

**Chapman University COVID-19 National Mental Health Study
(Spring 2020 Wave)**

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PURPOSE OF STUDY

The **Chapman University COVID-19 April 2020 National Mental Health Study** examined the experiences of 4149 people living in the United States. Participants came from all 50 states and Washington DC. The study was led by Dr. David Frederick, an Associate Professor of health psychology at [Chapman University](#), along with 11 members of the [Chapman University Center for Excellence in Biopsychosocial Approaches to Health](#).

The study was funded by a grant provided to Chapman University by the Kay Family Foundation. The authors are currently seeking additional funding to recruit additional participants and follow current participants over time (dfrederi@chapman.edu). People interested in taking the survey can complete it and be entered into a lottery for \$250 at: <https://www.surveymonkey.com/r/PAESsurveySM>

The goal of the study was to examine how the COVID-19 pandemic is impacting people's mental health (depression, anxiety, loneliness, stress, emotions), physical health (flu symptoms, exercise, sleep quality), and romantic relationships (conflict, sex lives, relationship satisfaction). We examined how people are coping with the pandemic, such as turning to their religious faiths and spiritual beliefs and seeking support from others. We also examined how stay-at-home orders and fears of COVID-19 are linked to mental and physical health. Finally, we also examined if ethnic minorities were experiencing prejudice and discrimination because of the perceived connections between their ethnicity and COVID-19.

OVERVIEW OF METHODS

The average age of the sample was 39 (range 18-84) and included 1797 males, 2346 females, and 6 intersex. There were 3082 Whites, 309 Asians, 378 Blacks, 205 Latino/as, and 175 biracial, multiracial, or other ethnicities. Among the Asians, 100 were Chinese. All participants lived in the United States. One-third reporting leaning-definitely Republican (32%;), compared to 21% (866) Independent and 47% (1951) leaning-definitely Democrat. The majority had a college degree (61%), followed by some college (20%), two-year degree (10%), and high school or less (9%). The sample included people living in hotspots such as New York City (229), Los Angeles (128), and Chicago (88). Participants were relatively equally split between rural (15%), small town (13%), suburbs of small city (15%), suburbs of large city (26%), small city (13%), and large city (18%).

The majority were employed, including full-time for wages (49%), part-time for wages (10%), and self-employed (10%). About one-third were not employed, either because they were not working prior to the COVID-19 pandemic (16%) or were out of work specifically due to the COVID-19 pandemic (15%).

The median household income in 2019 was \$60,000, and the median household income in the past month was \$3500.

The survey was listed on Amazon's Mechanical Turk, a service where people nationwide can sign up to complete brief tasks in exchange for a fee. To make the results as generalizable as possible, we avoided listing anything about the coronavirus in the advertisement for the survey. The survey was described as a brief survey on people's "Personal Attitudes and Experiences" and that the study involves "completing a survey about your personal attitudes, beliefs, and behaviors" to draw in the broadest possible set of participants. Only the 4149 participants who passed standard data quality checks were analyzed. The study uses a national dataset, but the sample is not nationally representative. The phrase "COVID-19" was used as a shorthand for the SARS-Cov-2 virus and resulting disease throughout the survey.

We created new items specifically to measure people's beliefs about how the COVID-19 pandemic was influencing people's health behaviors (eating, exercise, sleep), mental health (stress, anxiety, depression), physical health, and close relationships. We also assessed their beliefs about the dangers of COVID-19, the attitudes and behaviors related to COVID-19, how much they were staying-at-home, and the positive and negative consequences of staying at home.

The survey include widely-used and validated measures of mental health, including depression (Patient Health Questionnaire-9), anxiety (General Anxiety Disorder Assessment-7), stress (Perceived Stress Scale-4), loneliness (Three-Item Loneliness Scale and one additional item), an abbreviated version of a scale measuring positive and negative emotions (State Adjective Questionnaire), and an abbreviated measure of how people are coping with the with the pandemic (Brief COPE scale). All questions asked about how people were feeling in the past week.

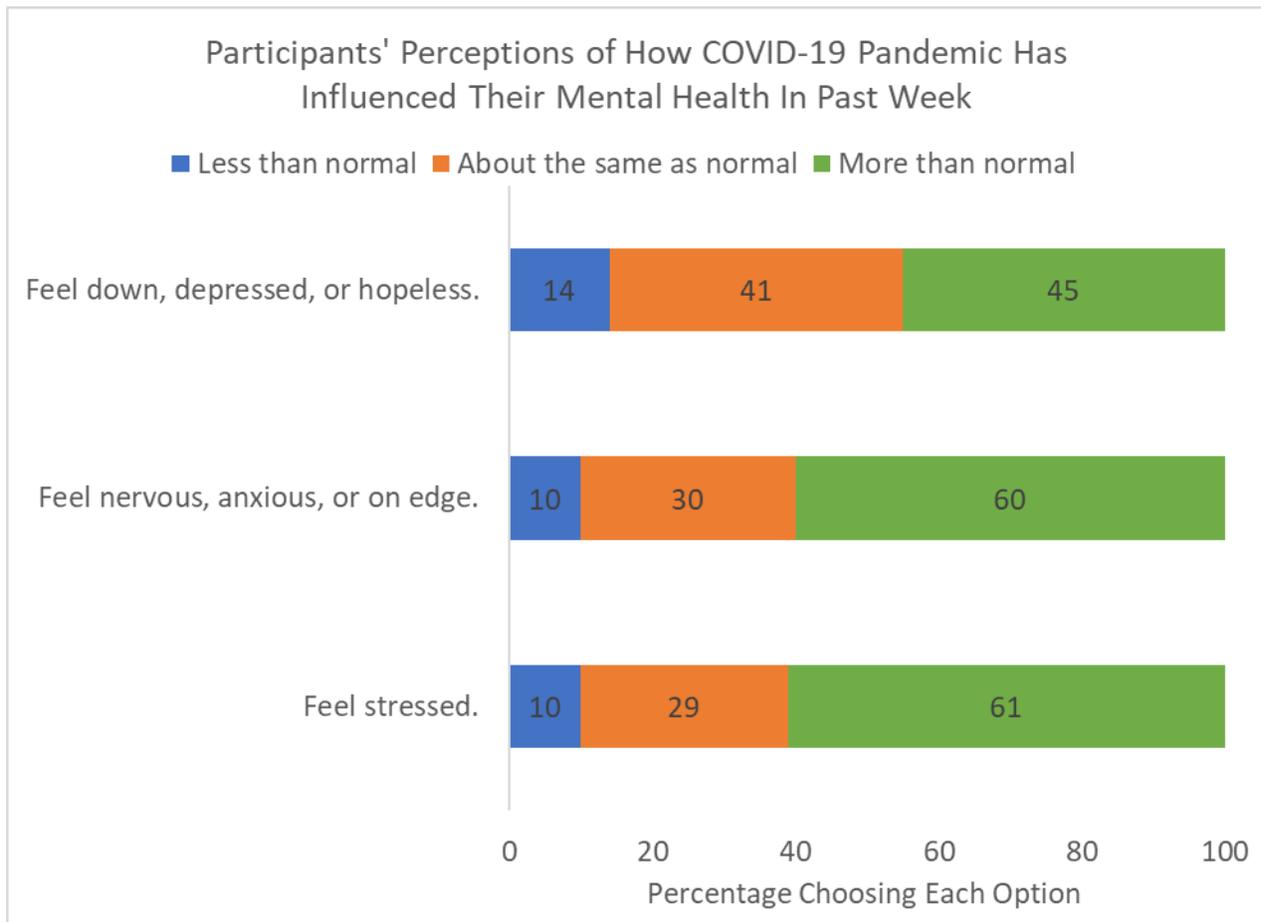
To assess aspects of people's relationships, we measured attachment style with current partner for people in relationships and general attachment style for people single/dating people (Experiences in Close Relationships Scale – Short Form). We measure their overall satisfaction with their relationship (Couples Satisfaction Index-4) and three items based on an existing measure of relationship conflict (Based on the 2-item Relationship Conflict subscale of the Revised Dyadic Adjustment Scale). We included a one-item measure of sexual satisfaction and items measuring the how frequently, over the past week, people engaged in affectionate behaviors (e.g., saying I love you, cuddling) and sexual behaviors (e.g., sexual intercourse, oral sex).

