



# 2022 Healthcare Ready National Domestic Preparedness Survey

## Key Findings

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## Introduction

The 2022 National Domestic Preparedness Survey marks the seventh year Healthcare Ready has conducted a nationwide poll to highlight the preparedness behaviors of US households and individuals for responding to the next natural disaster or emergency event. The poll is conducted annually to examine trends in perceived risk of disasters, preparedness behaviors, and vulnerabilities in preparedness. These data can inform targets for future programmatic interventions to improve individual and community level preparedness for those often hardest hit by disasters, including communities of color, low-income communities, communities enduring repeated disasters, persons living with disabilities and chronic conditions, among others.

This year's poll marks the third year the poll was conducted during the COVID-19 pandemic and the first time poll questions were asked about the challenges households faced and continue to endure from the pandemic. The poll consisted of 13 questions on preparedness and three questions on the experiences of individuals during the COVID-19 pandemic. The 2022 poll was conducted with the largest sample size of respondents to-date – double from years past. The expanded collection of responses supported a more robust analysis, culminating in new data intended to help researchers, policymakers, government, and others in emergency management to better understand how certain demographic factors (age, race, geographic region and levels of education) may be associated with preparedness behaviors and beliefs.

This document provides highlights from an initial analysis of the 2022 poll.

## Survey Administration

The 2022 poll was conducted via online survey to 2,596 adults (age 18+) residing in the US. Fieldwork was conducted by YouGov on behalf of Healthcare Ready between May 2 to May 4, 2022. Participants were selected at random from a base sample, with final figures weighted to be representative of all US adults.

The total sample size of 2,596 adults that responded to this study included respondents who self-identified as: 63% White, 12% Black, 16% Hispanic and 9% Other. Additional data was collected on race and ethnicity, but were categorized as "Other" due to their smaller sample sizes. Age ranges of respondents were categorized by three groups: 18-34 years (29%), 35-54 years (29%), and 55+ years (41%).

## Discussion of Key Findings

This assessment builds on the significant body of evidence that exists already on systemic inequities that drive disparities in disasters and healthcare. Researchers, policymakers, government, and other stakeholders with equities in emergency management and response may leverage this research to identify potential targets for future investment to further reduce the disproportionate impacts of disasters on communities historically underserved or overlooked in healthcare and emergency management.

### Attitudes and Beliefs Towards Disaster Types

Poll results indicate that **the highest percentage of US adults remain most concerned that a natural disaster will affect their community (35%) compared with other types of disasters**. This was a 10 percentage point increase since 2020 (25%). Due to factors associated with [climate change](#), natural

disasters are increasing in both frequency and severity. Younger generations appear to be growing more concerned than others about environmental disasters, such as oil spills and water crises according to the 2022 poll. Among Americans age 18 to 34, there was an increase of 6 percentage points in concern for environmental disasters (12% in 2022 versus 6% in 2021). This increased concern is reflected in social movements, such as research from the Pew Foundation that indicates [younger generations being more active than older generations in addressing climate change](#).

In 2020, 19% of US adults reported exotic diseases as the disaster of greatest concern, which reduced to 7% in 2021, and 6% in 2022. This can be attributed to the COVID-19 pandemic novelty waning over the past two years.

Poll data also shows that **terrorist attacks (mass shootings, bombings, other mass casualty events), have become the disaster of greatest concern for more Americans in recent years**. In 2020, 8% of Americans cited a terrorist attack as the disaster of greatest concern, and in 2021 and 2022 that increased to 11 percent. In 2022, 14% of Blacks and 14% of Hispanics reported terrorist attacks as the disaster type of greatest concern compared to 9% of Whites, continuing an increasing trend in the numbers of Black and Hispanic Americans who are most concerned about a terrorist attack from 2020 to 2021 (8% in 2020 and 12% in 2021 for Hispanics, and 6% in 2020 and 10% in 2021 for Blacks). The [rise in racially motivated attacks](#) and recent mass shooting events across the country may explain some of these increases.

Americans in the northeast also showed an increase in concern for terrorist attacks, with 13% of US adults in the northeast choosing terrorism as the disaster of greatest concern in 2020 compared to 16% in 2022. The [American Public Health Association](#) and the [White House](#), view gun violence as a public health concern in need of holistic attention and response. The increase in concern in terrorist attacks, particularly among Black and Hispanic individuals, suggests a disproportionate burden of concern and perceived and real threats faced by communities of color, and warrants further investigation.

#### Impacts of Disruptions to Medication Access and Medical Equipment

Consistent with findings from previous years, results from this year's poll found that **nearly 40% of US adults could not go longer than one week without their regular medications or medical equipment. Furthermore, in the event of an evacuation, only 36% reported that they could list all information related to their medication and medical supplies**. Nine percent could not list any information or selected "did not know." Pharmacies play a critical role in disasters, often being the first healthcare facility type brought back online following a disaster. Recent trends in [pharmacy closures](#) among other [investment declines for community resources](#) that support populations that can't access traditional social safety nets (including persons experiencing homelessness, people with undocumented status, immigrant or migrant populations, among others) paint a troublesome picture for how communities – especially communities living in areas where healthcare is more difficult to access (e.g., rural areas, regions with limited public transportation, fewer hospitals and clinics, or fewer healthcare providers) – will be able to withstand the next major disasters. The COVID-19 pandemic worsened [systemic barriers](#) to safe, coordinated care for all Americans, but also shed light on how certain populations are disproportionately impacted by disruptions to care due to disasters.

### Household Preparedness and Emergency Preparedness Plans

When asked about beliefs towards expected disaster occurrence, more than half (56%) of US adults answered they believe it to be likely that a major disaster will impact them or their family in the next five years. **Those that live in the South (63%) and West (60%) were more likely to believe it to be likely than those living in other US regions. Despite this, nearly half (49%) of Americans reported not having an emergency preparedness plan in place.** Of those who do not have an emergency preparedness plan, over half (56%) are concerned about something happening. This data suggests greater need for initiatives supporting preparedness education, particularly in areas prone to disasters. Investments in this area may manifest in many ways. Community-based initiatives, such as [Baltimore Resilience Hubs](#) are an example of a local government-led intervention that can help individuals and households to be better prepared for and equipped to respond to emergency events.

