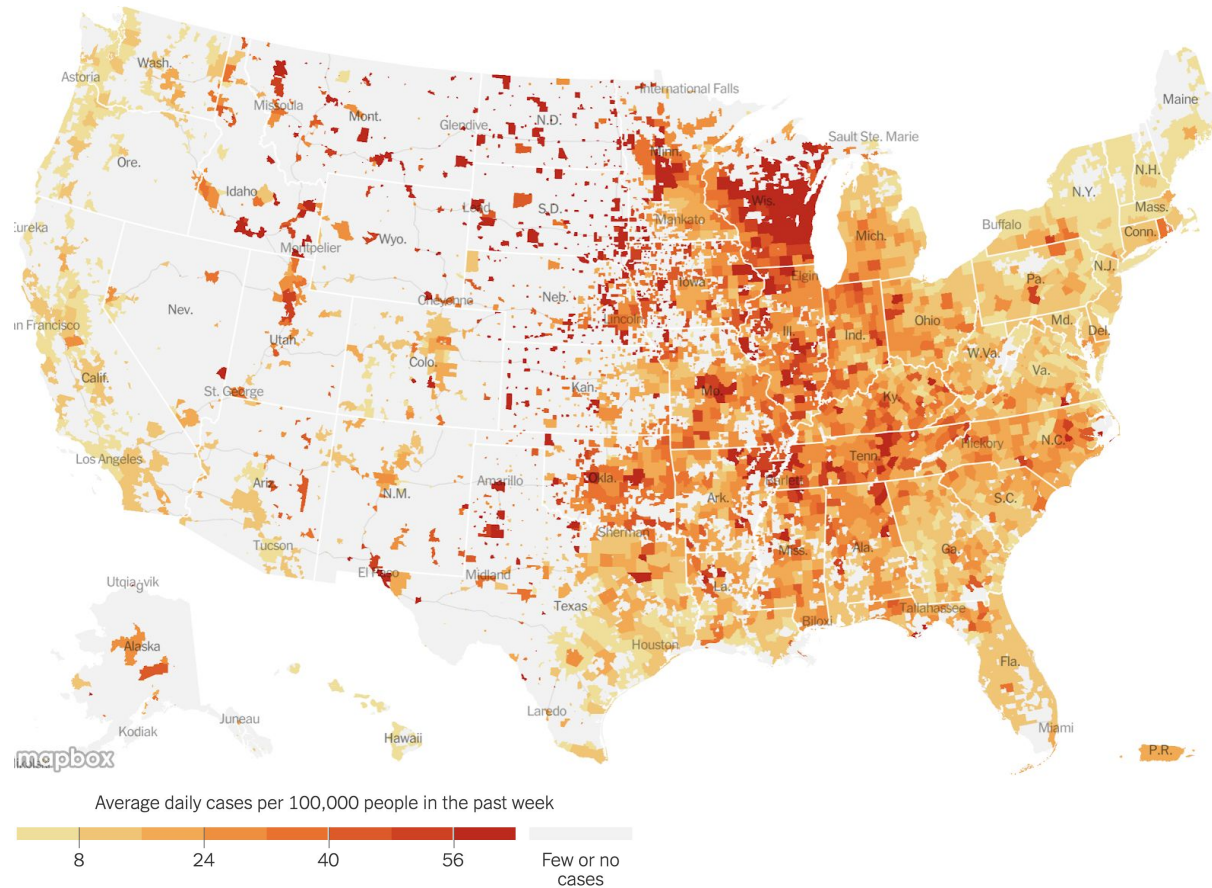
Indicators in this section

- New Covid cases in past week
- Age-adjusted Covid-associated hospitalization rates by race/ethnicity
- Excess deaths during the pandemic
- Total jobs lost
- Small business closures
- Unemployment claims

The South and Midwest have the highest Covid case rates, with hotspots continuing to erupt across the nation, including rural communities.

Average daily cases per 100,000 population in past week, by county

Analysis of state and local health agencies and hospitals data as of Oct 21, 2020



Source: From [The New York Times](#). © 2020 The New York Times Company. All rights reserved. Used under license.

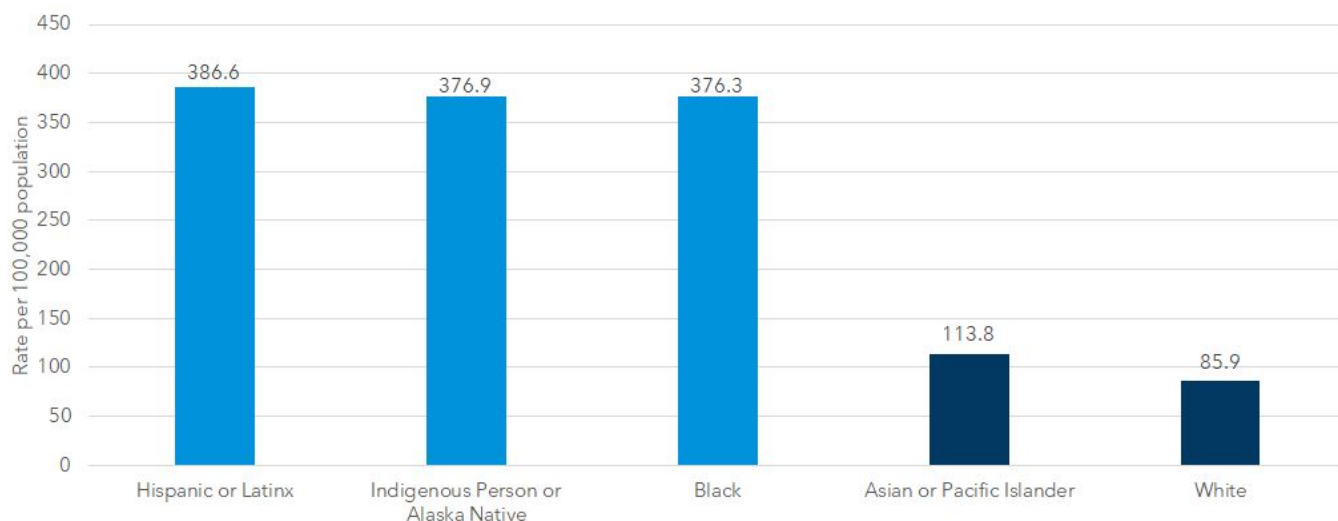
With daily Covid diagnostic testing volume at approximately 1 million per day, current testing remains insufficient for pandemic management, and it means cases may represent as few as 1 in 5 actual Covid infections.^{1,2,3} While some claim that increased testing produces higher numbers of Covid cases, screening of those not presenting with either exposure risk or symptoms should actually result in a *lower* positive test rate.^{4,5} The majority of states and territories now exceed the 5% positivity benchmark recommended by the World Health Organization, with some now exceed 20% positive results.⁶

Covid infections are now elevated or escalating in more than 40 states. While the greatest impact is seen in the Midwest, Mississippi Valley, and Mountain state regions, incidence is rising in most of the nation. Many areas of extraordinarily high rates of infection exceeding 250 new cases in the last week per 100k population suggest imminent threats to health system capacity, given anticipated hospitalization rates and corresponding rises in mortality. While some local leaders attribute these flare-ups to people “not respecting the disease,” ignoring precautions, and letting “down their guard”, more definitive causes can be elucidated. Namely, the dual impacts of inadequate testing and failure to establish action thresholds, coupled with what Dr. Anthony Fauci has termed, “an anti-authority feeling” are likely key factors in large outbreaks.^{7,5} Public health officials warn that an imminent third peak of infection is likely as the nation heads indoors for the winter and holiday gatherings.⁸

American Indian/Alaskan Native, African American, and Hispanic/Latinx individuals are ~4.5 times more likely to have severe Covid impacts than white individuals.

Age-adjusted Covid-associated hospitalization rates, March 1-October 10, 2020

By race and ethnicity



Source: [CDC](https://www.cdc.gov/nchs/data/hestats/covid-hospitalizations-by-race-ethnicity-2020.pdf)

Available data on hospitalizations continues to illuminate stark disparities between racial groups. Hispanic/Latinx, Black, and Indigenous individuals are around 4.5 times more likely to be hospitalized or die due to Covid than white people.

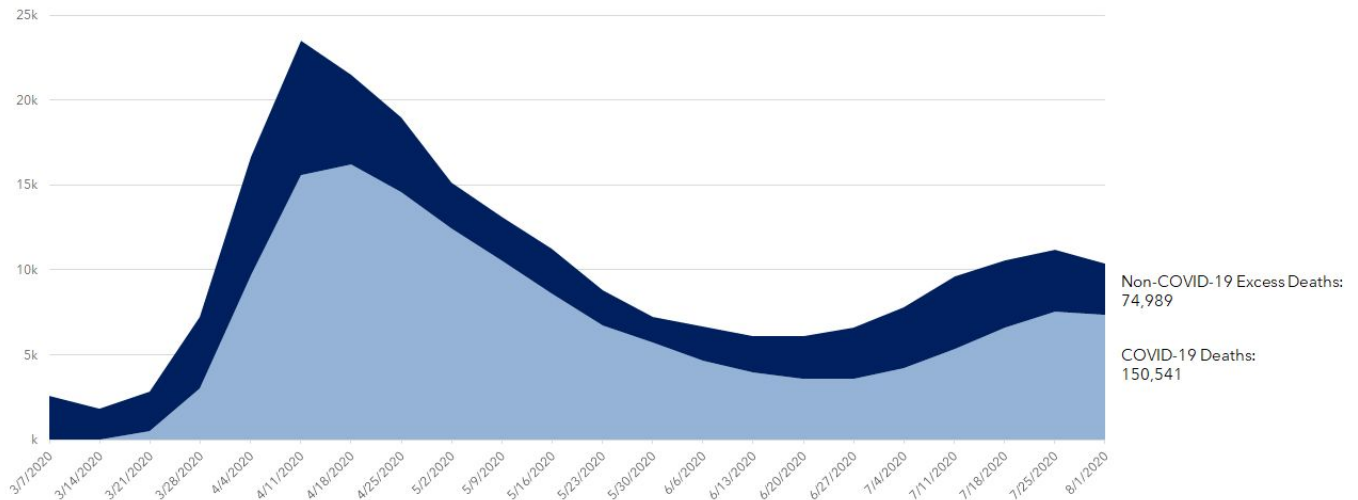
Racial disparities in health outcomes have existed long before Covid, and only partially explain the divide in this pandemic. Emerging research points to occupational exposure as a key driver of higher infection rates.¹ Populations of color most impacted by Covid are over-represented in front-line work such as agriculture, food processing, transportation, janitorial work, and caregiving, and thus are not granted the privilege of working from home.^{2,3,4} Plus the cumulative health impacts of living in unsafe neighborhoods, breathing polluted air, having less access to healthy foods or quality medical care, and a lifetime of experiencing racial discrimination mean that these populations also have higher rates of comorbidities such as diabetes, heart disease, and obesity that are associated with greater morbidity and mortality in Covid cases.^{5,6,7,8}

However, a recent report by Politico highlighted the state of Michigan's intentional work to close the racial disparity in Covid health impact. In March and April, African Americans comprised 40% of Covid deaths in Michigan, despite making up only 14% of the state population. By the end of September, the proportion of Covid deaths for African Americans was down to 10%.⁹

For every 2 known Covid deaths, 1 additional person has died above the level of expected deaths, based on historic norms.

Excess deaths, Covid and Non-Covid related

Above expected levels from average through July 31, 2020



Source: [Excess Deaths From COVID-19 and Other Causes, March-July 2020](#) in JAMA by Woolf, Chapman, Sabo, Weinberger, Hill, & Taylor.