**FINDINGS FOR SELF-PERCEIVED EFFECTS OF COVID-19
ON MENTAL HEALTH AND BEHAVIORS IN THE PAST WEEK**

Most people are staying home more than normal (89%). Dr. David Frederick, an associate professor of health psychology at Chapman University and lead investigator of the study, said *“Over half of people are reporting more stress, anxiety, and/or depression compared to normal because of the COVID-19 pandemic.”* The majority report feeling stressed (61%), nervous, anxious, or on edge (60%), and down, depressed, or hopeless (45%) more than normal in the past week because of the COVID-19 pandemic. *“This increase in stress is concerning, a great deal of research shows that stress often leads to poorer mental and physical health”* said Dr. Brooke Jenkins, an associate professor at Chapman University who studies how interventions can be used to help people cope with their emotions after stressful experiences.

“When people experience intense feelings of anxiety or stress, one way some people try to cope with this is eating a sugary or salty comfort food that gives a temporary distraction. When the stress becomes chronic, this can lead to chronic overeating, which can lead to poorer health. The greater risk is the long-term implications. Some people are forming new exercise and eating habits, and habits are very difficult to change. I am less worried about changes in what the scale says than I am about the pandemic leading to permanent changes in people’s consumption of junk food and lower levels of exercise. If people can manage it, this is a great chance to carve out time to do online yoga, take walks (safely socially distancing) with your partner, or invest in a small set of weights or exercise bike for your home.” said Dr. Frederick.

“The COVID-19 pandemic has caused a major upheaval in the daily lives for most people in the United States. Change by itself can be overwhelming, and then added to it is more uncertainty about the future, fears about the health of loved ones, and many people losing their jobs or job security. For parents with children staying at home, many are trying to balance their work obligations with full-time care of their children’s needs and school work. All of these factors combined have the potential to create a mental health crisis that can rise alongside the pandemic. As a country, we have been thinking about ways to protect our physical health with stay-at-home orders, washing hands, and wearing masks, we also need to be thinking about ways to reach people who are suffering. The Center for Disease Control has laid out a number of suggestions for how individuals, parents, and communities can improve their mental health during this stressful time” said Dr. Frederick. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

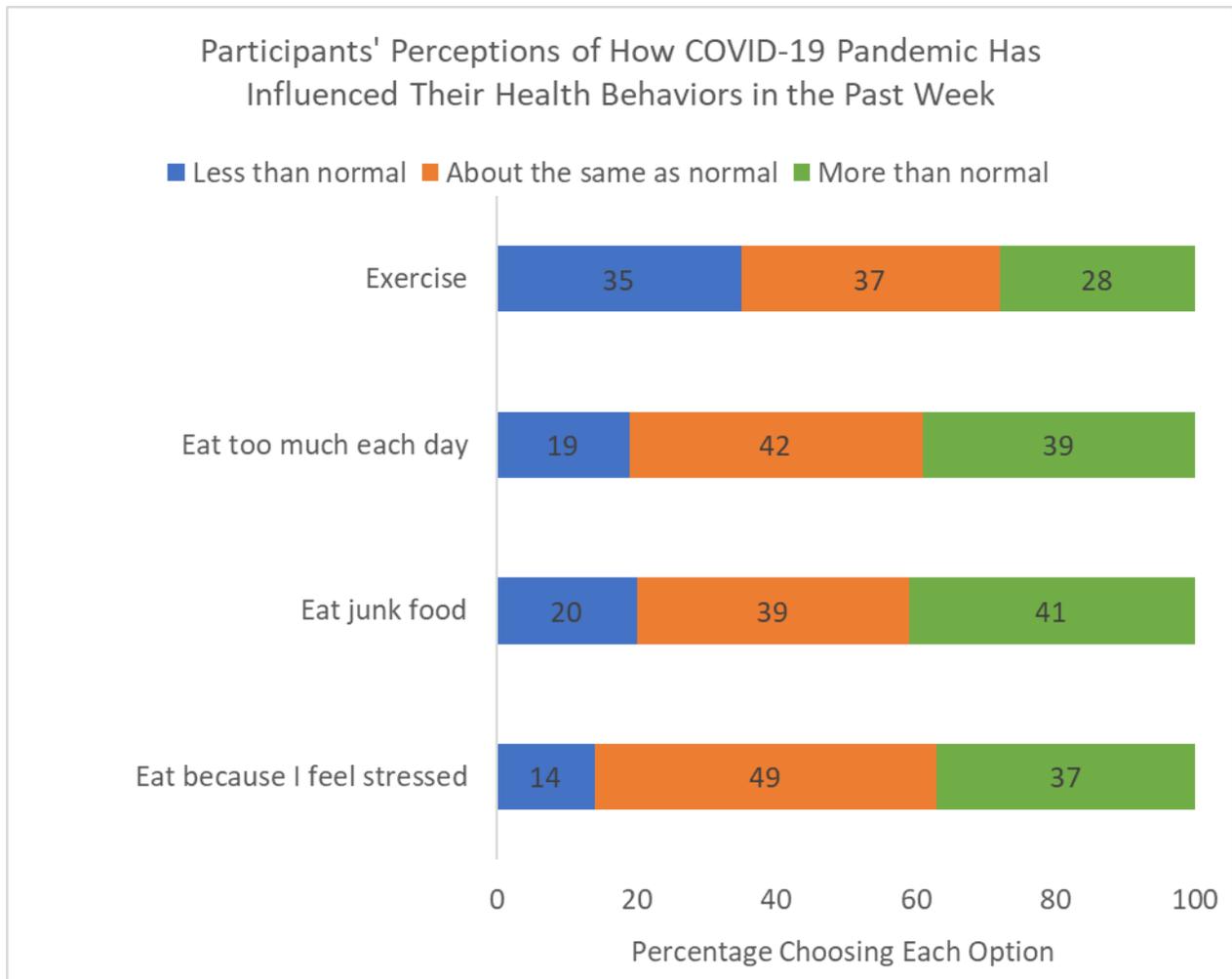


Participants attributed changes in their health behaviors to the pandemic, with about one-third reporting eating more because of stress (37%), eating more junk food (41%), and eating too much each day (39%), and getting less exercise (35%). *“There are dueling memes about whether people are getting fitter or more out of shape during this stay-at-home period. About a third of people report exercising less and are balanced out by a third exercising more. But reports of overeating followed a different pattern. About twice as many people report eating more than normal compared to eating less than normal”* said Dr. Frederick.

Most people are reporting some degree of fluctuation in their weight over the past month, reporting a gain of 5+ pounds (11%), 1-4 pounds (29%), no change (33%), lost 1-4 pounds (18%), and lost 5+ pounds (9%). People who gained more weight did more of the following than they normally do: stress eat, eat junk food, and eat too much. They report exercising less than normal. People who gained more weight were spending more time at home than normal.

People who *gained or lost* 5+ pounds reported more stress, anxiety, and depression than they normally feel. Compared to people who had less notable weight changes, the people who gained or lost weight felt fewer positive emotions, and more negative emotions, overall stress, loneliness, anxiety,

depression, and flu symptoms over the past week. They also reported feeling trapped at home and that being home was making them tense or stressed. These people also tend to perceive more likelihood of developing COVID-19



COVID-19-induced interruptions to daily patterns likely play a role in the changes in eating and exercise behavior reported by roughly 2/3 of respondents. Stable environmental contexts are a prerequisite for habits and as a result, life events that eliminate familiar contextual cues are favorable for disrupting existing habits, both healthy and unhealthy. Whether someone's work lunch consists of a trip to the gym or a visit to the fast food restaurant around the corner, this pattern is broken without going to the office. When attempting to build new, positive habits at home, piggybacking desired behaviors onto existing in-home habits can be an effective strategy. Have a piece of fruit after your morning coffee or take a walk around the block after taking out your trash." said Dr. Vinnie Berardi, a computational health scientist who conducts research on how to get people to engage healthier behaviors.

