



## The *Ohio COVID Survey* provides an intimate portrait about the impact of the pandemic on Ohio's households

*Findings from the first half of 2020 indicate that the coronavirus pandemic and concurrent recession created significant stress and uncertainty for Ohioans, further entrenched health and economic inequities.*

Since the COVID-19 pandemic began, the Center for HOPES has been part of a team providing expertise to Ohio's leadership about crisis response and recovery. As health policy researchers, we have focused on data-based insights about the interconnections between public health, policy actions, and economic indicators. The Ohio COVID Survey has been an essential component of the evidence base on which we draw, allowing Center researchers to identify key patterns and challenges to Ohio households during this unprecedented time.

### About the Survey

The State of Ohio commissioned the [Ohio COVID Survey](#), a special supplement of the [Ohio Medicaid Assessment Survey](#), to understand the health, behavioral, and economic effects of the COVID-19 pandemic on Ohioans in the initial months of the crisis.

The first iteration of the ongoing statewide survey, conducted by RTI International on behalf of The Ohio State University's Government Resource Center, includes more than 17,000 responses from a representative sample of Ohio adults contacted between April 20 and August 24, 2020.

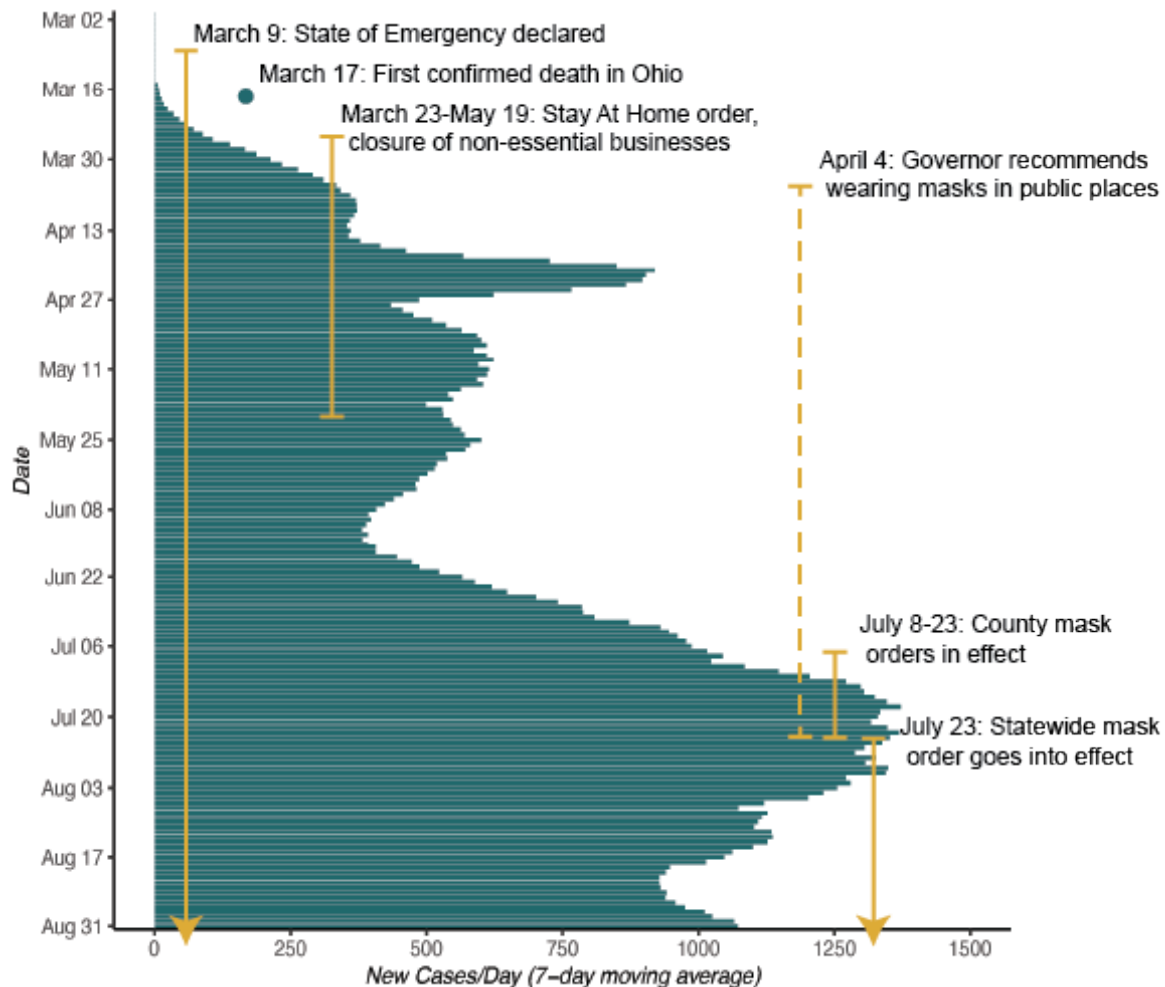
The survey is one of only a handful of state-level efforts in the US investigating the broader household dynamics of the pandemic. It is unique in tracking Ohio household responses over time. The Center submitted a report on preliminary findings from the first iteration of the survey at the end of September 2020 and continues to analyze data from both the first iteration of the survey and the second, bi-weekly version, which went into the field at the beginning of September.