Note: Deaths in North Carolina and Connecticut are excluded due to delays in digitizing data.

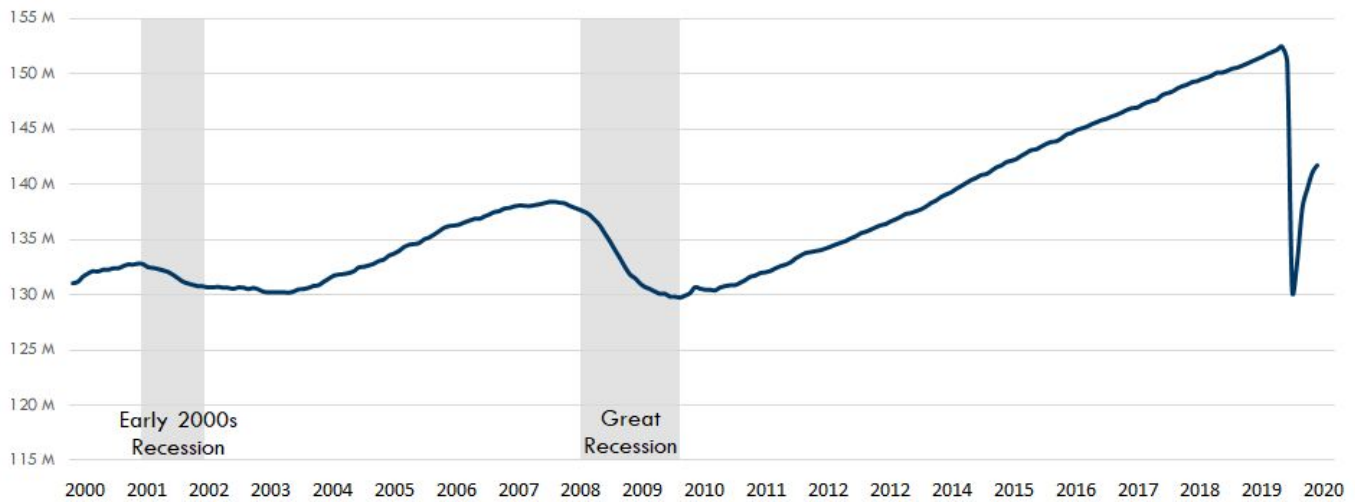
Soon after the pandemic began, emergency room staff noticed that their normal flow of patients with chest pain, appendicitis, bowel obstruction, and strokes had slowed to a trickle. Other healthcare providers noticed patients canceling follow-ups for cancer treatment, orthopedic issues, and chronic disease.^{1,2,3} Nearly 1 in 3 families have missed a well-child visit since the pandemic began.⁴ On the flip side, some patients seeking care have found their doctors' offices shuttered temporarily or permanently, or shifting to telehealth.^{5,6}

It is not surprising in this context that for every 2 known Covid deaths, 1 additional person has died beyond the number expected.⁷ Such "excess deaths" reflect a variety of challenges. Some of these excess non-Covid deaths could have been misclassified and were actually Covid cases, some may have been patients reluctant to seek care in a pandemic, and others may have fallen victim to cracks in the healthcare system. A recent letter to the Journal of the American Medical Association noted that the U.S. ranks among the highest nations experiencing excess deaths, and attribute this in part to "weak public health infrastructure and a decentralized, inconsistent U.S. response to the pandemic."⁸

Hispanic individuals have the largest average percentage of excess deaths at 54% compared to previous years. American Indian/Alaskan Native, Black, and Asian people have increases of ~29-37%, and the white population has the lowest increase at 12%.⁹ These disparities may be related to pre-pandemic health disparities, the disproportionate loss of income and health insurance, and/or limited access to internet and therefore telehealth in communities of color.

The U.S. has 9.6 million fewer jobs than one year earlier. 2 states have more than 1 million fewer jobs and 6 states have at least 400k fewer jobs.

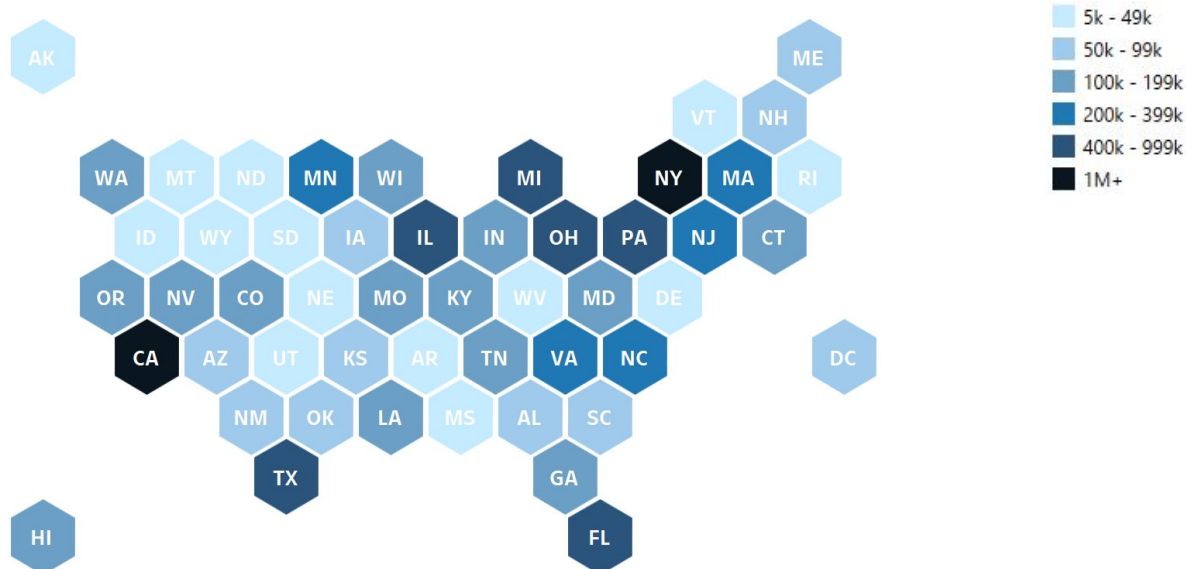
Total jobs by month, U.S.



Source: [Bureau of Labor Statistics](https://www.bls.gov)

Loss of jobs by state, September 2020 compared to September 2019

Employment by state, seasonally adjusted



Source: [Bureau of Labor Statistics](https://www.bls.gov) Note: Data for July 2020 and August 2020 are preliminary

The total number of U.S. jobs fell from a high of 152 million in February 2020 to a low of 130 million by April 2020. While jobs have rebounded an impressive 11.4 million since April, the total number of jobs in September at 141 million is still 10.7 million fewer than the February peak. This is the lowest number of jobs in the U.S. since June 2015. Both California and New York have at least 1.1 million fewer jobs compared to last September. Texas, Pennsylvania, Florida, Michigan, Illinois, and Ohio each lost more than 400,000 jobs in September compared to a year ago.

1 in 4 of all small businesses in the U.S. that were open in January 2020 are now closed. Despite restrictions being lifted, fears of the virus have depressed demand particularly at businesses serving higher-income neighborhoods.

Percent change in number of small businesses open, September 29, 2020

7-day moving average, indexed to Jan 4-21, 2020, and seasonally adjusted. “Open” is defined as having financial transaction activity. Small businesses are defined by SBA thresholds for annual revenues, which vary by 6-digit NAICS codes.



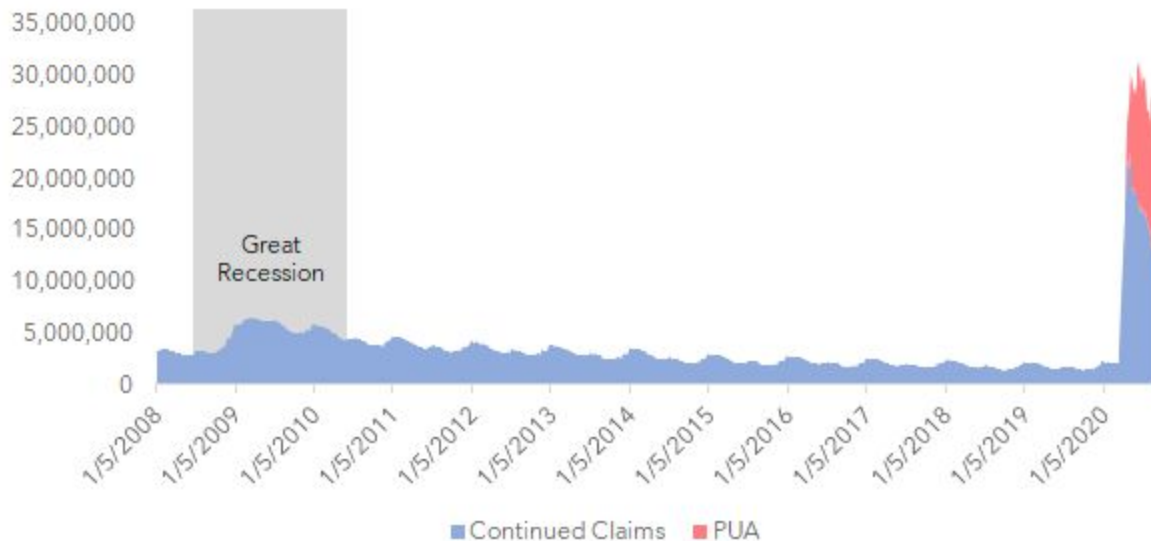
Source: [Opportunity Insights](#)

The Covid-triggered recession has taken a tremendous toll on small businesses. In compliance with shutdown orders intended to stem the spread of the virus, fully 44% of all small businesses that had been open in January 2020 were closed in April. By summer, as more states began to ease restrictions, many businesses reopened and only 22% of small businesses remained closed. However, a sizable number of small businesses have since closed again as fears of the virus itself depress demand in many sectors and regardless of additional lifting of restrictions. As of October, 24% of businesses that were open in January are now closed.

Small businesses in leisure and hospitality industries have been hit particularly hard, with 37% of these businesses closed in October. But even 17% of small businesses in professional and business services are closed, as are 19% of small businesses in trade and 19% of small businesses in education and health sectors. An analysis by Opportunity Insights found that demand has decreased most dramatically in higher-income neighborhoods, and small businesses serving these neighborhoods have suffered the largest decreases in revenue.¹

In September, continuing unemployment claims declined, but remained nearly twice as high as the peak of the Great Recession. All told, 23 million people are receiving either standard unemployment or special PUA benefits.

Continuing unemployment claims, regular state and Pandemic Unemployment Assistance (PUA)
Through September 19, 2020



Source: [Department of Labor](#), [Economic Policy Institute](#) Note: Reflects non-seasonally adjusted numbers, due to change in counting methods. PUA and Continued Claims should be non-overlapping, but in some instances may be due to counting errors.

There were 3.5 times more continued unemployment claims during the peak of the Covid pandemic (compared to the peak of the Great Recession). In September, continuing unemployment claims are declining, but as of September 19, there are still nearly double the claims as compared to the Great Recession's peak. Pandemic Unemployment Assistance (PUA) has also been made available through the end of the year to some of those not eligible for the regular assistance, such as freelancers, gig workers, and contractors.

Due to the enormous job loss, Congress approved an additional \$600 in weekly unemployment benefits in March. But this support ended in late July, and unemployed workers are now receiving only 40% on average of their pre-pandemic wages per week.² In addition, research from Opportunity Insights concludes that while the effects of stimulus payments and the PPP program on consumer spending has been minimal, social safety net programs like unemployment benefits have the potential to spur demand and support jobs.³ In fact, one economic analysis estimated that the loss of the additional \$600/month would reduce consumer spending and lead to the loss of roughly 2 million jobs over the next year.⁴

Prosperity

The previous section examined how the pandemic has affected the lives and livelihoods of people across the country. The next section moves on from the “damage assessment” to track measures that will be important for recovery from the Covid crisis.