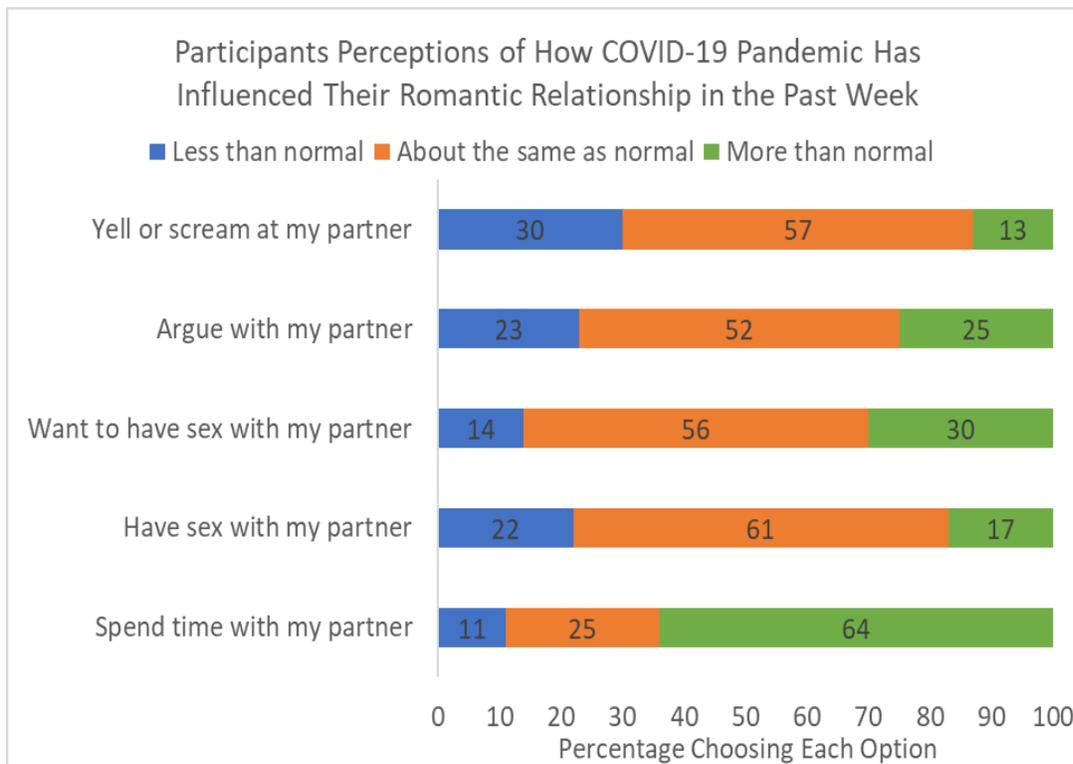
FINDINGS FOR SELF-PERCEIVED EFFECTS OF COVID-19

ON ROMANTIC RELATIONSHIPS IN THE PAST WEEK

The majority of our participants were in a long-term relationship (n = 2702), including 2274 who are living together and 428 who are not.

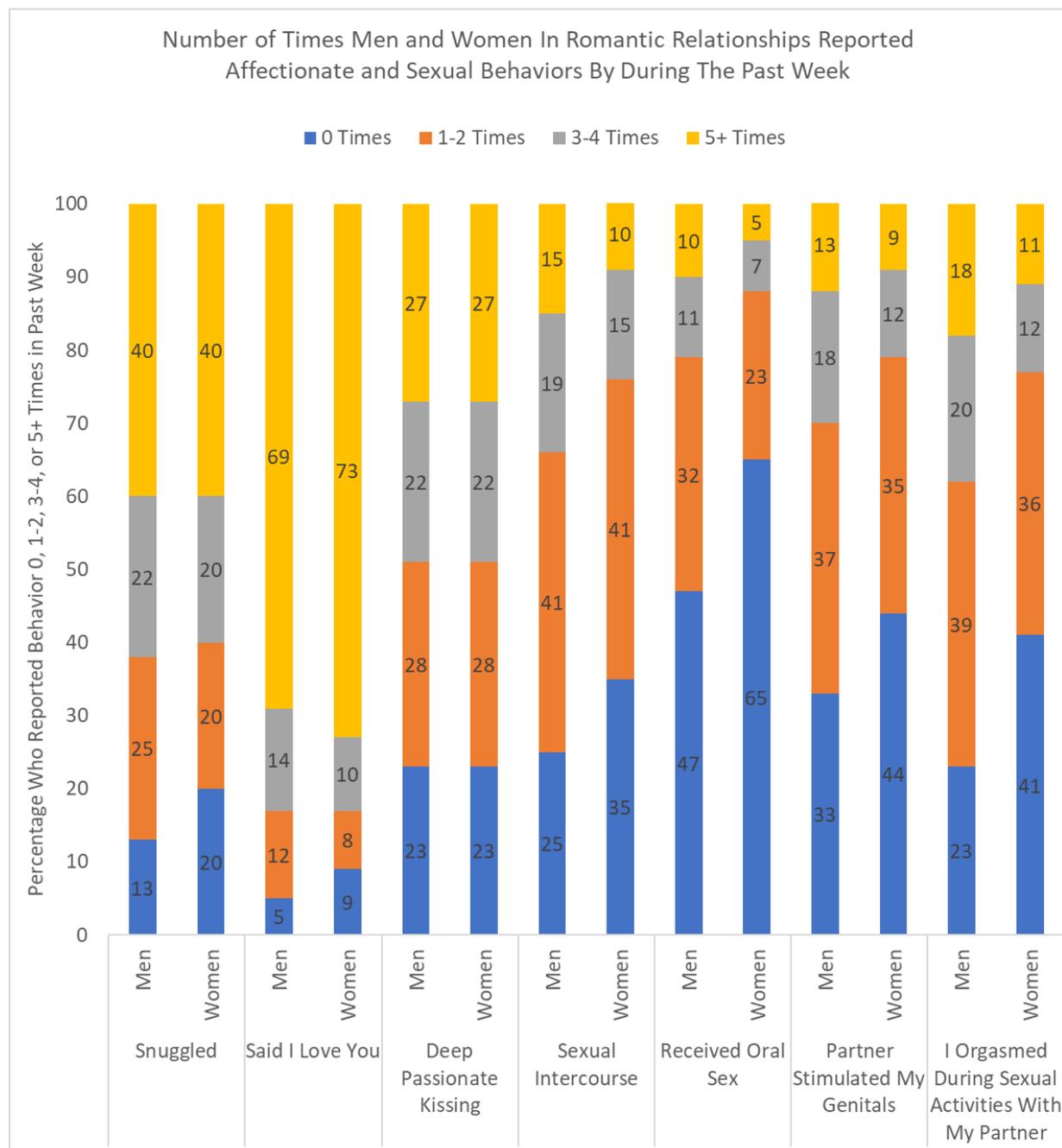
Most people are spending more time with their partner (64%), and about one-fourth report fewer arguments (24%) and one-fourth report more arguments than normal in the past week (25%). *“Most people are spending more time with their romantic partner. For some couples, the silver lining is that they are getting to connect with their partner. For others, staying-at-home together allows little stressors to build and blow up which then promotes conflict over existing disagreements”* said Dr. Frederick.

A subset of people report wanting to have sex more often with their partner (31%), versus only 22% who want sex less often than normal. However, only 19% report having sex more often. *“When it comes to sex, about two-thirds of couples are having sex as frequently as they did before safer-at-home orders. Some couples are experiencing a disconnect sexually—this is not surprising. One partner may want to have sex while the other partner is not interested at the moment. Anxiety and stress regarding health, finances, and a host of other thoughts that consume our cognitive energy can make it challenging to feel in the mood”* said Dr. Amy Moors, a relationships researcher at Chapman University and The Kinsey Institute.