### Where Americans Turn to for Assistance

**When asked about their opinion of whether local community-based organizations (CBO) had enough funding and resources to meet the needs of the community, nearly two-thirds disagreed (26%) or were unsure (37%).** Community resources are especially vital during disasters that affect access and availability of basic needs, such as food, water, and shelter. Poll findings showed that about 17% of Americans would most likely turn to the federal government for support in the next two years and even fewer (6%) indicated they will be most likely to turn to CBOs (of the sources tested). While federal and state level response networks tackle broad response issues in the event of disasters, CBOs often play an outsized role in closing the gap and reaching underserved and underresourced communities. These data suggest a need for greater public awareness for how and where individuals can access services provided by CBOs, and appropriate funding and collaboration from government for CBOs so they are equipped to maintain the critical services they provide to local communities before, during, and after disasters.

### Persistent Negative Impacts from COVID-19

**When asked about how the COVID-19 pandemic impacted American households, 37% cited that their emotional, mental, or physical health was the one negative impact that was still affecting their household the most.** This is a consistent response across all demographics. The three most reported negative impacts were also consistent across demographics – health, expenses, and employment situation. Since the pandemic, multiple points of research indicate [greater levels of](#) anxiety and depression that may have downstream impacts for increased need for mental health services among the general population, including frontline healthcare workers and first responders who face a greater burden and exposure during disasters. The lasting effects of COVID-19 are particularly concerning as less Americans are reporting exotic disease (which includes the pandemic) as the disaster of greatest concern (from 19% in 2020, 7% in 2021, to 6% in 2022) and may result in their lack of preparedness against exotic diseases such as taking infection prevention measures, or mask wearing. As the impacts of COVID-19 continue to negatively impact American households, this reduces their ability to prepare for and respond to other ongoing disasters, as they are still responding to those sustained negative impacts, including the mental, physical and economic toll they experienced as a result of COVID-19.

### Where People Turn to for Trusted Information

**Nearly one in three US adults (30%) reported receiving their primary information on COVID-19 from news outlets,** which was the most cited resource (TV, radio, newspaper and online resources). The

second most referenced source was federal agencies (21%) (CDC, HHS, FEMA, etc). Americans ages 18-34 cited that they turned to social media more significantly than any other age group (22%, vs. 10% of those 35-54 and 4% of those 55 and older). The wide variability in where people turn to for trusted health information creates a challenge for public health departments and government institutions responsible for communicating health information. Government institutions have increasingly appeared to embrace and amplify the use of social media strategy in public health and emergency management<sup>1</sup>, but issues like [combatting misinformation](#) and creating and sustaining pathways for trusted information will require long-term strategic investment and support.

## Call to Action to Improve Domestic Preparedness and Achieve Better Disaster Outcomes

Data from this year's poll are reflective of the varied experiences and outcomes people faced during the COVID-19 pandemic. The pandemic brought to the forefront long-standing issues surrounding systemic barriers to care, including social services that support basic needs (food, shelter, etc.) and other social determinants of health shapes how individuals and communities experience disasters response and recovery. While efforts to drive more equitable response to the pandemic has led to some advancements<sup>2</sup> in incorporating elements of equity in disaster response, those investments will cease to exist without strategic, purposeful support from policymakers and government for maintaining and expanding long-term recovery.

Recovery from the pandemic is and will happen simultaneously alongside continued social, health, and economic responses to this catastrophic event. Leaders must plan for how to financially and operationally support response as well as recovery efforts so communities that were hit hardest by COVID-19 have an opportunity to rest, rebuild, and meaningfully *recover*. Building community resilience and providing resources for communities to better withstand the impact of the next disaster can be achieved through investments in community education, improved coordination and collaboration between government and private sectors, and greater funding for engaging trusted pillars within targeted communities.

To help ensure that continuity of care and access to medications for communities hardest hit during disasters are supported, future planning investments could be made towards staffing evacuation sites and special needs shelters with on-site clinicians to address the issue of care fragmentation that often occurs with disasters and evacuations. On-site clinicians can receive and prescribe medications to patients who lose access to their medication during a disaster or cannot recall the medications they are already taking (a concern for more than four in ten US adults<sup>3</sup>). Pharmacies also play a role in helping their community stay healthy by educating them about their prescriptions and housing that information securely. Community pharmacies play an important role in helping Americans manage their medication adherence, and [trends of pharmacies closing](#) in less dense populations and in low-income urban areas are exacerbating pharmacy deserts.

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<sup>1</sup> Examples of efforts in public health includes CDC's guidance on [social media messaging](#) and resources created at the local level such as the [Social Media Resources](#) page from Oregon State.

<sup>2</sup> Example of efforts from COVID include the [Presidential COVID-19 Health Equity Task Force](#), and the National Academies' [Framework for Equitable Allocation of Vaccine for the Novel Coronavirus](#).

<sup>3</sup> Values were derived from respondents who selected among the following options for this year's poll question on the topic: "could list most" "could list some" "could not list any" "don't know", totalling 43 percent.

Investments from the private sector will be necessary for building, testing, and implementing continuity plans that ensure healthcare facilities (e.g., hospitals, pharmacies, other ancillary facilities) are prepared for future disasters that could impact operating status of their facilities. Continuity training for facility staff, including clinicians<sup>4</sup>, are also examples of worthwhile investments in community preparedness training

Enhancing and leveraging partnerships with CBOs is a sustainable strategy for amplifying these resources and operational activities typically operated by government or public health departments. During COVID, many organizations struggled with meeting the increased demand for public assistance with the same or less operating expenses. For these services to remain sustainable and to a certain extent feasible amidst competing elements (e.g., funding declines and waning public trust in government institutions), public and private sector institutions should consider ways to invest in partnerships with CBOs.

Disasters underscore the need for strong partnerships and trusted relationships within a community to help support those who may be most vulnerable in emergency situations. CBOs provide critical insights to the acute needs of specific communities and essential services before and during disasters, and should be strategically leveraged by local, state, and federal government to strengthen preparedness and improve disaster outcomes for communities that are often hardest hit by disasters.

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<sup>4</sup> Such as this training from the HDA Research foundation for [pharmacy preparedness](#).