This Prosperity section examines measures of high-functioning governments and civic institutions that are essential for community well-being and prosperity. Importantly, this section ends with metrics that assess how people are doing during the pandemic across geography, race, and gender.

Government

Governments—local, state, and federal—are being asked to do a lot during the Covid crisis. We start with metrics that assess how states are performing relative to White House reopening guidelines, available data on Covid-related funding to states, the projected tax revenues states will need for their myriad public functions, challenges the pandemic presents for generating fair and accurate 2020 Census data, preparedness for the upcoming presidential election, and the number and type of protests happening state by state. For each indicator, we provide a brief, evidence-based set of findings and implications to help readers quickly grasp a top-level overview of how each state is doing.

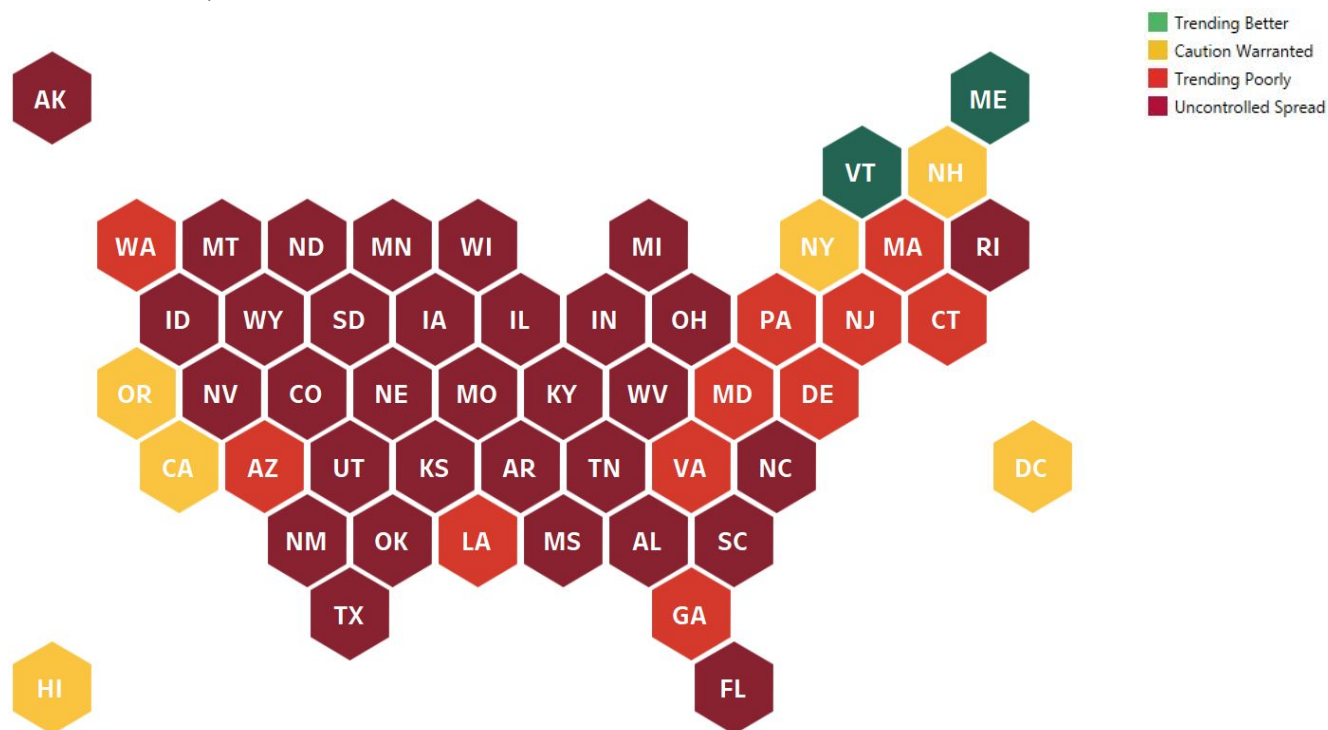
Indicators in this section

- Progress toward White House *Opening Up America Again* Guidelines
- Paycheck Protection Program loans as share of small businesses
- FY 2020 and 2021 preliminary estimates of decline in tax revenues
- Amount of time for error-checking in 2020 Census data
- Census enumeration progress by state
- Non-voters who cited structural reasons for not voting in the 2016 election
- Readiness to vote by mail in a pandemic
- Protests per capita and by type

Only 2 states are making progress toward White House *Opening Up America Again* guidelines, with former Northeast hotspots and California faring best.

Progress toward White House *Opening Up America Again* Guidelines

As of October 19, 2020



Source: [Covidexitstrategy.org](https://covidexitstrategy.org)

The White House *Opening Up America Guidelines* set criteria for reopening based on trajectory of new cases, hospital capacity, and degree of testing.¹ Challenges with data quality and availability continues to be a theme in the pandemic.² Public trust in data is low as well, with roughly 1 in 3 of Americans believing the risk from the virus is exaggerated while 1 in 3 believe that deaths are under-reported.^{3,4} Regardless, as of October 21, only 2 states (Vermont and Maine) are meeting the minimal White House criteria for reopening. Meanwhile 32 states are categorized as having “uncontrolled spread” – up 14 from last month.

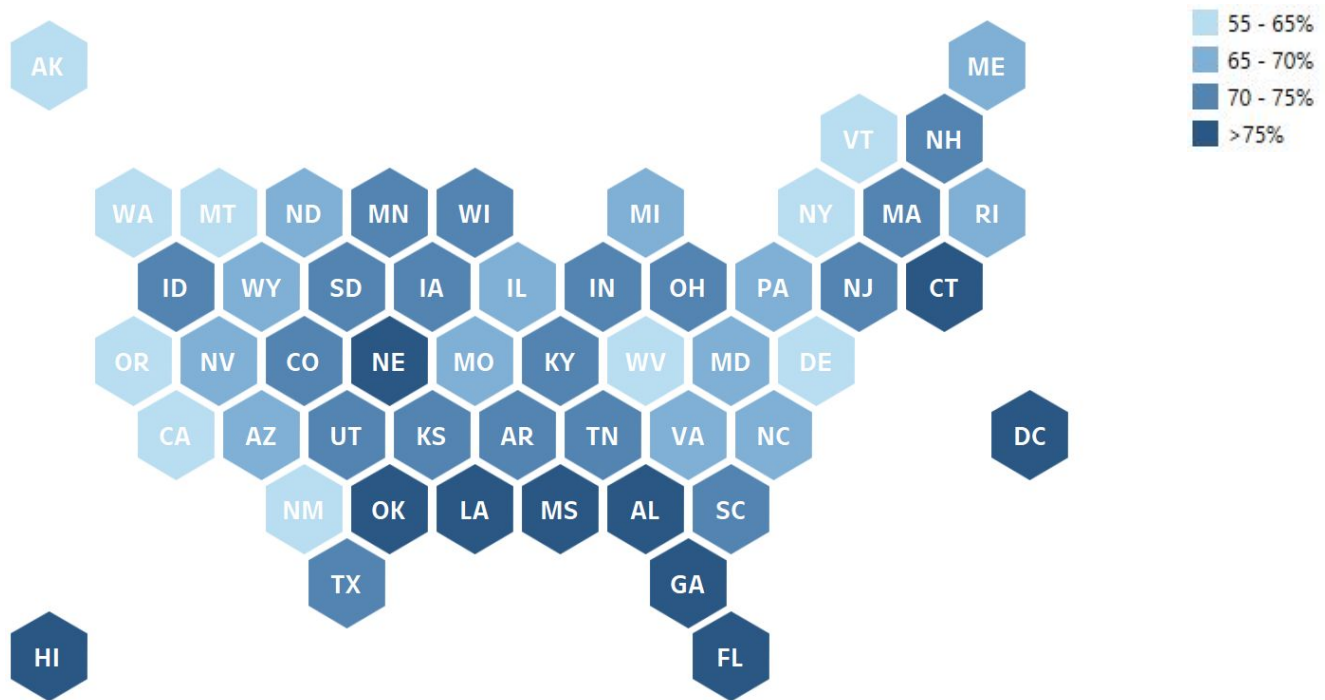
Though the guidelines are federal, the responsibility for public health programs and policies to support safe reopening falls to state and local governments. Policy tracking initiatives from the National Governors Association and National League of Cities reveal a wide range of policies on masks, gatherings, business reopenings, and reopenings of public services such as libraries, schools, and childcare centers.^{5,6} Ultimately, though, much of the power to contain the spread is bound to individual choices. In the absence of a vaccine or effective treatment, public health measures such as social distancing, wearing masks, and widespread testing are essential for managing the pandemic.

As of mid-September, 24% of white people and 40% of African Americans know somebody who has died of the disease – driving home how high the stakes are for reopening policies, and the stark disparities in how Covid is impacting communities of color.⁷

In many states across the South, as well as HI, NE, CT, and D.C., more than 75% of businesses received CARES Act (PPP) forgivable small business loans.

Paycheck Protection Program (PPP) loans as a share of total small businesses

CARES Act small business loan approvals through July 6, small businesses have < 500 employees



Source: [Brookings Institution](#)

Note: Brookings' Small business data comes from the 2018 Annual Business Survey – firms with fewer than 500 employees, excluding independent contractors, self-employed individuals, and sole-proprietors.

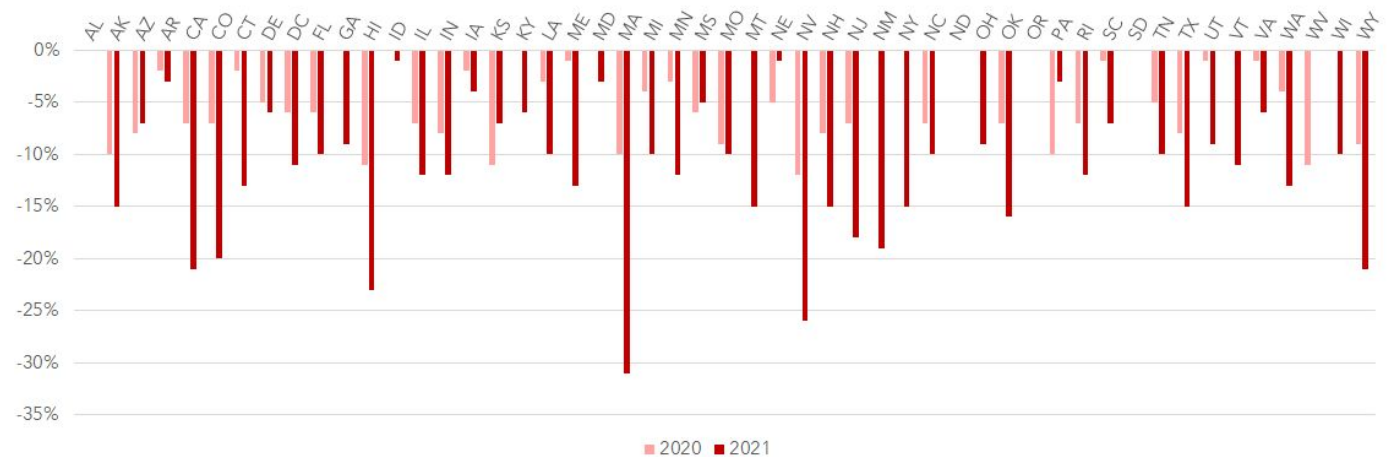
As small businesses struggle to remain viable despite significantly reduced demand, many have sought financial assistance from a wide array of public and private sources. Small businesses in the Healthcare and Social Assistance sector as well as those in the Accommodations and Food Services sector have been the most likely to request financial assistance. By far, the federal government's Payroll Protection Program has been the most sought after source of financial assistance. According to the Census Bureau's October Small Business Pulse surveys, 74% of all small businesses indicated they applied for PPP forgivable loans.¹

A Brookings analysis of this data found that 70% of all small businesses in the U.S. received PPP funding. However, in several states, less than 65% of small businesses received the loans including Alaska, California, Delaware, Montana, New Mexico, New York, Oregon, Vermont, Washington, and West Virginia. In contrast, in most southern states, more than 75% of small businesses received this federal support.² More than one study found that minority-owned businesses and very small businesses, with fewer than 10 employees, were less likely to receive PPP funding.^{2,3,4}

Seven states are projecting tax revenue reductions of 10% or greater for the fiscal year 2020, increasing to at least 30 states for FY 2021.

