



The Impact of COVID-19: Amplifying Inequities

THE REPORT
ON THE STATUS
OF WOMEN
AND GIRLS
IN CALIFORNIA™

2021

CENTER FOR THE ADVANCEMENT OF WOMEN

 Mount Saint Mary's University
LOS ANGELES

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EDITOR'S NOTE: This 10th annual edition of The Report on the Status of Women and Girls in California™ was created against the backdrop of the most devastating and widespread pandemic the world has seen in generations. While this year's Report again draws heavily on the most recent yearly estimates from the U.S. Census Bureau, we've also added new sources, including two experimental surveys that the Bureau created in 2020 to gauge the impact of the pandemic on the country. The Household Pulse Survey measures the economic and social impact on households.¹ The Small Business Pulse Survey monitors the effect of the COVID-19

pandemic on businesses as the pandemic has progressed.² Incorporating data from these surveys enables this Report to highlight pandemic-related findings through the 2020 calendar year.

Of course, as 2020 repeatedly showed us, things change quickly. It's likely that both the public health outlook and political climate at time of publication (March 2021) will be far different from when the research for this Report was concluded in December 2020. For more on our methodology for this 2021 Report, see our "Notes on this year's research" at the start of the endnotes section.

Message from the President

Each year — for the past 10 years, in fact — we’ve produced The Report on the Status of Women and Girls in California™ to provide a clearer picture of the landscape for women and girls statewide. In what areas are they thriving? Where are they merely surviving? And what obstacles remain in their path?

But what happens to a Report like this when the landscape becomes unrecognizable? When such sweeping changes in response to a pandemic create conditions that challenge the ability of women to participate in the workforce? When professional women reconsider the very value of advancing in their careers? When the disruption of our education system threatens the wellbeing of our youth? When the mental health of our educators and caregivers — who are disproportionately female — is significantly compromised and at risk?

Our response was to curate a Report that illustrates how the pandemic specifically affects women and girls so that we can address these challenges, together. In these pages, our authors chronicle how the pandemic has created interwoven concerns for women and girls. These tangled threads include greater economic insecurity, heightened stress from working at home, the extra responsibility of coordinating children’s remote learning, and much more.

While the coronavirus may not have been anticipated by most of us, its impact should not surprise us. The people most affected by the dual public health and economic crises of 2020 are the ones who were already the most vulnerable among us — including too many of our women, children, people of color, and immigrants. As the data in this Report highlight, the ramifications of COVID-19 have merely underscored the inequities that already existed.

I hope we will emerge from this pandemic with more wisdom and greater insight. But we must safeguard at-risk populations of women and girls to ensure there are opportunities to thrive in a post-pandemic California. In this way, the Report is one tool in your toolbox to create positive change. If 2020 was the year that put us on our heels, let’s make 2021 the year we dig in and demonstrate our resilience. Let’s ask ourselves: What can we do, as a collective, to lift up women and girls during this pivotal moment in time, and beyond?

Sincerely,



Ann McElaney-Johnson, PhD

President, Mount Saint Mary’s University
Board Chair, Women’s College Coalition



The people most affected by the dual public health and economic crises of 2020 are the ones who were already the most vulnerable among us — including too many of our women, children, people of color, and immigrants.

Report Highlights

This summary of key findings provides a picture of how women and girls fared in the pre-pandemic period and the possible setbacks awaiting our post-pandemic reality.

Pre-Pandemic (statewide):

- While women still trail men when it comes to the most advanced degrees, women have increased their share of professional and doctorate degrees by 2 and 4 percentage points, respectively, over the past decade. [SEE PAGE 4]
- In 2019, California law enforcement agencies received 161,123 calls for assistance in domestic violence cases, down 3% from the previous year and down 5% from 2017. [SEE PAGE 27]
- Women's median earnings have risen over the past decade, but less than the highest demographic earners: white men. Overall, California women's earnings as a percentage of white men's earnings have remained constant. [SEE PAGE 4]

Pandemic period (statewide):

- Demographic disparities are evident in who's suffering most from COVID-19. Latinx individuals make up 39% of California's population, but they comprise 47% of all COVID-19 deaths. [SEE PAGE 7]
- Among Californians who had planned to pursue an advanced degree in fall 2020, over one in three cancelled all plans for postsecondary study, while the remaining adults modified their plans. Nearly half (45%) of African-American households with students cancelled all postsecondary studies for fall 2020. [SEE PAGE 12]

- 42% of California's working women are employed in essential jobs. [SEE PAGE 14]
- In February 2020, California women and men each had a 5% unemployment rate. As the pandemic raged, men's unemployment rate rose to 20%; women's peaked in spring at 25%. [SEE PAGE 19]
- Due to the pandemic, up to 47% of California women delayed needed medical care in 2020. [SEE PAGE 24]
- 70% or more of California women have suffered mild to severe symptoms of anxiety during the pandemic. And more than half have reported experiencing mild to severe depression. [SEE PAGE 26]

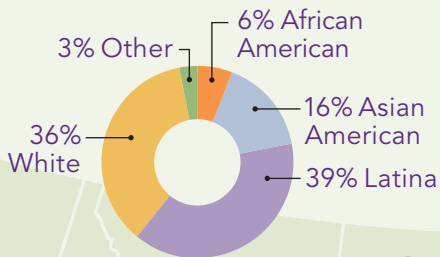
Pandemic period (nationwide):

- 41% of all women feel more productive working from home; but that figure increases to 46% for mothers with children at home (compared to 77% of fathers with children at home). [SEE PAGE 15]
- 29% of women feel working from home has had a positive impact on their career, compared to 57% of men. [SEE PAGE 15]
- For families with one or both parents working from home, 41% say that mothers provide the majority of extra child care responsibilities compared to just 15% who say the father does. [SEE PAGE 15]
- In September 2020 alone, it was reported that four times as many women than men left the U.S. workforce (865,000 to 216,000, respectively), a statistic that is related to increased care responsibilities associated with online schooling. [SEE PAGE 15]

A Pre-Pandemic Portrait of California's Women and Girls

2019 SNAPSHOT

19,871,429 women and girls make up 50% of California's population.³



California's women and girls are among the most diverse in the nation.⁴

38 years

Median age of California women.⁵

28% California women and girls are born outside the U.S.⁶

35%

California women have a bachelor's degree or higher.⁷

53% Asian American women have a bachelor's degree or more.⁸

58% Latinas have a high school diploma or less.

35%

have a high school diploma or less.

\$35,465

Latinas have the lowest median earnings.

\$50,220

Median earnings for all women in California.⁹

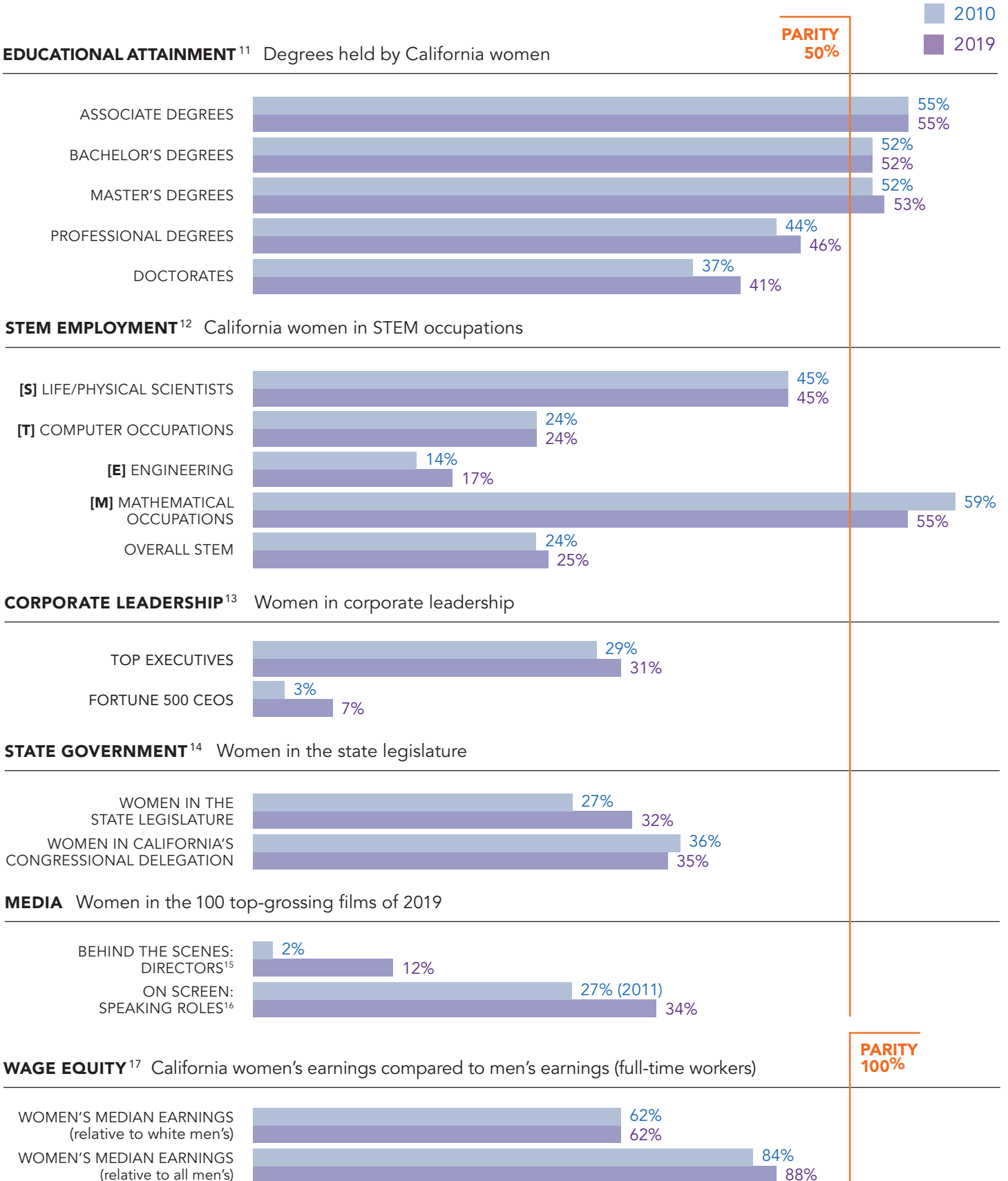
\$63,894

White women have the highest median earnings.

13% California women and girls live in poverty.¹⁰

A PRE-PANDEMIC GENDER EQUITY SCORECARD: 2010 VS. 2019

A look back at the last decade reveals mostly slight gains and losses for gender parity. When will we fulfill the promise of equity?



The Pandemic: 2020, A Year of Disruption

Even before its arrival, 2020 seemed marked for significance. One notable event would be the decennial census, which determines how many congressional representatives an area will have, as well as how much federal funding communities receive for schools, roads, hospitals, social programs, and other critical services.

The year would also bring a divisive presidential election. Back in 2016, Donald J. Trump defeated Hillary R. Clinton — the first woman to run as a presidential candidate of a major political party — on a promise to change politics in America. Between 2016 and 2019, politically diverging views of America’s role on the global stage and the government’s role in the lives of U.S. residents became pronounced. This set the stage for a national election of significant proportions in 2020 and a people’s referendum on the country’s political system and policies, followed by a chaotic presidential transition fueled by misinformation and violence.

As 2020 began, three additional issues emerged, promising to disrupt historical trends in the U.S.:

- A pandemic resulting from the spread of a novel coronavirus, COVID-19;
- Extreme weather events — fires and storms — of epic proportions, which scientists have strongly linked to climate change; and

- Civil unrest and violence resulting from police actions that have disproportionately targeted the Black community in the name of protecting society.

The pandemic, in particular, has challenged societal norms — the way we teach, the way we work, and interact. And it’s impacted the economic security, health, and safety of Californians, as it has individuals worldwide. The 2021 edition of *The Report on the Status of Women and Girls in California™* highlights the impact of the COVID-19 pandemic and the resulting economic recession on the state’s residents — in particular, on its women.