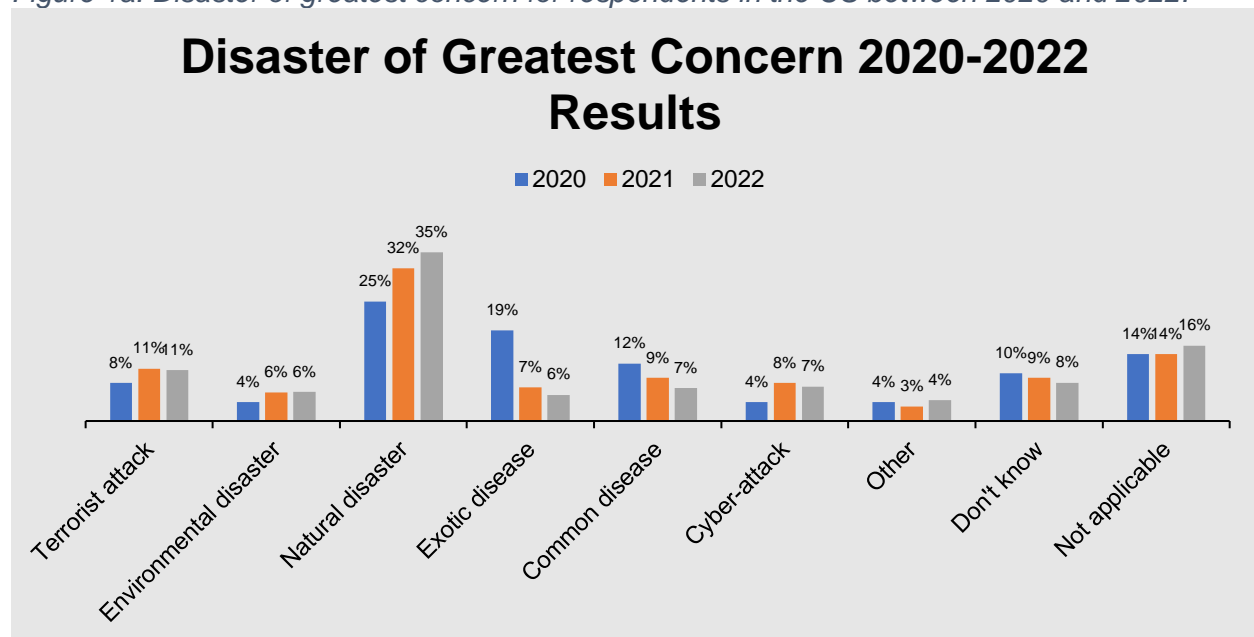
# Appendix

### 1.0 Disasters of Greatest Concern

#### Disasters of Greatest Concern (Trends Over Time)

- In 2022, Americans are most concerned that a natural disaster will impact their community more than any other type of disaster. Spikes surrounding concerns for potential disease outbreaks that were observed in 2020 declined dramatically in 2021 and continued to reduce in 2022 as shown in *Figure 1a*.
  - In 2022, 35% of respondents were most concerned a natural disaster will affect their community, an increase of 3 percentage points compared to 2021 (32%).
  - In 2022, 6% of respondents were most concerned that an outbreak of an exotic disease will affect their community, a decrease of 13 percentage points compared to 2020 (19%).

Figure 1a. Disaster of greatest concern for respondents in the US between 2020 and 2022.



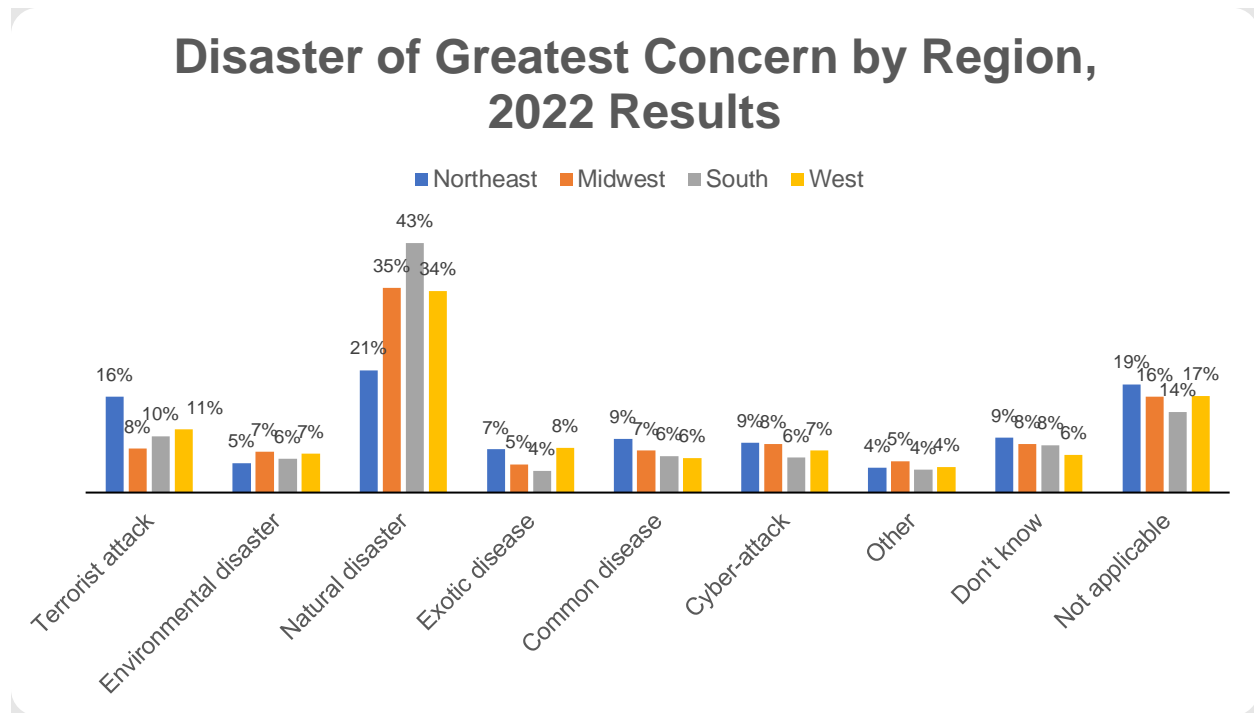
#### Disaster of Greatest Concern by Geographic Region

- When comparing results from the four major geographic regions of the US, all regions are most concerned that a natural disaster will affect their community, with the highest proportional concern being from respondents in the South (43%). *Figure 1b* shows the disasters of greatest concern by region in 2022.
  - Respondents in the West (34%,  $p < .01$ ), Midwest (35%,  $p < .05$ ), and Northeast (21%,  $p < .01$ ) were all proportionally less concerned of a natural disaster when compared to the South (43%). Individuals who live in the [South are at high risk](#) of experiencing



- hurricanes, flooding, tornadoes, earthquakes, landslides, or wildfires.
- A greater proportion of respondents in the Northeast are more concerned about a terrorist attack compared to the South, West, and Midwest (16% vs. 10%, 11%, and 8%, respectively).