FY 2020 and 2021 preliminary estimates of decline in tax revenues by state, as of October 16

Percent decline in tax revenues



Note: Some states do not have published projections for both or either years

Source: [Center on Budget and Policy Priorities](#)

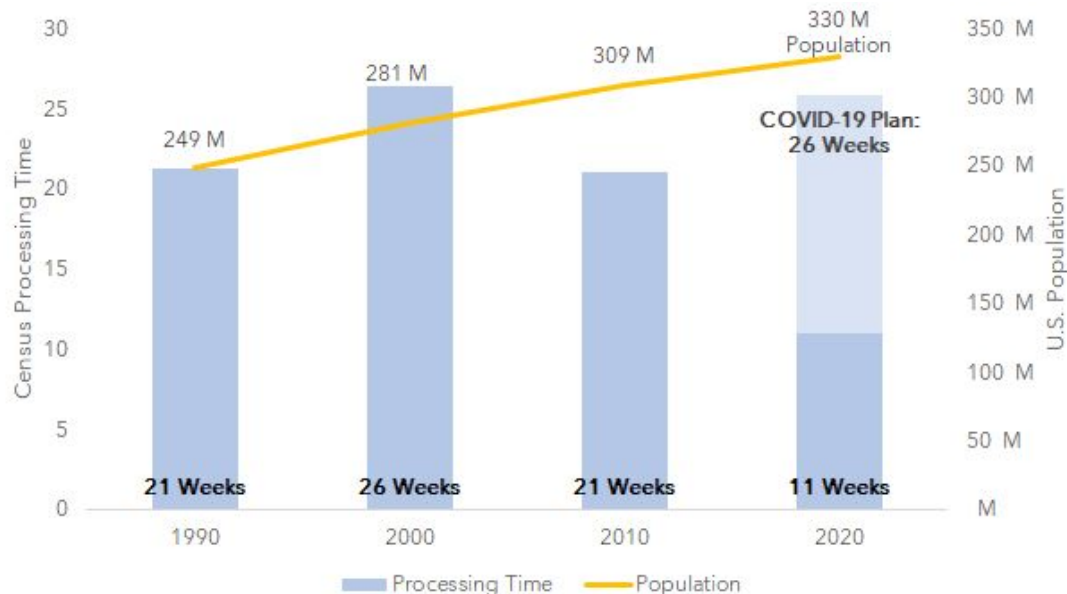
The economic crisis spurred by Covid hits states directly, especially in terms of reduced income and sales tax revenues. State tax collections have declined by 5.5% in fiscal year 2020 according to new Census data.¹ Hardest hit in fiscal year 2020 were Kansas and Nevada, both with a 11% reduction, due in large part to unemployment, reduced production, and lagging tourism.^{2,3}

For fiscal year 2021, 30 states are projecting a tax revenue reduction of 10% or more. Loss of jobs in service industries and travel, specifically, will have a major impact on the tax revenues of states such as Massachusetts and Nevada, projecting losses of 31% and 26% respectively.^{4,3} Hawaii will also be affected by the loss of tourism, projecting a 23% loss in tax revenues.⁵ Energy-producing states such as Wyoming and New Mexico are projecting declines of 19-21% driven in large part by losses in oil & gas.^{6,7}

This revenue loss will negatively impact the ability to fund the essential services states provide such as education, disaster preparedness and response, public spaces, and transportation.⁸ More troubling is the impact these reductions could have on the state's ability to mount a robust public health response to Covid.⁹ For example, a recent NPR survey found that only 2 states (Oregon and Vermont) plus D.C. are appropriately staffed for contact tracing.¹⁰

The amount of time for processing the data collected in this decennial census is less than half what career staff said was needed, and is 12 weeks shorter than the average time over the last 3 decades.

**Amount of time for post-collection processing of decennial census responses
1990-2020**



Source: U.S. Census Bureau¹⁻⁶ and [Apportionment.info](https://www.census.gov/apportionment)

The timing of this pandemic was unfortunate for the constitutionally-mandated census of all persons every ten years. The census asks about all persons living in each household in the U.S. on April 1, 2020—a date that fell just as Covid consumed the nation’s news cycles. This census was already expected to be a difficult one, with record-high levels of distrust in government and digital divide issues.⁷ But, between the pandemic, wildfires, and hurricanes, a Census Bureau staffer noted last month “I can’t really project whether Mother Nature is going to let us finish.”⁸

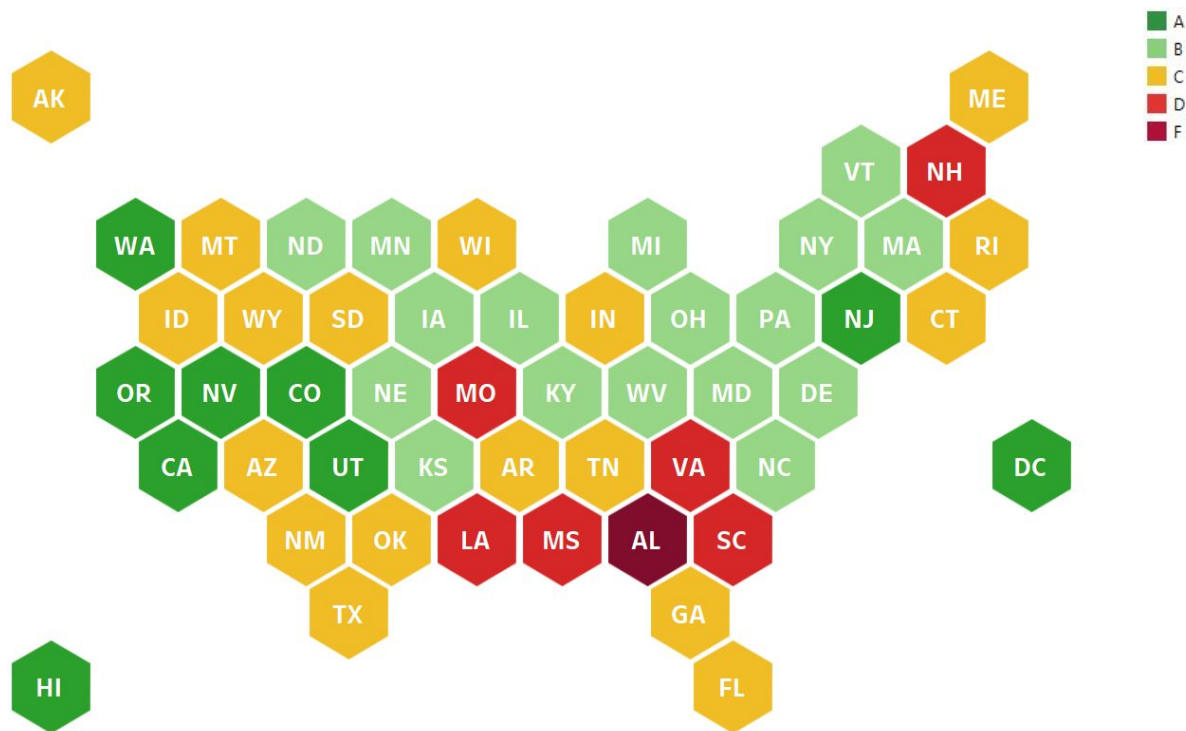
After a Supreme Court decision on the matter, counting did finish on October 15, leaving some 23,000 housing units uncounted in Louisiana. The Bureau does not publish sufficiently-detailed indicators of data quality for outside experts to have confidence that the curtailed counting did not have a disparate impact on rural areas and harder-to-reach populations nationwide.^{9,10} Now the Bureau’s attention turns to processing the responses they’ve collected. The original operational plan called for 5 months of processing. When the pandemic hit, career staff recommended 6 months for processing, given the added complexity of unduplicating and validating responses due to the massive displacement caused by the pandemic and economic crisis.¹¹ Now the Bureau has only 2.5 months to process the responses before the statutory deadline of December 31. The Census Scientific Advisory Committee unanimously recommended last month that the statutory timeline should be extended, noting that a rushed process unacceptably compromises quality, and an independent Task Force convened by the American Statistical Association came to the same conclusion in a report released in October.^{12,13}

Because census numbers are used to divide up congressional seats and federal funding by state, every state needs a complete and accurate count in order for those divisions to be fair.

25 states and the District of Columbia are mostly ready for voting by mail in a pandemic, with Indiana and Montana making forward progress in the last month.

Readiness to vote by mail in a pandemic

As of Oct 16, 2020



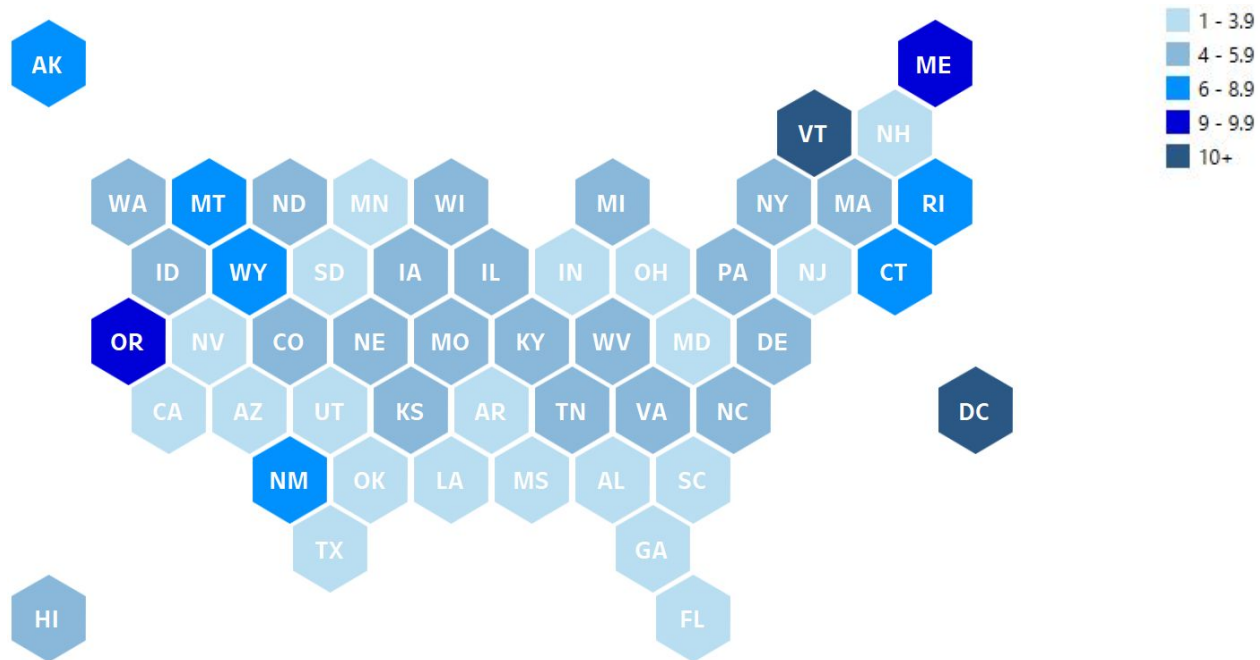
Source: [Voting by mail in a pandemic: A state-by-state scorecard](#), Brookings Institution