Pandemic timeline

In late 2019, reports of a novel coronavirus surfaced from China. At the end of January 2020, the World Health Organization (WHO) declared a public health emergency of international concern; at the time, China had experienced 170 deaths due to the virus and there were 18 documented cases in other countries (no deaths).¹⁸ As the timeline on the next page shows, COVID-19 was fast moving (FIGURE 1). By early March, WHO declared the novel coronavirus a pandemic; at the time, the number of cases had reached 118,000 in 114 countries and more than 4,000 deaths due to COVID-19 had been recorded globally. The United States declared a state of emergency in the same month. By March 12, California had already recorded four probable or

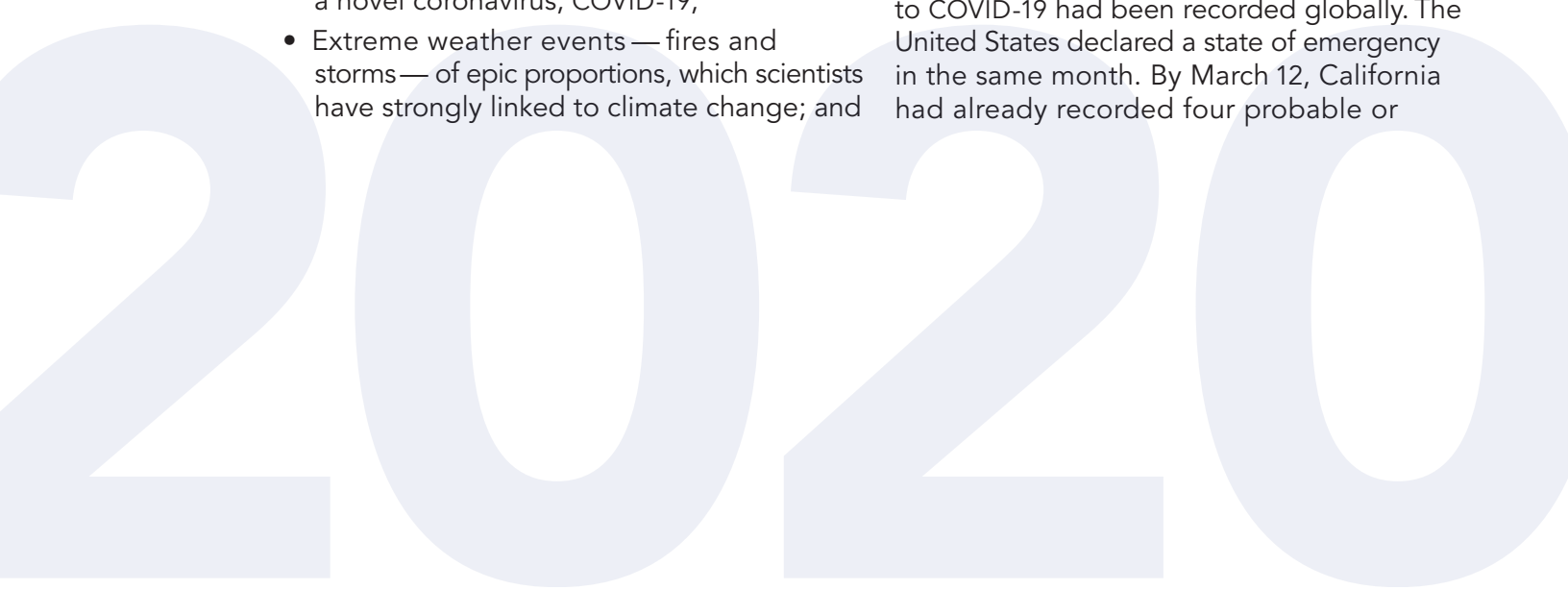


FIGURE 1
PANDEMIC
TIMELINE¹⁹

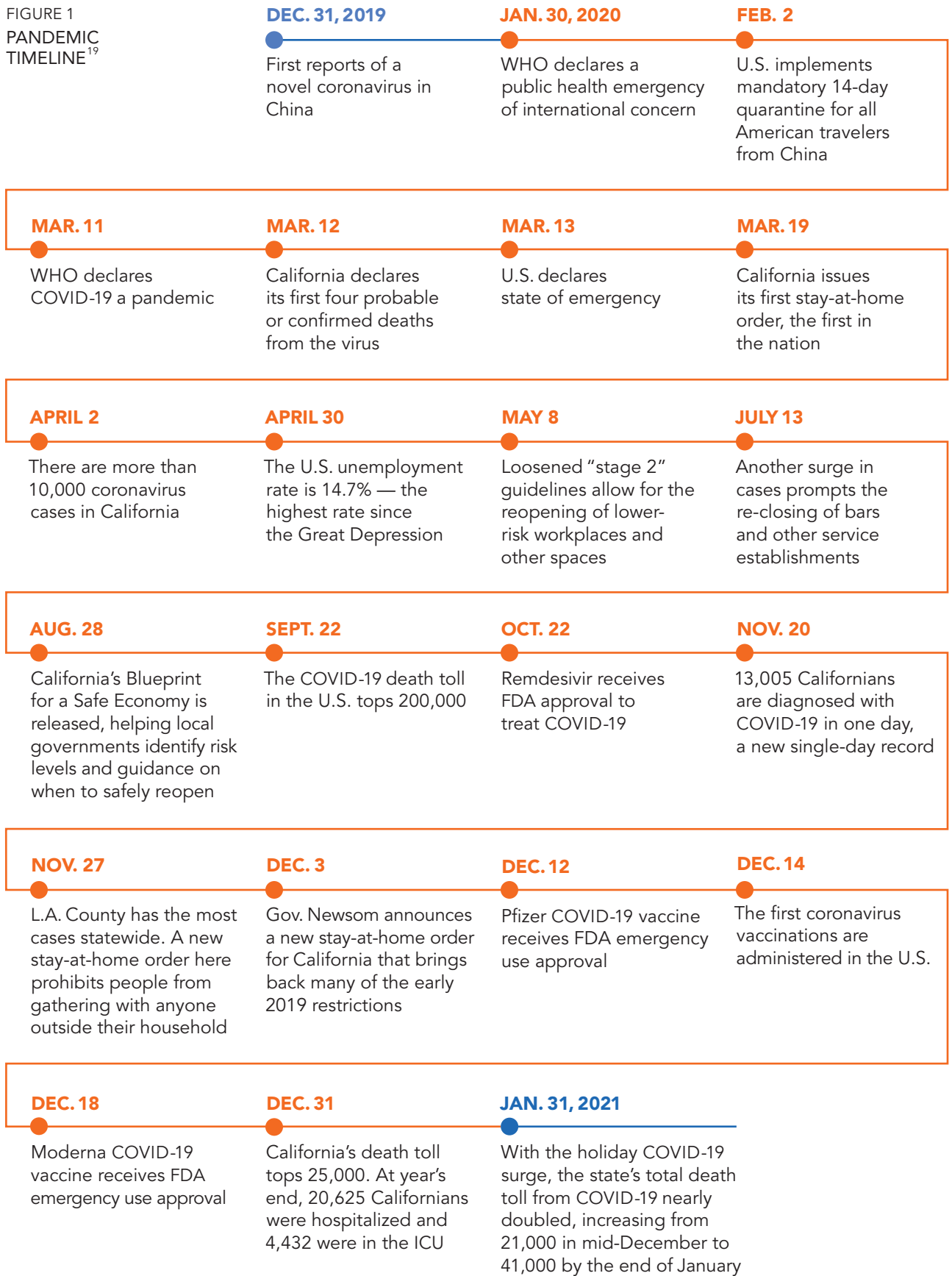
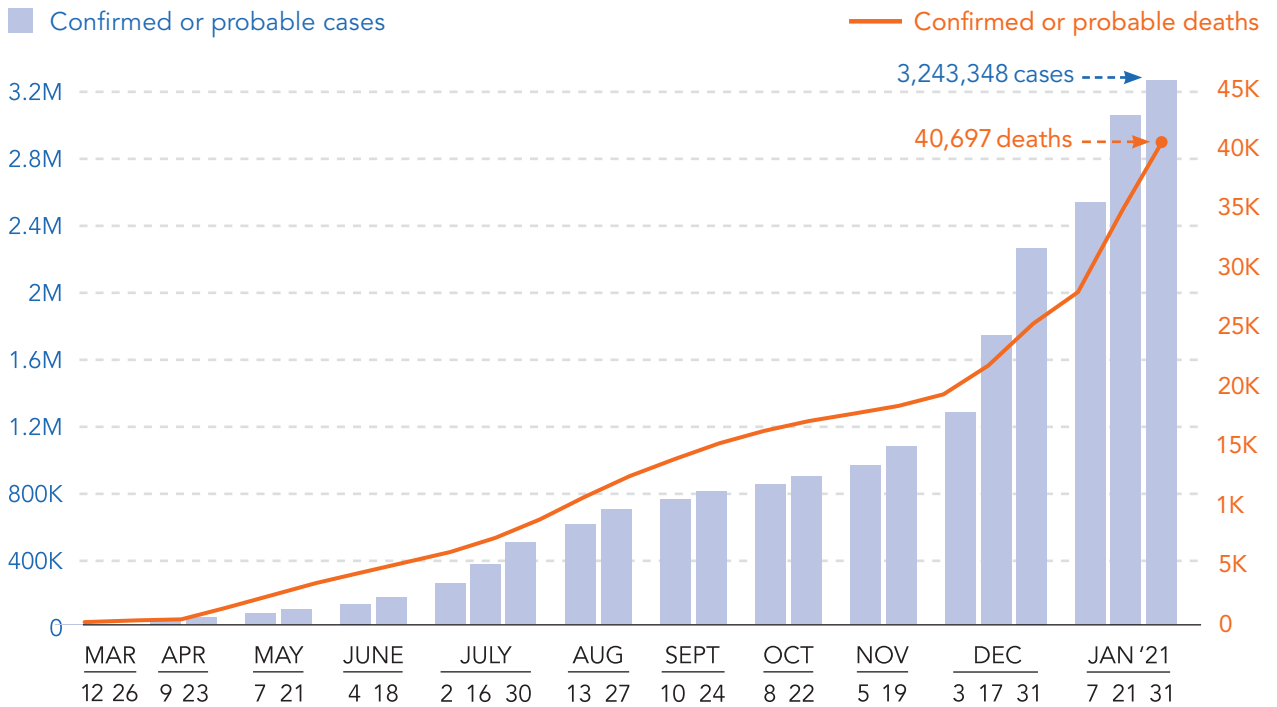
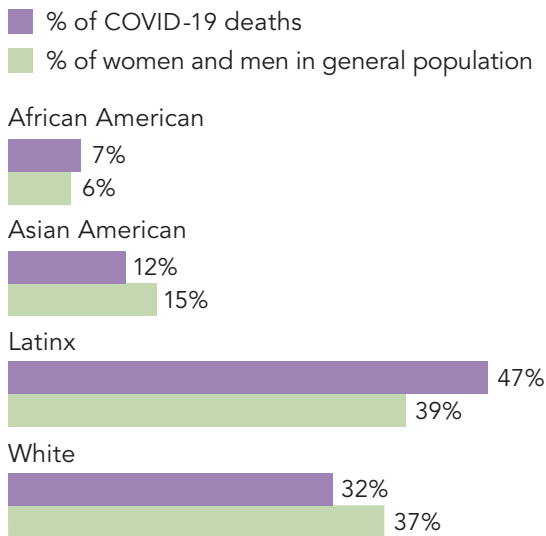


FIGURE 2
CUMULATIVE CASES AND DEATHS FROM COVID-19 IN CALIFORNIA



Note: Cumulative data are reported at two-week intervals; with the winter holidays, there may be reporting anomalies in late November and December data.
Source: The COVID Tracking Project.

FIGURE 3
CALIFORNIA'S COVID-19 DEATHS BY RACE AND ETHNICITY, 2020



Note: These figures are from December 28, 2020.
Source: Tracking COVID-19 in California.

confirmed deaths from the virus; within one month the death count would reach 1,000 and within two months the count of Californians who died from coronavirus was over 3,000 (FIGURE 2).²⁰ As the rapid spread of the virus across California became apparent, public health officials stepped in to provide guidance and policies designed to better protect individuals and to preserve life-saving resources.

COVID-19 kills more men than women: 57% of deaths from the virus are male and 43% are female. The disease also disproportionately kills Latinx and African Americans. By late December, just under half of all those who had died were Latinx despite comprising 39% of California's population (FIGURE 3).²¹ Researchers suggest that because the Latinx population make up much of the essential workforce, they are often forced to make the difficult choice between risking COVID-19 exposure and earning a paycheck.²²

COVID-19's impact

The impact of COVID-19, even for those who have not been ill or known someone who has contracted the virus, is widespread. The pandemic has affected Californians' economic security and how we interact with friends, colleagues, and strangers.

Economic impact. Throughout the pandemic—starting with the first reported data in late April—over half of California's households have reported a loss in employment income. In December, 57% of households surveyed indicated a loss in employment income due to the pandemic. That month, unemployment remained above pre-pandemic levels and many of those who were still employed had to work a reduced number of hours. Roughly one in seven California households indicated that they have difficulty in providing sufficient food for their families and 15% of California renter-occupied households had missed a rent payment.²³

Social impact. Throughout the state, the nation, and the world, life has changed in many ways compared to pre-pandemic times. Californians are relatively isolated from each other to better protect their health and manage the spread of COVID-19, but these new practices impact our lives and activities every day and in many ways.

They include:

- Wearing **face coverings** outside and in public indoor spaces.
- Practicing **physical distancing** and gathering only in small groups—generally with those in established social circles.
- **Avoiding large crowds** in closed spaces; cultural venues that would normally host drama, art, and music programs are shuttered.
- **Limiting travel** and use of public transportation.
- **Working remotely** and **delivering education** to children at home, primarily through online technology.
- **Limiting restaurant options** with reduced seating at those restaurants that have been allowed to reopen.