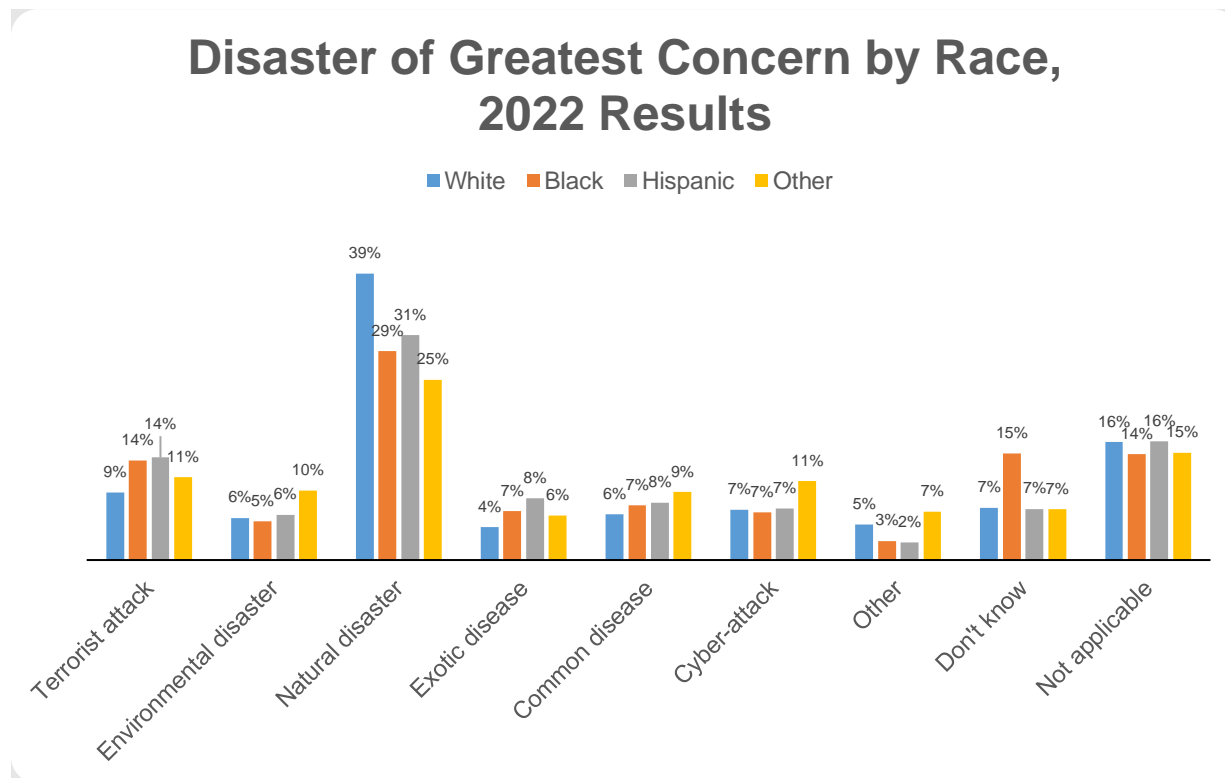
Figure 1b. Disaster of greatest concern among regions of the US in 2022.



### Disaster of Greatest Concern by Race

- Figure 1c shows disaster of greatest concern among racial groups in 2022. Natural disasters were the disaster type of highest concern among all respondents, regardless of race (White, 39%; Black, 29%; Hispanic, 31%; Other, 25%).
  - As compared to 2021, the numbers of Black and Hispanic respondents reporting natural disasters as their highest concern increased by 7 percentage points and 6 percentage points respectively.
- In 2022, Hispanic (14%,  $p < .05$ ) and Black (14%,  $p < .05$ ) respondents are proportionally more concerned about a terrorist attack when compared to White respondents (9%).

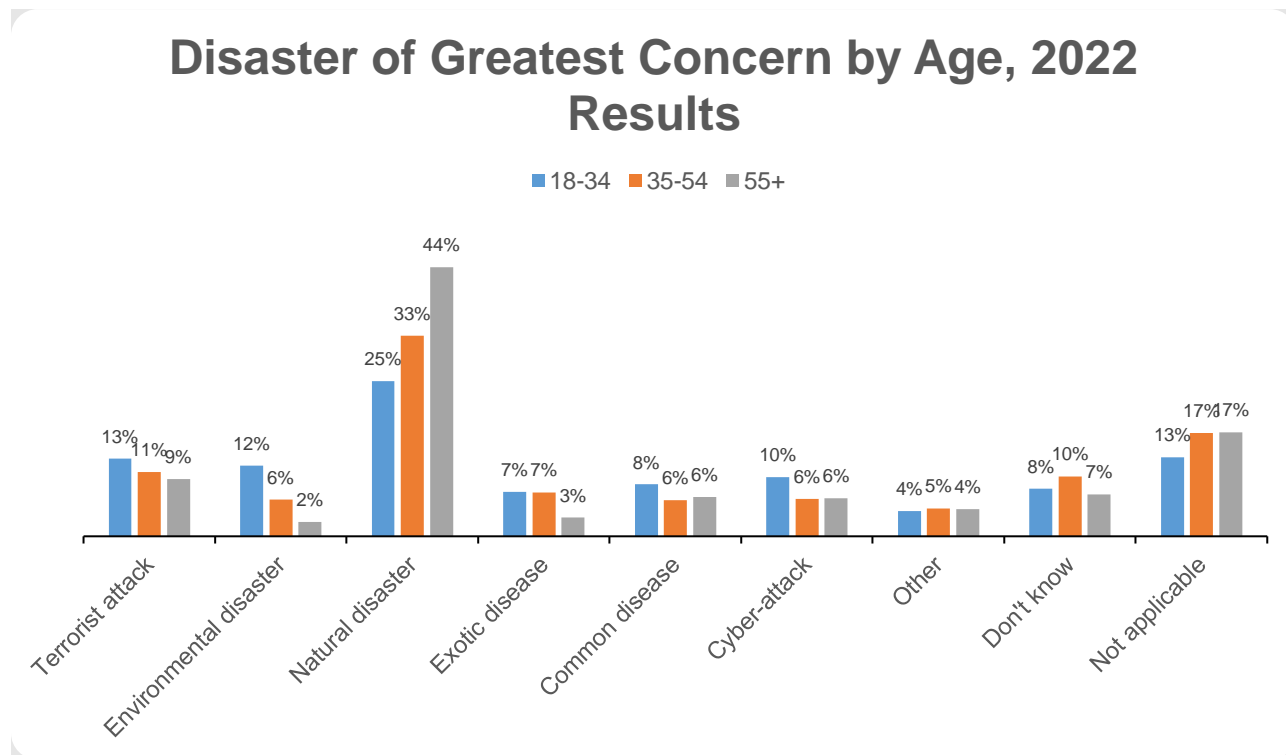
Figure 1c. Disaster of greatest concern among racial groups in the US in 2022.



