

HBCU Health Equity Data Consortium

COVID-19 Impact Survey — Dissemination Report

A statewide, community-engaged study documenting how NC households experienced the pandemic — building on pilot work at Shaw University and reaching all six NC Medicaid regions.

11,389+ responses

Phase 1 & Phase 2

All Medicaid regions

Two-phase design

ABOUT THE CONSORTIUM

Who we are

An HBCU-led research consortium building on pilot work at Shaw University in Durham, NC — designed to reach communities underserved by traditional survey methods.

Our goal

Understand how households across NC were impacted by COVID-19, with particular attention to racial equity and socioeconomic vulnerability.

Who responded

11,389+ total responses: 49% Black, 34% White, 9% Hispanic/Latino, 3% American Indian — far more diverse than typical surveys yield.

Geographic reach

Phase 1 (Feb–Jul 2023) covered Medicaid Regions 2, 3, 6. Phase 2 (Nov 2023–Feb 2024) expanded to Regions 1, 4, 5 — reaching all of NC.

OVERALL SURVEY DEMOGRAPHICS

49%

Black / African American

34%

White / Non-Hispanic

9%

Hispanic or Latino/a/x

3%

American Indian

KEY IMPACTS · PHASE 1 FINDINGS (SLIDE 14)



18%

Experienced loss of a loved one

15%

Change in employment

12%

Not enough money to make ends meet

10%

Had to borrow money

8%

Filed for unemployment/benefits

4%

Long COVID symptoms (>4 wks)

Racial & ethnic disparities noted:

Hispanic respondents reported the highest rates of income loss (37%) and employment change (31%) — roughly 1.5x the overall average. NH Black respondents reported impacts at somewhat lower overall frequencies, warranting deeper community-context analysis.

Connecting Survey Findings to Current Social Conditions

COVID-19 impacts documented in 2022–23 continue to shape community health today

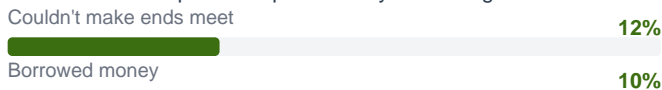
The HBCU Consortium's findings are not simply historical. Income losses, grief, anxiety, and employment disruption documented in these surveys ripple forward into present-day food insecurity, housing instability, healthcare gaps, and mental health crises — particularly in the communities of color that responded in highest numbers.

CONNECTIONS TO CURRENT SOCIAL CONDITIONS

Food Insecurity

12% couldn't make ends meet · 10% borrowed money

Pandemic income shocks fueled ongoing food insecurity. SNAP enrollment in NC remains elevated and food bank demand has not returned to pre-pandemic baselines. Households that went without in 2022–23 often never fully recovered financially — leaving families one unexpected expense away from hunger.



Housing Costs

24% lost income · 15% employment change

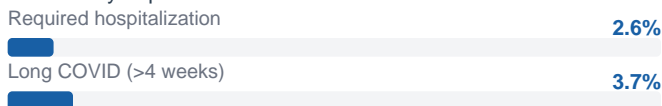
Pandemic income loss coincided with sharp rent and home price increases across NC. Households that lost jobs during COVID entered a far more expensive housing market, deepening rent burden — especially for Black and Hispanic renters who were already more likely to be cost-burdened before 2020.



Healthcare Access

2.6% hospitalized · 0.5% household death · 3.7% long COVID

Households with COVID hospitalizations or long-COVID symptoms continue to face outsized medical debt and care coordination burdens. NC's Medicaid expansion has improved coverage, but surveyed populations remain at elevated risk for unmet care needs tied directly to pandemic illness.



Mental Health

29% stress/anxiety · 18% lost a loved one

Nearly 3 in 10 respondents reported increased stress or anxiety, and nearly 1 in 5 lost a loved one. These grief and anxiety burdens persist years later. NC community mental health capacity was strained before the pandemic and has not kept pace with elevated post-COVID demand, particularly in rural Medicaid regions.



WHERE DO WE GO FROM HERE?

1

Disseminate

Share findings across NC to spark community dialogue and inform local needs assessments.

2

Connect data

Link survey results to supportive services and resources at the institutional level.

3

Contextualize

Engage community leaders to interpret findings within local lived experience.

4

Continue

Survey weighting underway to generalize results to the broader NC population.

Data note: Phase 1 results represent 3,333 responses from NC Medicaid Regions 2, 3, and 6 (Feb–Jul 2023). Results are unadjusted frequencies; survey weighting is in progress. Cell counts <5 are suppressed per consortium protocol. Connections to current conditions reflect regional trend context and should be interpreted as directional rather than causal.