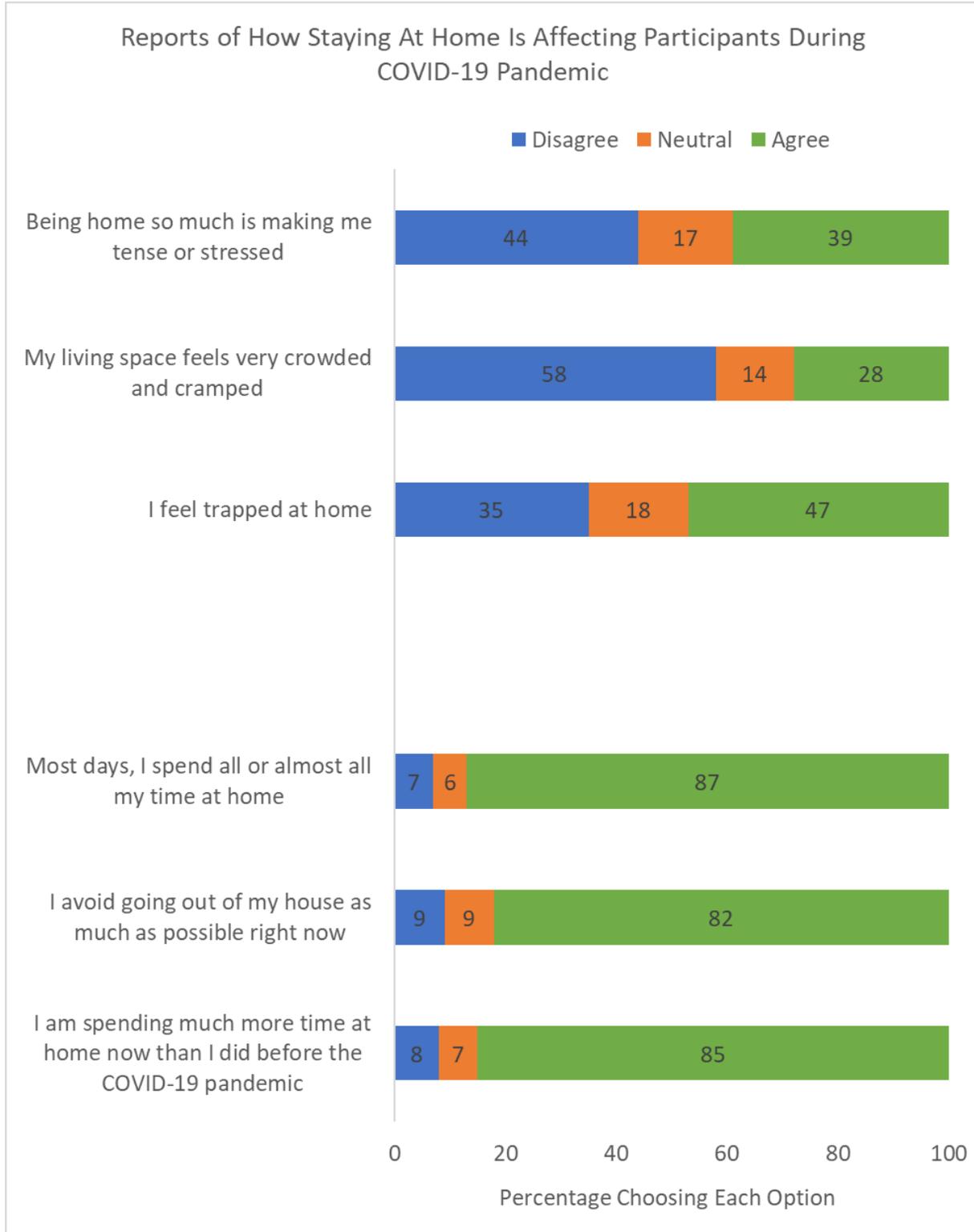
We also took a snapshot of how people’s romantic and sex lives were changing during the pandemic. During the last week, the average couple snuggled 4 times, said I love you 6 times, had deep passionate kissing 3 times, sexual intercourse 2 times, received oral sex 1 time, and orgasmed during sexual intercourse with their partner 2 times. The results were similar for males and females, with the exception of the orgasm results: 59% of females compared to 77% of males reported orgasming during sexual activities in the past week.

People who say they are having less sex than normal because of the pandemic reported having sex slightly less than once per week on average, compared to twice per week for people who reported no change, and four times per week for people who reported an increase in sexual activity.



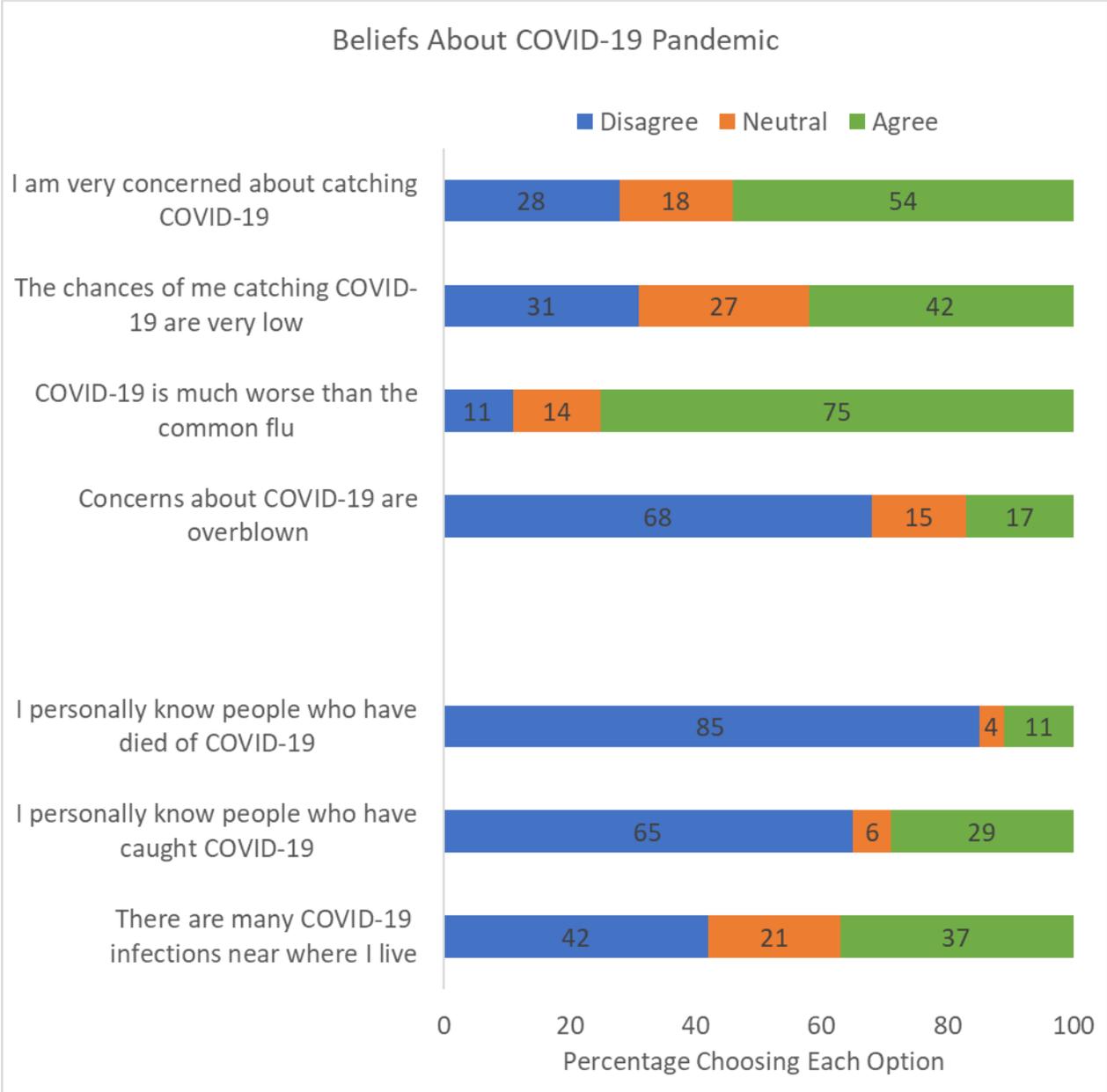
BEHAVIORS AND BELIEFS ABOUT COVID-19

Over four-fifths of people are spending more time in their home now. One-fourth to half of them are feeling this time at home is negative, with many people feeling trapped at home (45%), that their living space feels very crowded or cramped (28%), or that being at home so much is making them me feel tense or stressed (39%).



