

Essential Workers of Color: Coping during COVID-19

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Background/Significance

COVID-19, also known as coronavirus disease, has strained many economic sectors while showcasing the nation's reliance on others. While restaurants and retail brick and mortar shops have struggled, grocery stores and on-line shopping have expanded. This reliance on the nation's delivery employees and other services, such as caregivers for elders, deemed "essential" to survive the COVID-19 pandemic has meant that those working in those sectors have had to continue working in-person during the pandemic. Research has documented negative impacts of COVID-19 among rural populations (Mueller et al., 2021), people of color (Cyrus et al., 2020; Tai et al., 2021), and people who are deemed essential workers (Béland et al., 2020). Even as the nation has acknowledged dependence on those who work in industries that are integral to our nations' functioning, supports for these "essential workers" have been mixed at best. Mitigation measures such as personal protective equipment (PPE), adequate sanitation supplies, and social distancing protocol, have not uniformly been implemented by industry. Given that essential industries employ disproportionately more people of color (Florant et al., 2020), the pandemic has been particularly devastating for this demographic group.

Although the pandemic has laid bare the racial and income inequalities in our society, media often focuses on the strains and coping strategies of shut-in upper income individuals such as parents working from home while simultaneously supervising or educating their children, single people finding companionship via Zoom, and neighborhoods creating evening entertainment in the cul-de-sac. Less attention has been paid to individuals who earn low wages, many of whom have been classified as "essential." Further, essential workers are disproportionately women of color who have had to make critical decisions to survive the pandemic and address their families' basic needs (Power, 2020).

Health, childcare, education, housing, and food security are generally threatened for essential workers, especially during a pandemic. However, little is known about how essential workers, especially "essential" women of color, are coping during the COVID-19 pandemic. Coping strategies, generally defined as cognitive and behavioral strategies for managing events and circumstances perceived as stressful (Lazarus & Folkman, 1984), can be both helpful (e.g., journaling, mindfulness) and harmful (e.g., avoidance, overeating). Behaviors that were benign pre-pandemic, like the occasional enjoyment of

alcohol or high calorie foods, can, under stress, change into problematic behaviors and coping strategies that impair health and well-being. Further, everyday social supports that worked pre-pandemic may not be available or useful in the current moment, even as new supports may emerge. Because COVID-19 will likely not be the last pandemic we face as a society, understanding the ways that essential workers maintain their own well-being and that of their families is critical. Also important is ascertaining the external supports that are most useful during a pandemic.

This study examines the experiences of “essential women of color” including their coping mechanisms along with other pertinent information related to anxiety, stress, and how their life has changed during the COVID-19 pandemic. The study, which is on-going, has expanded to include all genders of essential workers who are people of color.

Study design

This study uses a mixed methods research design. The qualitative portion of the study asked essential workers, who are women of color, about their experience during COVID-19. We also recruited a convenience sample of essential workers of color from around the US to complete a structured quantitative survey for the quantitative portion of the study. All protocols were approved by the Institutional Review Board at the University of North Carolina at Chapel Hill.

Qualitative Study

For the qualitative portion of the study, we collaborated with Village Heart BEAT (VHB) a division of the Mecklenburg County Department of Public Health, which aims to reduce cardiovascular health disparities for Mecklenburg County residents. Dr. Rachel Goode currently partners with VHB with a focus on food insecurity and obesity among Supplemental Nutrition Assistance Program (SNAP) recipients. In partnership with over 20 community-based testing sites, VHB is on the frontlines of the epidemic providing COVID-19 testing and education to vulnerable populations. Working with VHB and using other recruitment strategies, we recruited a purposive sample of 22 women of color who are essential workers to participate in semi-structured interview. After providing informed consent, participants were guided through a semi-structured interview protocol (see next section) to gather participants’ perspectives on coping and well-being during the COVID-19 pandemic. We sampled

representative participants until we collected information with sufficient variability of essential workers of color to draw inferences regarding their ways of coping. We were also looking for the “saturation point” within our interviews, the point at which the narratives we were hearing began to be similar enough that we believed we had a strong sampling of the relevant coping patterns within this population. These interviews lasted about 40 minutes each. All participants were compensated for their time with a \$30 Visa gift card.