LONG-TERM IMPACT

ON IMPACT OF THE PANDEMIC. The duration of these changes and the long-term effects on professional or social practices is unknown. The pandemic has reshaped the education system and the workplace. In this Report, we examine how COVID-19 has created a complicated tapestry of hardships—ranging from income loss, employee productivity, and job satisfaction to increased health stressors and economic insecurity.

The hardships COVID-19 has created converge and intersect with one another. For example, a remote work arrangement—or worse, job loss—can be compounded by school closures and child care needs to create layers of complications for both employers and employees. All of these changes conspire to negatively affect families' mental health, food security, and more. And as this Report will show, there are many areas of concern that tend to disproportionately impact California's women and communities of color.

A CLOSER LOOK

Parallels between the Bubonic Plague epidemic in San Francisco and the COVID-19 pandemic²⁴

While the influenza pandemic of 1918-1919 has served as a reference for the current COVID-19 pandemic, there's a more overlooked example from our state's history that also has parallels to our situation today. Between 1900 and 1904, San Francisco battled the third plague pandemic, which had originated a decade earlier in southern China, and which would navigate its way around the world during the early years of the twentieth century.

The bubonic form of the plague arrived in San Francisco in the winter of 1900, most likely brought to the city by rats (and spread by their fleas) aboard a ship that had traveled from an infected port somewhere in the Pacific. The city's public health and medical authorities, most notably Joseph Kinyoun, the chief quarantine officer of the U.S. Marine Hospital Service (the precursor of the U.S. Public Health Service), had been on alert for the plague's arrival since the previous summer. The first victim was a long-term resident of the city's bustling Chinatown. Confirmation of the plague's arrival in San Francisco soon led to a quarantine of its Chinatown neighborhood, and extensive media coverage, in one of the busiest ports in the nation.

Over the next three years, San Francisco witnessed constant conflict between public health and medical authorities on one side, and California's railroad and commercial lobbies and their mouthpiece, Gov. Henry Gage, on the other. Gage would spearhead efforts to deny the plague's presence in San Francisco, and many of the state's newspapers parroted his denials and personal attacks on Kinyoun. Gage also vilified Kinyoun in the press and constantly sabotaged his efforts to investigate the plague. Even Kinyoun's reports to the U.S. Surgeon General in Washington weren't safe from Gage's interference as the governor had instructed local telegraph operators not to transmit reports mentioning "plague." Kinyoun and other federal officials circumvented this ploy by using the code word "bumpkin" in their messages in place of "plague victim."

When U.S. Surgeon General Walter Wyman eventually sent a federal team to investigate the outbreak, it confirmed Kinyoun's assessment that plague had indeed arrived in California. Even then, an outraged

Gage attempted to prevent the publication of the report. Only after Wyman agreed to take responsibility for the chaos caused by the outbreak, did Gage's administration reluctantly agree to a massive sanitary campaign in San Francisco. Even President William McKinley opted for the more expedient strategy of

downplaying the outbreak and watering down the federal report.

Meanwhile, Gage would continue to deny the plague outbreak until his final days in office, despite the fact that at least 121 residents of San Francisco were infected with plague and of these, all but two died. Not only did the outbreak hit the city's Chinese population hardest, but Gage's obstructionist tactics provided the disease with enough time to establish itself amongst the state's native rodent population. A century later, plague remains endemic in several rural regions of the western United States and usually infects a least a couple of people every year.

The San Francisco plague outbreak has many elements in common with the current COVID-19 pandemic, including: politicians at odds with public health officials over the seriousness of the outbreak and the need to enact rigorous preventive measures; pressures placed on public health officials by commercial interests eager to avoid the negative short-term economic effects of quarantine measures; efforts by some media outlets to either sensationalize or trivialize disease outbreaks depending on their political leanings; tensions between local, state, and national authorities on how to respond to an international public health crisis; and prevailing racism faced by those who are most vulnerable to the disease.

The history of the conflict between Kinyoun and Gage reminds us that while doing the right thing can often prove unpopular, public health and medical experts must always speak truth to power for the greater good and health of us all.

Cathrine Riddervold '22

*Bachelor of Arts in Liberal Arts
Mount Saint Mary's University*

Robert Perrins, PhD

*Provost and Academic Vice President
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The Pandemic Effect

Education and the workforce are two sectors that have been abruptly and dramatically reimagined amidst the pandemic in an effort to keep our schools and our economy afloat. However, these changes have come with consequences for Californians generally and women and girls specifically. Women are more likely to suspend their degree pursuits than their male counterparts, potentially rolling back gender equity gains made with respect to educational attainment over the last decades. The pandemic has also created barriers to women’s advancement in the workforce, asking them to take on the simultaneous load of care work for aging parents and children, and working full time. The U.S. economy lost a net 140,000 jobs in December 2020, all of which could be accounted for by women.²⁵

RESHAPING EDUCATION

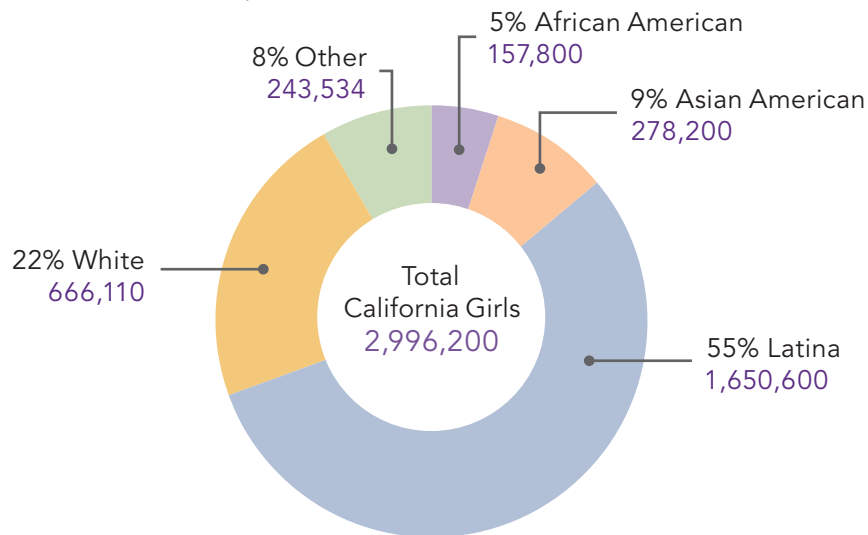
K-12 education

In the 2019-2020 school year, there were nearly 6.2 million California girls and boys enrolled in the state’s K-12 public schools. Just about half (49%) of them were girls, and the majority of girls (55%) were Latina (FIGURE 4).²⁶

As the emerging COVID-19 pandemic led to more restrictions on in-person gatherings, schools closed down in districts across the state. Teachers and students were abruptly cast into what was, for many, a new and relatively unfamiliar mode of teaching and learning while physically separated from each other.

In spring 2020, California households with children were asked how the COVID-19 pandemic had impacted how their children received education. Ninety-nine percent of households reported that their schoolchildren experienced a change in learning format due to COVID-19. Teaching continued, but over 90% of responding households were suddenly introduced to remote learning. By the beginning of the fall

FIGURE 4
CALIFORNIA GIRLS ENROLLED
IN K-12 PUBLIC SCHOOLS BY
RACE/ETHNICITY, 2019-2020



Note: “Other” includes American Indian/Alaska Native, Filipina, two or more races, and students who did not identify their race or ethnicity.

Source: California Department of Education.

2020 school term, all households responding to the survey reported that their children had some classes using a distance-learning format (FIGURE 5). Roughly three-quarters of distance learning was delivered using online platforms, and one-quarter involved paper materials sent to homes.²⁷

Most schools remained closed at the beginning of the 2020-2021 school year. However, the year opened relatively smoothly since the summer had afforded needed time for teachers to design and develop ways to deliver more effective online lessons, for students to acquire technology, and for the state to develop policies that promote learning for young children in online environments.

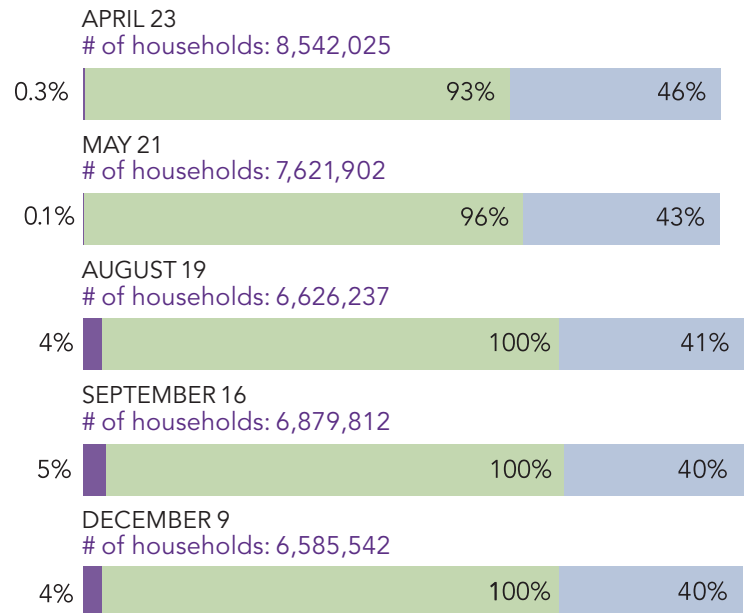
The reliance on online learning revealed inequities in resources available to students. In April 2020, nearly three-quarters of students “always” had access to computers for educational purposes and 78% had access to the internet. By the beginning of the 2020-2021 school year in September, roughly 80% of students had access to a computer. Nonetheless, 146,000 California households surveyed reported that children “rarely” or “never” had access to a computer and 84,000 reported limited or no access to the internet.²⁸

In spring 2020, grading of K-12 students across the state was generally either suspended or failing grades were not given. Early evidence from the Los Angeles Unified School District shows that fall 2020 grades for children were significantly lower than the pre-pandemic period. Moreover, the greatest increase in lower grades was among households with the lowest incomes. In households where income was \$30,000 or less, there was as much as a 33% increase in D’s and F’s received by middle school students.²⁹ Although grades aspire to measure learning, when students are educated online grades can also reflect the child’s access to computers and the internet, as well as environmental factors such as the availability of quiet study spaces and learning support in the home.

In 2019-2020, the percentage of seniors graduating from California’s high schools fell one percentage point from the previous year (85% to 84%).³⁰ While the college-going rate of California’s high school graduates for the 2019-2020 school year is not yet available, the pandemic is likely to have disrupted some plans to pursue post-secondary studies in fall 2020. In fall 2020, undergraduate enrollment in California’s institutions decreased 5.4% relative to fall 2019.³¹

FIGURE 5
IMPACT OF COVID-19 ON HOW CALIFORNIA CHILDREN RECEIVED EDUCATION, 2020

- No change in learning format
- Remote learning (using online resources or paper sent to home)
- Classes cancelled or changed in some other way



Note: Households in each survey may report in multiple categories.
Source: U.S. Census Bureau, Household Pulse Survey.

Postsecondary education

In August, roughly two-thirds of California households reported having at least one adult who planned on taking classes toward a two- or four-year college degree in fall 2020. A smaller share of households reported having at least one adult who planned on continuing coursework for graduate degrees (14%) or towards a credential (9%).³²

Of this population, just over one in four California adults continued in the fall with no change to their postsecondary plans; but over one in three cancelled all plans for postsecondary study in fall 2020, while the remaining adults modified their plans by taking fewer classes, going to a different institution, or pursuing a different type of degree.³³ Nearly half (45%) of African-American households with students cancelled all postsecondary studies for fall 2020.

Reasons cited by those who completely cancelled postsecondary study in fall 2020 included:³⁴

- 44%** either had contracted COVID-19, or were concerned about getting it;
- 3-7%** were caring for someone with COVID-19;
- 11%** were caring for others whose lives had been disrupted by the pandemic; and
- 38-39%** of adults said they were no longer able to pay for classes.

Just as in the K-12 schools, postsecondary institutions relied entirely on online teaching during spring 2020. Unlike K-12 schools, most college and university curricula include some online courses and even entire programs of study for a decade or so. Accrediting agencies have validated the rigor and learning that occurs in online offerings (as well as that which occurs in face-to-face settings). Nevertheless, as the pandemic worsened, colleges and universities faced challenges.

Prior to the pandemic, courses were still offered in traditional or hybrid formats where some learning is virtual and other portions of a course (such as labs and clinical training) are held in face-to-face sessions with instructors and other students present. Suddenly, all courses needed to go fully online or be cancelled. Resources were reallocated to train faculty on using online learning platforms and to help ensure adequate internet access for the entire student body. Professors had to quickly adapt courses for distance learning, and students had to learn in new formats, with limited access to their learning support networks.