Despite being in the early stages of the pandemic, about one in ten people personally know someone who has died of COVID-19 (11%), and close to one-third know people who have caught the coronavirus (29%) and perceive that there are many infections near where they live (37%).

Few people think that concerns about COVID-19 are overblown (17%) and recognize that it is much worse than the common flu (75%). About half of people are very concerned about catching COVID-19 (54%), but about half believe that their chances of them personally catching the coronavirus are very low (42%).



POLITICAL ATTITUDES, NEWS STATION WATCHING, AND COVID-19

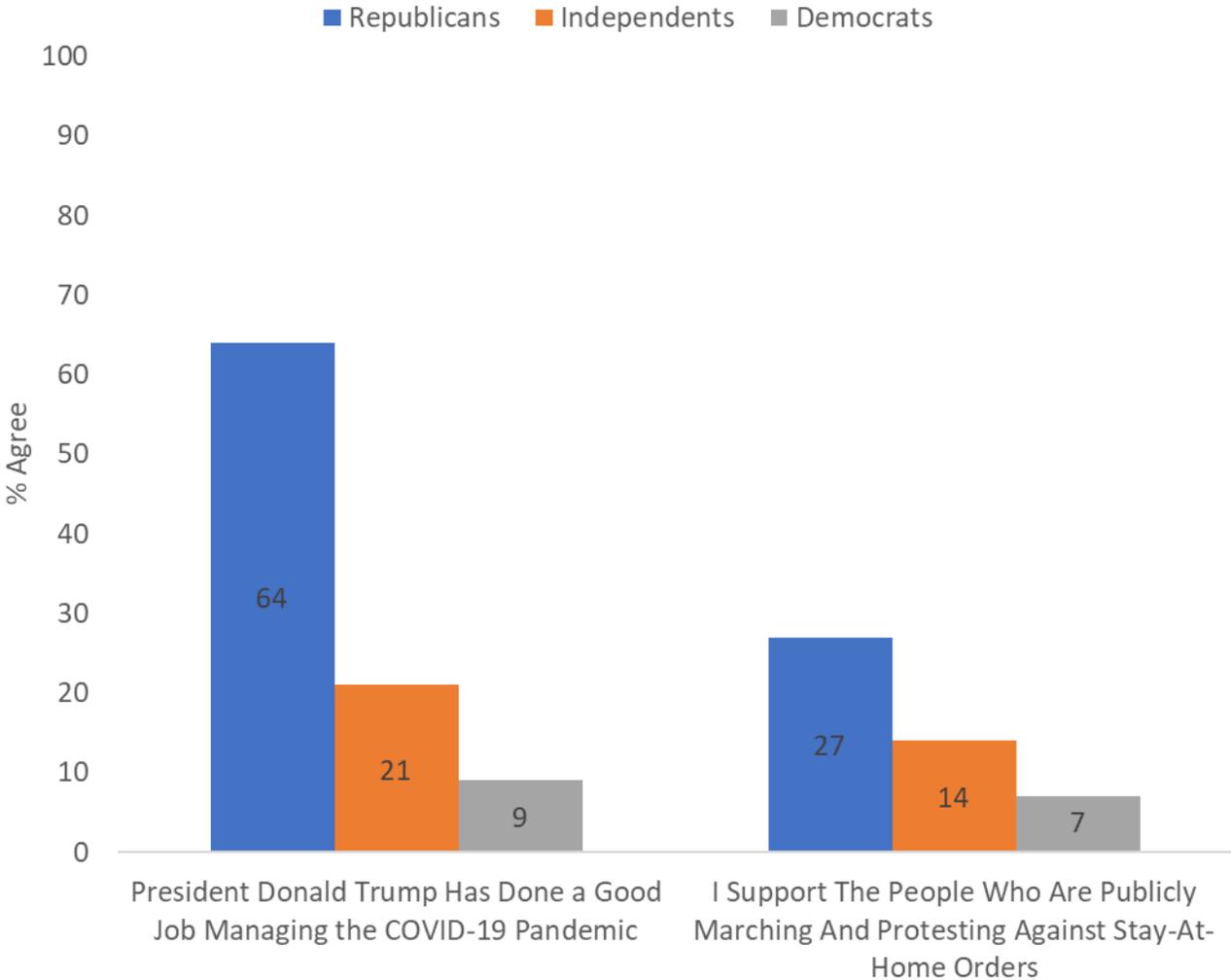
Political affiliation is strongly linked to perceptions of how President Trump is managing the COVID-19 pandemic. Two-thirds of Republicans agree (65%) that he has done a good job managing the COVID-19 pandemic, along with only 21% of Independents and 9% of Democrats who agree. Very few people support the people publicly marching and protesting against the stay-at-home orders (15%), and this is true among Republicans (27%), Independents (14%), and Democrats (7%).

People reported how often they watch Fox News, OANN (One America News Network), CNN/MSNBC, or CBS/NBC/ABC news. We entered frequency of watching news media (never-very often) and political party (Definitely Republican-Independent-Definitely Democrat) along with demographic factors as predictors of these attitudes (age, rural-urban, education level). In the text below, beta weights for multiple linear regression analyses are used to classify if the links were strong ($> .30$), moderate ($.20-.29$), weak ($.10-.19$), or non-existent ($< .10$). We treated relationships as $.10$ as not notable, even if they were statistically significant, due to the small effect sizes.

Republican party identification was a strong predictor of support for President Trump's handling of the pandemic, followed by frequency of watching Fox news. Watching more CNN or MSNBC was weakly related to lower support for his handling of the pandemic and watching OANN was weakly related to higher support when also controlling for party identification and frequency of watching Fox News. Watching OANN was moderately linked to more support for the protestors and watching Fox News was weakly related to more support. Watching CNN/MSNBC/NBC/CBS/ABC were weakly related to less support for the protestors.

