

# Women and COVID-19:

## Understanding the Emotional and Physical Impacts on Women's Behaviors and Health Decision-Making During and After the Pandemic



# Introduction

The history of our country and our world has been permanently changed. The COVID-19 pandemic is upending every corner of American society — causing hundreds of thousands of deaths and lingering illnesses, throwing millions out of work and interrupting education for an entire generation of children.<sup>1</sup> It has also demonstrated, in a way no studies ever have, the shortcomings in the U.S. health care system, while also highlighting areas of promising resilience.

HealthyWomen sought to understand just how the COVID-19 pandemic is affecting the physical and emotional health of adult women in the United States, particularly any differences based on socioeconomic, geographic and racial/ethnic demographics. We further sought to understand how those experiences are influencing current — and may influence future — health care behaviors and choices and what those behaviors and choices could mean for the future of women's health.

Our goal is to raise awareness and promote dialogue about the impact of COVID-19 on women in the United States among health care professionals, policymakers and, of course, health care consumers in order to ensure that all women, regardless of demographics, are able to access the care they need.

We conducted a 15-minute online survey between June 11 and June 18, 2020. It is important to note that nationwide protests resulting from the death of George Floyd were occurring at the time of the survey, prompting more people to leave their homes and change social distancing behaviors. Therefore, responses to questions may not only be stemming from COVID-19 but also from social justice issues.

Race was broken out as white, Black/African American (AA) and Asian. Ethnicity was broken out as Hispanic/Latino or not Hispanic/Latino. While participants who identified as Hispanic/Latino were able to choose several subcategories (e.g., Hispanic Caucasian, Hispanic Black) in this report, all are considered “Hispanic/Latino,” and “white,” “Black/AA” and “Asian” refer to people of non-Hispanic/Latino descent.

The survey also captured data based on age, geographical region of the United States and income level.

The survey received responses from 3,004 people who identify as women. The results are described here.

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## Executive Summary/Key Takeaways

HealthyWomen conducted a 15-minute online survey between June 11 and June 18, 2020, to understand how 1) the COVID-19 pandemic has affected the physical and emotional health of adult women in the United States and 2) those experiences are influencing current — and may influence future — health care behaviors and choices.

The survey had 3,004 respondents. Of those, 66% were white, 14% were Hispanic/Latino, 11% were Black/AA and 4% were Asian. Key takeaways include:

- Just 23% of women reported using telehealth for themselves or their families prior to the pandemic. However, 40% said they were likely to make a telehealth appointment in the future.
- While 64% of respondents had some form of medical appointment when the pandemic struck, just one-third of those were able to keep their scheduled appointment in person while one-third turned to telehealth.
- About one-third of women sought care for a physical issue other than COVID-19 in the months after the pandemic began, with 8% seeking mental health services. Forty-two percent visited a health care provider in person, and 23% had a telehealth visit.
- Eleven percent of participants sought care for potential COVID-19 symptoms, with the numbers substantially higher in the Black/AA and Hispanic/Latino populations.
- About one-third of respondents experienced stress, worry, general anxiety and/or boredom from the beginning of their state or community social distancing measures until they responded to the survey.
- About half of respondents reported staying connected during the pandemic and nearly 40% were physically active, although most did not follow healthy eating habits and routines, and three out of four reported sleep issues.
- COVID-19 had a significant impact on respondents' employment and income, with 45% noting an employment status and/or income change.
- Over two-fifths of respondents (42%) said they felt comfortable seeing a health care provider within the next six months.
- Fifty-four percent of respondents said they were extremely likely or likely to get a COVID-19 vaccine when it was available, while 19% said they were unlikely to get it.

### Statistical Methodology

- Statistical differences between proportions were evaluated using proportions tests.
- Statistical significance testing was performed at the 95% confidence level. It was not performed on open-ended/free-response questions.
- This report only includes significant differences found at the 95% confidence level.
- All percentages in this report are rounded to the nearest whole number; due to rounding, some charts may not add up to 100%.

# Demographics

Of the 3,004 participants, the majority (67%) were white, 14% were Hispanic/Latino, 11% were Black/AA and 4% were Asian (Table 1). While the survey collected responses from women of other descents, the sample sizes for these subgroups were insufficient for reporting purposes.

Almost one-third of respondents were between the

ages of 18 to 34, with the remaining respondents evenly represented in older age groups. The South had the highest geographic representation, with 37% of respondents living in Southern states.

Nearly half of respondents had incomes between \$45,000 and \$149,000.

**Table 1: Respondent Demographic Details**

Respondent Demographic Profile	Total Percentage (n=3,004)*	White	Hispanic/Latino	Black/AA	Asian
	100%	67%	14%	11%	4%
<b>Age</b>					
18-34	30%	24%	49%	39%	22%
35-44	19%	21%	20%	10%	20%
45-54	19%	23%	11%	8%	19%
55-64	16%	16%	10%	22%	13%
65 or older	17%	16%	10%	22%	27%
<b>Region</b>					
Northeast	18%	19%	19%	15%	20%
Midwest	22%	27%	9%	19%	11%
South	37%	34%	42%	57%	19%
West	22%	20%	30%	9%	50%
<b>Household Income</b>					
Less than \$20,000	16%	15%	16%	19%	10%
\$20,000 to \$44,999	28%	26%	36%	35%	15%
\$45,000 to \$149,999	47%	49%	42%	39%	54%
\$150,000 or more	9%	9%	5%	6%	21%

\* NOTE: 3.5% of respondents identified as something other than white, Hispanic/Latino, Black/AA or Asian.

## Pre-COVID-19 Health Behaviors

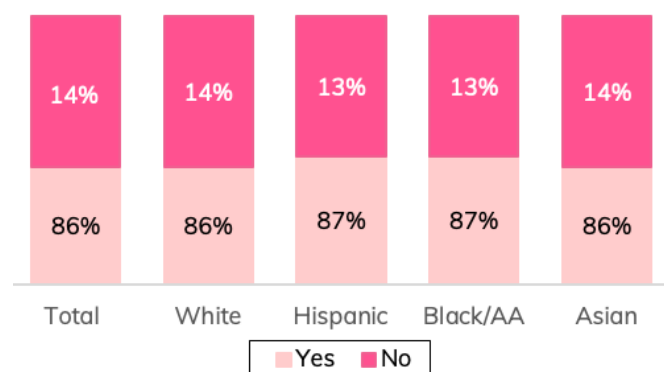
There is no question that health care and the U.S. health care system will never be the same. The pandemic has magnified racial, ethnic and socio-economic disparities in our system; the inability of the system to function in a coordinated manner; lack of preparedness; access limitations; and the ramifications of being uninsured. For example, the Centers for Disease Control and Prevention (CDC) reported that COVID-19 cases are 2.8 times higher in Hispanic/Latino people and 2.6 times higher in Black/AA people as compared to white people.<sup>2</sup> Additionally, rates of hospitalization for Black/AA and Hispanic/Latino people were higher (4.7 times and 4.6 times respectively) than in white people, and rates of death were 2.1 times higher in Black/AA people and 1.1 times higher in Hispanic/Latino people than white people.<sup>3</sup>

These higher rates may be influenced by existing disparities and contributing factors that are more prevalent in racial minorities, including higher rates of diabetes, hypertension, heart disease, food insecurity and lack of health insurance. As a result, we wanted to understand our respondents' health behaviors before the COVID-19 era and start visualizing post-COVID-19 behavior and recommendations for improvement.

## Routine Medical Appointments

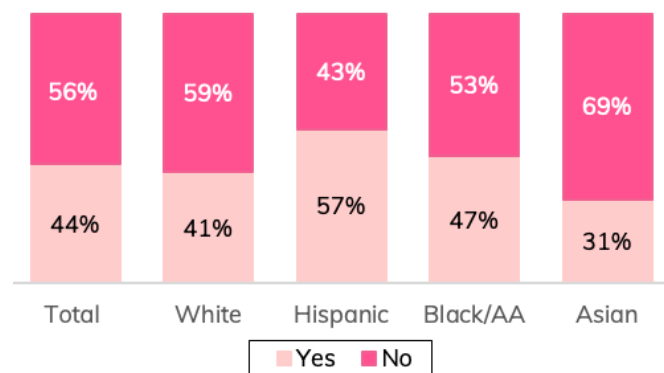
Routine medical appointments are important because they allow a health care provider to identify a patient's health issues before they progress and to provide appropriate treatment early on.<sup>5</sup> Prior to the pandemic, 86% of women attended routine medical appointments for themselves (Figure 1).