#### Disaster of Greatest Concern by Age Group

- Americans between 18-34 years (25%), 35-54 years (33%), and 55 years and older (44%) all consider natural disasters to be the disaster type of greatest concern in 2022, as shown in *Figure 1d*.
  - The percentage of respondents aged 55 and over having the greatest concern for natural disaster increased by 3 percentage points, showing that this is a growing concern for this age group.
- Respondents aged 18-34 were twice as likely or more as respondents of other age groups to cite environmental disasters as a disaster of greatest concern (12% ages 18-34 versus 6% for ages 35-54 and 2% for ages 55+). Respondents ages 18-34 were also nearly twice as likely to report catastrophic cyber-attacks as a disaster of greatest concern (10% ages 18-34 versus 6% for ages 35-54 and 6% for ages 55+).
  - Environmental disasters are increasing in frequency and severity in recent years due to [climate change](#). [This survey shows that younger generations](#) are more active in addressing climate change than older generations.

Figure 1d. Disaster of greatest concern among age groups in the US in 2022.

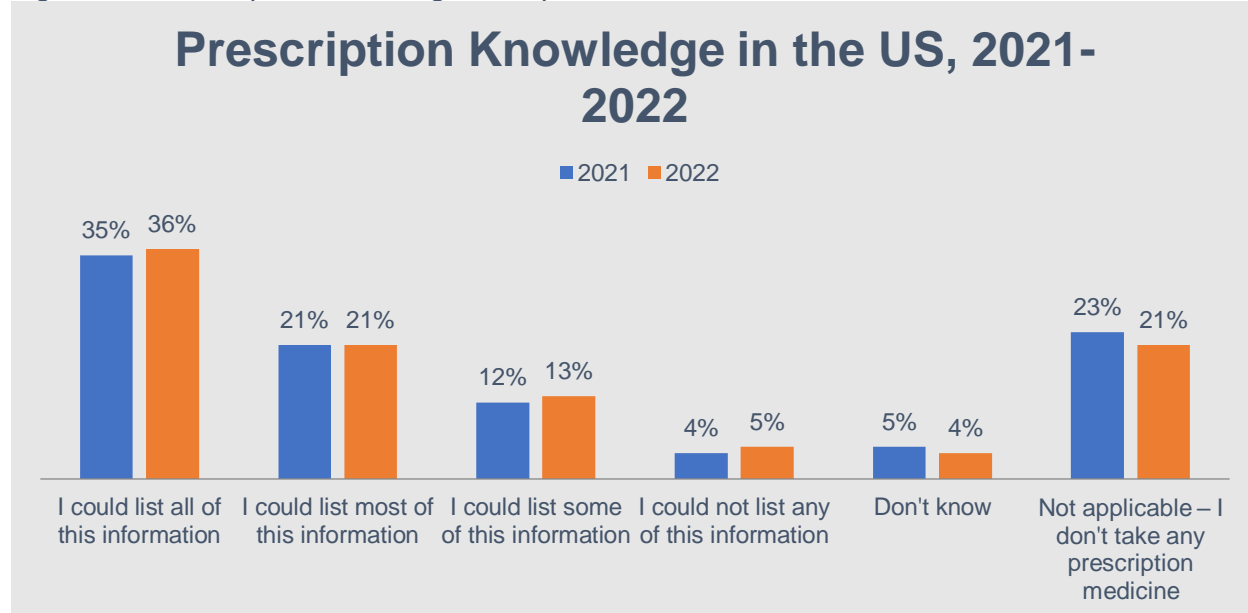


#### 2.0 Prescription Knowledge

##### Prescription Knowledge (Trends Over Time)

- Americans are almost equally aware of their own medical information in 2022 as they were in 2021. Thirty-six percent said they could list all their medical information, including the type of prescription, the doctor who prescribed them, and the dose, a slight increase from 35% in 2021, as shown in *Figure 2a*.
  - Similarly to poll results in 2021, 21% of respondents could list most of this information and 13% could list some of it. There were 5% of respondents that could not list any of this information; a major problem in preparing for a potential disaster.

Figure 2a. Prescription knowledge in respondents between 2021 and 2022.



Prescription Knowledge by Race

- Comparing the differences in prescription knowledge by race elucidated potential vulnerabilities for certain communities. White respondents (41%) had the highest proportion of those that could list all information related to their medications or medical supplies, compared to 32% of Black, 22% of Hispanic, and 32% of Other respondents, shown in Table 1a.

Table 1a. Prescription knowledge differences by race in the US in 2022.

Ability to list all medications	White	Black	Hispanic	Other
Could list all	41%↑	32%	22%↓	32%
Could list most	22%	17%	19%	22%
Could list some	13%	12%	15%	13%
Could not list any	3%↓	6%	9%↑	9%↑
Don't know	3%↓	7%	7%↑	4%
Not applicable	19%↓	25%	27%↑	20%

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

Prescription Knowledge by Age group

- Differences in prescription knowledge are notable across age groups. Nearly half (47%) of those age 55+, 35% of those ages 35-54, and 21% of individuals ages 18-34 can list all information related to their medications or medical devices.
  - A greater proportion of respondents ages 18-34 could not list any information compared to other ages (9%, vs. 4% 35-54 and 3% 55+).

Table 1b. Prescription knowledge differences in age groups in the US in 2022.