While virtually all classes in spring 2020 were offered in online formats, the fall schedules were a bit more flexible. Colleges and universities experimented with opening physical spaces for smaller classes and adjusting the face-to-face contact hours to accommodate more traditional courses where hands-on learning plays a critical role.

LONG-TERM IMPACT

ON EDUCATION. As a result of the pandemic, educational institutions have moved teaching to almost entirely online. Unfortunately, it appears that the learning gap among children in K-12 schools has widened since many children don't have reliable access to learning sites and/or a home environment that supports learning. The current plan is to reopen elementary and secondary schools as soon as the health of the children and their teachers can be protected. However, higher education seems likely to be permanently altered to accommodate more distance learning as a result of the pandemic. Currently, women hold more than half of the two- and four-year college degrees granted. If more women than men interrupt or permanently change their plans to pursue a college degree, then women's educational attainment could suffer and impact their job opportunities. As a result, recent improvements in the gender wage gap could quickly evaporate.

From cancellations to innovations: How the pandemic has inspired new international partnerships in higher education

As the pandemic shut down study abroad opportunities and faculty-led trips, the Center for Global Initiatives (CGI) at Mount Saint Mary's University began thinking about ways to pivot. How do we sustain and strengthen our international partnerships? In the summer of 2020, the CGI jumpstarted two new virtual exchanges that support innovative ways of thinking about the intersection between academics, global engagement, and the digital world.

In the fall of 2020, 32 undergraduates in three courses engaged in Soliya's virtual exchange program, Connect Express. Soliya, a leading organization in the field, is hosted by the Stevens Initiative (Aspen Institute) and the U.S. Department of State. For two hours a week, students in politics of globalization, cultural studies, and international relations courses logged into real-time discussions with students in Europe, the Middle East, and North Africa. Students in these moderated discussion groups had the opportunity to discuss topics that are both real and difficult: the global effects of the 2020 U.S. election, immigration policy, religious freedom, women's rights, and LGBTQIA rights.

For many of our students, learning to discuss controversial topics with peers from other parts of the world was new and enlightening. As one student reported:

"This program has fundamentally impacted my view on communication in the digital age. For the longest time, I have been using social media to share the inner parts of my life but never really used it as a tool to expand beyond to different parts of the world. I do not feel as intimidated as I was when it comes to cross-cultural communication, but rather feel empowered to learn more. This meaningful experience connected me to the world."

– GIANNE GONZALEZ '22

Post-pandemic, this new program will continue to help our students successfully navigate both the digital world as well as a world increasingly in need of global citizens with cross-cultural communication skill sets. We plan to continue Soliya

programming in fall 2021 through the CGI and Residence Life's living and learning community, the Global Village.

Our second pilot program focused on equipping our professors to embed project-based, high-impact international virtual exchanges within their existing courses. In both the summer and fall of 2020, the CGI offered faculty development workshops to professors from across the humanities, social sciences and sciences. Our goal was to give our faculty the tools needed to initiate their own substantive and sustainable virtual exchange partnerships. Our first CGI-supported virtual exchange launches this May. Alice Bardan, PhD, a professor in the English department, will partner with a professor at 3iS, a French university in Paris, on a cross-cultural screenwriting course. Through this class, students at each university will have the chance to work collaboratively on script development, enriching each other's work. Bardan and her French counterpart envision an ongoing partnership with multiple opportunities for future expansion.

As we reimagine our global efforts post-pandemic, our hope is that these virtual exchange partnerships will become a fixture within our traditional coursework and help foster even richer in-person opportunities.

Lia Roberts, PhD

*Professor and Academic Director,
Center for Global Initiatives
Mount Saint Mary's University*

RESHAPING THE WORKPLACE

With the onset of the pandemic and physical distancing practices, the workplace environment changed dramatically. Businesses considered essential to the infrastructure of society remained open. Nonessential businesses that require close contact between individuals, such as restaurants and personal care services (barbershops, gyms, and spas to name a few), closed.

In the cases where businesses remained open, measures like face coverings, physical distancing, and frequent hand sanitizing have become the norm. As the pandemic has ebbed and flowed, public health guidelines have tightened and loosened accordingly — determining businesses’ ability to retain their employees, remain open physically, and serve customers in person.

Essential workers

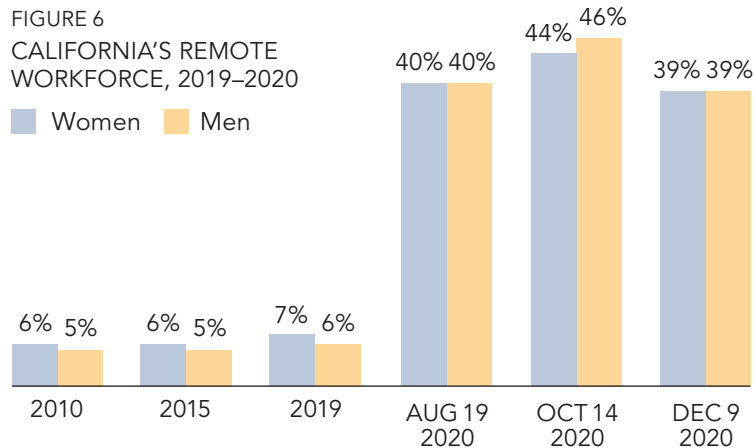
Essential workers have remained on the job throughout the pandemic even as they’ve been at high risk for exposure to the coronavirus in the workplace. Across the United States, there are nearly 49 million essential workers; 52% are women. Women comprise the majority of essential workers in social services (78%), health care (77%), and critical retail trade (53%).³⁵ In California, 43.5% of the labor force is employed in essential industries, the top such industry being food and agriculture.³⁶ Forty-two percent of California’s working women are employed in essential jobs.³⁷

Many essential workers are invisible to the public and hold low-paying jobs. In California, for example, over half (52%) of jobs paying less than \$15/hour were classified as essential; 39% of jobs paying \$15/hour or more were deemed essential.³⁸ In addition to the fear of contracting COVID-19 themselves, essential workers have had additional concerns about finding child care when schools and daycare centers closed, and about protecting the health of their family amid the daily uncertainty of their own health status. Essential workers and their families have been subject to greater stress as a result of the pandemic than other workers: 64% of households in which there was a health care worker, compared to 56% of all households, reported negative health impacts on their mental wellbeing due to stress.³⁹

Working from home

While working from home is not new, the extent to which it has been utilized during the pandemic has been dramatic. A national survey found that by May over one-third of workers employed prior to COVID-19 had shifted to working remotely. Along with those already working from home, it’s estimated that over half of the U.S. employed workforce is now working from home.⁴⁰

Prior to 2020, less than one in 10 California workers telecommuted, with a greater percentage of women working from home than men. The percentage of at-home workers has slowly increased since 2010.⁴¹ During the pandemic, the percentage of employees working from home increased almost eight fold (FIGURE 6).



Note: 2020 estimates are for households where one or more women and men have worked at home for pay during the pandemic; percent is based on number of survey responses received. Source: U.S. Census Bureau, 2011, 2016, 2020 American Community Survey 1-Year Estimates; U.S. Census Bureau, Household Pulse Survey.

Indeed, the most enduring effect of the pandemic on the workplace may be the decentralization of workers as more and more employees work from home. Employers find generally increased productivity of workers beneficial — not to mention savings related to office costs. And some employees enjoy the flexibility and lack of commute time. In a July 2020 survey of more than 1,000 employees in the United States, a majority of men (71%) and women (56%) said they want more remote work opportunities in the future.⁴²

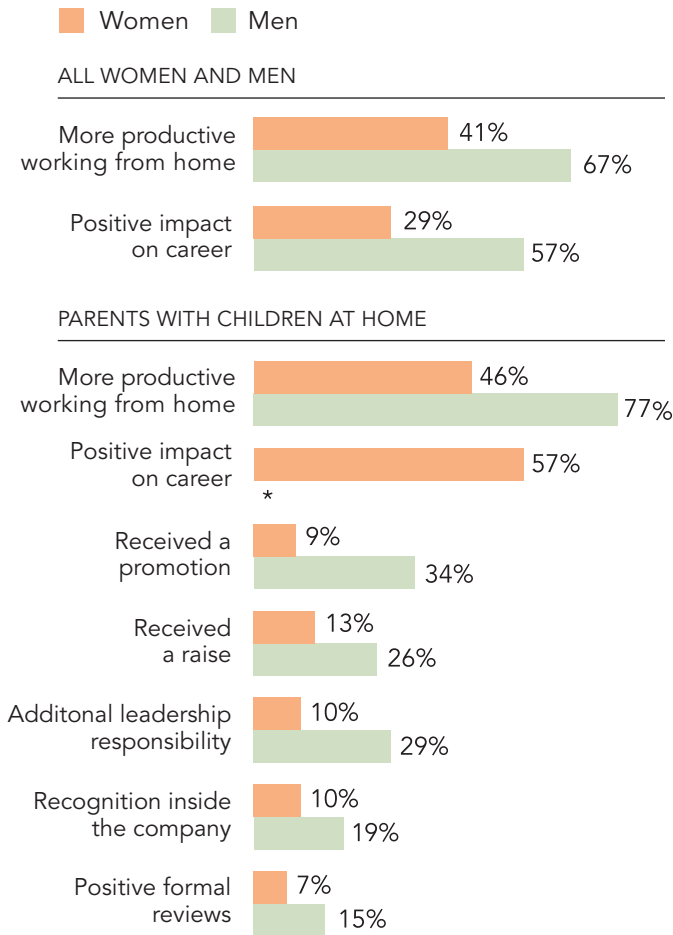
However, this same survey suggests that working from home may have a relatively greater, negative impact on the productivity and career advancement of people of color and

on women. For example: While over half of white workers say they've been more productive working from home during the pandemic, only about a third of African-American workers say the same.⁴³ More than 70% of white workers reported that there had been a positive impact on their career during the pandemic, while 66% of African-American and 40% of Asian-American workers said the same.

Overall, a greater percentage of men than women — regardless of whether there are children in the home — report being more productive while working from home and enjoying a positive effect on their careers (FIGURE 7).⁴⁴

Also, during the pandemic, the proportion of men who have reported receiving a raise, internal recognition, and a positive formal review has been twice that of women (FIGURE 7).

FIGURE 7
CAREER IMPACT OF WORKING FROM HOME, 2020



Note: An asterisk indicates that data are not reported in this source.
Source: Qualtrics.

Mothers working from home. Working from home may take a toll on work-life balance that disproportionately impacts women with children. Thirty-four percent of women with no children and 46% of women with children at home report a higher stress level since working at home during the pandemic. While many women appreciate the flexibility afforded them by working at home, work responsibilities now add to domestic responsibilities and family caregiving.⁴⁵ With schools closed, parents face increased child care responsibilities that include assisting with learning and technical support required for online schooling. For families with one or both parents working from home, 41% say that mothers provide the majority of extra child care responsibilities compared to just 15% who say the father does.⁴⁶ In September alone, it was reported that four times as many women than men left the U.S. workforce (865,000 and 216,000, respectively), a statistic that is related to increased care responsibilities associated with online schooling.⁴⁷

Effect on career advancement. In addition to mounting household responsibilities, women say that many employers expect them to be online continuously, immediately answering emails even outside of work hours. Further, scheduling remote meetings that last for hours isn't compatible with household interruptions and responsibilities that may include guidance related to online learning for children. Over 60% of working women across the globe are asking themselves whether they want to advance in their careers given what is required for success when working from home.⁴⁸

The *Harvard Business Review* recently examined some reasons why women who work from home may face more impediments that harm their career advancement than men. These reasons include:⁴⁹

- Flexible working hours at home may blur the boundary between personal life and work, resulting in women carrying out more domestic responsibilities and working unpaid overtime. The added care of family and home can negatively impact productivity, physical and emotional wellbeing, and advancement to senior levels within a company.
- The future workplace may result in a split workforce, where some staff are assigned to an office and others continue to work remotely from home. As the pandemic wears on, more men than women have returned to the office. If women continue

to work primarily from home, they will have less access to networks, informal mentoring, and feedback mechanisms that occur when interacting in daily work tasks.

- With fewer women in the office, women run the danger of becoming more invisible. If employees are rewarded simply for being present in person, then women will be disproportionately disadvantaged.

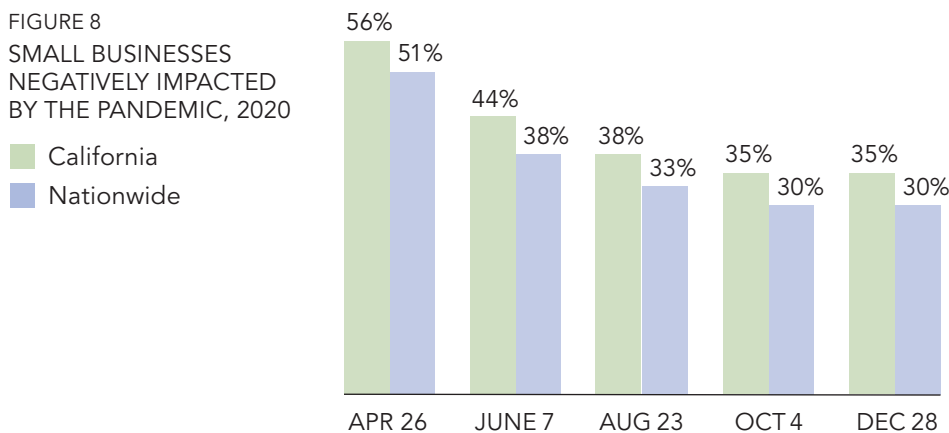
When the pandemic finally comes to an end, fewer women than men will be returning to the workforce. Some women will continue to work from home, but there's evidence that many are reassessing their career aspirations in light of the sacrifices necessary for a successful career.