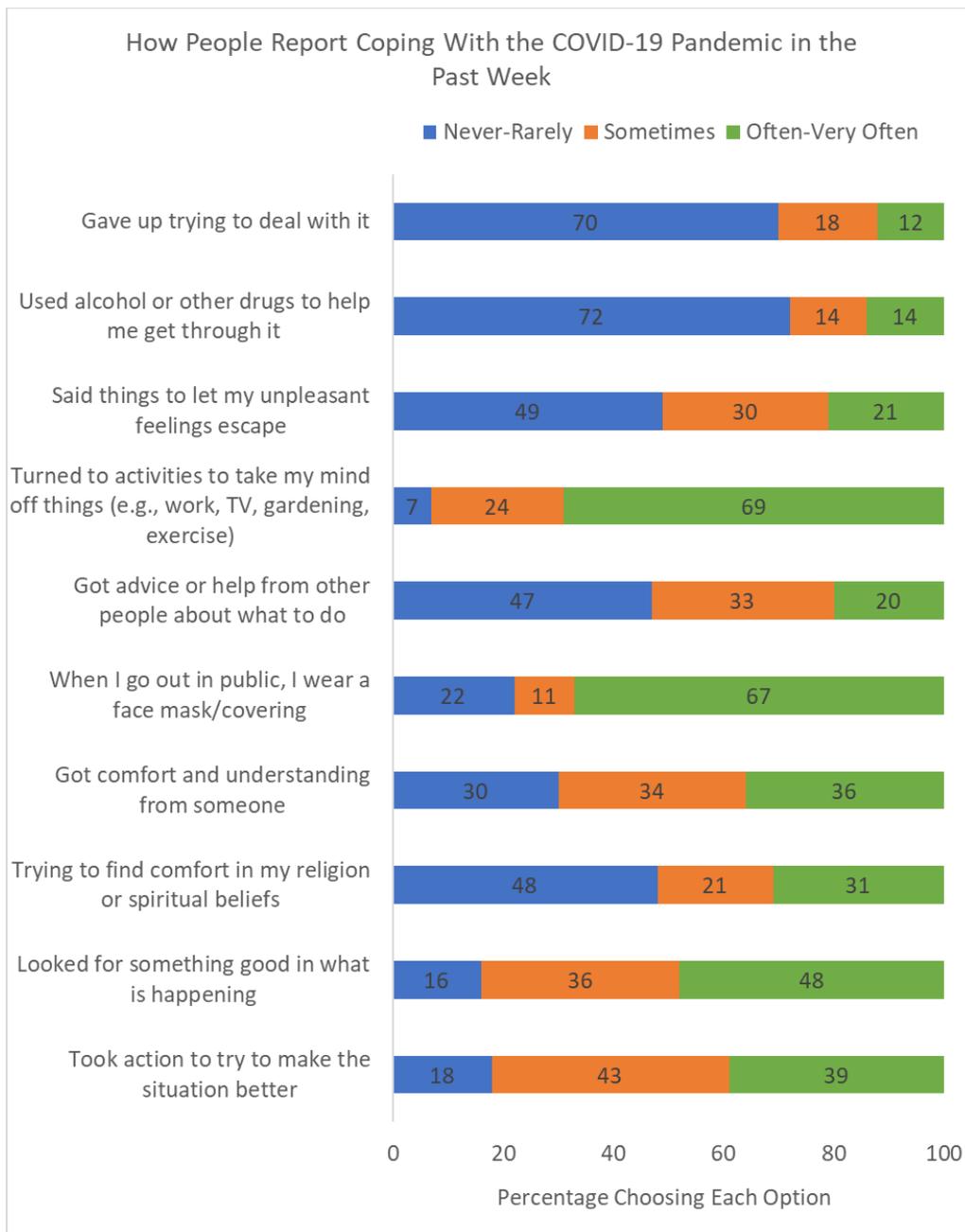
Watching CNN/MSNBC/NBC/CBS/ABC were weakly related to believing that COVID-19 is worse than the common flu and that concerns about COVID-19 are not overblown. Watching OANN was moderately linked to believing concerns were overblown and weakly related to believing it is not worse than the flu. Watching Fox News was not related to these beliefs. Only watching NBC/CBS/ABC was linked, weakly, to wearing masks in public more often, as was identifying more strongly as Democrat.

Participants' Support for how President Trump Is Managing the COVID-19 Pandemic and Stay-At-Home Protestors



HOW ARE PEOPLE COPING WITH THE COVID-19 PANDEMIC

The study examined how people are trying to cope with the COVID-19 pandemic. The most frequently used coping strategy was attempts at distraction, such as working or watching TV, followed by steps to protect one’s health by wearing a face mask in public. About half of people report trying to find meaning in the experience by looking for something good in what was happening, followed by taking action to make their situation better. About one-third of people looked to others or to their religious and spiritual beliefs for comfort or help dealing with the pandemic.



What are the most effective methods of coping? *“In our study, people who ‘Took action to make their situation better’ and who ‘looked for something good in what is happening’ reported the best mental health”* said Dr. Frederick. In contrast, people who gave up trying to deal with it, used drugs or alcohol,

or said things to let unpleasant feelings escape tended to have poorer mental health. Although distraction was the most common coping mechanism, people who used this strategy more did not report better mental health.

Dr. Tara Gruenwald, who studies mental health, said that *“The pandemic is creating many different stresses for people, there is no single strategy that will be optimal for coping with all of them. A good rule of thumb is to gravitate towards those forms of healthy stress management you normally engage in, whether that is exercise, a good book, a favorite hobby, meditation, or connecting with others. Of course, being safe and avoiding infection means we have to alter the way we engage in these activities, but the important thing is to make time to do them.”*

Dr. Brooke Jenkins, a health psychologist at Chapman University who conducts research on helping people manage their emotions and pain after medical procedures, explained the importance of using effective ways to cope with the pandemic. *“What is important is that people identify what is causing the stress. Then, based on whether the cause is controllable (they can fix/alter it to some extent) or uncontrollable (they can't change it), they should use either problem-focused or emotion-focused coping, respectively. Problem-focused coping (e.g., planning; seeking advice, assistance, or information from others; actively working to remove the source of stress) are great for controllable stressors. Emotion-focused coping (e.g., expressing feelings; venting; seeking moral support, sympathy, or understanding; accepting the situation; reframing or reappraising the situation in a positive light) are good for uncontrollable stressors. What is interesting about COVID/social distancing is that this is not a one size fits all stressor. For those individuals with no kids, in a big house with plenty of access to technology and wifi, in a job with security during this time, and access to plenty of resources, this time is actually a more controllable stressor - they can limit how much they go outside and they can minimize contact with others (all active coping). For them, the potential stressor of contracting COVID is controllable. For someone who might be stressed about having to take care of their kids while working, it depends on their resources as to whether this is a controllable or uncontrollable stressor. If you're a single mom with three kids and you have to keep working remotely, social distancing might be an uncontrollable stressor. In which case, it might be helpful to vent with others or try to positively reframe the situation. In contrast, if you have three kids and you're in a partnership, you might actively cope by setting up a scheduled plan for when each partner might watch the kids. In this case, the stressor is more controllable and you've used planning to cope.”*

RISK OF EXPOSURE TO COVID-19

IS LINKED TO DEPRESSION, ANXIETY, STRESS, EMOTIONS, and LONELINESS IN THE PAST WEEK

Risk of exposure to COVID-19 is related to many aspects of mental health. People who report that there are many COVID-19 infections near where they live report higher depression, anxiety, loneliness, stress, and negative emotions (tense, hostile, unhappy) on validated measures of mental health outcomes.

People report poorer mental health if they personally know people who have caught COVID-19, if they personally know people who have died of COVID-19, if they have been exposed to people known to have COVID-19, and if they are very concerned about catching COVID-19. People who think that their chances of catching COVID-19 are very low report better mental health. Believing that COVID-19 is particularly dangerous is not linked to mental health.

FLU-LIKE SYMPTOMS ARE LINKED TO

DEPRESSION, ANXIETY, STRESS, EMOTIONS, and LONELINESS

People who have had flu-like symptoms in the past month report poorer mental health, as do people who have had more negative health symptoms (e.g., fever, sore throat) in the past week. People who strongly suspect that they have had COVID-19 report poorer mental health. According to Dr. Julia Boehm, Assistant Professor at Chapman University: *“These findings are consistent with past research suggesting that our physical and mental health are intimately tied. Although it is not clear from the current study whether poor mental health or poor physical health comes first, they are likely mutually reinforcing one another.”*

DISTRESS ABOUT STAYING HOME, BUT NOT STAYING HOME ITSELF,

IS LINKED TO DEPRESSION, ANXIETY, STRESS, EMOTIONS, and LONELINESS

The amount of time people report spending at home or that they avoid going out of the house as much as possible is not linked to poorer mental health. However, people who feel “trapped at home” are much more likely to report poorer mental health, as do people who say “being home so much is making me tense or stressed” and people who say that their living space feels very crowded and cramped. *“What is interesting about these findings is that it is not staying at home that seems to matter for mental health outcomes, but instead what is important is how people choose to view their stay-at-home experiences. Those who perceive staying at home as a negative thing experience worse mental health. Rather than focusing on the negative, it may be beneficial for people to acknowledge the good things, no matter how small. For example, focusing on opportunities to spend more time with close family members or try out a new recipe can help people reframe their experiences and promote well-being.”* says Dr. Boehm.

ESSENTIAL WORKERS ARE FACING MORE MENTAL HEALTH AND PHYSICAL HEALTH PROBLEMS

People in jobs that currently expose them to many people during the day (e.g., UBER, restaurants, grocery stores) report poorer mental and physical health on almost every measure: more loneliness, anxiety, depression, negative emotions, negative health symptoms in the past week, and more flu-like symptoms in the past month. They are more likely to report that COVID-19 is prevalent in their area, that they know people who caught or died of COVID-19, that they have been exposed to people with COVID-19, and that they suspect that they have had COVID-19. Surprisingly, they did not differ from other people in concerns about catching COVID-19, and were more likely to think COVID-19 concerns are overblown. The findings were similar for people who reported being in a “frontline” job that directly exposed them to people with COVID-19, such as healthcare professionals and police officers. It could be the case that some people go into work in these jobs because they perceive fewer risks of it being dangerous.