**Figure 1: Pre-COVID-19 Routine Medical Appointments for Self**



When a patient brings a family member to a medical appointment, that person can provide the patient with emotional support and logistical assistance, helping with things such as transportation, listening and taking notes, and empowering the patient to ask questions. Before COVID-19, 44% of women would attend medical appointments with family members. At that time, Hispanic/Latino women were significantly more likely to attend appointments with family members than white, Black/AA or Asian women. Likewise, Black/AA women were more likely to attend appointments with family members than either white or Asian women, and Asian women were the least likely to attend with a family member.

**Figure 2: Pre-COVID-19 Routine Medical Appointments for Family**



## Telehealth

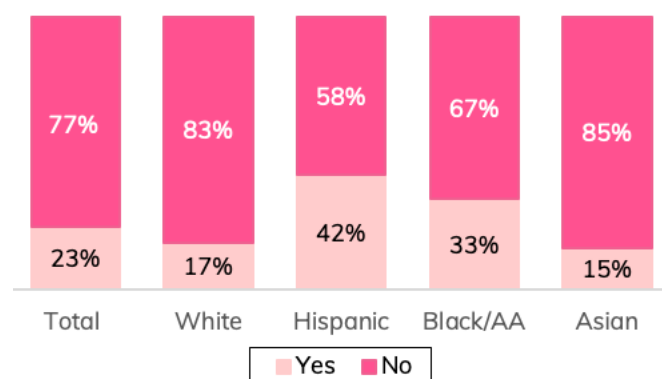
Telehealth is defined as health care delivered through phone calls, video conferencing, chat, texts or a health care portal with a health care provider.<sup>6</sup> Such services are beneficial because they allow health care practitioners to treat patients that they are unable to see face-to-face, including patients located in rural areas or areas with practitioner shortages as well as patients without reliable modes of transportation. Research has also shown that telehealth can lower costs for patients and providers, including by allowing patients to avoid unnecessary hospital visits.<sup>7</sup> Telehealth was gaining ground before the pandemic, particularly in underserved and rural areas. But its growth was stymied by legal barriers, a lack of reimbursement and the challenges of implementing such systems in health care organizations.<sup>8</sup> For example, up until recently, the Centers for Medicare and Medicaid Services strictly regulated which practitioners it would reimburse for telehealth services provided to Medicare beneficiaries.<sup>9</sup> Additionally, many states require practitioners to obtain some form of licensure in each state that they seek to offer telehealth services.<sup>10</sup>

A pre-COVID-19 survey from the Health Care Advisory Board found that, while 66% of consumers were willing to use telehealth in 2019, just 8% actually did.<sup>11</sup> It also found that 23% of internal medicine and family practitioners provided video visits; however, just 6% of consumers said their doctor offered such visits. This suggests a disconnect between practitioner and patient and a failure of providers to effectively publicize the service.<sup>12</sup>

Our survey showed a higher rate of telehealth use in the pre-COVID-19 days, with 23% of women reporting they had used telehealth for themselves

or their families. Interestingly, when considering Hispanic/Latino and Black/AA women, telehealth usage was significantly higher for both (higher for Hispanic/Latino women than all others and higher for Black/AA women than white and Asian women). This is consistent with both Hispanic/Latino and Black/AA women's increased likelihood of attending their family members' appointments. These differences could reflect greater involvement in family members' health monitoring (Figure 3).

**Figure 3: Use of Telehealth Pre-COVID-19 for Self or Family**





## Behaviors During COVID-19

On January 31, 2020, the secretary of the Department of Health and Human Services declared a public health emergency as a result of COVID-19, and on March 13, 2020, the president declared the COVID-19 outbreak to be a national emergency.<sup>13</sup> By March 16, 2020, every state had declared its own emergency, and most had taken measures to mitigate the spread of the virus.<sup>14</sup> In early June, an estimated three out of four Americans were under some form of mandated social distancing or quarantine with most nonessential businesses shut.<sup>15</sup> Many had been sheltering in place since mid-March. These requirements have created unique hurdles for American women, in particular. With more children home from school and daycare, women have been responsible for the majority of unpaid childcare and homeschooling duties while also trying to maintain their jobs.<sup>16</sup> This section of the report highlights the effect of the quarantine on women's access to health care and their physical and mental health.

### Missed Appointments and Social Distancing During Mandates

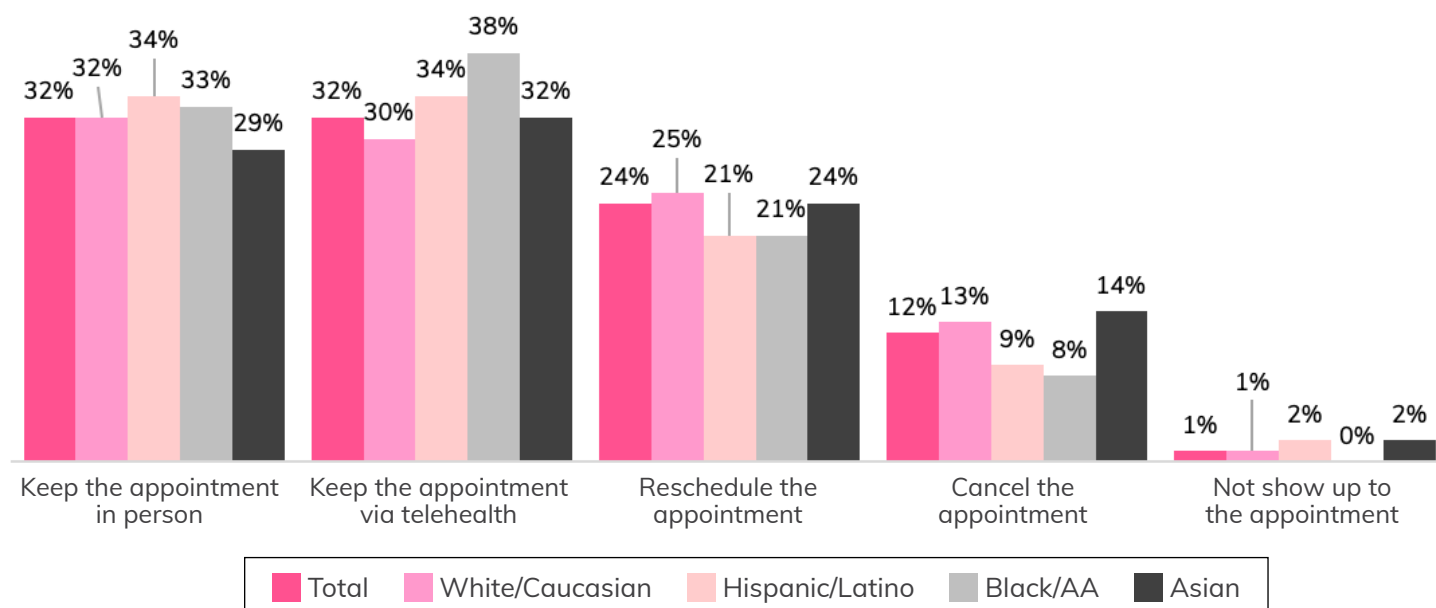
While treating patients with COVID-19 during the first few months of the pandemic caused many hospitals to reach their capacity, overall health care utilization decreased during that time.<sup>17</sup> Many Americans chose to forego care or cancel elective procedures due to social distancing measures or fears of contracting the virus.<sup>18</sup> However, allowing health issues to go untreated can be life-threatening for those with serious underlying conditions.

Our survey found that 64% of women reported that they already had a scheduled medical appointment for themselves or others in their family for whom they are a caregiver (43% for self, 11% for child, 5% for spouse, 3% for a parent and 2% other) when the pandemic hit. For nearly half, that was a regular checkup/wellness visit (49%) while 25% had a dental exam, 16% an eye exam and 14% a mental health appointment (Figure 5) on their calendars. Nearly one-third were able to keep their scheduled appointment in person. Alternatively, another 32% turned to telehealth. Twenty-four percent rescheduled their appointment and 13% either cancelled or didn't keep the appointment. Most (75%) of those who rescheduled or canceled received guidance from their health care provider regarding whether to keep or cancel the existing appointment.