Ability to list all medications	18-34	35-54	55+
Could list all	21%↓	35%	47%↑
Could list most	21%	18%	23%
Could list some	16%	11%	13%
Could not list any	9%↑	4%	3%↓
Don't know	4%	5%	3%↓
Not applicable	29%↑	27%↑	12%↓

(↑ OR ↓) indicates statistical significance higher or lower than the national average,  $p < 0.01$

### 3.0 Time Away from Medications or Medical Equipment

#### Time Away from Medications or Medical Equipment (Trends Over Time)

- In 2022, 40% of respondents reported that they could not go longer than 1 week without their regular medications or away from their medical equipment.<sup>5</sup> This trend is consistent with data from 2021.
  - Access to medications through pharmacies or other healthcare facilities can become a serious concern when disasters impact critical infrastructures, such as power and water, that lead to closure or limited facility operations. While hospitals and other health systems providing direct patient care are often considered the most critical to bring back to normal operating status, impacts to pharmacies and other ancillary healthcare facilities (e.g., dialysis centers) can pose significant threats to the health and safety of individuals leading to greater morbidity and mortality in the days and weeks following a disaster.

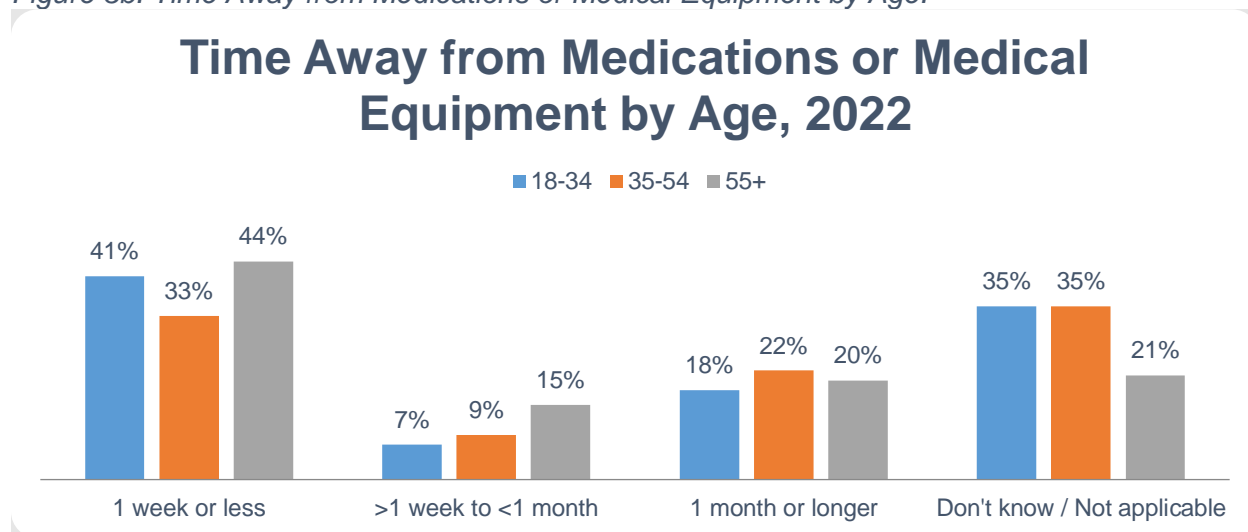
#### Time Away from Medications or Medical Equipment by Age Group

- Older respondents could go the least amount of time without their medicines or equipment. Forty-four percent of those age 55+, 33% of those ages 35-54, and 41% of those ages 18-34 could not go longer than a week without their medicines or equipment.
- The poll revealed that 41% of the youngest age group polled (ages 18-34) could not go more than a week without their medication or equipment. *Figure 3b* displays lengths of time respondents in different age groups can go without their medications or medical equipment in 2022.
  - Of this 18-34 age group, 7% could go more than one week, but less than one month, and 18% could go a month or longer without their medications or equipment before facing severe effects. Thirty-five percent of this age group did not know or were not

<sup>5</sup> Response Options: 1 day or less, 2 to 3 days, 4 to 6 days, 1 week, longer than a week but not a whole month, 1 month or longer, don't know, or not applicable. For the purpose of this analysis, the categories have been combined into four categories and are referenced as 1 week or less, >1 week to <1 month, 1 month or longer, and don't know / not applicable.

currently on medications or requiring equipment.

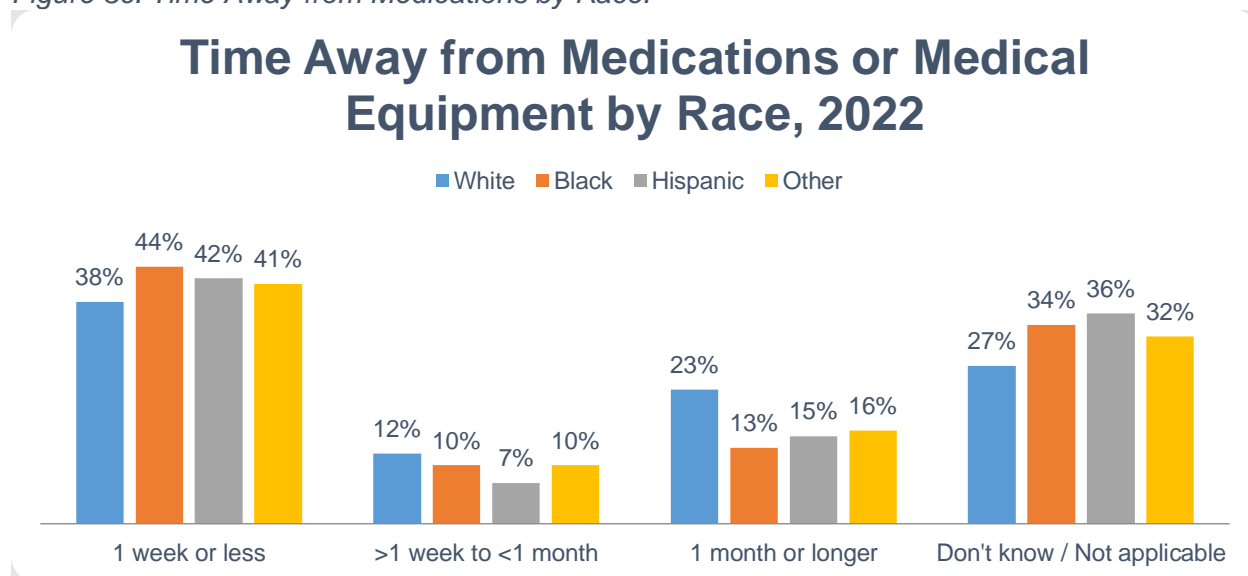
Figure 3b. Time Away from Medications or Medical Equipment by Age.