Safe and adequately staffed in-person voting, as well as robust options to vote by mail, will be essential if people are to overcome the structural barriers to voting. The CDC recommends that election officials “consider offering alternatives to in-person voting if allowed in the jurisdiction” and a recent Fox News survey found 2 out of 3 registered voters favor voting by mail as an option in this election.^{1,2} A full 50% of votes casts in the 2020 primaries were by mail, twice that of the 2016 and 2018 general elections.³ And so far, 34% of the number who voted in 2016 have already voted, either by mail or in early voting.⁴

Brookings researchers designed a rubric for grading a state’s readiness for voting by mail in the pandemic.⁵ The rubric spans 14 criteria for requesting, completing, and submitting a mail-in ballot, with the focus on preparedness for the November election rather than permanent policies.⁶ Voting by mail reduces barriers to voting that are exacerbated by the pandemic, such as transportation challenges, not being at usual place of residence, caregiving responsibilities, and difficulty getting to the polls during open hours. In the indicator on the previous page, Missouri, Alabama, Louisiana, and Mississippi have among the largest shares of registered voters who cited structural barriers such as these for not voting in 2016; they also are least prepared for vote by mail in this election. In Mississippi, for example, the only allowable Covid-related excuse for voting by mail is “a physician-imposed quarantine due to COVID-19” or caring for a dependent in quarantine. The fear of Covid is not enough and does not qualify as a disability according to the Mississippi Supreme Court. And, Mississippi does not have early voting.⁷

Since Memorial Day, protests have taken place in all 50 states. The prevalence of protests per capita has been highest in Vermont and Washington DC, followed by Oregon and Maine.

Protests (peaceful and riots) per capita
May 24, 2020- Sept 26, 2020



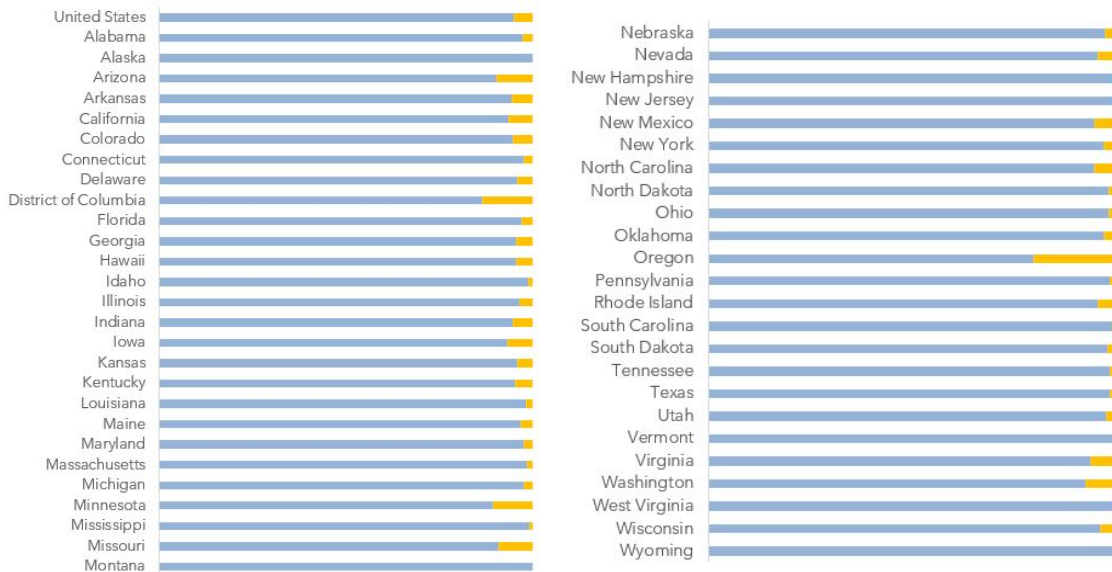
Source: [Armed Conflict Location & Event Data \(ACLED\) Project and Bridging Divides Initiative](#)

The United States has a long history of public protests as an important and effective form of civic activism.¹ The Civil Rights Era of the 1960s is replete with instances when protests catalyzed media attention, shifted public opinion, and ultimately yielded substantive policy reforms.^{2,3} In 2009, Tea Party protests influenced political views, generated additional support for Republican candidates, and yielded more conservative policy making.⁴

A large number of protests across every state of the United States has taken place in 2020 – more than 13,000 between Memorial Day and September 26, 2020. While protests in Oregon captured significant national media attention, local media coverage has documented protests in all 50 states. Vermont and Washington, D.C. have seen the largest per capita prevalence of protests followed by Oregon and Maine. While the vast majority of these protests have been catalyzed by the Black Lives Matter movement following the police killings of George Floyd and Breonna Taylor and others, a number have been led by Christian groups, farmers, labor leaders, health workers, teachers, and students.

The vast majority (95%) of all demonstrations this summer have been peaceful. Though Oregon and D.C. have seen a larger share of demonstrations that are violent, the vast majority in every state have been peaceful protests.

Peaceful Protests and Riots as percent of total
May 24, 2020- Sept 26, 2020



Source: [Armed Conflict Location & Event Data Project and Bridging Divides Initiative](#)

Note: These data represent whether protesters were peaceful or rioting, not the police response to the demonstrations.

While national media coverage has highlighted many of the more violent events associated with this year's protests, 95% of the roughly 13,000 protests in 2020 have been peaceful, and only 5% were classified as riots with violence by civilians against property (looting) or against authorities/other civilians. Among the more than 12,000 events in which protesters were peaceful, 4% involved intervention by police or other authorities and an additional 1% included excessive force against the protestors.

From June to August 2020, the protests in the U.S. shifted significantly from demonstrations against police brutality and other racial injustices highlighted by the Black Lives Matter movement, to Covid-related concerns. August protests were dominated by healthcare workers protesting the lack of Personal Protective Equipment, teachers and students protesting the reopening of schools, and demonstrations demanding a halt to evictions.⁵

Research on Civil Rights era peaceful protests revealed that those demonstrations were effective in swaying public sympathy toward the protestors.² Studies on the effects of violent protests have generated mixed conclusions with 1960s violent protests yielding greater support for "social control"² while the 1992 Los Angeles riots yielded a liberal shift in voting patterns.⁶

Prosperity

Institutions

Beyond governments, American society has always depended on a wide array of civic institutions to provide critical information to constituents, hold governments accountable, and support families and workers to be healthy, educated, and productive. This section examines civic institutions—and whether they are fair, effective, and healthy.

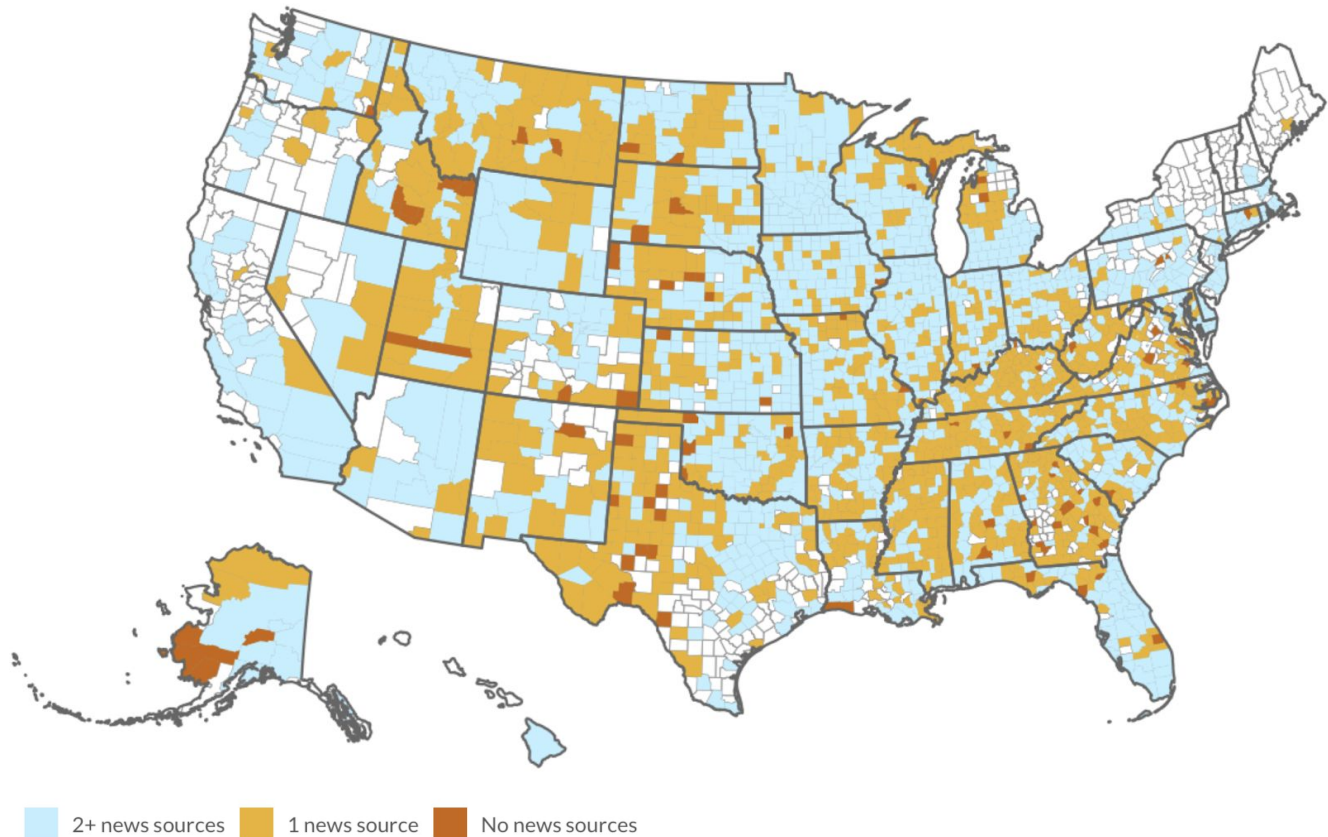
This issue of *Pandemic to Prosperity* examines the ability of people to access information they need to make informed decisions during a pandemic. We examine local news and internet access to assess communities' ability to receive critical information and remain connected in a world that is dramatically more digital than just a few months ago. We also examine changes in college enrollment and health insurance availability by race and ethnicity.

Indicators in this section

- Counties with no or only one newspaper with high Covid rates
- Internet access by race
- Undergraduate and graduate student enrollment change by race/ethnicity
- Health insurance coverage by race

More than half of counties experiencing high rates of new cases of Covid are in news deserts, meaning a critical vehicle for trusted information during the pandemic is absent.

Counties with no or only one newspaper (often only a weekly) that also have high Covid rates
News deserts as of 2020, Covid cases as of Oct 19, 2020



Source: [UNC Hussman School of Journalism and Media](#); [New York Times Covid-19 data](#); inspired by [Brookings research](#)

Note: Counties with ≥ 50 cases/100k people in the past week are classified as “high rate” of new cases for this analysis. Blank counties on the map have Covid rates below threshold.