This mirrors a national survey from The Commonwealth Fund in mid-May that found outpatient visits were still down by one-third from the previous year, but had rebounded somewhat from earlier in the spring.<sup>19</sup> Similar to the trend for telehealth pre-pandemic, Black/AA women (38%) were significantly more likely than white women to keep appointments via telehealth.



Figure 4: Outcome of Appointments Scheduled During COVID-19



## New Health Appointments During State and Local Social Distancing Measures

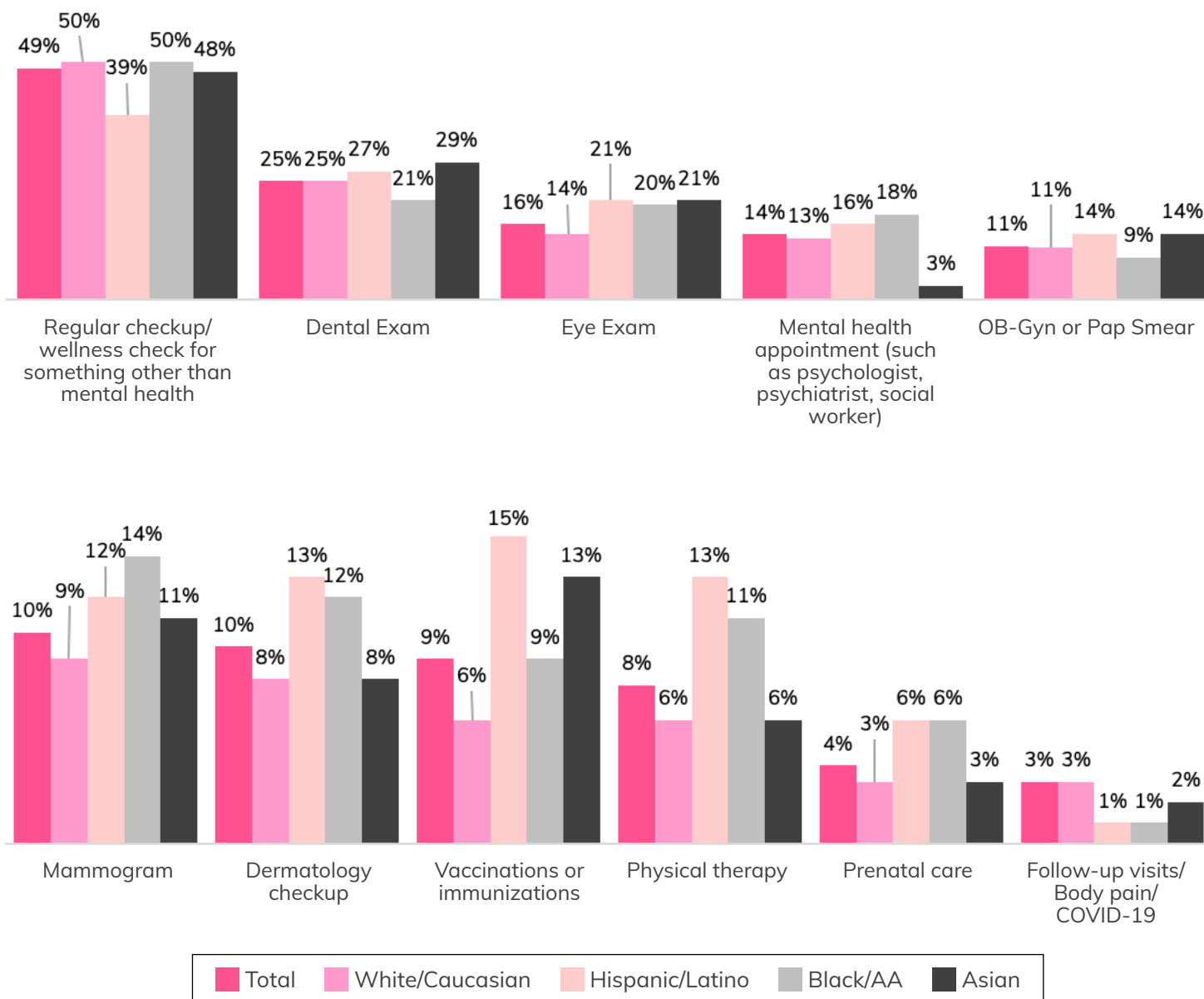
Many states have engaged in some form of social distancing measures, including stay-at-home orders, closures of nonessential businesses, bans on large gatherings, school closures and limits on public places.<sup>20</sup> Several states also issued executive orders to postpone or cancel elective medical procedures.<sup>21</sup> Yet, many Americans still required medical care during that time. During the social distancing orders, just over one-quarter of women needed care for a physical issue other than COVID-19, while 8% of women reported needing mental health services. While 93% of those seeking treatment ultimately received it in the some form (in-person, telehealth, phone, text-based interaction), only half (53%) said it was easy to receive care and/or advice and 26% reported difficulties finding care. These findings are similar to those from the U.S. Census, which found that, as of July 16, 2020, about one of three adults

(32%) in the United States said they needed medical care for something unrelated to COVID-19 but did not get it.<sup>22</sup>

Health care appointments during the pandemic have differed somewhat based on race and ethnicity. While all women have predominately sought regular checkups/wellness visits (not mental health), Hispanic/Latino women were less likely to make such appointments (39%) compared to white and Black/AA women (both at 50%). However, Hispanic/Latino women also booked more appointments for mental health than did Asian women and more prenatal care appointments than did white women. Along with Asian women, Hispanic/Latino women also outpaced white and Black/AA women in seeking vaccinations and immunizations. The very low rate of such appointments by white women is consistent with the findings of the CDC, which were reported in *The Philadelphia Inquirer*.<sup>23</sup>

Figure 5 provides detailed statistics about the care received.

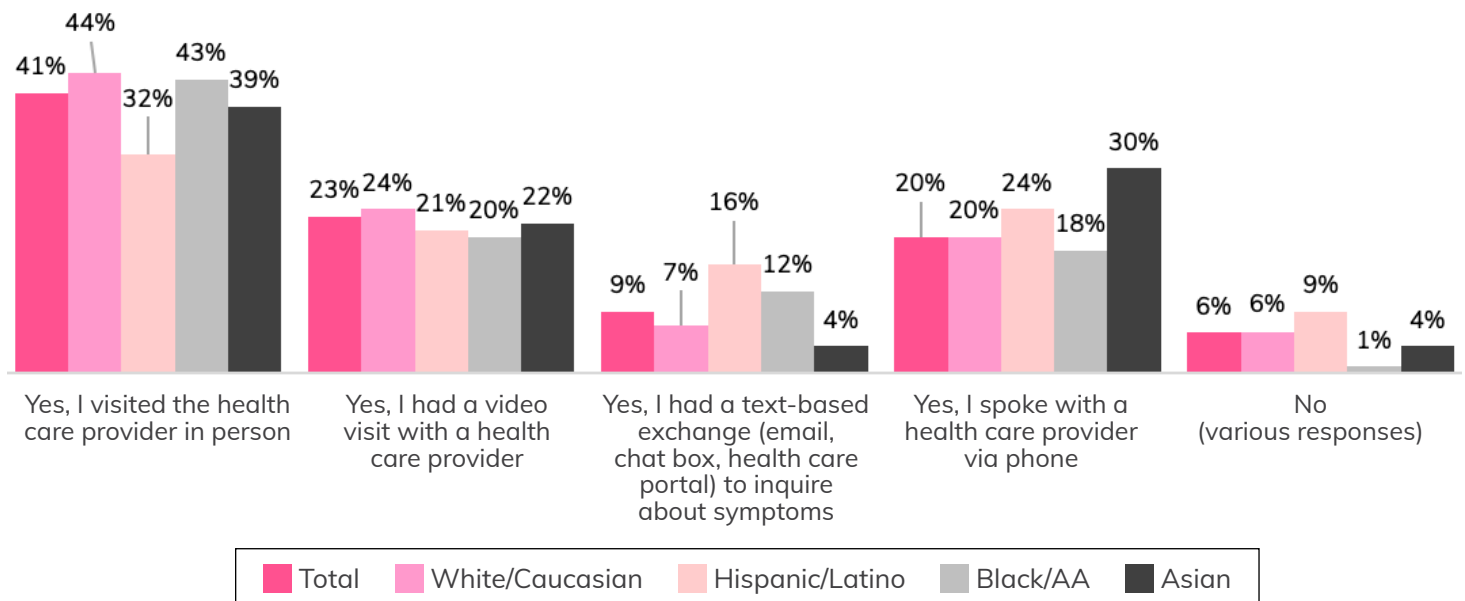
Figure 5: Type of Appointment Scheduled During COVID-19



Hispanic/Latino women were significantly less likely to visit a health care provider in person compared to both white and Black/AA women. However, they were equally likely to contact providers in other virtual ways, including significantly more likely to reach them via a text-based interaction (which includes email, chat boxes and health care portals).