Women-owned businesses

Women own roughly 27% of all small businesses across the nation according to a survey of 3,100 small business owners. While 63% of these businesses are owned by white women, 16% are owned by African-American women, 10% by Latinas, and 5% by Asian-American women.⁵⁰ In 2019, women owned an estimated 1.58 million businesses in California; women of color owned 59% of them.⁵¹

Small businesses in California felt the negative impact of the pandemic early and generally more severely than businesses nationwide (FIGURE 8).⁵² Although the following data are

FIGURE 8
SMALL BUSINESSES
NEGATIVELY IMPACTED
BY THE PANDEMIC, 2020



Note: These responses are for single-location businesses with fewer than 500 employees; they are not disaggregated by gender of owner. While virtually all women-owned businesses are "small," they comprise a minority of businesses in this category.

Source: U.S. Census Bureau, Small Business Pulse Survey.

not broken out by the gender of the business owner, the plight of small businesses as a whole suggests that more than one-third of California's women business owners may be struggling during the pandemic.

At the end of December 2020, California's small business owners gave an accounting of the previous week's situation:⁵³

47% had experienced decreased revenues;

17% reported a decrease in the number of workers, while only 2% reported a gain;

46% had no employees working remotely; and

51% had enough cash on hand to operate for one or more months, but 25% of businesses anticipated being able to survive for more than three months without assistance.

This last statistic is particularly important for the future of California's small businesses. Half of the state's small businesses believe that it will take more than six months before they return to operations at a pre-pandemic level. Nine percent don't believe they will ever return to the pre-pandemic "normal" level of operations, and 2% of the state's small businesses have already permanently closed.

LONG-TERM IMPACT

ON WOMEN IN THE WORKPLACE. More women than men have stepped out of the workforce during the pandemic as family caregiving responsibilities have mounted. Stepping out of the workforce temporarily has detrimental effects on women's earnings. One study found that annual earnings were 39% lower for women who took just one year out of the workforce compared to those who did not.⁵⁴ This circumstance could affect gender equity gains of the last decade with respect to job responsibility and wages.

Alternatively, the end of the pandemic could renew the recognition of the important role that a diverse workforce plays in an organization's success. It's widely understood that a diverse workforce is more innovative, more agile, and — in many cases — more capable of generating revenue than a homogenous workforce.⁵⁵ The pandemic may also impart new lessons for employers about the need to better support their employees working from home — often women — who are working double duty both as professionals and caregivers.

Women-owned businesses will face some long-term effects as a result of the pandemic too. The four most common types of businesses owned by women include retail (16%); health, beauty, and fitness services (13%); business services (11%); and food/restaurants (10%).⁵⁶ When the pandemic began, these types of businesses were hit hard by closures and loss of revenue. Most small businesses owned by women are started with a cash infusion from either the owner (38%), lines of credit (12%), and/or support from family and friends (11%). The pandemic has placed these businesses and their owners in vulnerable financial positions.

While many businesses statewide won't survive in their original form, the creativity and innovative spirit of women entrepreneurs will likely enable many businesses to return in reimagined ways. Supported by equitable venture capital funding opportunities, women-owned businesses may flourish once the pandemic is behind us — helping to accelerate California's economic recovery.

Taking it to Main Street:

The importance of supporting local businesses

From local restaurants and retail stores to neighborhood salons and coffee shops, the COVID-19 pandemic has exacted an economic and emotional toll on far too many small businesses. The effects have hit hardest in dense metropolitan areas like Los Angeles, home to the Wurwand Foundation's FOUND/LA initiative. Roughly 20 Los Angeles businesses per thousand have temporarily or permanently closed their doors since March 1, 2020 — 60% of which are predicted never to open again.⁵⁷

The pandemic has amplified longstanding issues faced by small business owners (e.g. lack of access to capital and resources) and disproportionately impacted businesses owned by women, immigrants, and people of color. A recent study by the U.S. Chamber of Commerce found women-led businesses have dropped by 25% since March 2020. Less than half of female owners surveyed believe their business revenues will increase, compared with 57% of male owners.⁵⁸

While Congress committed billions in relief for small businesses through the CARES Act, more than half of total Paycheck Protection Program (PPP) funds went to large corporations backed by private equity rather than brick-and-mortar shops the program was designed to support.⁵⁹

My husband Raymond and I are dedicated to addressing inequities that historically exclude some of the nation's most talented entrepreneurs. Through Wurwand Foundation's key initiative, FOUND/LA, we've established a comprehensive system of support for entrepreneurs across Los Angeles. Over the last few years, we've connected hundreds of underserved entrepreneurs with funding, coaching, and a community to help them grow their businesses. We launched in partnership with the L.A. Mayor's Office and are currently in the process of scaling globally.

When the pandemic hit, we encouraged entrepreneurs in the FOUND/LA community to share their challenges and experiences; what quickly became clear was that business as usual wasn't going to cut it. Businesses simply could not afford to take on additional

debt. There was a new need for us to respond to — a need for direct support.

That's why we created the FOUND/LA Small Business Recovery Fund, a \$1 million grant program to help protect entrepreneurs and rebuild the small business community in Los Angeles.⁶⁰ The grants provide a no-strings-attached lifeline to get businesses to the other side of a years-long crisis they didn't cause and couldn't have possibly planned for.

We received thousands of applications from restaurants, salons, coffee shops, gyms, retail stores, and daycare centers. Grant recipients were selected by random lottery — every eligible applicant had the same chance of being selected. So far, we are proud to say that 85% of our grants have gone to women-owned businesses.

Small businesses strengthen our economy and make our communities vibrant. Thankfully, there are actions that we all can take to support small local businesses. Things like buying from mom and pop shops, purchasing gift cards, engaging on social media, and ordering takeout can make a huge difference in whether these businesses live or die.

Their survival matters not just to them, but also to us. Small businesses account for nearly half (47%) of the jobs in the United States — they are the long tail of job creation.⁶¹ But more than that, they make up the character and soul of our neighborhoods. They are gathering places for the local community; if small businesses vanish, our sense of place and belonging vanishes with them.

Jane Wurwand

Co-founder, Dermalogica & FOUND/LA

Intersecting Hardships

Dramatic changes to the workforce and education sectors have produced multiple and intersecting hardships for Californians. How these challenges converge is unique to each woman and family. For example, remote work or job loss — compounded by school closures — create a cascade of complications from employee productivity and job satisfaction to increased mental health stresses and food insecurity. This picture becomes further complicated for essential workers who literally can't afford to follow public health guidance, and for those who find themselves in abusive homes with limited access to regular support networks.

ECONOMIC SECURITY IN THE COVID-19 ERA

The collateral damage of COVID-19 is felt throughout the nation, as the pandemic and its resulting economic recession has affected both people's health and their economic security. Millions are struggling financially, unable to cover basic necessities such as housing and food. Economically, Californians

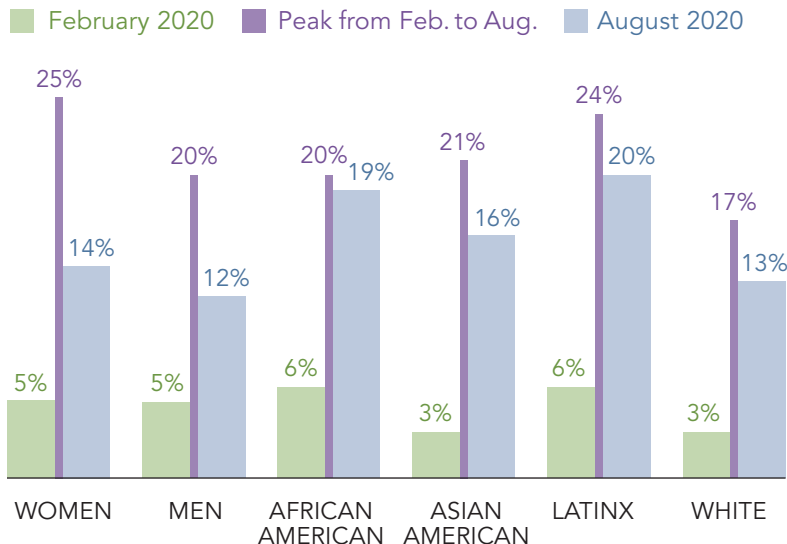
have been hit harder in many ways than the nation as a whole: unemployment in the state outpaces that of the nation. Women, people of color, and other disenfranchised communities are disproportionately impacted.

Unemployment

In the early days of the COVID-19 pandemic, unemployment across the United States increased dramatically as businesses closed or curtailed their work. The nation's unemployment rate rose from 4% in March to 15% in April, with the unemployment rate of women increasing more than two percentage points above that for men.⁶²

California's seasonally unadjusted unemployment rate for 2020 was at a low of 3.9% in February, but soared to 16.4% in April and May. In November — before the virus' winter surge and the reimplementation of certain public health mandates — California's unemployment rate had dropped to 8.2%, its lowest point since March.⁶³ An analysis of unemployment in California six months into the pandemic indicated that when misclassified workers are accounted for, unemployment rates in February were at 5% and reached above 20% for most demographic groups during the pandemic (FIGURE 9).⁶⁴ During the spring in the early days of the pandemic, California lost a total of

FIGURE 9
CALIFORNIA UNEMPLOYMENT, 2020



Note: Racial and ethnic data are not disaggregated by gender. Although these rates are adjusted for likely misclassified workers, the author notes that the actual unemployment rates may be higher than reported in this table.

Source: California Budget and Policy Center.

2.6 million jobs; by August the state had regained about one-third of those jobs. By November 2020, California had regained 46% of nonfarm jobs lost due to the pandemic in March and April.

Job recovery across industry sectors is uneven. For example, the pandemic affected California’s leisure and hospitality sector the most, affecting a workforce that is almost half women (49%); by August, leisure and hospitality had regained about one-third of jobs lost during the pandemic. The manufacturing sector, nearly one-third (32%) women, had regained about two-thirds of its lost jobs; the information sector (37% women) had regained nearly all jobs lost during the first half of the year.⁶⁵ By November 2020, these sectors all had fewer jobs when compared to November 2019. Over the past year, leisure and hospitality has had the greatest number of jobs created, but still had nearly a half-million (491,000) fewer jobs than in November 2019.⁶⁶

Loss of employment income

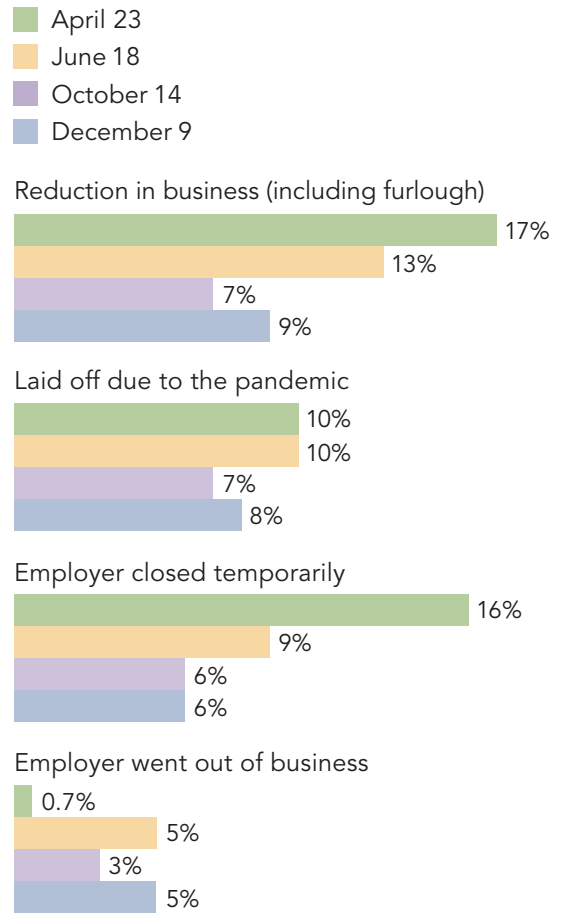
In April 2020, roughly 1% of the 14 million unemployed Californians reported being unable to work at the time due to coronavirus symptoms. By mid-December, that percentage had risen to 5.5%. Another roughly 1%-2% of nonworking Californians were unemployed because they were caring for someone with coronavirus symptoms.⁶⁷

Throughout the year, over half of California households with working adults have reported a loss in employment income since March 2020. In all, 52% of women-headed households and 55% of men-headed households reported loss of employment income in April 2020 as the pandemic worsened. By December 2020, slightly more California households were under duress: 57% and 56% of women-headed and men-headed households, respectively, reported lost employment income.⁶⁸

When nonworking California adults were asked why they were unemployed in 2020, several reasons were related to the impact of the pandemic on the employer’s business

(FIGURE 10).⁶⁹

FIGURE 10
REPORTED REASONS WHY CALIFORNIANS DID NOT WORK DUE TO COVID-19, 2020



Note: The survey participants included all nonworking adults, including those not in the labor force.
Source: U.S. Census Bureau, Household Pulse Survey.