“This range of health disparities among essential workers is very concerning, as many essential workers live in disadvantaged communities that are burdened with (1) higher rates of COVID-19-related morbidity and mortality, and (2) inequitable access to key COVID-19-related health-protective resources, including viral testing and hospital resources. Thus, it will be imperative to direct health-protective resources to communities most affected by this pandemic” said Dr. Jason Douglas, an assistant professor of health sciences who studies health disparities in low income communities.

“It could be the case that some people go into work in these jobs because they perceive fewer risks of it being dangerous. The opposite could be true as well, that doing these types of jobs makes people feel more confident about infection risk. “Common sense usually leads us to think that behavior follows emotion – for example ‘we run because we are afraid.’ But research in emotion going back to William James at the turn of the last century, and cognitive dissonance research in the 1950’s suggests that the opposite is often true, that ‘we are afraid because we run,’” says Dr. David Pincus, a clinical psychologist who studies psychotherapy and resilience.

NEIGHBORHOODS AND MENTAL HEALTH

Our communities matter for our mental and physical health. People who perceived that their neighborhoods are more cohesive – that they can trust their neighbors and rely on them for help – reported less stress, loneliness, anxiety, and negative emotions, and fewer health symptoms in the past week. People in more cohesive neighborhoods were less likely to report feeling more stress, anxiety, and depression than normal in the past week for reasons they attribute to the COVID-19 pandemic.

People who believe their neighborhood is more dangerous reported greater stress, loneliness, anxiety, depression, negative emotions, and health symptoms.

These findings make sense in the larger neighborhood and health literature,” said neighborhoods researcher and health psychologist Dr. Jennifer Robinette. *“Anyone following the news will have encountered stories about strong communities that fare better during and after natural disasters. Former President Obama made similar comments after Hurricane Sandy. The difference here is that the current pandemic impacts, at least to some degree, every person on the planet, not just those in a specific geographic area. Especially since we are all being asked to stay at home, we may find ourselves, more now than ever, reliant on the people in our immediate surroundings for socioemotional, instrumental, and informational support. It seems completely plausible that people living in areas where they feel safe, and even more, supported by their neighbors, may be more emotionally, psychologically, and socially resilient during these unprecedented times.”*

“The available evidence suggests that a strong sense of community—feelings of belonging, identity, and support within one’s community—has many health-protective benefits. For example, there’s a body of research that has identified connections between a strong sense of community and self-esteem, which in turn tends to be protective against depression and anxiety. Thus, our results indicate that it may be beneficial to identify community-based institutions and organizations that can help to foster a sense of community within current physical distancing guidelines. This approach may also be beneficial for disseminating information and strategies (e.g., physical distancing) that have been proven to curb COVID-19 incidence and spread” said Dr. Jason Douglas.

“Neighborhoods are among the ‘social determinants’ that influence individual health, and ultimately population health disparities. These findings support the large literature that suggests a health-protective effect of perceiving your neighborhood as being safe and socially cohesive. This is particularly important since health advantages and disadvantages are often cumulative—people living in disadvantaged neighborhoods may be at risk in other ways as well. They may be more likely to be essential workers, who we find face greater mental and physical health challenges. They may be less likely to have access to health-enhancing resources, like safe places to engage in outdoor exercise. The conditions in which we live affect many aspects of our health” said Dr. Georgiana Bostean, a sociologist who studies the social factors that influence health.

**AMONG ETHNIC MINORITIES, DO THEY PERCEIVE PREJUDICE OR DISCRIMINATION
RELATED TO THEIR ETHNICITY AND COVID-19?**

We asked ethnic minorities to think about their experiences since the COVID-19 pandemic started, and if they had experienced any incidents that they think were motivated specifically by connections between their ethnicity and COVID-19.

One-third of Asian Americans (32%) reported at least one incident of racism targeting them or their friends/family members because of perceived connections between their ethnicity and COVID-19, and one in five reported three or more incidents (19%). The rate was slightly higher among Chinese Americans, with 38% reporting at least one incident, and 25% reporting 3+ incidents. These included rude comments, feeling unwelcomed, being told to “go back” to their country, or being physically threatened, and believing that this was due to perceived connections between their ethnicity and COVID-19. Black Americans, who have been hardest hit as a group by COVID-19, were next most likely to report at least one incident (26%), and three+ incidents (21%), followed by Latino/a reporting one incident (14%) or three+ incidents (8%).

A significant minority of Asian Americans, and specifically Chinese Americans, reported rude comments directed at them (13%; 16%) or friends/family (15%; 20%), they felt not welcomed somewhere (22%; 23%) or their friends/family felt not welcomed (18%; 25%), they were told to “go back” to their country or that they didn’t belong in this country (9%, 14%), or they were physically threatened (6%, 9%).

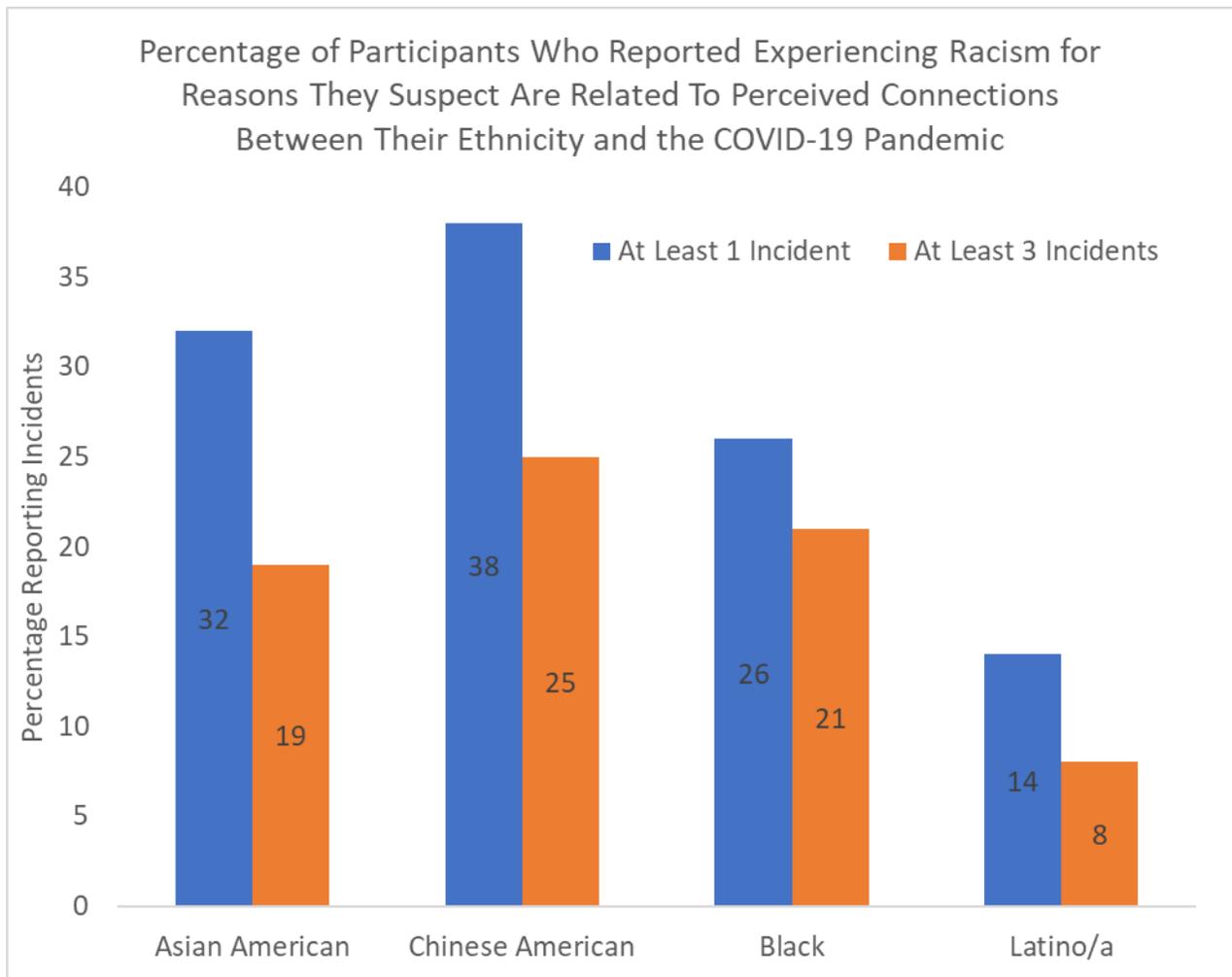
Among both Blacks and Asians, experiencing more racist incidents was linked to greater stress, loneliness, anxiety, depression, negative emotions, and number of health symptoms in the past week. The same patterns emerged for Latino/as (except no link with stress). *“This is concerning because a large body of research shows that experiencing prejudice and discrimination is linked to stress and negative emotions, which in turn is linked to poorer health”* said Dr. Frederick.