Black/AA transmission rates of the disease are higher than the rates in other ethnic groups; yet, in-person interactions did not exceed those in other groups. The number of text interactions for Hispanic/Latino and Black/AA women is significantly higher than it is for white women.

**Figure 6: Ability to Interact with Health Care Provider During COVID-19 Social Distancing Measures**



## Seeking Care for COVID-19 Symptoms

Eleven percent of participants said they needed to seek care for potential COVID-19 symptoms during their state's social distancing measures. However, that figure was substantially higher in the Black/AA and Hispanic/Latino communities, with 19% of Black/AA participants indicating that they needed to seek care for COVID-19 and 21% of Hispanic/Latino participants indicating the same. This is not surprising given that both demographics have been affected significantly more by the pandemic than white communities or other races. The Atlantic's COVID-19 Racial Data Tracker reports 87 deaths per 100,000 in the Black/AA population and 53 per 100,000 in the Hispanic/Latino population, compared to 36 deaths per 100,000 for other populations.<sup>24</sup> In late August, the CDC reported that Black/AA individuals had COVID-19 hospitalization rates that were 4.7 times that of white individuals, while Hispanic/Latino individuals had rates 4.6 times higher.<sup>25</sup> Meanwhile, a Kaiser Family Foundation analysis of federal, state and local data found that Black/AA individuals accounted for more cases and deaths relative to their share of the population in 30 of 49 states reporting cases and 34 of 44 states reporting deaths — with a death rate twice as high as white individuals. Data also showed Black/AA and Hispanic/Latino people were nearly three times as likely to contract COVID-19 as white people.<sup>26</sup>

## Mental Health

The COVID-19 pandemic, social distancing measures and the related economic recession have caused an increase in stress, anxiety, depression and a general negative impact on mental health and well-being.<sup>27</sup> Factors contributing to poor mental health include fear of the uncertain, job loss, economic hardships, quarantining in close quarters with others and lack of childcare. As a

result, there has been an increased need for mental health services. Hispanic/Latino women indicated a greater need to seek mental health services during social distancing measures compared to both white and Asian women. Asian women were also less likely to indicate a need for mental health services compared to white and Black/AA women.

## Missing Immunizations

Immunizations have resulted in significantly decreased rates of many serious, and once deadly, infectious diseases.<sup>28</sup> Yet, prior to the pandemic, rates of immunizations had begun to decrease, largely driven by widespread misinformation about vaccine safety.<sup>29</sup> With the onset of the COVID-19 pandemic, rates of immunizations are continuing to decline among both children and adults due to concerns of the virus overshadowing routine care.<sup>30</sup> By May 15, 2020, about two months after the government declared a federal emergency and states began shutting down, a report from the CDC found a “notable” decrease in routine childhood vaccinations in the United States.<sup>31</sup> In our survey, 19% of women needed to schedule a vaccination/immunization during the social distancing measures. Of those, 71% (37% on their own and 34% after speaking to their health care provider) actually scheduled the appointment.

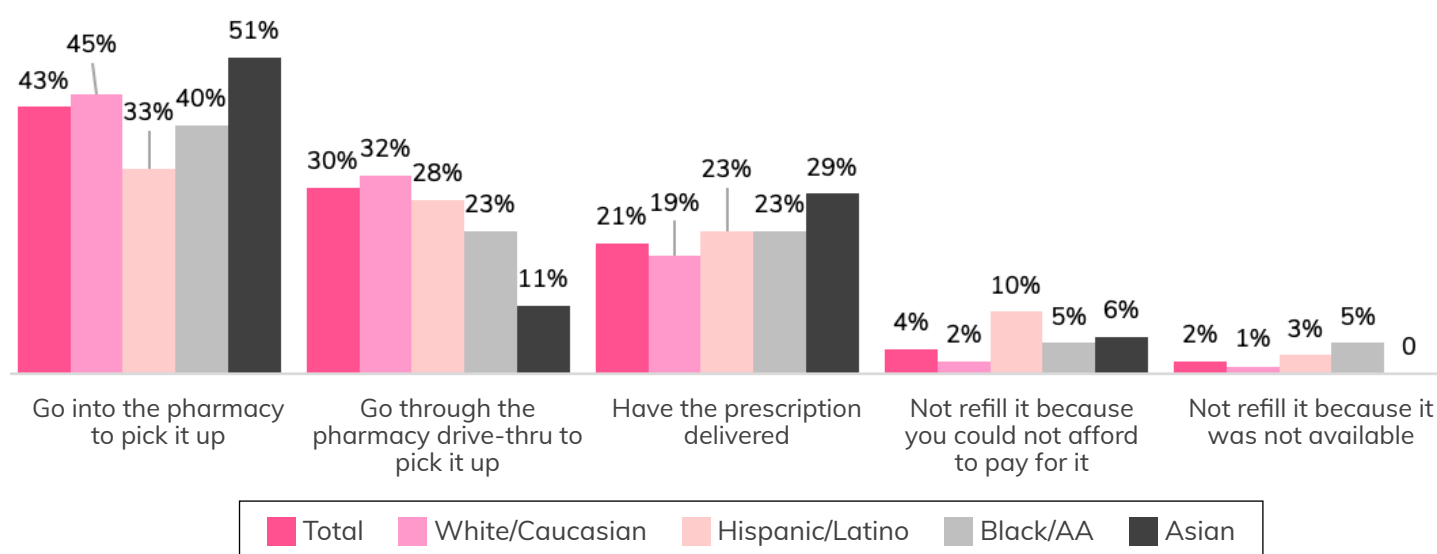
## Prescriptions During COVID

Approximately 133 million Americans (40%) have an ongoing chronic disease, and 46% of Americans currently require one or more prescription medications.<sup>32</sup> The CDC has stated that people of any age with certain underlying medical conditions are at increased risk for severe illness from COVID-19, and one way to mitigate risks from the virus is to continue taking their medications as prescribed.<sup>33</sup> However, the pandemic has also made many Americans reluctant to leave their homes, even

to pick up their medicine. When it came time for prescription medicine, 73% of respondents needed a prescription filled or refilled while state and local social distancing measures were in place. Of those, 43% entered the pharmacy to pick it up, nearly one-third (30%) went through the drive-thru, and 21% had it delivered. Ten percent of Hispanic/Latino women, however, didn't refill their prescriptions because they couldn't afford it, compared to 2% of white women and 5% of Black/AA women surveyed (Figure 7) (statistically significant).

Of those that did fill/refill their prescriptions, Asian and white women were more likely than Hispanic/Latino and Black/AA women to do so in person at a pharmacy, and white women were more likely to use the drive-thru window than all other groups. Additionally, Hispanic/Latino and Black/AA women were more likely to use the drive-thru than Asian women. On the other hand, Asian women preferred to have their prescriptions delivered by a significant margin over white women.