The reduction in employment income hit groups unequally. In addition to the disproportionate impact of job loss on women, the Household Pulse Survey indicates:⁷⁰

- Workers with a high school education or less suffered earnings income loss more than workers with a bachelor's degree or higher, and
- Households with less than \$50,000 income per year tended to suffer a greater loss in income from earnings than households with higher incomes.

Housing and food security

A July 2020 poll indicated that 40% of American households had experienced difficulty in paying for necessities in the last three months; 17% were already experiencing difficulty before the pandemic, but an additional 22% encountered difficulty due to the coronavirus.⁷¹ Of those having financial difficulty,

22%

were late in paying credit card and other bills;

18%

were late in paying health care insurance and medical bills; and

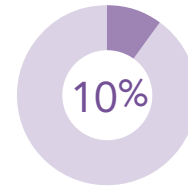
12%

could not pay for medical prescriptions.

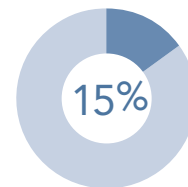
Nationwide, financially stressed households found it difficult to provide sufficient food (17%), and were not up to date in paying utilities (17%) and/or rent or mortgage payments (17%).

Housing. In 2019, there were 13,157,873 occupied housing units in California; 55% of these units were occupied by owners, while 45% were tenant occupied. For the nearly five million owner-occupied units where there was a mortgage, 28% spent 35% or more of their income on housing costs. Among renter-occupied units, 44% spent 35% or more of their income on housing costs.⁷² These high housing costs (relative to income) left families financially vulnerable and less likely to be able to meet expenses because of reduced income that came with the pandemic.

By September 2020, roughly one in eight California households were not current in housing payments:



Owner-occupied households were delinquent



Renter-occupied households were delinquent⁷³

Food sufficiency. During the pandemic, more households have found themselves sometimes or often with not enough to eat. When asked to rate food sufficiency prior to March 13, 2020, and then for the week prior to the survey, the proportion of households without enough food increased by two percentage points.⁷⁴ In September 2020, 10% of California households reported experiencing insufficient food. By December, 14% of California households reported food insufficiency: 17% of women and 10% of men who responded reported “sometimes” or “often” not having sufficient food in the household.

For households that sometimes or often did not have enough to eat, the overwhelming reason given was that they couldn’t afford to buy more food. Also mentioned were the inability to get out, a fear of going out during the pandemic, and an inability to get food delivered.⁷⁵

In 1964, the U.S. Congress passed the Food Stamp Act. Ever since, federal food-purchasing assistance to low-income households has been provided in some form. Food aid is currently provided through the Supplemental Nutrition Assistance Program, which is administered in California as CalFresh. In 2019, 8% of family households in California reported receiving food assistance through CalFresh.⁷⁶ During the pandemic, roughly 13% of California households reported receiving benefits from CalFresh.⁷⁷

Families have also received food assistance from charitable organizations, including food pantries; home-delivered meal services; religious organizations and community programs; and family, friends, or neighbors. In mid-April, 13% of the California households surveyed reported receiving free groceries or a free meal in the previous week; by mid-June that percentage had risen to nearly 20%, a number that remained relatively constant through December.⁷⁸

LONG-TERM IMPACT

ON ECONOMIC SECURITY. The economic recession resulting from the pandemic has forced many families and individuals to tap into savings and other accrued assets to provide for immediate needs. Unfortunately, women and individuals of color have significantly fewer assets than white men available to sustain them in times of financial need. Nationally, single women have only one-third the assets compared to men. And in Los Angeles, the net worth of an African-American or Latinx household is 21% and 13%, respectively, of a white household.⁷⁹

Since assets are accrued over time, the replacement of assets used during a crisis may take years. Especially for low-wage earners or older workers, the loss in retirement savings, equity in a home, and more may never be fully recovered. As a result, the already significant disparities in wealth that exist will likely only continue to widen in the years to come.

From the frontlines: The daily reality of a student-nurse in the age of COVID-19

Imagine for a moment that you're working as an Operating Room (OR) nurse for an ear, nose, and throat surgeon. That means you and your team are always working in close proximity to a patient's airway. And that's what you worry about when the COVID-19 pandemic hits. It takes time to understand how this novel coronavirus is transmitted, to learn how asymptomatic patients can still spread the virus, and to know what preventive measures should be taken.

Your surgeon creates a plexiglass shield that covers each patient's entire face, with two holes drilled on the top for access to the patient's nose and throat. Instruments are threaded through the openings; procedures feel a little like the game Operation. But it's safer ... right? As a nurse, though, you still worry. Are you putting yourself, your family, and your patients at greater risk of getting COVID-19?

That is health care in the age of COVID-19. And it's the situation I found myself in last year when the pandemic arrived. The COVID-19 era has been a challenging time for nurses working on all fronts. We're facing shortages in many different forms: personal protective equipment (PPE); beds and space at many hospitals and care facilities; and most importantly, a shortage of nurses. Most of us are pushed to our limits. Many of us have had to pick up extra shifts and work on our days off due to the nursing shortage. When nurses step up to meet these needs, it means we're often not getting enough time to rest between shifts or to provide the quality of care that all of our patients deserve.

As an OR nurse, it's essential that I assist the anesthesiologist when intubating or extubating patients on ventilators because maintaining the patient's airway is critical during those procedures. But before specific testing and PPE protocols were put in place, the team would have to leave the OR for 15 minutes to reduce the risk of contact with aerosols that may contain the coronavirus. That meant all of us — the scrub nurse, the circulating nurse, and the surgeon —

would have to exit the room and leave the anesthesiologist alone with the patient. That was very difficult for me; I didn't feel comfortable leaving my patient during such a critical moment. Fortunately, we were eventually able to enact policies that protect the medical staff and keep our patients safe. Most critically, all patients who enter the OR must first be tested for COVID-19, and our staff is regularly tested, too.

I had just started the RN to BSN program at Mount Saint Mary's University when the pandemic reached California. I chose to continue pursuing my advanced nursing degree while still confronting the pandemic head-on each day at work. What I'm learning in nursing school is helping me confront the challenges I face each day at work right now.

In nursing school, we focus on critical thinking and leadership skills when communicating with different medical staff. As nurses, we're required to master complex information, use advanced technology, and evaluate our patients' outcomes in a chaotic environment. Lines of communication have to be much clearer and more efficient; I need to be involved in all conversations related to a patient's care now because there is no room for error in an environment that is fraught with exhaustion, burnout, and confusion. Indeed, critical thinking in nursing is a necessary element of professional accountability, but it's also essential for high-quality nursing care.

Trying to find a balance between working and earning my BSN degree has become a juggling act. At times I've felt guilty keeping up my academic pursuits during this pandemic, but I also know I need to become a better, more knowledgeable nurse who's prepared for this moment — and for the moments still to come.

Frances Mercado '21

*Bachelor of Science in Nursing
Mount Saint Mary's University*

HEALTH AND SAFETY IN THE COVID-19 ERA

The COVID-19 pandemic and resulting economic recession have negatively impacted the physical and mental health of Californians in many ways — from direct viral infection to increasing stress-related disorders, and the loss of health insurance. Additionally, many support networks have been disrupted by the pandemic. Contact with family and supportive friends, as well as access to health services, has been limited.

Across the nation, people have reported that worry and stress from a loss of employment income during the pandemic has caused difficulty in sleeping or eating, increases in alcohol or substance use, and worsening chronic conditions.⁸⁰

Access to medical care

Delayed medical care. Because of the pandemic, roughly four out of 10 Californians have reported delaying needed medical care in 2020, with a greater proportion of women than men delaying needed care (FIGURE 11).⁸¹

Among households where one or more adults delayed obtaining medical care, well over one-third had an income of less than \$50,000.

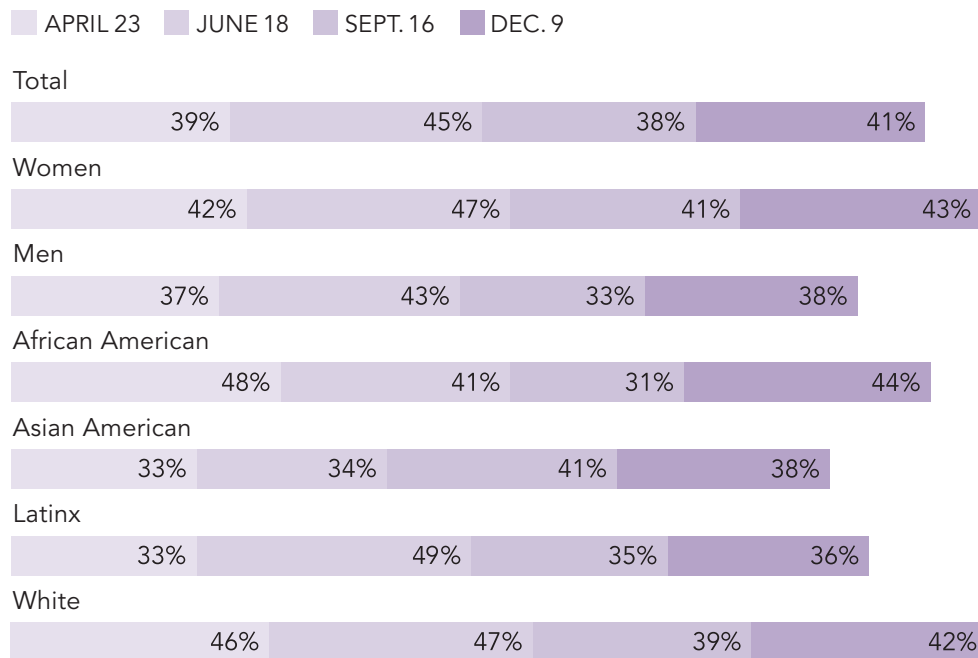
Health insurance coverage. The percentage of uninsured Californians decreased over the past decade; it dropped from 19% uninsured in 2010 to 8% by 2019. In 2019, 93% of women and 91% of men carried private and/or public health insurance.⁸²

As a result of the pandemic, the proportion of uninsured Californians has increased slightly; in many cases, the loss of health insurance is associated with job loss. Still, over 90% of Californians remain insured for health care (92% women and 90% men).⁸³

Aging Communities and COVID-19

Those 65 years and over are most at risk of dying from COVID-19; in California, there are 5.8 million residents 65 years and over.⁸⁴ Despite representing only 15% of the state’s population, Californians 65 years and older account for three-fourths (75%) of all deaths related to COVID-19.⁸⁵ The most vulnerable senior residents are those living in nursing

FIGURE 11
CALIFORNIANS DELAYING MEDICAL
CARE DUE TO COVID-19, 2020



Note: Population is adults 18 years and over who answered whether they had delayed medical care in the previous four weeks before being surveyed; racial and ethnic data include both women and men. Source: U.S. Census Bureau, Household Pulse Survey.

homes or assisted living facilities. COVID-19, as with all infectious diseases, can spread quickly in group living conditions. In 2018, California’s skilled nursing facilities numbered over 1,230 and housed more than 88,000 seniors (less than 2% of the senior population). The majority (65%) of seniors living in California’s nursing homes are women.⁸⁶ As of January 5, 2021, a total of 7,172 deaths related to COVID-19 had been reported for the state’s skilled nursing facilities. The weekly death rate in early November was 0.5 deaths per 1,000 residents; the death rate rapidly increased and reached 5.7 deaths/1,000 residents by December 27.⁸⁷

Chronic health conditions and COVID-19

The Centers for Disease Control and Prevention (CDC) published a list of chronic health conditions that can make people more susceptible to severe cases of COVID-19 if they contract it. When all chronic medical factors are considered, the KFF (Kaiser Family Foundation) estimates that one-third of all California adults are at higher risk of serious illness if infected by the coronavirus.⁸⁸

Chronic diseases that are linked to increased risk include coronary disease, chronic obstructive