Interview guide

The interview guide included the following questions:

1. Where you do work? Please tell us more about your job and your responsibilities.
2. Please tell us about when you realized that the COVID-19 was changing the way you lived your life.
 - a. What changes did you notice at work? (atmosphere, physical environment, supervisor attitudes, co-worker interactions)
 - b. What changes did you notice at home?
2. What new challenges came with your designation as an essential worker?
3. Were there new benefits to being deemed essential?
4. People rely on different people, organizations, habits, and other things during stressful times. What kinds of things did you and/or your family members use to help cope with these changes? Both helpful, not so helpful, things that worked, that didn't work.
 - a. Were there changes to your social support system during this time? Please tell me more about those changes.
 - b. What organizations, if any, became more or less important as you and your family coped with the pandemic? How were they helpful or unhelpful?
5. What does it mean to you to have been deemed an “essential” worker?
 - a. Tell me more about your experience.
6. Women of color have been deemed ‘essential’ more than others in society. What do you think about this?
7. Not only are people of color dealing with COVID-19 in a different way, we/they are doing this in a context of police violence, protest, and national discussions of race. What has it been like for you as an essential worker?
8. Is there anything that I haven't asked that you would like to tell me about your experiences during this time?

Qualitative Data Analysis

Each interview was audio-recorded and transcribed verbatim. We used the grounded theory approach to examine themes in the data. We reviewed the transcripts while listening to the recordings, inserting notes regarding context, tone, and other implicit utterances, and compiled notes to develop the codebook for analysis. Qualitative data analysis is currently in progress. To complete our analysis, interview data will be analyzed using qualitative content analysis. Preliminary themes are described below in the findings section.

Quantitative Study

We are recruiting a convenience sample of essential workers of color from around the US to complete a structured quantitative survey regarding their experiences as an essential worker during COVID-19. The survey is being delivered via Qualtrics and takes approximately 30-40 minutes to complete. Participants are compensated for their time with a \$15 Visa gift card. All participants from the qualitative interview were invited to participate in the quantitative survey. In addition, we expanded our recruitment protocol for the quantitative portion of this study using social media platforms like Twitter and Instagram in order to expand our reach to participants. We have also sent mass emails to University and other agency listservs.

Quantitative Measures

Participants in the quantitative study completed an online survey. The survey is self-paced, which allows participants to complete the survey in multiple sittings. Study measures include demographic information, work experience, questions related to contracting and treating COVID-19, a 10-item Perceived Stress Scale (Cohen et al., 1994), a Coronavirus Anxiety Scale (Lee, 2020), a Life Stress Inventory (Holmes & Rahe, 1967), social media and technology use (Manini, 2020), substance use (C3PNO) (Schalet, et al., 2020), and eating habits (Gormally et al., 1984). The measures related to COVID-19 (i.e., Coronavirus Anxiety Scale, COVID-19 exposure/treatment measure, C3PNO) correspond with the National Institute of Mental Health (NIMH) Common Data Elements. These measures have been shown to be reliable and valid. The survey includes 130 questions and takes approximately 30-40 minutes to complete.

The measures assessed capture attitudes and feelings in distinct time periods, depending on the construct assessed. We specifically ask about the time period prior to COVID-19, early on (within the first few weeks of COVID-19, and the main period during COVID-19). In this preliminary assessment, we were able to analyze attitudes related to general perceived stress in participants' daily lives during COVID-19, and in the six months prior to COVID-19. In this portion of the questionnaire, we ask questions like "how often were you upset because of something that happened unexpectedly," "how often did you feel nervous and stressed," how often did you feel you were on top of things," and how often did

you feel difficulties were piling up so high that you could not overcome them?” Participants were able to rate these statements using Likert-type responses of “never,” “almost never,” “sometimes,” “fairly often,” and “very often” for the two aforementioned time periods.