**Figure 7: Actions Taken for Prescription Fill/Refill**



## Worries and Concerns During COVID-19

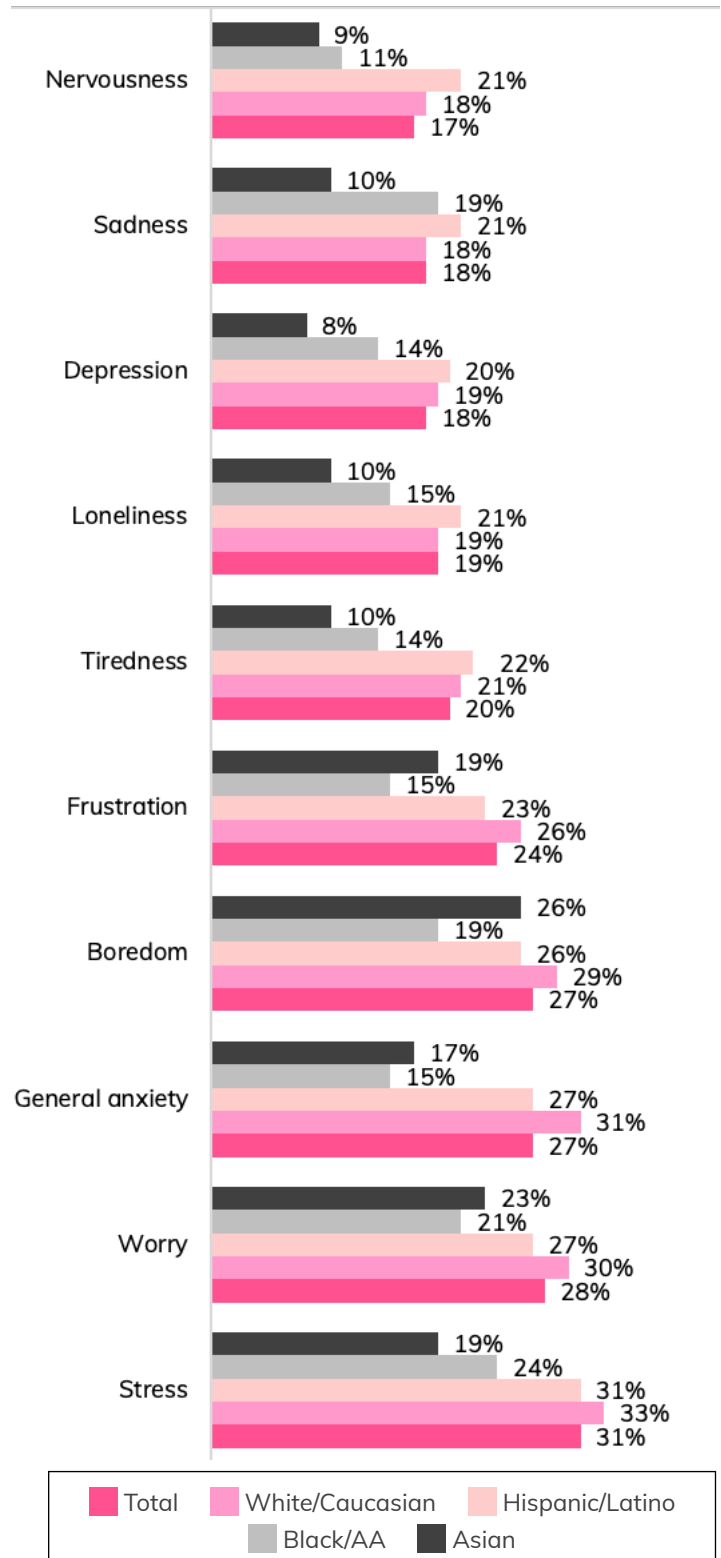
Numerous studies and surveys conducted in the spring and summer, including ours, showed that women's mental health and quality of life was considerably affected. Some studies indicated that women are experiencing significantly more stress than men.<sup>34</sup> As Figure 8 highlights, about one-third of our respondents experienced stress, worry, general anxiety and/or boredom more so than

pre-COVID-19. They were tired, lonely, depressed and sad. A primary significant difference between races involved how Asian women prioritize these emotions and stress responses compared to others. Additionally, from within the top 15 emotions and stress responses, several differences emerged.

1. More Hispanic/Latino women experienced sleeplessness (21%) compared to white (16%), Black/AA (14%) and Asian (5%) women. This stress response was ranked in the top 10 for all ethnic groups other than Asian women, who did not even rank it in the top 15.

2. Social anxiety, while ranked either 12 or 13 for all groups, is experienced by more white (15%) and Hispanic/Latino (18%) women compared to Black/AA (10%) and Asian (9%) women. (White women experience this significantly more than Black/AA women, and the Hispanic/Latino group significantly more than both Black/AA and Asian women.)
3. Asian women indicated that they do not experience any of the emotions or stress responses (i.e., selected “none of the above”) at a significantly higher rate (31%) than the other groups. In fact, that option ranked first for the Asian group.
4. White, Hispanic/Latino and Black/AA women indicated the same top 15 emotions and stress responses. There were differences regarding the percentage of women experiencing these emotions and stress responses and the prevalence for Asian women.
  - a. **Stress:** White women felt stress more than Black/AA and Asian women, while Hispanic/Latino women felt stress more than Asian women (“Stress” ranked first for all but Asian women; however, it is still in the top five for Asian women).
  - b. **Worry:** More white women worry than Black/AA women.
  - c. **General anxiety:** More White and Hispanic/Latino women have general anxiety than Black/AA and Asian women.
  - d. **Boredom/Frustration/Tiredness/Loneliness/Depression:** More white and Hispanic/Latino women experienced all of these emotions than Black/AA and Asian women. These emotions and stress responses were all in the top 10 for all groups.
  - e. Among the top 15 emotions and stress responses, worry and boredom were the only two that were not experienced by significantly fewer Asians. They ranked second and third for Asian women as well.

**Figure 8: Emotions Regularly Experienced During Quarantine**



**Table 2: Top Ten Emotions and Stress Responses**

	Total	White	Hispanic/Latino	Black/AA	Asian
1	Stress	Stress	Stress	Stress	None of the above
2	Worry	General anxiety	General anxiety	General anxiety	Boredom
3	General anxiety	Worry	Worry	Worry	Worry
4	Boredom	Boredom	Boredom	Boredom	Stress
5	Frustration	Frustration	Frustration	Frustration	Frustration
6	Tiredness	Tiredness	Tiredness	Tiredness	General anxiety
7	Loneliness	Loneliness	Loneliness	Loneliness	Fear
8	Depression	Sadness	Sadness	Sadness	Tiredness
9	Sadness	Nervousness	Nervousness	Nervousness	Loneliness
10	Nervousness	Sleeplessness	Sleeplessness	Sleeplessness	Sadness

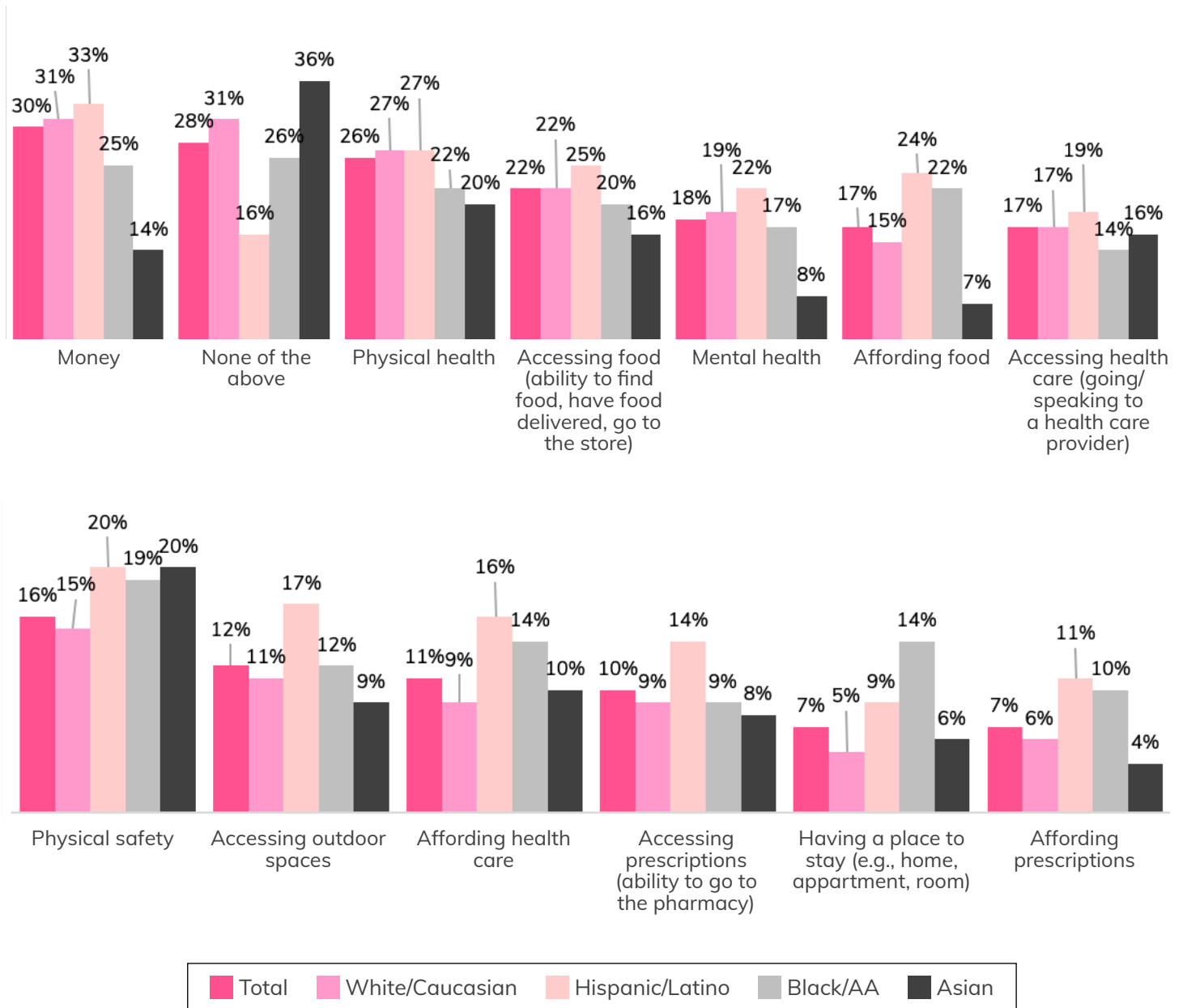
Money, their physical health, access to food (finding it, going to the grocery store, having it delivered) and their mental health were the topics that the most respondents expressed concern about. (Figure 9). It should also be mentioned that the response chosen by the second most number of people was, in fact, “none of the above” for all groups other than Hispanic/Latino women. So, it would seem that the survey did not list many of their top concerns.