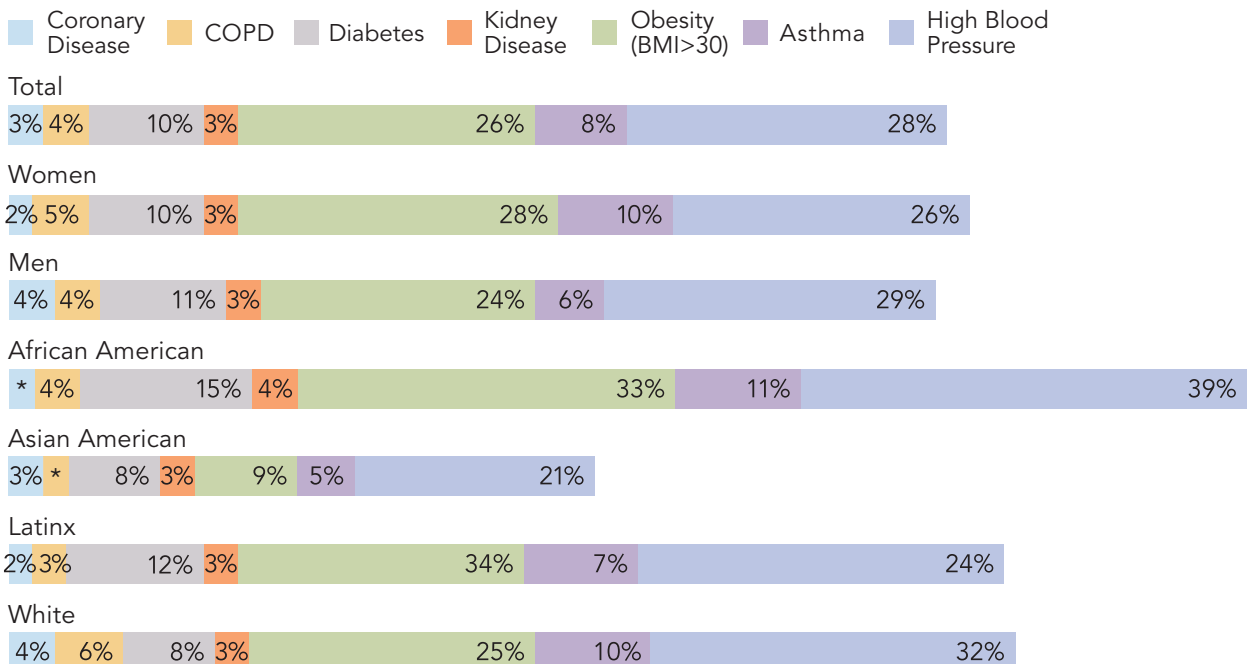
pulmonary disease (COPD), Type 2 diabetes, kidney disease, and obesity. Additionally, some conditions such as asthma and high blood pressure *may* be associated risk factors.⁸⁹ The percentage of Californians who have been told they currently have a chronic condition that puts them at risk for serious COVID-19 illness varies by gender and by race and ethnicity.⁹⁰

Based on these identified risk factors, women are more at risk than men for serious COVID-19 illness when COPD and obesity are co-factors to the virus. As a group, African-American and Latinx populations have greater risk factors (diabetes, kidney disease, and obesity) for serious COVID-19 illness than other groups (FIGURE 12). These risk factors may partially account for the higher rate of COVID-19 deaths in the Latinx community, in particular, relative to their presence in the general population (SEE FIGURE 3 FOR DATA).⁹¹

Mental wellbeing

A KFF Health Tracking Poll has found that across the United States, women and men report that their mental health has been negatively impacted due to worry and stress over the coronavirus.⁹² In general, women are more likely to experience anxiety disorders

FIGURE 12
CALIFORNIANS WITH CHRONIC HEALTH CONDITIONS LINKED TO COVID-19, 2019



Note: The racial and ethnic data are not disaggregated by gender; an asterisk means the sample population was not statistically reliable. All figures represent the percentage of respondents who answered “yes” to “have you been told you currently have...?”
Source: Center for Disease Control and Prevention, BRFSS program.

and depression than men. This has held true during the pandemic; by July 2020, 57% of women reported their emotional wellbeing had been negatively impacted due to worry and stress compared to 50% of men.⁹³

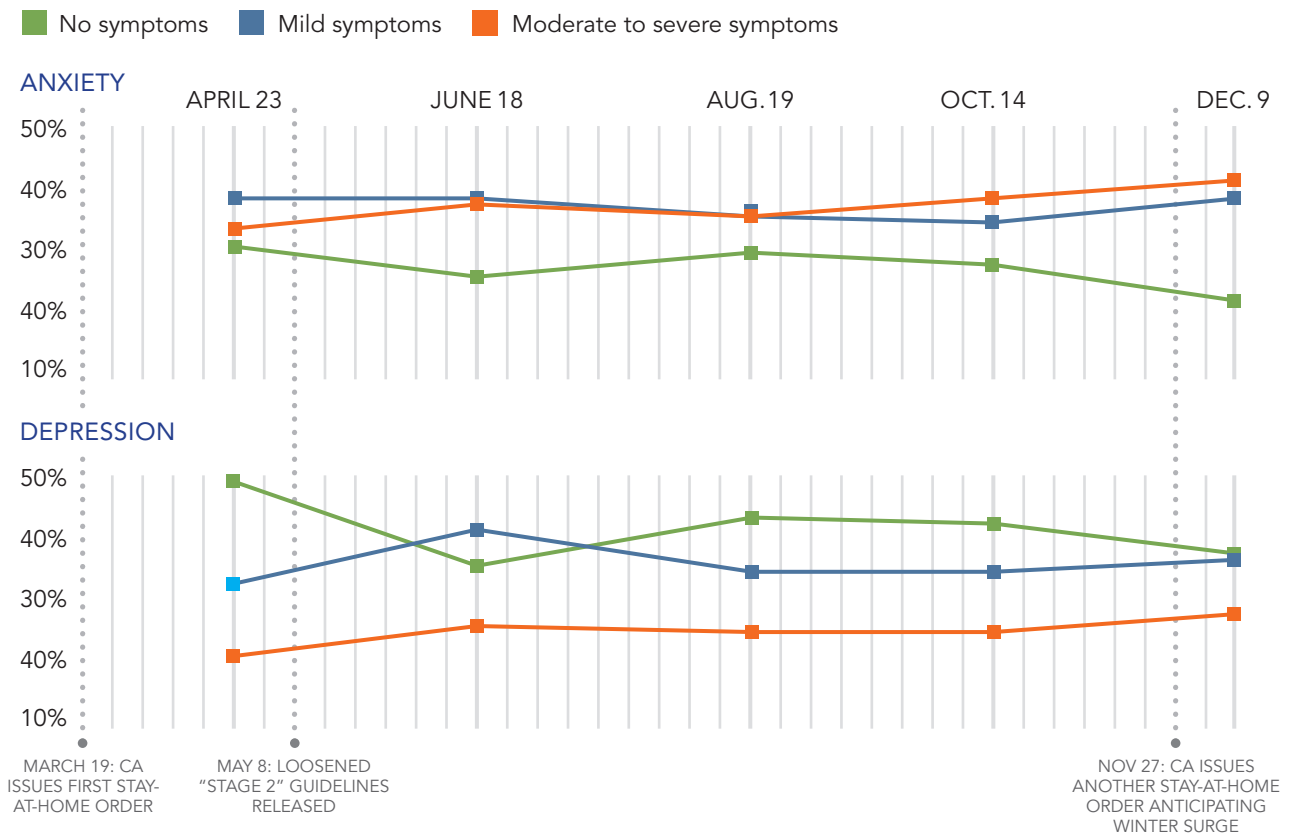
Anxiety. In 2019, 19% of women and 12% of men across the nation experienced symptoms of anxiety to some degree.⁹⁴ The U.S. Census Household Pulse Survey polled Californians to determine the impact on mental wellbeing as the pandemic wore on. Participants were asked about experiencing feelings of anxiety, nervousness, or being on edge over the past seven days (FIGURE 13).⁹⁵

These figures suggest that 70% or more of California women have suffered mild to severe symptoms of anxiety during the pandemic (FIGURE 13).

Depression. Women also experience symptoms of depression — feeling down or hopeless — more often than men. In 2019, 19% of California women and 11% of California men reported being diagnosed with a form of depression.⁹⁶ Pre-pandemic, 81% of women reported no form of depression. During the pandemic, more than half of women have reported experiencing mild to severe depression (FIGURE 13).⁹⁷

The percentage of California women with no symptoms of depression has decreased from around 81% pre-pandemic to as low as 35%, and one in four or more women report moderate to severe symptoms (FIGURE 13).

FIGURE 13
CALIFORNIA WOMEN EXPERIENCING ANXIETY AND DEPRESSION, 2020



Note: Adults 18 years and older were asked separate questions about anxiety and depression. With respect to anxiety, participants responded to the frequency of feeling nervous, anxious, or on edge in the past seven days. With respect to depression, participants responded to the frequency of feeling down, depressed, or hopeless in the past seven days. Categories were "not at all" (no symptoms), "several days" (mild), or "more than half" or "nearly every day" (moderate to severe).

Source: U.S. Census Bureau, Household Pulse Survey.

Domestic violence

Domestic violence, also referred to as intimate partner violence, disproportionately affects women and their health. It can result in injuries and serious physical, mental, sexual, and reproductive health problems, including sexually transmitted infections. By March 2020, it appeared that domestic violence cases were increasing in several countries (China, the United Kingdom, and the United States).⁹⁸

Shortly after the pandemic was declared in mid-March, the World Health Organization issued a bulletin on COVID-19 and violence against women. The coronavirus pandemic increases the risk of violence against women:

- Stay-at-home orders for women in abusive relationships increase the exposure to violence, especially as families deal with additional stress and potential job loss.
- Semi-isolation means that women may have less contact with family and friends who can provide support and protection from violence.
- Increased demand on health and social services related to COVID-19 means that some women may experience decreased access to vital health and protective services.

Although California law enforcement agencies have reported a slight downward trend in the number of calls for assistance in domestic violence cases since 2017, there was a rise in such calls between 2013 to 2017.⁹⁹ In 2019, 161,123 calls were received, down 3% from the previous year and down 5% from 2017. While the number of domestic violence calls to law enforcement agencies statewide

in 2020 is not yet known, evidence from previous crises suggest that the risk to women and their children from violence at the hands of an intimate partner may increase as the pandemic continues. Moreover, the number of calls to the National Domestic Violence Hotline from California increased about 17% from March to May 2020.¹⁰⁰ It will be important to monitor the incidence of domestic violence and to deploy services as needed to support vulnerable women and their children.

Incarcerated women and COVID-19

At the end of December 2020, there were 95,500 incarcerated men and women housed in California state prisons, a reduction of about 22,000 inmates (some released because of overcrowding and increased risk for serious illness) relative to the March population. Women number just over 3,400 prisoners, accounting for less than 4% of the incarcerated population. Almost two-thirds (2,000) of the women are housed at the Central California Women's Facility in Madera County and about one-third (1,100) reside at the California Institution for Women in Riverside County; fewer than 100 women are housed at Folsom State Prison. California's prison system is one of the largest in the world, and the Central California Women's Facility is the largest facility for women.¹⁰¹

Cases of COVID-19 were first noted in California's state prisons by the California Department of Corrections and Rehabilitation at the end of March; cases began to escalate significantly by the beginning of May. By the end of December, there had been a total of 41,500 confirmed cases of COVID-19 among the incarcerated population and 139 deaths from the disease. The cumulative case rate in the

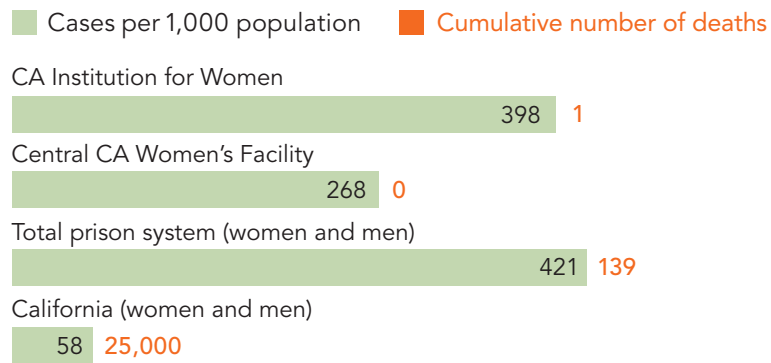
prison system was almost eight times that of the state as a whole (FIGURE 14).¹⁰²

While the California Department of Corrections and Rehabilitation has documented and implemented protections recommended by the CDC (face coverings, physical distancing as much as possible) and practices imposed by the prison system (testing before transfer and admission into the facility, and personal protective equipment for staff and essential prison workers), anecdotes early in the pandemic revealed protocol violations. Women prisoners reported that those with underlying health conditions were not receiving adequate treatment, those who were sick received insufficient nourishment while in quarantine, and there was limited access to doctors and sanitary supplies.¹⁰³ Because women comprise less than 4% of the prison population, prison

policies often fail to take into account specific health needs that relate to hygiene and the female reproductive system. Untreated or mistreated illness may result in long-term conditions impacting not only the woman’s health, but also the health of her children.