Trusted local news sources are key to the success of public health campaigns, holding local governments accountable, and for getting word out about Covid outbreaks attributed to contact at local bars, workplaces, group quarters, and weddings.¹ Local newspapers are also vehicles for sharing inspirational stories that connect readers to resources. In late September, for example, The Indianapolis Star published “‘We move the economy’: How Latino-owned businesses are meeting unique challenges.” The article detailed how the nonprofit sector is retooling to help Latinx business owners navigate the resources available to help them survive the pandemic.^{2,3}

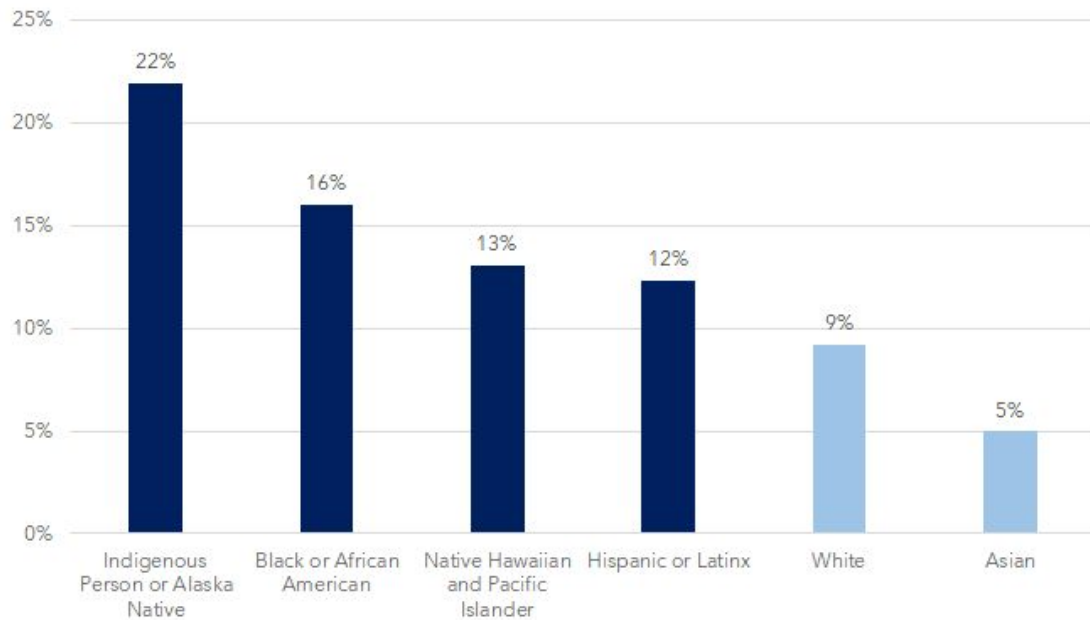
When the Covid rate passes 50 new cases per 100k a week, communities are considered to be on the brink of runaway infection rates, if public health measures are not rapidly implemented and followed.⁴ More than half of counties that are above that pandemic threshold are also in what experts describe as “local news deserts” that have either no newspaper or only one (often a weekly or a thinly staffed daily).⁵

The news desert situation is getting worse with the pandemic, with Poynter research identifying 50 closures of local newsrooms due to the Covid crisis.⁶

Nearly 1 in 4 Indigenous People and Alaska Natives are without a computer or internet access, a gap more than twice as large as that of white and Asian people.

Internet access by race, 2019

Percent of racial groups without a computer, or without broadband or dial-up internet access



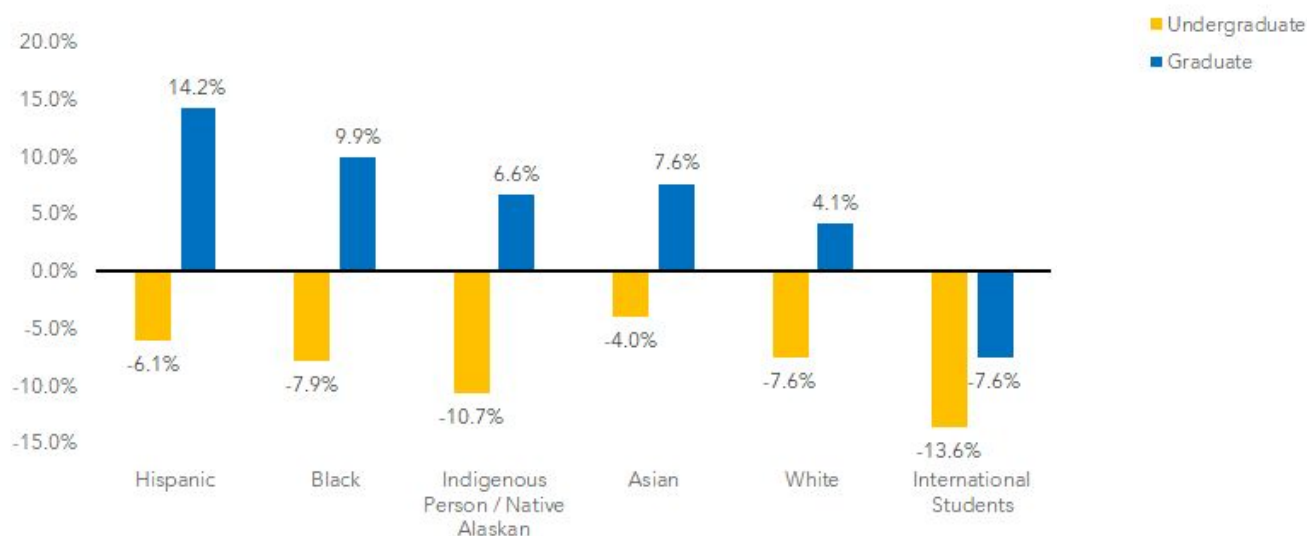
Source: [United States Census Bureau](#)

Internet access is a strong indicator of racial inequity in the United States. According to the Census Bureau's American Community Survey, there is a 17 percentage point difference between the group with the greatest access to the internet and the group with the least access. Nearly 1 in 4 Indigenous People and Alaska Natives do not have either a computer or access to the internet, compared to only 9% of white people and 5% of Asian people.

Lack of access to the internet has especially harmful consequences during the pandemic, as it limits access to telehealth, education, news, and communication with the outside world. Reliance on the internet for education has become paramount this year, and those without access are at risk of falling behind.¹ The wide disparity in access to the internet highlights another basic need that is not being met for many Americans.

Graduate enrollment is up almost 3% compared to Fall 2019, while undergraduate enrollment is down 4% – driven primarily by a downturn in first-time undergraduate students.

Fall 2020 enrollment changes compared to same time last year by race/ethnicity
54 percent of colleges reporting as of September 24, 2020



Source: [National Student Clearinghouse](#)

Undergraduate enrollment dropped significantly this fall, with decreases across all racial/ethnic groups. Indigenous and international students experienced the largest declines. And among college types, community colleges were particularly hard hit with declining enrollments.

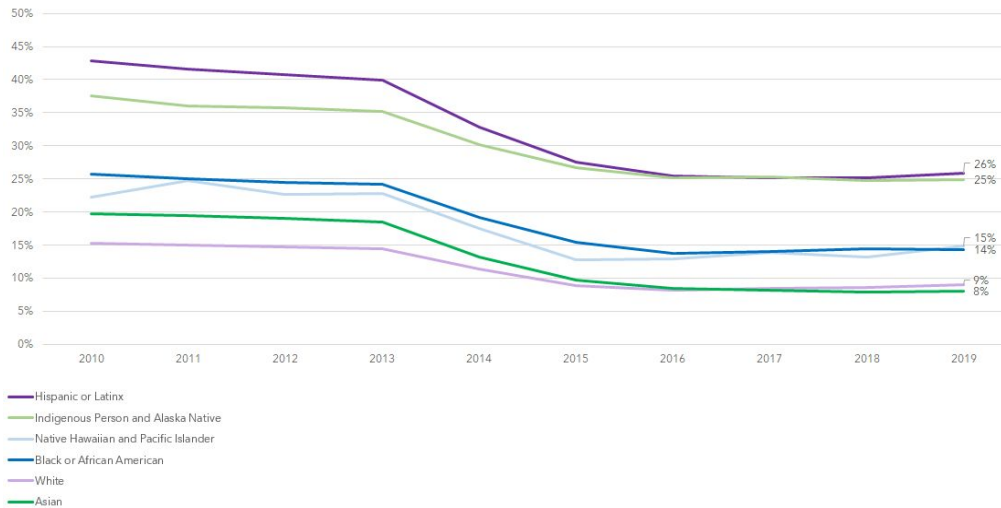
The decrease in enrollment was most sharp among freshman students who may be opting to delay college at a time when many colleges may only be offering online instruction.¹ This is in contrast to trends during previous recessions when college enrollment increased as young people opted for education when job opportunities were thin.²

At the same time, graduate enrollment increased 2.7% according to data compiled as of September 24, with Hispanic, Black, and Asian students experiencing the greatest increases. Only international students have declined in graduate school enrollment. While the increase in graduate enrollment is less than recent years, not all schools have yet reported.

The share of adults without health insurance, which has decreased since the Affordable Care Act implementation, has crept up among Hispanic or Latinx, Native Hawaiian and Pacific Islander, white, and Asian adults in recent years.

Lack of health insurance coverage by race/ethnicity

Population age 18-64 with no health insurance coverage by race/ethnicity



Source: [Census Bureau's American Community Survey](#)

Health insurance increases access to necessary health care for individuals, both during times of illness, and in the form of preventative care.^{1,2} A lack of health insurance coverage can lead to untreated illness or injury³. Those without health insurance increase societal costs through expensive emergency room visits and lost worker productivity². Examining health insurance coverage for individuals 18–64 years old is particularly important because those under 18 and above 64 are eligible for other forms of health insurance that lead to higher rates of coverage⁴.

Since 2010, rates of the uninsured have dramatically dropped with the implementation of the Affordable Care Act (ACA). Because states varied as to when they rolled-out certain aspects of the ACA, such as the expansion of Medicaid, there was a gradual decrease in the number of uninsured between 2010 and 2019. During this time frame, White and Asian populations had the lowest rates of uninsured adults, while Hispanic or Latinx and Indigenous People or Alaska Natives have the highest rates of uninsured adults. Currently, 1 in 4 of Hispanic/Latinx and Indigenous People/Alaska Natives are without health insurance.

During the pandemic, access to affordable health insurance has been tenuous given the millions of people who have lost their jobs, and therefore have lost access to their employer-sponsored health insurance.^{5,6} With the compounding impact of job loss, lack of access to healthy foods, and exposure to pollution, certain race groups that are extremely vulnerable during the pandemic are even more vulnerable because of their

lack of health insurance. Even the reliance on telehealth services is not equitably accessible, with internet access not consistently available across racial groups.⁷

Prosperity

People

At the end of the day, governments and institutions are intended to ensure the well being of the communities they represent. This section examines outcomes for people since the onset of the Covid crisis.

While much of the most meaningful data on how people are faring will not be available until months after the date it reflects, this section examines key economic metrics from the U.S. Bureau of Labor Statistics, as well as a timely survey from the U.S. Census Bureau (the Household Pulse Survey) that assesses the human impact of the Covid crisis across America, and an analysis of unemployment benefits relative to basic costs in each county. For each indicator, we provide a brief explanation of findings and implications to weave together an overview of how Americans are faring during the pandemic.