We were also able to preliminarily analyze anxiety directly related to COVID-19 using the Coronavirus Anxiety Scale (CAS). In this portion of the questionnaire, we asked questions related to how often participants experienced certain activities in the first two weeks of COVID-19, and then over the last two weeks prior to questionnaire date. Questions on the CAS asked participants to rate how often they “felt dizzy, lightheaded, or faint when [they] read or listened to news about the coronavirus,” “had trouble falling or staying asleep because [they] were thinking about the coronavirus,” “felt paralyzed or frozen when [they] thought about or was exposed to information about the coronavirus,” “lost interest in eating when [they] thought about or was exposed to information about the coronavirus,” and “felt nauseous or had stomach problems when [they] thought about or was exposed to information about the coronavirus.” All participants were asked to rate these statements on a Likert scale using the responses “not at all,” “rarely, less than a day or two,” “several days,” “more than seven days,” and “nearly every day over the last two weeks” (or first two weeks of COVID-19) [depending on time period. These questions were asked within the two aforementioned timeframes.

Results

Qualitative Findings

Twenty-two women participated in the qualitative interviews between August and October 2020. Table 1 characterizes the preliminary themes that have been identified in the qualitative interviews. As analysis continues the nuance and specificity within these broad themes will be further delineated.

Table 1: General Preliminary Themes

Theme	Definition
Spirituality	Participants acknowledged the role of faith and church as being positive supports.
Caregiving during COVID-19	Participants described the increased stress experienced with parenting, and caring for parents during the pandemic.
Social Support	Participants reported the pandemic allowed them to engage with friends and family, and reconnect with loved ones
Eating Behaviors	Participants reported an increase in snacking, and late-night eating as a coping tool during the pandemic

Managing Racism	Participants reported the increased stress and racial unrest during the pandemic complicated coping, and increased stress.
Managing COVID-19 Fear and anxiety	Participants expressed the fear of the unknown elements of the pandemic, and described the increased presence of stress.

Quantitative Findings

Because we expanded our study to include essential workers who are men of color, we also expanded our sample size target. We intend to recruit 300 essential workers who are people of color. Participants have been, and are currently being, recruited on social media including Twitter and Instagram and mass emails to university and other agency listservs. We have screened 1,200 participants (see Appendix A for further information about participant screening and flow). Currently, we have 106 participants. Participants are female (59.4%), range from 20-64 years in age ($M = 36$ years), primarily identify as African American (80.8%), and are primarily from the mid-Atlantic and Southern US.

In preliminary tests comparing perceived stress of participants during COVID-19 to their perceived stress in the six months prior to COVID-19, significant differences were found in stress levels ($p < 0.01$) using paired t -tests. Participants reported higher perceived stress during COVID-19 than prior to COVID-19 as related to being upset by something happening unexpectedly, unable to control important things, feeling nervous and stressed out, not feeling confident in their ability to handle personal problems, felt like they could not cope with all the things they had to do, felt angered because of things that happened outside of their control, and felt that difficulties were piling up so high that they could not overcome them.

Participants were also asked to rate their anxiety on the Coronavirus Anxiety Scale (Lee, 2020). This scale was also asked between two timepoints (over the first two weeks of COVID-19 and from the last two weeks of survey date). Participants rated their anxiety over five items on a five-point scale from occurring ‘not at all’ to occurring ‘nearly every day over the last two weeks.’ Participants consistently reported higher anxiety levels in the first two weeks of COVID-19 compared to the last two weeks prior to their survey date ($p < 0.001$), suggesting that anxiety decreased following the first two weeks of the emergence of COVID-19. Anxiety levels were rated higher in regard to feeling dizzy/lightheaded, having trouble falling or staying asleep, feeling paralyzed or frozen, losing interest in eating, and feeling

nauseated or having stomach problems. All of these anxieties were related to exposure to information about coronavirus.