Managing the viral outbreak in a confined population is difficult. In December alone, the number of active cases in California’s prison system increased from 4,900 cases on December 1 to over 10,000 cases on December 15, before decreasing to 8,400 active cases by the end of the month.¹⁰⁴ Until the COVID-19 pandemic is under control, it will be important for the California Department of Corrections and Rehabilitation to continue to monitor the incarcerated population through extensive testing and to respond rapidly to any suspicious cases.

FIGURE 14
COVID-19 CUMULATIVE
CASE RATE AND DEATHS
IN CALIFORNIA’S PRISON
SYSTEM, 2020



Note: These are cumulative data from March reported for December 31, 2020; see trended table view at the CDCR tracking site for total CDCR and California figures.
Source: California Department of Corrections and Rehabilitation (CDCR).

LONG-TERM IMPACT

ON HEALTH. For some COVID-19 survivors, certain symptoms can last long after they test negative for the virus. Among the more commonly reported long-term symptoms are fatigue, shortness of breath, cough, mental disorientation, and joint and chest pain. Even more worrying, some patients who suffered a more serious COVID-19 illness are reporting lingering damage to the cardiovascular, respiratory, renal, and neurological systems.¹⁰⁵ Studies are under way to track survivors over a two-year period to determine the long-term effects of the disease on various age groups.¹⁰⁶

In addition to COVID-19 survivors, caregivers are subject to long-term effects of the pandemic. Many families have been forever changed by caring for or watching loved ones suffer and die from COVID-19. And frontline workers, dedicated to their jobs, are overworked and overstressed as a result of the intense workload and the difficulty in treating the disease — often in the face of inadequate equipment and protection. Some health care and social workers are already reporting symptoms of post-traumatic stress that will impact their future wellbeing — and whether they continue working in their chosen fields.¹⁰⁷

Post-Pandemic Realities — and Resilience

When considered in full, the findings of this Report reveal that the COVID-19 pandemic has inflicted a complicated web of hardships for individuals and their families. In periods of prosperity and safety, the tapestry of our lives is often defined by the structures and institutions that enrich our experiences — meaningful and stable careers; equitable educational opportunities; public health measures that we often take for granted, allowing us to move freely and gather with loved ones to celebrate milestones big and small.

The adversity caused by COVID-19 hit all of those support systems hard; that's why so many have experienced multiple consequences of this pandemic — even those who are fortunate to remain in good physical health. In just a few short months, the pandemic radically reshaped our work lives and education systems, forced a reevaluation of our social norms to better protect our communities, and piled on new health stressors and economic insecurity.

In short, the interwoven threads that make up the usual tapestry of our lives have been stretched thin. And when one thread is pulled, it affects the rest. The data presented in this Report illustrate the intersecting and progressive complications that the pandemic has wrought. For example, a shift to remote work — or worse, a job loss — combined with a shift to at-home schooling or non-existent child care options can have a cascading effect. These two changes alone can potentially impact the mental health, safety, food security, and livelihood of families across the state and nation.



START WHERE YOU ARE: BUILDING RESILIENT COMMUNITIES

As the COVID-19 pandemic subsides, it will be incumbent on all Californians to help women and girls statewide recover the gains they lost in 2020. While the “new” normal of 2021 and beyond may not resemble the “old” normal, it’s possible that it can be better. Armed with data on the issues that impact women and communities of color (such as presented in this Report), we can aspire to create more inclusive and equitable systems going forward.

The hope is for a new California to emerge post-pandemic — one that better encourages and enables people of all identities to attain a good education, maintain their health, and engage fully in their workplaces, their communities, and beyond. Developing the talents and potential of California’s women isn’t just the right thing to do; it’s a strategy that can accelerate our state’s economic recovery and strengthen our communities as we emerge from the long shadow of 2020.

TAKE ACTION

1. Disrupt traditional narratives

The pandemic has proven that the burden of domestic work falls to women, but this work can be shared equitably. What conversations can you have today that might begin to disrupt traditional narratives about women’s work, along with gender role stereotypes, to ensure that domestic labor and caregiving duties don’t disproportionately fall to women?

2. Adopt a leadership mindset

It’s imperative that women from diverse backgrounds occupy leadership roles so that their experiences are represented and they can be involved in planning and decision-making to ensure the most inclusive policy solutions (e.g. flexible work arrangements and family-friendly workplaces) are put forward. Adopt a leadership mindset even if you are not in a traditional leadership role and help identify the blind spots in your organization. Find out who is best positioned to make equitable changes given our new reality and start the conversation. Your perspective matters.

3. Collect data that will empower your community

We can only monitor what we can measure. Encourage your organization to break out its data by gender to better understand how women and men are uniquely impacted by a given issue. Better yet, segment your data by gender and by race and ethnicity to capture a more complete picture of problematic gaps — in order to come up with more effective and more equitable solutions.

Take Action

A CLOSER LOOK

A public health perspective: Lessons from the pandemic that can help us build a brighter future

As of March 1, 2021, COVID-19 had left more than 500,000 Americans dead,¹⁰⁸ millions more infected, and countless families and businesses devastated. Even as vaccines came in sight, the winter holidays created surges and new strains that spread the disease more than ever — threatening frontline workers and stretching health systems to the breaking point. Here in the United States, women of color have been especially likely to bear the brunt of the pandemic, both in terms of their own morbidity and mortality, and in the burden of caring for others. These are challenging times.

Yet, in the first quarter of the new year, we see some hope amid the distress. The U.S. has already deployed three vaccines, and an additional three or four more are in final stages of development. The new Biden administration has aggressively promoted harm-reduction techniques like wearing masks, physical distancing, and limiting gatherings outside the home. In late January, they ordered 200 million more vaccine doses.¹⁰⁹ Moving through the spring and into the summer, signs suggest the vast majority of us will get vaccinated.

At some point, then, life will regain a sense of normality: we are going to visit restaurants again; gather in our communities again; meet in classrooms and conferences again. Yet things will have changed. We will miss those we lost. Lagging symptoms of the disease will remain for others. And many will struggle to regain their financial footing in the wake of lost jobs, lost homes, and lost businesses.

Generations before have rebuilt in the wake of such catastrophes, of course. We can, too, especially if we use the public health lessons we are learning to guide us going forward.

One of the first things we learned is when public health efforts become politicized — as simple mask mandates did here in the United States — entire communities stand at risk. COVID-19 has also reminded us of the reality of structural inequality. Many of the workers on whom we most depended during the pandemic — teachers, farmworkers, mail carriers,

grocery store clerks, medical professionals — are valued least in economic terms and cultural significance. Likewise, we learned that seniors, people of color, and low-wage earners were more at risk

for infection and more likely to lack access to care. In the U.S., which still eschews universal healthcare, COVID-19 has reinforced just how precarious our health system remains. In particular, relying on employer-provided health coverage is a poor strategy in periods of high unemployment like we experienced in 2020. Coordinated health delivery — essential in managing a pandemic — takes considerable energy in a system as diffuse and devolved as ours.

This past year has also reminded us of our imbalanced economy. Many of the wealthiest among us gained money in the pandemic, doing so in the shadow of some of the longest food lines and evictions in living memory. While many white-collar workers could opt to switch to safer virtual offices, blue-collar and service-line workers had to remain on the job, while juggling their children's education at home. Others were furloughed or lost their jobs completely, and by the end of 2020, a record number of small businesses — 25% — shuttered nationwide.¹¹⁰ Devastating on their own, these financial hits damage health as well. Income declines lead to substandard housing, less nutritional food, and more dangerous neighborhoods.

Still, there are reasons to hope for what will come in the days ahead. To realize that hope, we must meet this challenge while preparing for future pandemics. That means uniting with other countries and rejecting isolation in order to protect each other and respond quickly to future public health crises. Collaborative science can achieve tremendous things in remarkably short amounts of time — if and when we commit to a goal and devote the appropriate resources and incentives to accomplishing the tasks.

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Notes on this year's research

This 10th annual edition of The Report on the Status of Women and Girls in California incorporates two new experimental surveys that the Census Bureau created in 2020, in collaboration with other federal agencies, to gauge the impact of the pandemic on the country. The Household Pulse Survey measures the economic and social impact on households.¹¹ The Small Business Pulse Survey monitors the effect of the COVID-19 pandemic on businesses as the pandemic progressed.¹¹²

Both surveys were conducted by email on a weekly or biweekly basis in phases. For the Household Pulse Survey, Phase One covered the period from April 23 through July 2020 in 12 surveys; Phase Two covered August 19 through the end of October 2020 in four surveys; Phase Three ran from October 28 through December 21, 2020. The last report of 2020 in the Household Pulse series was week 21, with data collection beginning on December 9 and continuing through December 21; results were published on January 6, 2021. The three phases of the Small Business Pulse Survey covered April-June, August-October, and November-January. The last data of 2020 cover the period December 28, 2020-January 3, 2021.

In this Report, we have listed the month and day on which data collection for that survey period began. Calculated percentages are rounded and based on the number of those responding to the question. Because of the limited sample size, different populations sampled in each survey, and other factors, the data may not meet some of the Census Bureau's statistical quality standards or have large uncertainties. Data should be interpreted accordingly.

In addition, this Report again draws heavily on the Census Bureau's yearly estimates provided through their American Community Surveys (ACS). The most recent ACS data at the time of publication were from 2019. This Report also uses other sources of information. When the most recent data available from other sources are from an earlier year, the Report lists that year specifically. Percentages are rounded to the nearest whole number, which can lead to small rounding errors in calculated values — in other words, some total percentages may not equal 100% exactly. Endnotes provide detailed citations for all data and claims presented in the Report. Demographic breakdowns focus on California's African-American, Asian-American, Latina, and white women. Combined, these groups account for 96% of the state's female population.

ENDNOTES

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Frances Mercado, '21 is an alumna of Mount Saint Mary's University, where she earned an associate degree in nursing in 2019; she is currently pursuing her bachelor's degree there, too. Prior to nursing school, she began her career in health care as a surgical technician at Overlook Hospital in Summit, New Jersey. She became a member of Arthroscopy Worldwide, a nonprofit organization created to help disseminate arthroscopic surgical technology around the world by educating and training surgeons and operating room staff. She has worked at the private ambulatory surgery center at La Peer Health Systems in Beverly Hills for the past decade.

Robert Perrins, PhD, has served as provost and vice president for academic affairs at Mount Saint Mary's since 2016. Previously, Perrins worked for more than 20 years at Acadia University in Nova Scotia, Canada, where he was a tenured professor in the Department of History and Classics, and served in a variety of senior administrative roles. He received his doctoral degree in history from York University in Toronto, where he specialized in the histories of modern China, Japan, and Africa. Perrins' areas of research expertise are the histories of modern medicine and disease outbreaks, and he has presented his work at conferences and workshops held at leading research universities around the world. He has published on the histories of the third plague pandemic, the 1918-1919 global influenza pandemic, cholera epidemics in East Asia, and various aspects of public health and colonial medicine.

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Jane Wurwand is the founder of Dermalogica and an advocate for women's economic empowerment. "Learn how to do something." Those five words shared by her young, widowed mother continue to drive Wurwand's commitment to women's economic development. She has earned a platform for her message at the United Nations, the White House, and around the globe. In 1986 as an immigrant to California with no credit history, she self-funded \$14,000, and built Dermalogica into a multi-million-dollar international business and the global leader in the industry. As one of America's top entrepreneurs, President Obama appointed Wurwand a Presidential Ambassador for Global Entrepreneurship to share her expertise worldwide. In 2018, she launched FOUND/LA, a nonprofit initiative of Wurwand Foundation, to provide the community, capital, and education for local entrepreneurs to succeed by building purpose into their business and life.

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About

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The Center for the Advancement of Women at Mount Saint Mary's University is a hub for gender equity research, advocacy, and leadership development. Its vision is to find solutions to persistent gender inequities and work with partners to eradicate those inequities in our lifetime. That goal includes eliminating obstacles that women face in the workplace, in their communities, in the media, and beyond to make a positive difference in the lives of women and girls in California and our nation. The Center also creates public programming, research guides, and training opportunities to engage more partners in its work. MSMU.EDU/CAW

About Mount Saint Mary's University

Mount Saint Mary's is the only women's university in Los Angeles and one of the most diverse in the nation. The University is known nationally for its research on gender equality, its innovative health and science programs, and its commitment to community service. As a leading liberal arts institution, Mount Saint Mary's provides year-round, flexible, and online programs at the undergraduate and graduate level. Weekend, evening, and graduate programs are offered to both women and men. Mount alums are engaged and active global citizens who use their knowledge and skills to better themselves, their communities, and the world. MSMU.EDU

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The Center for the Advancement of Women at Mount Saint Mary's University is a hub for gender equity research, advocacy, and leadership development. The COVID-19 pandemic, and the choices we make in response to it, will undoubtedly have consequences for gender equity in the coming decades. Your engagement now, more than ever, is critical to supporting women's advancement.

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