“These findings are alarming. Health crises tend to evoke prejudice and xenophobia. It is important to combat these biases and stigma, as the health and well-being of our fellow Asian and Black Americans is critical. Recently, the American Psychological Association released a helpful document that explains some actions people can take to [challenge stigma related to COVID-19](#). Allies play a key role in thwarting prejudice and discrimination toward people of color—correct myths and rumors and amplify the voices of people of color. Engage our leaders—elected officials, business leaders, and faith leaders—to do so as well” said Dr. Amy Moors who studies ways to promote inclusion and equity.

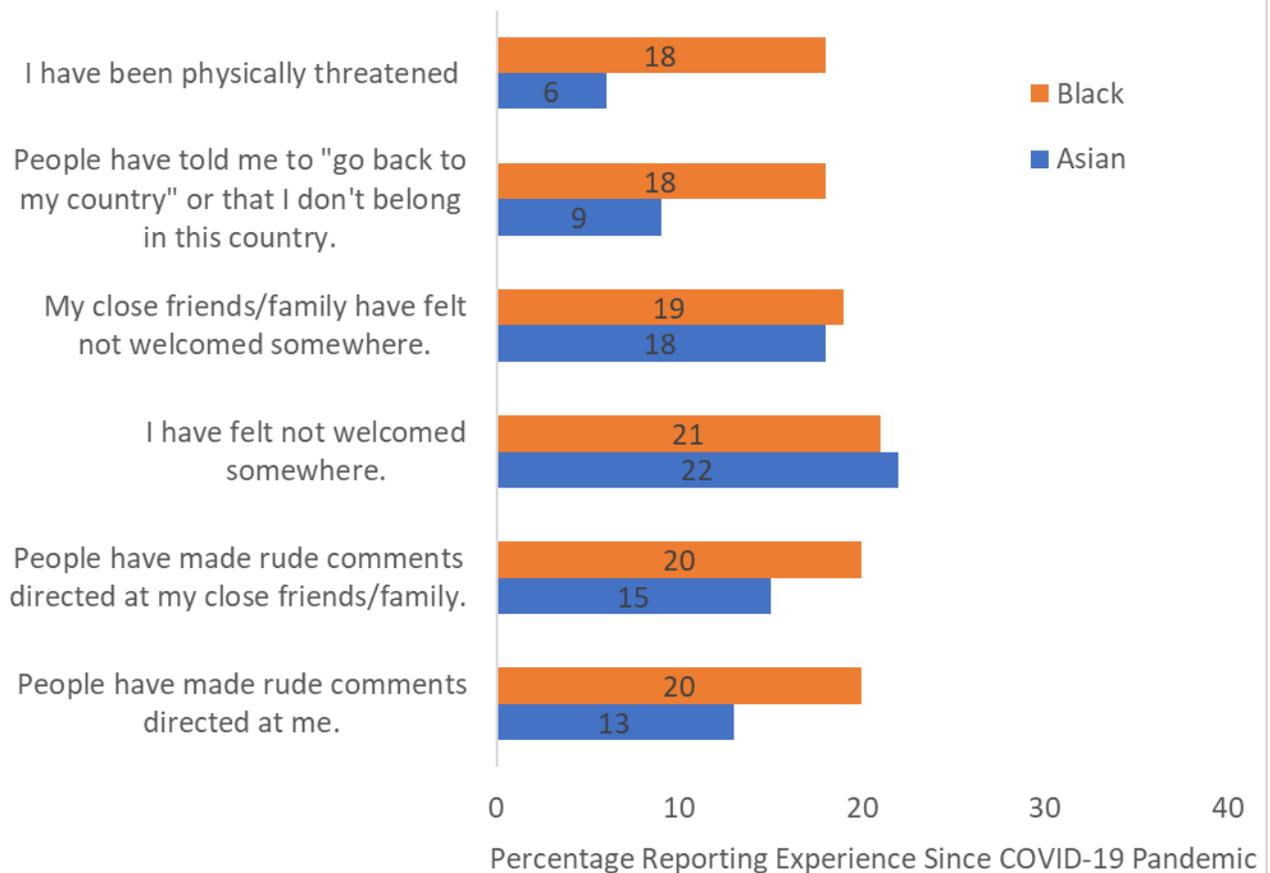
“I think it is important to remember that we are all in this together – whether we are Democrat or Republican, whether we are White, Black, or Asian – ultimately we want as many Americans as possible

to survive and emerge together strong as a country. If we want the United States to emerge from this crisis with full population and economic health, we are all going to need to rely on each other. When we witness people violate this value and disrespect others due to their ethnicity, religion, or gender, it weakens our cohesion and our country. It is important for us to challenge that behavior when we see it, and not leave the burden of responding on the person who was targeted with disrespect.” said Dr. Frederick.

“I am troubled by these findings. We need clear and consistent messaging to indicate that viral pandemics do not stem from our ethnocultural minority communities. Rather, residents living in disadvantaged, ethnocultural minority communities are at greater risk for COVID-19 related morbidity and mortality due to longstanding systemic inequities that unfairly limit access to health-protective resources. Furthermore, many essential workers live in disadvantaged, ethnocultural minority communities, which may exacerbate poor mental and physical health experienced among essential workers bravely serving our communities despite the dangers of COVID-19” said Dr. Jason Douglas



Participants' Perceptions of How Others Have Treated Them For Reasons They Suspect Are Related To Perceived Connections Between Their Ethnicity and the COVID-19 Pandemic



Examples of racist incidents provided by Asian American participants

- 1 My friend who is Asian went to the gas station and a guy told him he should kill himself for causing the pandemic
- 2 When I was walking my dog I overheard a mother say to her daughter "Let's cross the street. We don't know if that man is from China and has the China virus".
- 3 One of my relatives got sprayed by febreze while riding the subway
- 4 In supermarket, while shopping one customer, white person pass a comment and slurred a word called "terrorist" and told me to go back to my country and bomb there.
- 5 I been stared at and pointed to
- 6 People automatically think because I am Asian, I am Chinese when I am Korean. I've heard jokes about if I eat bat soup, if I have Covid and things in that nature.
- 7 I was running in the neighborhood to get some fresh air. A Caucasian man yelled "Chinese Virus" when I passed by.
- 8 A white man yelled at my friend that she should go back to her country and that she caused the coronavirus
- 9 They told me to eat dogs and die
- 10 People would look at me with faces of disgust and try to distance themselves from me (this was back in February when things were not this bad yet)

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- 11** I have not experienced anyone harassing me directly but because of the media stories of racism happening around the world, it does make me constantly fear that my family and or I could experience harassment when going out.
 - 12** I was making a delivery and someone said be careful that Chinese guy touched the cart.
 - 13** I was leered and mocked at when I was on BART last month, and it was because of the Coronavirus. The man said I was probably infected and is spreading the disease to other races.

Examples of racist incidents provided by Black Participants

- 1** I was at grocery shopping and some lady told me to stay away as there she said "you people get this virus more as you don't have good hygiene"
 - 2** I went to the grocery store to stock up for the lock-down when a white lady walked up to me and said in [plain] sight go back to your shit hole country.
 - 3** Someone told me that black and Chinese people are the [cause] of all problems in this world.
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