Just over one-fifth of Hispanic/Latino and Black/AA women reported worrying about affording food compared to just 15% white and 7% Asian women. Access to food (e.g., food deserts, food hoarding) was also a concern for more Hispanic/Latino women (25%) when compared to Asian women (16%). Other groups had equal levels of concern for food access. Money worries were also prevalent, but less so for Asian (14%) and Black/AA (25%) women as compared to white (31%) and Hispanic/Latino women (33%). Most other differences in these specific worries were between Hispanic/Latino and Black/AA women and white and Asian women. When it comes to:

- Accessing outdoor spaces: A greater percentage of Hispanic/Latino women (17%) worry than white (11%) and Asian (9%) women.
- Having a place to stay (e.g., home, apartment, room): A greater percentage of Hispanic/Latino women (9%) worry than do white women (5%), and more Black/AA women (14%) worry than do white and Asian (6%) women.
- Affording health care: A greater percentage of Hispanic/Latino (16%) and Black/AA (14%) women worry than white (9%) women.
- Mental health: A greater percentage of white (19%), Hispanic/Latino (22%) and Black/AA (17%) women worry than Asian women (8%).
- Affording prescriptions: A greater percentage of Hispanic/Latino (11%) and Black/AA (10%) women worry than white (6%) and Asian (4%) women.
- Accessing prescriptions (ability to go to the pharmacy): A greater percentage of Hispanic/Latino (14%) women worry than white (9%) and Black/AA (9%) women.
- Physical safety: A greater percentage of Hispanic/Latino (20%) and Black/AA (19%) women worry than white (15%) women.



Figure 9: Specific Worries During Quarantine



## Daily and Physical Behaviors During the COVID-19 Pandemic

Maintaining health and wellness through new routines and practices can support healthy living during the pandemic.<sup>35</sup> The CDC has encouraged physical activity while social distancing, noting that exercise can reduce the risk of depression and anxiety, improve sleep quality, result in weight loss or maintenance and reduce certain health risks (e.g., cardiovascular disease, Type 2 diabetes and certain types of cancer), among other benefits.<sup>36</sup>

Healthy eating habits and physical activity are also important in light of increasing obesity rates in the United States. According to recent CDC data, 12 states now have adult obesity rates equal to or greater than 35%.<sup>37</sup> Adults with obesity are at high risk for severe illness from COVID-19 — obesity may triple the risk of hospitalization stemming from a COVID-19 infection.<sup>38</sup>

Our respondents tried their best to stay healthy and connected during the initial quarantine. About half (48%) reported staying connected, and 38% were physically active. In addition, nearly one-third (32%) reported following healthy eating habits and routines and relaxing (30%), while just 24% reported “good” sleep (Figure 10).

Even prior to the pandemic, disparities in physical activities among low-income and racial and ethnic minorities existed.<sup>39</sup> Those disparities may be exacerbated by the pandemic. Asian women report either starting or continuing activities such as healthy

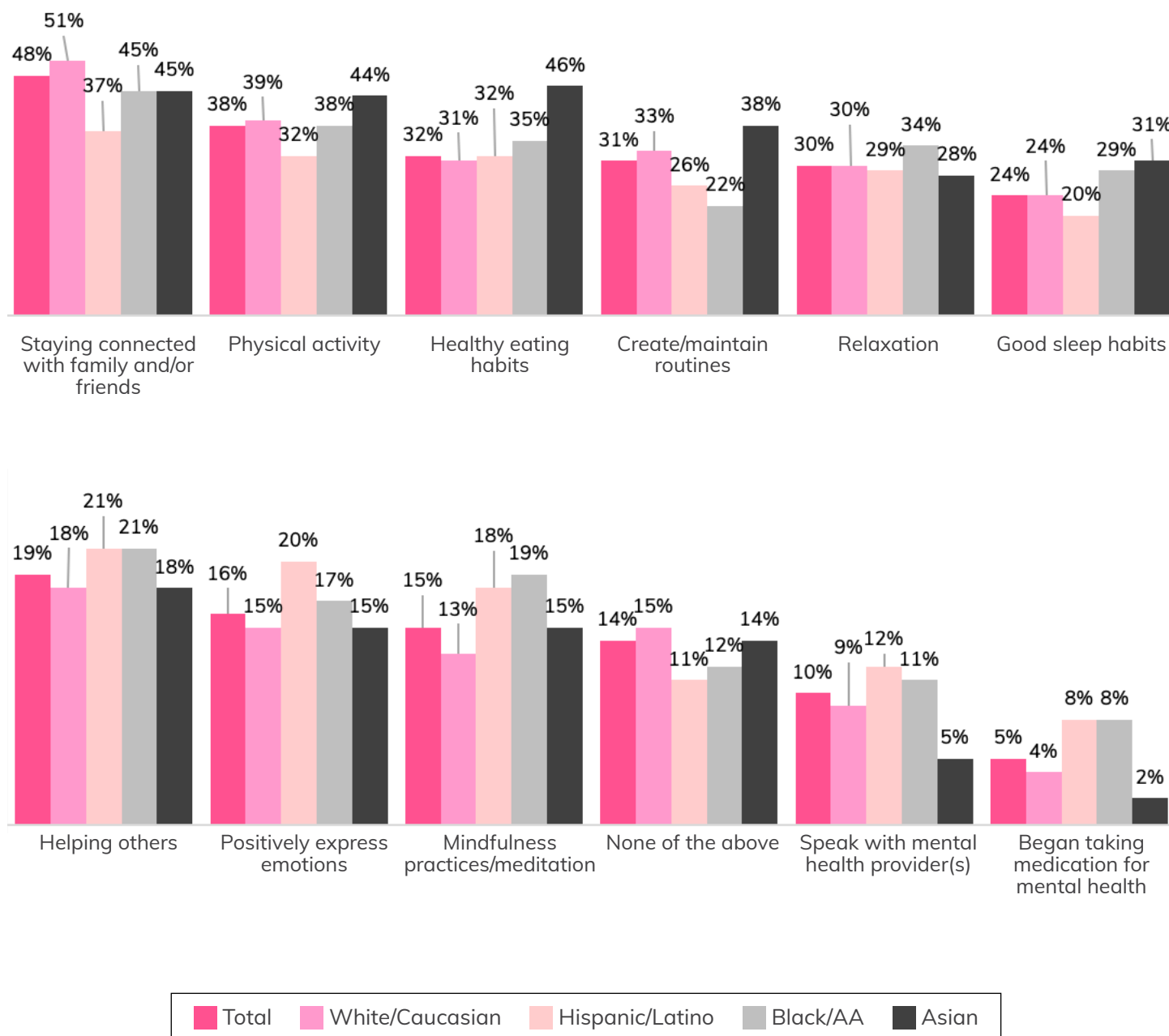
eating habits (46%, higher than white, Hispanic/Latino, and Black/AA women), physical activity (44%, higher than Hispanic/Latino women), good sleep habits (31%, higher than Hispanic/Latino women) and creating/maintaining routines (38%, higher than Hispanic/Latino and Black/AA women) at equal or higher rates than the other groups. More white women (33%) also report creating and maintaining routines than Hispanic/Latino (26%) and Black/AA women (22%) do.