Overall, preliminary results suggests that anxiety directly related to receiving or being exposed to information pertaining to COVID-19 peaked early during the pandemic whereas perceived stress may have increased over time during the pandemic among essential workers of color. Findings suggest that positive coping strategies are needed throughout the course of a pandemic to manage anxiety and stress.

Table 2 characterizes basic demographic information for current participants in the survey sample (N=106).

Variable	N	%
Gender		
Male	43	40.6%
Female	63	59.4%
Race		
Asian/Native Hawaiian	18	17.3%
Black or African American	84	80.8%
Native American/Alaskan Native	1	1.0%
Mixed Race	1	1.0%
Hispanic		
Yes	8	8.2%
No	90	91.8%
Sexual Identity		
Homosexual	5	4.7%
Heterosexual	97	91.5%
Bisexual	2	1.9%
Other	1	0.9%
Don't know	1	0.9%
Relationship Status		
In a relationship	7	6.6%
Married	70	66.0%
Separated/Divorced	3	2.8%
Single	26	24.5%
Children		
Yes	76	71.7%
No	30	28.3%
Education		
Some high school	1	0.9%
High school graduate/GED	4	3.8%
Some college	25	23.6%
Associate degree	21	19.9%
College graduate	34	32.1%
More than college	21	19.8%
Spouse education		
High school graduate/GED	2	2.6%
Some college	21	27.3%
Associate degree	19	24.7%

College graduate	26	33.8%
More than college	9	11.7%
Income		
10,000 to 25,000	2	0.9%
25,001 to 50,000	49	46.2%
50,001 to 75,000	22	20.8%
75,001 to 100,000	14	13.2%
100,001 or more	20	18.9%
	Mean (SD)	Range
Age	36.1 (9.0)	20-64
Number of children	1.9 (0.7)	1-5
Children under 18	1.3 (0.8)	0-4
Children under 5	0.8 (0.5)	0-2
Household size (people)	3.3 (1.3)	1-7

Next steps

Our findings will have implications for policy makers and service-providers focused on child-care, child well-being, substance use, nutrition, disordered eating, and mental health, among others. We will report our results directly back to VHB and our participants as well as other service providers that serve this population. We will use webinar technology in the event that these events cannot be pursued in person. We will publish summaries and policy briefs on the School of Social Work and the Collaboratory website as new findings are available.

We will continue to process our qualitative data in order to understand themes and nuances that have specifically impacted women of color who are essential workers. This will help us to understand the impact that COVID-19 had on women of color. We will also continue with survey recruitment by bolstering data collection methods by sending the survey out through the UNC faculty and staff listserv, while also continuing to disseminate the screening survey on social media platforms like Twitter. Finally, we are now beginning recruitment for our survey in Spanish in order to capture the experiences of essential workers of color whose primary language is Spanish. This will help us to capture the perspective of Latinx people in the U.S., as this subset of people have experienced disparate risk with COVID-19 and people with limited English proficiency may be at higher risk for contracting COVID-19 (Velasquez et al., 2020).

Overall, we expect to discern coping mechanisms, anxiety, work, and other variables related to how essential workers of color have fared throughout this pandemic in the US, thus far. Further, because of our use of common data elements from the NIMH, we will be able to compare findings to other studies

nationally and internationally. These comparisons may help us understand particular complexities and patterns within our sample, compared to other communities in the U.S. While our findings are not generalizable to the entirety of the U.S., they will help to shed light on the experiences of people of color who are essential workers, guide intervention development for this population, and inform policymakers of trends that may be important as we reflect on the lessons of the pandemic and prepare for similar situations in the future.

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Appendix A: Participant recruitment and flow