#### Time Away from Medications or Medical Equipment by Race

- Black respondents could go the least amount of time without their prescription medicines or medical equipment. Forty-four percent of Black respondents, 42% of Hispanic respondents, 41% of respondents that identified as Other, and 38% of White respondents could not go longer than a week without their medicines or equipment. Figure 3c displays the length of time respondents of different races and ethnicities can go without their medications or medical equipment in 2022.

Figure 3c. Time Away from Medications by Race.

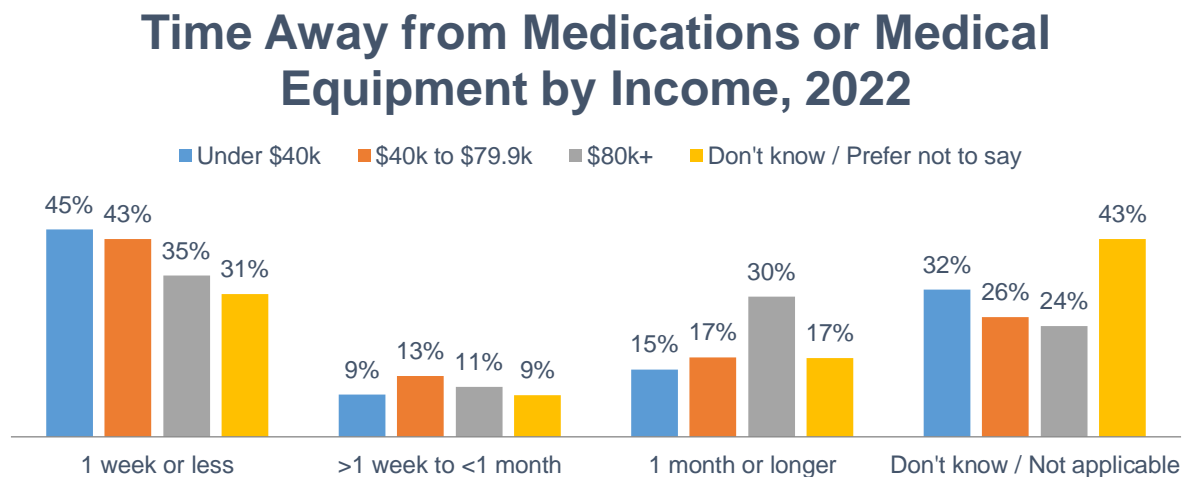


#### Time Away from Medications or Medical Equipment by Income Level

- Respondents that have an income below \$40k could go the least amount of time without their regular medications. Thirty-five percent of respondents that have an income or \$80k or

more, 43% of respondents with an income between \$40k to \$79.9k, 45% of respondents that have an income below \$40k, and 31% of respondents that did not know or preferred not to say all reported that they could not go longer than 1 week without their regular medications and medical equipment. *Figure 3d* displays the length of time respondents of different income brackets can go without their medications or medical equipment in 2022.

*Figure 3d. Time Away from Medications or Medical Equipment by Income.*

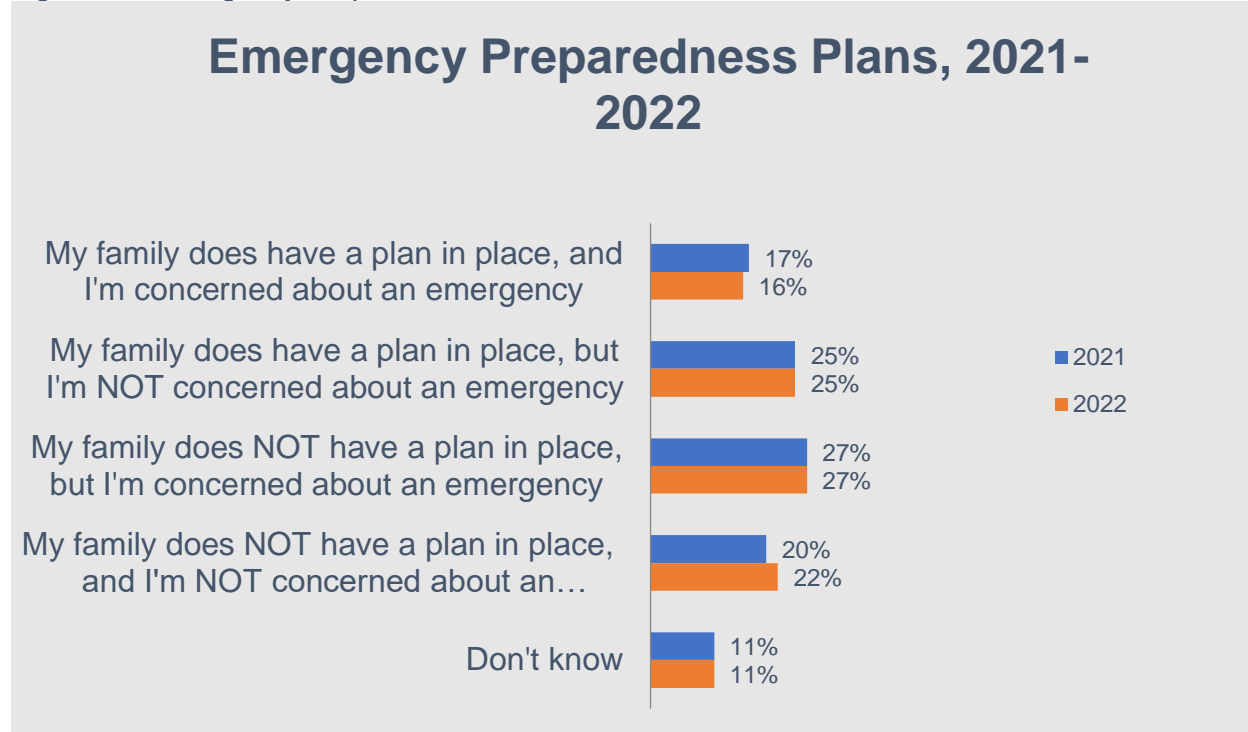


#### 4.0 Emergency Plan Preparedness

##### Emergency Plan Preparedness (Trends Over Time)

- Less than half of Americans have an emergency plan in place (40%).
- About half of Americans do not have an emergency plan in place (49%).
  - Of those that do not have an emergency preparedness plan in place or don't know if they have one in place, 56% are concerned about something happening. It is important to understand the factors that contribute those who are concerned not being able to prepare, which could include a lack of awareness or preparedness education for regular citizens, or not having the funds.