More white women focus on staying connected with others (51%) compared to Hispanic/Latino (37%) and Black/AA (45%) women, while more Hispanic/Latino (18%) and Black/AA (19%) women work on mindfulness practices than white women (15%).

Black/AA women also stay connected with others (45%) more than Hispanic/Latino women (37%) and keep better sleep habits (29%) than Hispanic/Latino (20%) and white women (24%) as well.

A greater percentage of Hispanic/Latino women (12%) began talking to a mental health provider during the pandemic, compared to Asian women (5%). Likewise, more Hispanic/Latino (8%) and Black/AA women (8%) began taking medication for mental health than white (4%) and Asian (4%) women.

Figure 10: Activities Performed During COVID-19 Quarantine



## Health Behaviors in the Post-COVID-19 Era

With vaccines and treatments in the pipeline, COVID-19 will hopefully soon be talked about like measles, diphtheria, tetanus and pertussis — as a manageable, primarily preventable disease. But, experts say, its impact on the U.S. health care system will be felt for decades. Some of the predictions about how the disease will leave its mark on the health care system include more prevalent telehealth, the possibility of reforming the U.S. health care system, fewer private practices and nursing homes, more home health aides and dramatic changes in how minorities access and receive health care.<sup>40</sup>

We asked respondents to look into the future and tell us what they expected health care and their health behaviors to look like.

### Future Health Care Services

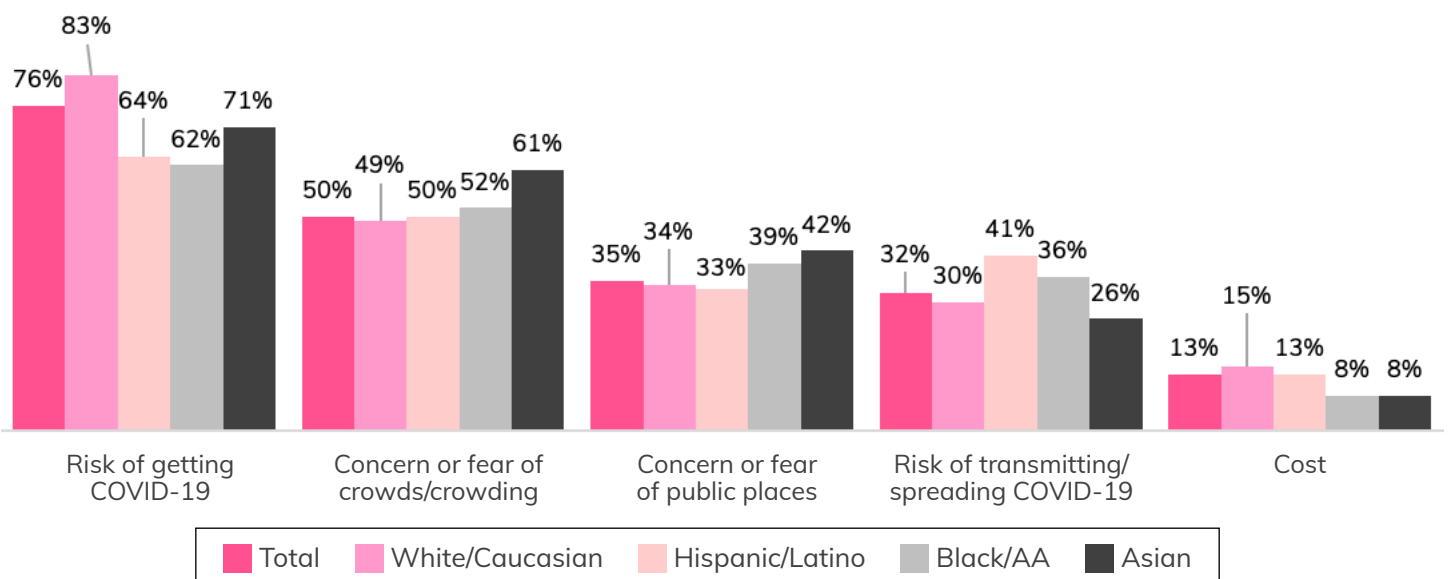
Over two-fifths of respondents (41%) said they were comfortable seeing a health care provider

within the next six months, a figure that rose to over half (55%) when considering a time frame longer than six months. Consistent with higher transmission rates, fewer Black/AA women were comfortable with both the six month (30%) and longer time frames (42%) compared to both white (44% and 59%, respectively) and Hispanic/Latino women (41% and 52%, respectively). More white women were also comfortable over the longer (over six month) time frame (59%) than were Hispanic/Latino women (52%).

The primary reason for eschewing in-person appointments was the risk of COVID-19, at 76% overall. Although, white women were far more likely to cite COVID-19 risk as their reason (83%) compared to Hispanic/Latino (64%) and Black/AA women (62%). Forty-one percent of Hispanic/Latino respondents said they were afraid of spreading COVID-19 compared to just 30% of white women (Figure 11).

Participants also expected they would not be able to attend a family visit because of restrictions.

**Figure 11: Concerns About In-Person Health Care Visits**

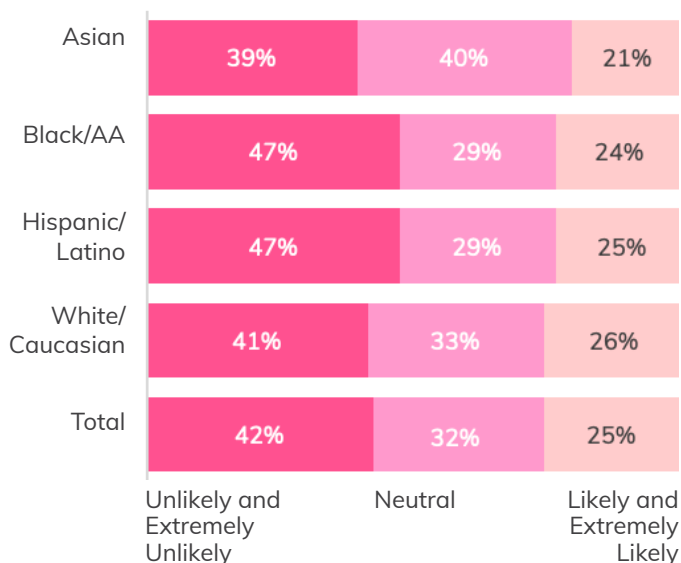


## Future of Telehealth

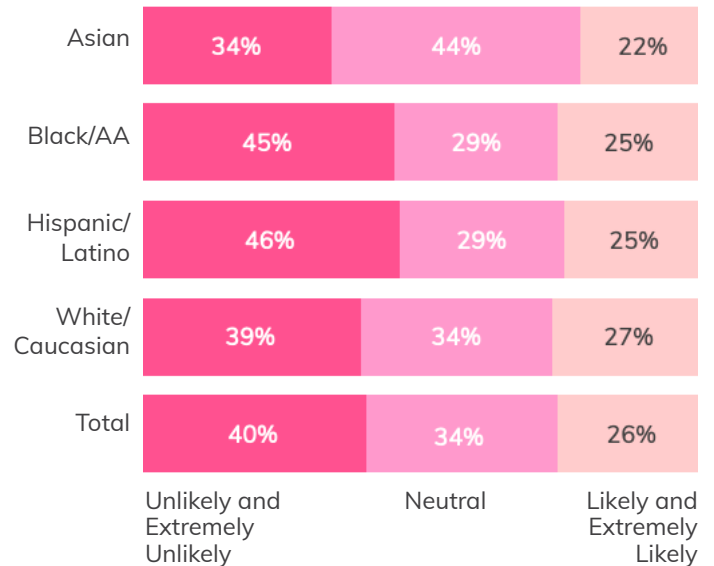
The rapid expansion of telehealth likely portends its permanence.<sup>41</sup> As Chris Jennings, policy consultant and former health care adviser to the Obama and Clinton administrations, said in a story for STAT, “People are now seeing this model, which we thought would take years and years to develop. And it’s probably been accelerated by a decade.”<sup>42</sup> However, state and federal legislation will need to be passed in order to ensure that all recent improvements remain in place.