### Pandemic Context

On March 9, 2020, Governor DeWine announced the first confirmed cases of COVID-19 and declared a State of Emergency (ongoing at time of publication). He and then-Director of Health Dr. Amy Acton also called on Ohioans to follow increased hygiene and social distancing recommendations. In response to the initial outbreak, the Governor closed schools and restaurant dining, before issuing a formal Stay At Home order and closure of non-essential businesses on March 23.

Governor DeWine and Director Acton began urging Ohio residents to wear facial coverings when outside the home at the beginning of April, when the state was recording about 250 cases per day. Formal mask mandates, first triggered only at the county level by high case incidence, did not begin until July, culminating in the Governor’s statewide order on July 23 (ongoing at publication).

Figure 1. Ohio Daily Cases & Key Policy Actions, March-August 2020



Based on 2020 data from [CDC’s COVID Data Tracker](#), [ODH’s COVID-19 Dashboard](#), and [ODH Public Health Orders](#)

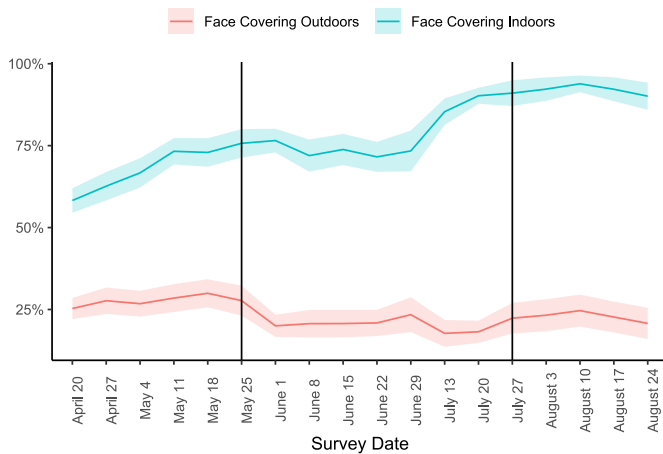
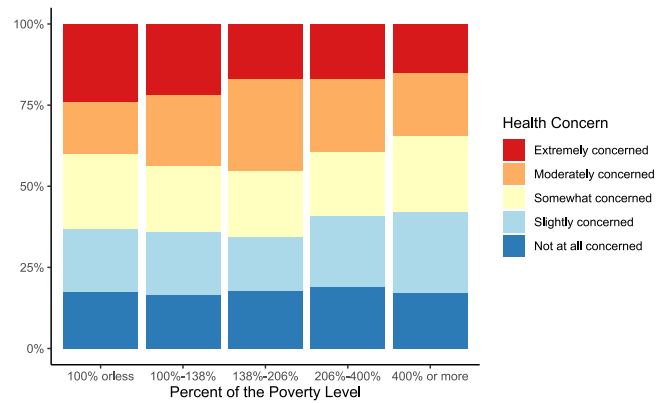
## Key Findings, April-August 2020

During the initial survey period, respondents reported elevated levels of concern about their health and that of their families, concern about job loss and other economic hardships, and increased practice of social distancing and mask-wearing. Job loss and concerns over health and economic security were higher among low-income households, Black Ohioans, and respondents in poorer health.

### Worried about the future

OCS respondents

expressed concern about their health and their household economy during this period of uncertainty. This includes concern for both physical and mental health, food and employment security, and financial outlook. Extreme **concern for physical health** is inversely related to income: as income rises, levels of extreme concern fall. Low-income Ohioans also reported greater concern about their mental health and that of their families compared to higher income respondents.



### Adjusting to new norms

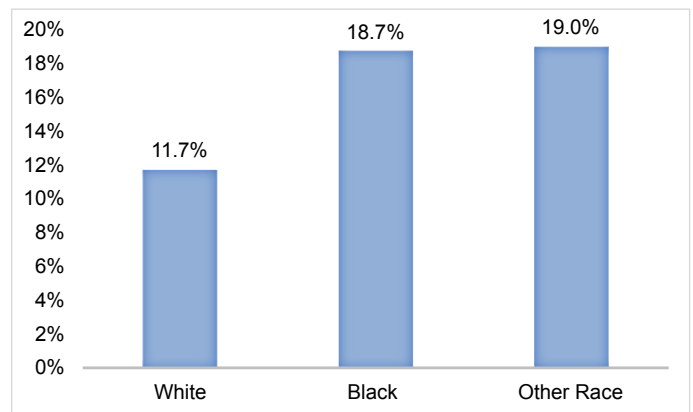
Ohioans stayed

home more, interacted with people outside of their household less, and wore masks in public. **Wearing a mask**, a key practice in reducing transmission of the novel coronavirus, steadily increased over time. Nonetheless, formal policy actions played an important role in increasing mask wearing in indoor, public places to near-universal levels. By the time Governor DeWine instituted a statewide mandate on July 23, 61% of the state’s population was covered by a county mandate.

### Persistent and widening disparities

The

current crisis exacerbated existing racial and income disparities in health and economic burdens. Ohioans of color were more likely to report job loss due to COVID. This had a particularly harsh effect on Black **employment**, which, for a host of structural reasons, was already lower. Ohioans of color were also more likely to report food insecurity than their White peers.



Employment remained higher among Ohio’s healthier, wealthier residents. Ohio’s low-income workers were more likely to report losing a job due to COVID than their higher-income peers. Additionally, there is a strong relationship between health and financial security: those in poorer health were more likely to be worried about paying their bills as the pandemic continues.