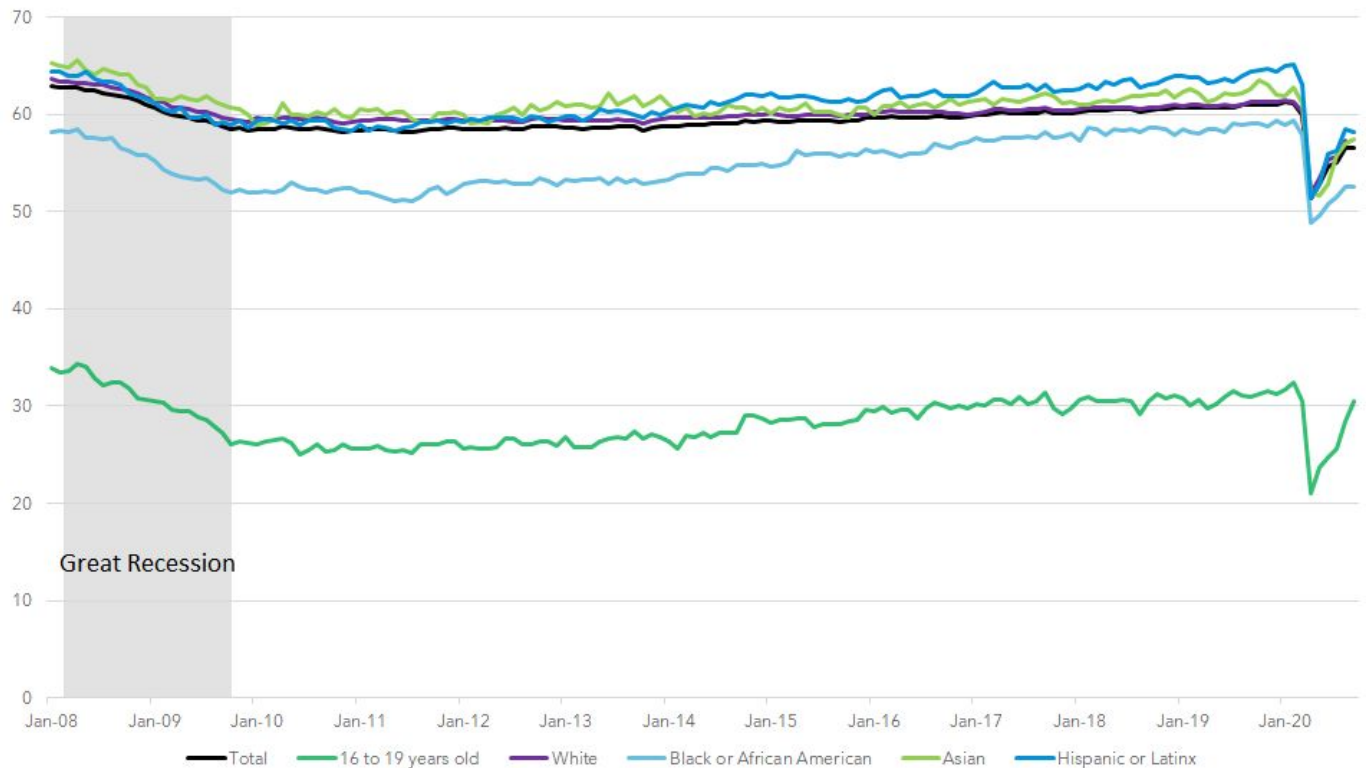
Indicators in this section

- Employment rate by race/ethnicity
- Labor force participation by gender
- Food insecurity
- Likelihood of eviction or foreclosure
- Counties where UI benefits are insufficient for basic costs, by Covid hotspot
- Mental health

The September employment rate of 57% remains below the low of the Great Recession. Young adults experienced an uptick in employment, reaching 31% – roughly on par with one year earlier.

Employment rate, by race and age, Sep 2020

Employment-Population Ratio of civilian, non-institutionalized workforce age 16+, seasonally adjusted



Source: [Bureau of Labor Statistics](#)

In September 2020, the employment rate for adults was only 57%. Though employment rates have grown month by month since April, employment remains below the low point of the Great Recession and well below February of this year, when 61% of all adults had employment.

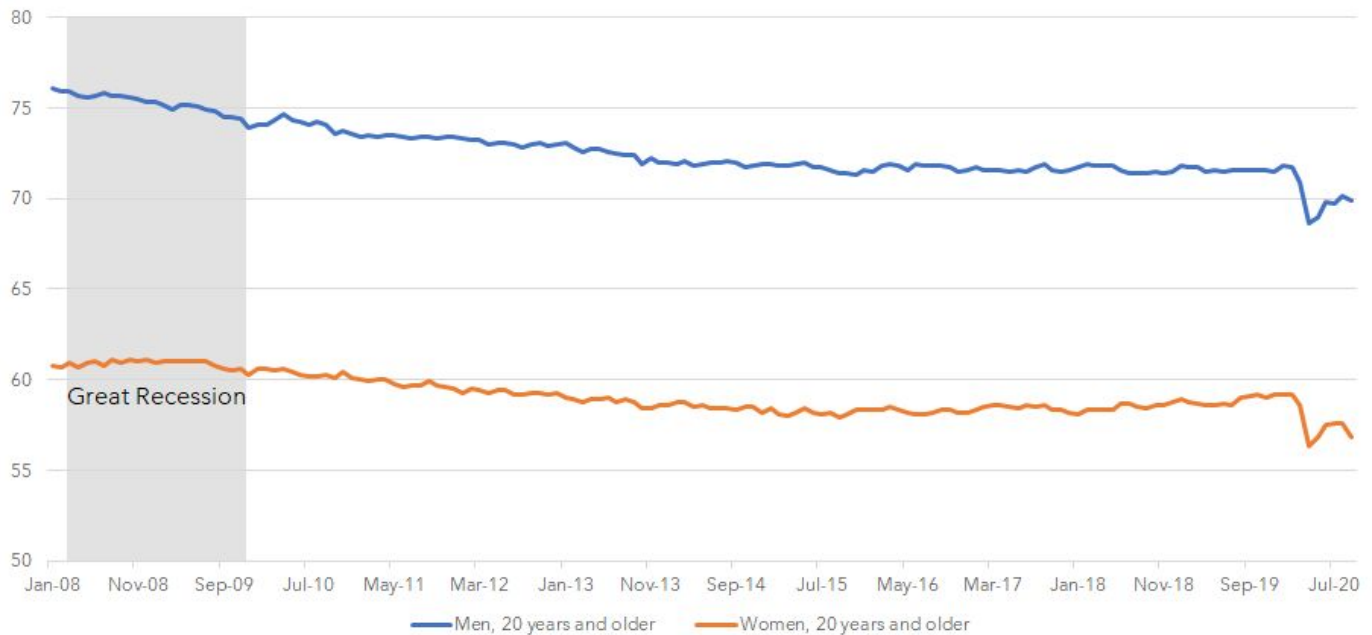
Just as the Great Recession had long lasting negative impacts on the share of adults with employment (as depicted in this graphic), some economists worry that many adults will become discouraged and stop looking for work all together due to the depth and length of the current recession.¹

Young adults aged 16 to 19 experienced better than average employment recovery and by September, this group's employment rate was nearly the same as one year earlier. In September, employment rates for Hispanic or Latinx adults remained highest at 58% with many employed in essential positions in agriculture, food processing, and janitorial services.^{2,3,4} White and Asian adults had employment rates of 57% while Black employment was stagnant at only 53%.

The Covid pandemic has pushed many people out of the labor force. Labor force participation, which had been rebounding since April, fell in September – particularly for women.

Labor force participation, by gender, Sep 2020

Civilian labor force participation rate, seasonally adjusted



Source: [Bureau of Labor Statistics](https://www.bls.gov/)

Labor force participation indicates the number of adults who are either employed or looking for work and is an important indicator of the health of an economy. During the Great Recession and in the intervening years, labor force participation among men dropped roughly 4 percentage points as many men aged out of the workforce or became discouraged and stopped looking for work altogether.¹

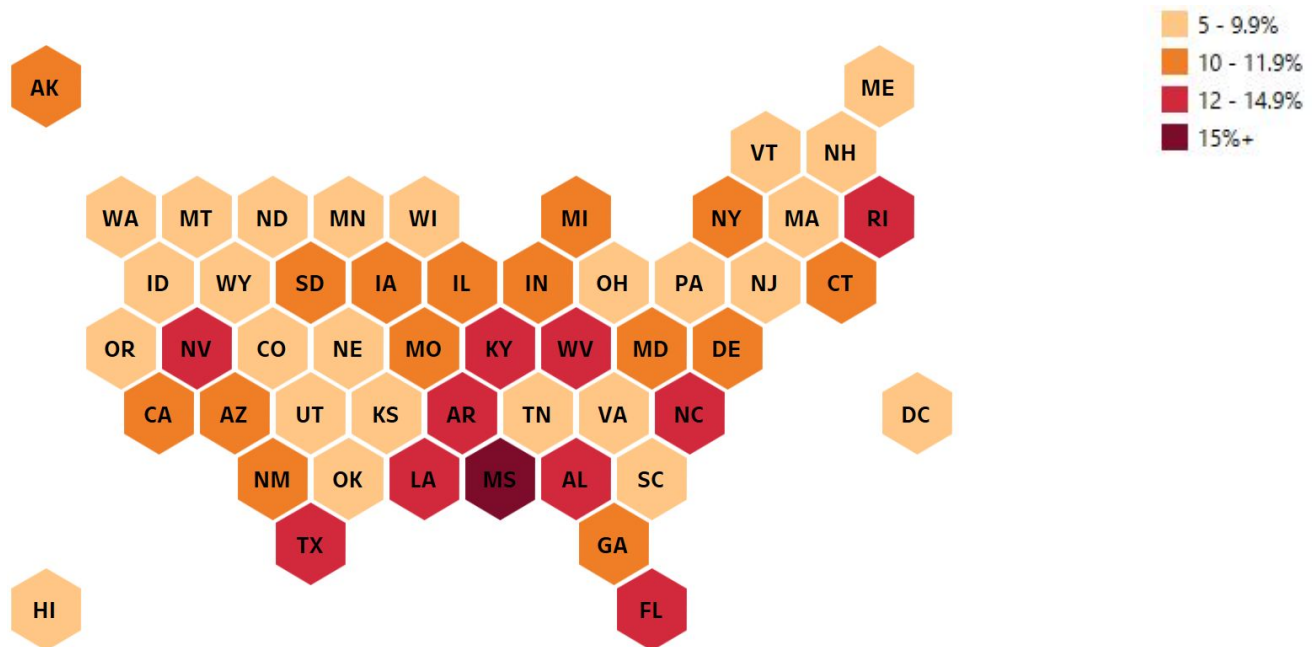
From January to April 2020, male labor force participation fell from 71.8% to 68.6%, then recovered to 70.1% by August, but dipped again to 69.9% by September. Female labor force participation fell from 59.2% in January 2020 to 56.3% in April, rose to 57.6% by August, but fell more dramatically to 56.8% by September.

Women are more deeply impacted by the Covid recession because they are more often employed in low-wage service sectors jobs in restaurants, retail, and hotels that have evaporated in recent months. Moreover, 1 in 4 women in the U.S. have children under 14 at home and are disproportionately responsible for at-home childcare duties. This fall, many mothers find themselves unable to work or unable to advance meaningfully in their careers as childcare centers are unavailable or schools require remote learning.^{2,3}

More than 1 in 10 adults report their households have gone hungry during the pandemic. Mississippi ranks highest with 18%, Arkansas and Nevada are next at 15% and 14%, and Minnesota and North Dakota are lowest at 6%.

Food insecurity by state, Sep 30 - Oct 12, 2020

Percentage of adults who report their household sometimes or often went hungry in the last 7 days



Source: [U.S. Census Bureau Household Pulse Survey](#)

Over 10 percent of the United States has reported food insecurity consistently during the past several weeks. States hit hardest tend to be in the South, while those in the Northeast face less, though not zero, instances of food insecurity. According to NPR, “roughly 6% of the population lived in a food desert and 2.1 million households both lived in a food desert and lacked access to a vehicle in 2015.”¹ The pre-existing geography of food deserts has been exacerbated by the pandemic, with job losses reducing a household’s ability to cover the basic costs of food.