Our survey showed just over 40% of respondents were likely to make a telehealth appointment in the future, while another 32% were neutral on the topic. Only one-fourth said they were unlikely to make a telehealth appointment (Figure 12). Both Hispanic/Latino (47%) and Black/AA (47%) women were more likely to book telehealth appointments compared to white women (41%). These propensities did not change much when asked about the time frame of six months or more, though both Hispanic/Latino (46%) and Black/AA (45%) women were also significantly more likely to book compared to Asian women (34%) and white women (39%).

**Figure 12: Likelihood of Telehealth Appointment Within Six Months**



**Figure 13: Likelihood of Telehealth Appointment After Six Months**



## COVID-19 Vaccine

In July 2020, several vaccine candidates were sent to large-scale clinical trials. In preparation, states and federal agencies are developing plans to ensure that a vaccine is widely distributed to Americans.

However, numerous recent polls and surveys found a significant proportion of Americans said they would refuse vaccination. A poll of nearly 11,000 U.S. adults conducted in late April and early May by the Pew Research Center found that 72% of adults said they would get the vaccine if it were available today.<sup>43</sup> By August, that figure had slipped to slightly more than half of the 2,200 adults surveyed by Morning Consult.<sup>44</sup> A general distrust may be due to the politicization of COVID-19 vaccines as well as the anti-vaccine movement.<sup>45</sup>

In response, the U.S. Food and Drug Administration released multiple statements reaffirming the agency’s commitment to ensure vaccines are safe and effective and that vaccine approvals are

guided by science and data.<sup>46</sup> Likewise, nine drug manufacturers currently developing COVID-19 vaccines pledged to only seek approval for vaccines demonstrated to be safe and effective.<sup>47</sup>

In our survey, slightly more than half of respondents (54%) said they were extremely likely (28%) or likely (26%) to get the vaccine when it becomes available, while 19% said they were extremely unlikely (11%) or unlikely (8%) to get it. Just over one-quarter (27%) had no opinion. It is important to note that only 45% of Black/AA women said they were extremely likely or likely to get a vaccine as compared to 67% of Asian, 55% of white and 53% of Hispanic/Latino women being willing to get vaccinated. (Table 3). This, too, parallels the Pew survey, which showed 44% of Black people said they would not get a vaccine.<sup>48</sup>

Nearly two-thirds (62%) of those who said they wouldn't get a vaccine cited a lack of trust in its

safety or efficacy. This is also similar to the results of the Pew poll.

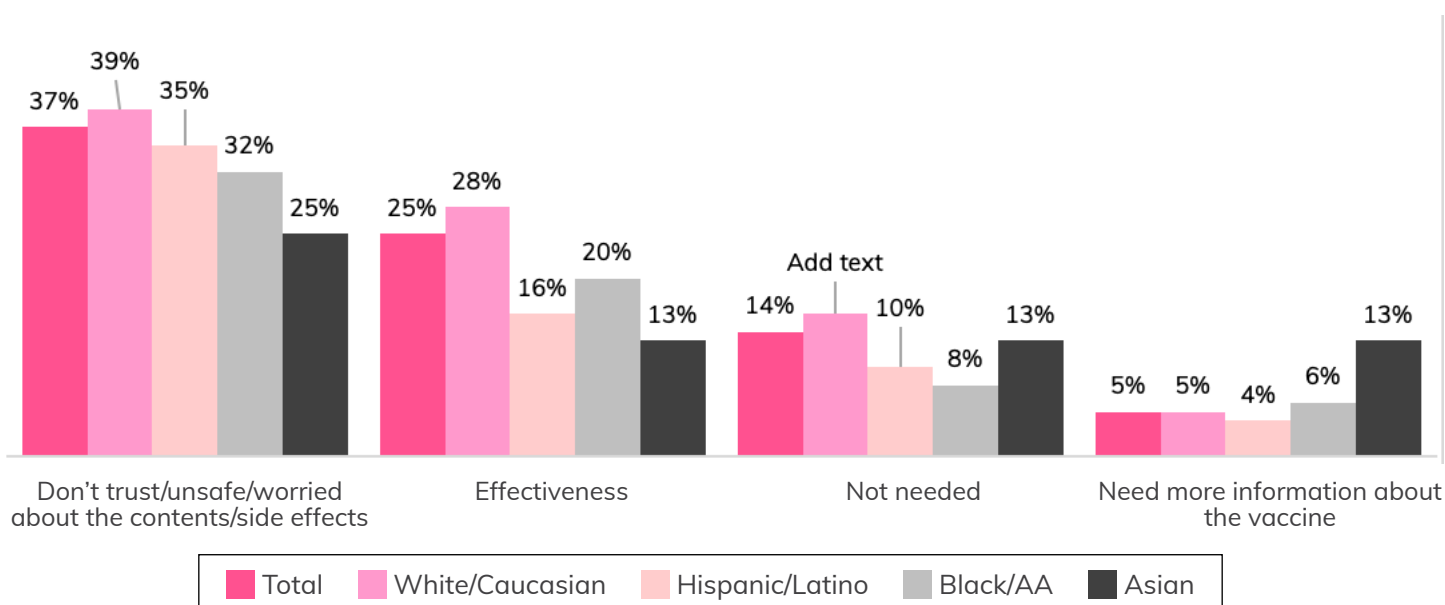
Other reasons people indicated they wouldn't get the vaccine include a distrust of the government, need for more/better info about the vaccine and a feeling that they don't need the vaccine. The U.S. health care community faces many challenges, including an existing anti-vaccine movement and a polarized electorate that has received extremely mixed messages during the crisis.

Looking at these concerns, it is clear that there is a lack of trust in the vaccine, and its potential effectiveness is being questioned (Figure 14). Hispanic/Latino and Black/AA women mentioned fewer negatives than did white women. There were very few differences by subcategory, but white women (28%) did mention effectiveness or lack thereof more often than Hispanic/Latino women (16%) (Figure 14).

**Table 3: Extremely Likely or Likely to Get Vaccine**

Total	White/Caucasian	Black/AA	Hispanic/Latino	Asian
54%	55%	45%	53%	67%

**Figure 14: Top Reasons Would Not Get a COVID-19 Vaccine**



## Conclusion

The modern world has never encountered a crisis like the COVID-19 pandemic — one that has affected every human on the planet. It has likely forever altered how we work, interact, relax and learn — as well as how we access and view health care. While our survey was but a snapshot in time, and occurred during a brief waning of infections and before a second surge later in the summer, it still provides valuable information to help inform health care providers and policymakers about women's actions during and likely after the pandemic.

## About HealthyWomen

HealthyWomen is the nation's leading independent, nonprofit health information source for women. Our mission is to educate women to make informed health choices for themselves and for their families, providing objective, research-based health information to our audience. For 30+ years, millions of women have turned to HealthyWomen for answers to their most personal health care questions. To learn more, please visit [www.HealthyWomen.org](http://www.HealthyWomen.org).

Nothing is more important to our health than access to competent and affordable care and the safety of our medications and health care delivery practices. HealthyWomen works to educate women about health policy issues in these and other areas. We recognize the importance of clinical trials to improving women's health and supporting women's health research, particularly where sex may make a difference in research results. HealthyWomen advocates on behalf of women to ensure that women's health is a primary focus of policymakers and advocacy groups. Our investment in developing science-based information and our effort to incorporate perspectives reflected by advances in research and technology will further our mission to provide women with relevant and accurate health resources. To learn more, please visit [www.HealthyWomen.org](http://www.HealthyWomen.org). Follow us on [Facebook](#), [Twitter](#), [Instagram](#) and [LinkedIn](#).



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