The COVID-19 Impact Survey in Durham was a pilot project led by Shaw University in collaboration with the Community Health Coalition (CHC), the North Carolina Institute for Public Health (NCIPH), and the North Carolina State Center for Health Statistics (SCHS) from May 2022 to December 2022. The project’s overall goal was to understand the social, economic, and health impacts of the COVID-19 pandemic on Durham County residents and the extent to which impacts differed by race, ethnicity, and disability. An additional aim of the project was to pilot community-engaged approaches to collecting data not readily available through existing public health surveillance methods.

METHODS
Adult residents living in Durham County were eligible to participate in the survey. Both probability-based and convenience sampling methods were used. However, most participants were from the convenience sample. The Community Health Coalition was instrumental in recruiting survey participants. The survey was administered primarily as a web-based survey, and a small number of responses were collected through phone interviews. A $35 visa gift card was offered as an incentive to the first 600 survey participants.

RESULTS
The study collected responses from 2,055 people between July and August 2022. Most people were young, 80% under 40, and the average age was 33 years. More men (57%) participated in the study than women (43%); 17% of the people were Hispanic or Latino. Sixty-five percent (65%) of the people were non-Hispanic White; 10% Black; 2.8% Native American; and 1.2% Asian. The average household size was three people, and 64% of households had kids. Thirty-five percent of households had someone with a disability, most commonly with vision problems. Seventy-six (76%) of households had positive net worth (i.e., having more assets than debts). At the same time, 24% had negative net worth (i.e., their debts that exceeded their assets). The average net worth was $263,000, and the range was from negative $540,000 to positive $9.8 million.
How sick the household members got from COVID-19 didn’t depend on their race, ethnicity, if they had children, if they had older adults, or wealth. After considering households with older adults, those with someone with a disability were 50% more likely to have had COVID-19. However, after considering older adults, households with someone with a disability were more than twice as likely to have less wealth. When dividing the respondents into different groups based on “race or ethnicity,” a higher number of Hispanic and Black or African American people reported having less wealth than non-Hispanic White people. Even though these differences were not strong enough to be considered significant, they still support the idea that these groups have less wealth.

Although this study didn’t find a strong connection between wealth and race or ethnicity, it did find that people who identified as Hispanic or Black were more likely to have financial problems. This could be because these groups have different sources of debt than others, which can impact their overall financial stability. Lastly, the findings, experiences, and lessons learned from the pilot will inform the newly formed Historically Black Colleges and Universities (HBCU) Health Equity Data Consortium in developing a similar survey designed to gain even more insights into the experiences and challenges faced by different communities.

In a probability sample, the selection process is designed to ensure that every member of the population has an equal chance of being selected. This helps to ensure that the sample is representative of the larger population and reduces the risk of bias in the results. In the convenience sample, the person participates because he/she is available and wants to participate. Convenience samples can be subject to bias, as individuals who are more likely to participate may not be representative of the larger population.