Though difficult to quantify, the role of food pantries, community volunteers, local emergency food programs, and increased flexibility for federal food programs are most certainly buffering the full impact of the pandemic on hunger.^{2,3,4} Even so, an estimated 9-17 million children in the U.S. report are sometimes or often going hungry.⁵ As they are now, during the first phase of the Census Bureau’s Pulse surveys (April-July), southern states were consistently among the most food-insecure.

Not only are there differences in food security across states during the current crisis, but historical data shows a persistent racial disparity, with Black and Hispanic households going hungry at rates twice that of white households.⁶ For those living in food deserts, a cruel twist of biology comes into play; food insecurity is linked to conditions such as diabetes and obesity, and those comorbidities are also among the most common risk factors for worse Covid outcomes.^{7,8}

Likelihood of eviction or foreclosure, Sep 30 - Oct 12, 2020

15 - 24.9%

25 - 33.2%

33.3 - 49.9%

>50%

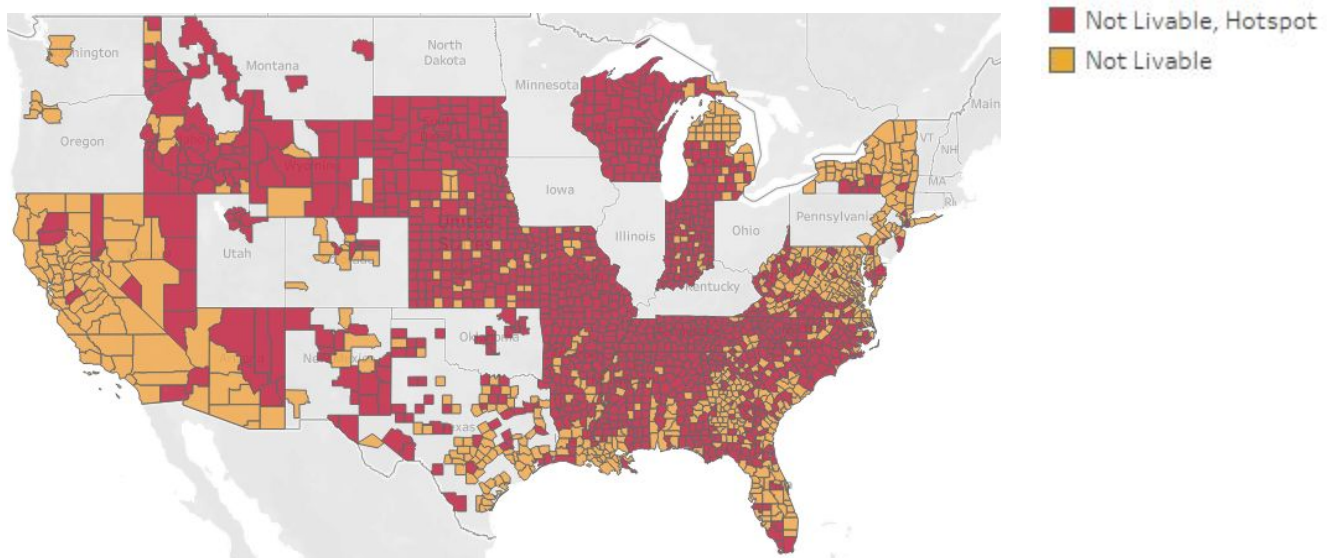
With 10 million fewer jobs across the U.S., Americans are feeling very uncertain about their future. More than 1 in 3 adults in 18 states report they are likely to be evicted or foreclosed upon in the next two months. This is true across a wide swath of states. The effects of housing insecurity on children are dramatic. Eviction or foreclosure may force families to suddenly move, begin couch surfing, or even become homeless.¹ Not surprisingly this can lead to frequent school moves, absenteeism, and lower test scores for children.² Children without stable housing are also susceptible to mental health issues, developmental delays, and trauma that can affect children's future health, education, and employment outcomes.³

Pandemic to Prosperity: October 21, 2020

Over 50% of the nation's 2,600 counties deemed unaffordable for those relying on state unemployment insurance are also active Covid hotspots.

Counties where state unemployment insurance fails to cover basic costs, by Covid hotspot status

Includes costs for a two-bedroom home, food, and transportation



Source: [USAfacts](#), [New York Times Covid-19 data](#)

Note: Counties with ≥ 100 Covid cases/100k people in the past week are classified as “hotspots” for this analysis. Blank counties on map are not “unaffordable” for those on state unemployment insurance.

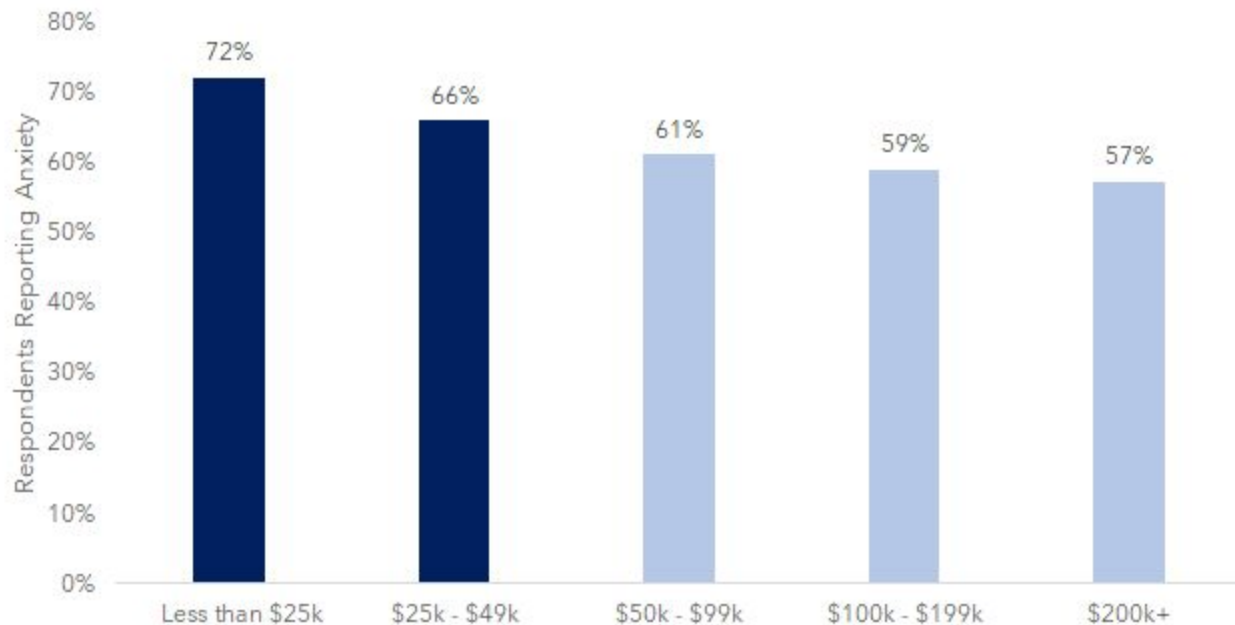
State unemployment insurance pays only 40% of a worker's previous wages on average.¹ In part to motivate workers to continue looking for employment, unemployment insurance benefits are generally lower than a worker's previous wages. However, the nation has lost 10.7 million jobs since February, and many workers are not able to find employment despite earnest efforts to do so. Congress approved an additional \$600 in weekly unemployment benefits, but this support ended in late July. New financial support from the government has not yet been approved, and will likely not be approved prior to election day.² USAfacts analyzed people's ability to live off of state unemployment insurance by comparing fair market rents plus the average costs of food and transportation to the maximum available financial support in each county.³ Their data show that in 8 out of 10 counties, the state unemployment insurance is not sufficient to cover these costs.

In those counties where unemployment benefits are insufficient to meet basic needs, housing and food insecurity is likely to be high. The Midwest and deep South are particularly hard hit by these compounding factors on top of the challenge of living in a Covid hotspot (100+ new weekly cases per 100k people). With the national increase in Covid cases,⁴ many more counties (50% of unlivable counties) find themselves newly designated as hotspots. This marks a 75% increase in “unlivable” counties that are also Covid hotspots, up from 33% in August. With financial support not increasing for those households unable to cover basic needs, and the addition of more Covid cases, inhabitants of these unaffordable counties are likely being hit with untenable situations.

63% of adults reported anxiety over the last week. Those making below \$50k per year report feeling anxious at rates 8 percentage points higher than those making \$50k and above.

Instances of anxiety, Sep 30 - Oct 12, 2020

Percentage of respondents who suffered from anxiety in the last 7 days



Source: [U.S. Census Bureau Household Pulse Survey](#)

Mental health has undoubtedly been affected by the Covid pandemic. As many find themselves in more isolated situations, coupled with the stress of the pandemic and the economic downturn, cases of anxiety and depression have increased.

According to the Census Pulse Survey, 63% of adults reported feeling anxiety over the last 7 days. This number increases as household income decreases. Among those earning less than \$25K, 72% report feeling anxiety. Children yield additional sources of stress, with 66% of households with children reporting anxiety compared to 60% in households without. Uncertainties catalyzed by the pandemic, such as job insecurity and schools reopening, more heavily impact low income adults and parents with children. Women also expressed feeling anxiety at much higher rates, with 69% of women feeling levels of anxiety, compared to only 56% of men.

The Kaiser Family Foundation found in July that the mental health of 53% of adults in the United States had worsened due to concerns over the pandemic, up from 32% in March.¹ They point to a link between social isolation and poor mental health, adding that job loss can exacerbate these outcomes.

Psychiatrists writing in The New England Journal of Medicine recently noted that Post Traumatic Stress Disorder (PTSD) resulting from pandemic anxiety has the potential for long-lasting consequences.²

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About this series

History has shown that large-scale crises accelerate pre-existing trends and permanently change societies and civic life. While most of the nation's attention is currently focused on the response to Covid-19, we must ensure that recovery efforts in the months and years ahead lead to a more just and equitable society.

Pandemic to Prosperity offers a comprehensive overview of the Covid-related impacts on our lives and livelihoods, governments, civic institutions, and overall well being.

Pandemic to Prosperity is a trusted, relevant, and highly-vetted source of information crucial for steering society toward a fair and complete recovery and yielding a better union than before the pandemic. This report series – published monthly July through October, and then quarterly – analyzes disparate data, adding top-level insights about the implications of each indicator, what each indicator reveals, and how the indicators are interrelated. Such an objective, unbiased resource is essential in a world where there is almost too much data to process and verified facts are often overcome by disinformation.

Recovery from the pandemic will vary across communities, and different populations will face various barriers to achieving shared prosperity. *Pandemic to Prosperity's* thoughtfully-curated data will illuminate the challenges facing the nation's most vulnerable. In addition, this reliable source of wide-ranging, impartial information will be valuable in aligning public and private sector efforts and reflect progress made, or the lack thereof, over time.

The National Conference on Citizenship (NCoC) developed the *Pandemic to Prosperity* series. It builds on NCoC's data infrastructure and advocacy network developed for its national *Civic Health Index*, and leveraging the authors' success with *The New Orleans Index*, which informed many public and private decisions and actions post-Katrina. This series is designed to enable a solid understanding of the damage to lives and livelihoods as the pandemic continues to unfold; it will also examine aspirational goals around strong and accountable government, functioning institutions from child care to internet access to local news availability, and outcomes for people by race regarding employment, health, housing, etc. Until the recovery starts to stabilize, NCoC will publish *Pandemic to Prosperity* monthly, with indicators changing as the recovery transitions. This report highlights mostly state-level metrics with breakdowns by race, gender, and age where available, relying on both public and private data sources.

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