Figure 4a. Emergency Preparation Plans 2021 vs. 2022 Results.



#### Emergency Plan Preparedness by Race

- Black (44%) and Other respondents (45%) had the highest percentage of families with an emergency preparation plan in place compared to other groups, as shown in *Figure 4b*.
- Black (46%) and Hispanic (47%) respondents reported being concerned about a disaster happening at the highest rate when compared to other groups. In comparison, 41% of White and 43% of Other respondents reported that they were concerned about something happening, whether they had an emergency plan in place or not.
  - Respondents consider a wide range of hazards in regard to this question, and some communities [face higher likelihood](#) of certain man-made threats such as acts of violence.

#### Emergency Plan Preparedness by Region

- Respondents living in the West (46%) and South (42%) reported the highest percentage of having an emergency preparation plan than other regions, as shown in *Figure 4c*.
  - Areas that are prone to more frequent [natural disasters](#), community resilience and programs that encourage or improve household and community preparedness skills are especially important for areas with higher populations of households with fewer resources to prepare ahead of disasters. The level of social vulnerability that communities face is a result of a complex set of variables including individual characteristics like age, income, or social networks, neighborhood characteristics like population density, proximity to hazards, or availability of support services, and



societal/structural characteristics, like disenfranchisement or discrimination. Individuals and communities that are susceptible to harm before disruptions often experience an exacerbation of their access and functional needs during and following public health emergencies or disasters.

Figure 4b. Emergency Preparation Plans by Race

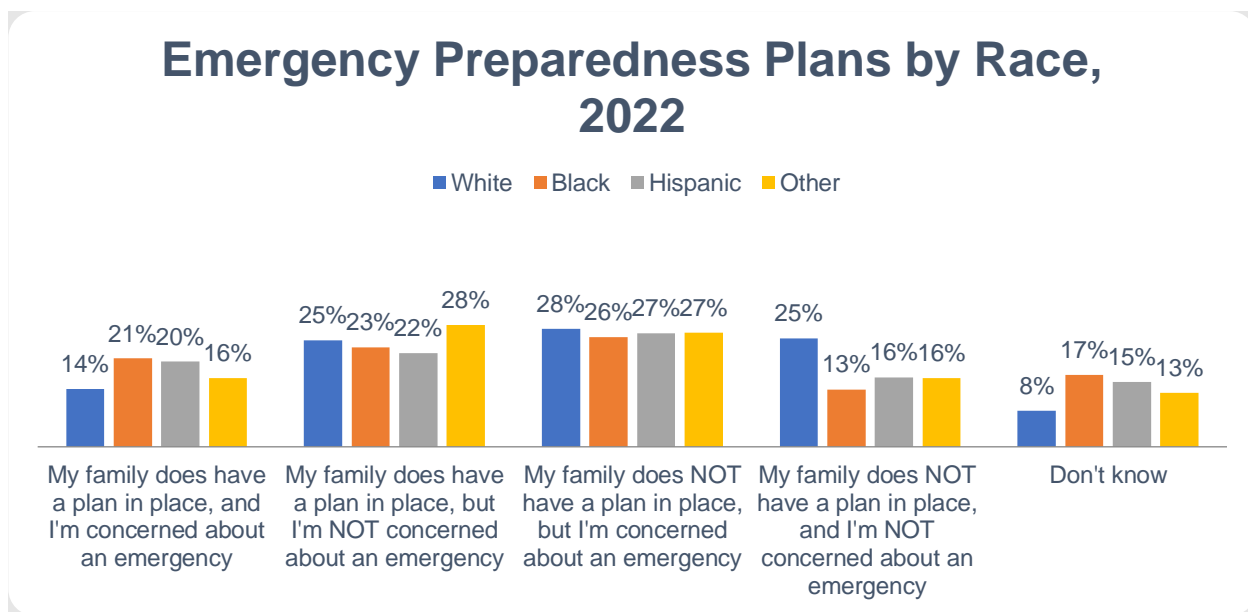
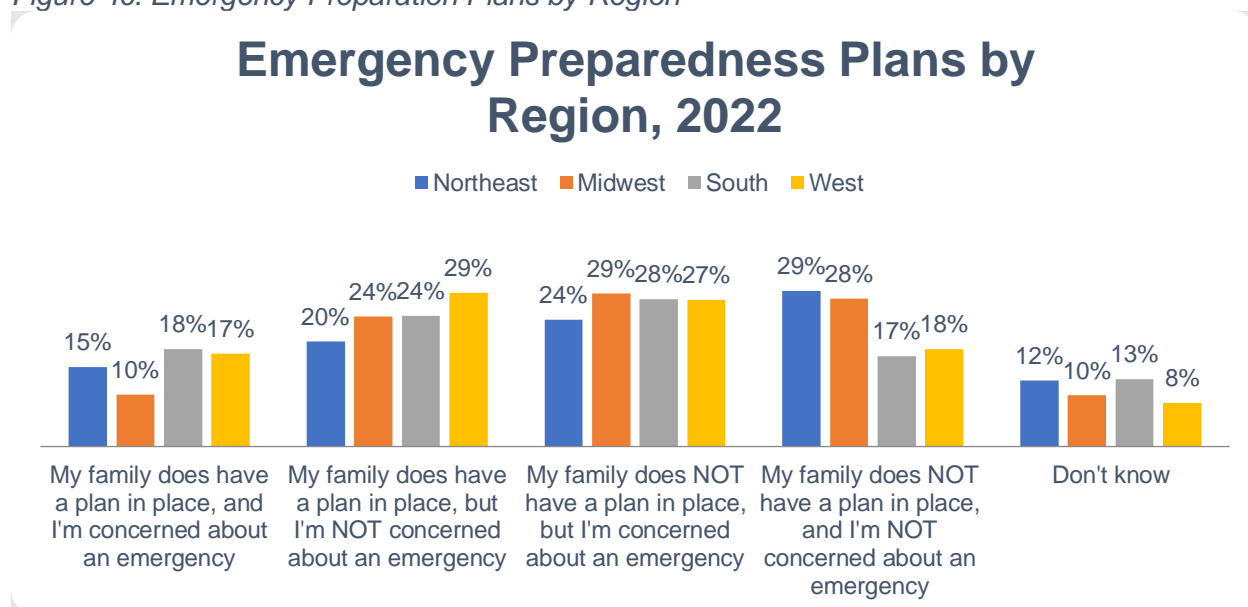


Figure 4c. Emergency Preparation Plans by Region

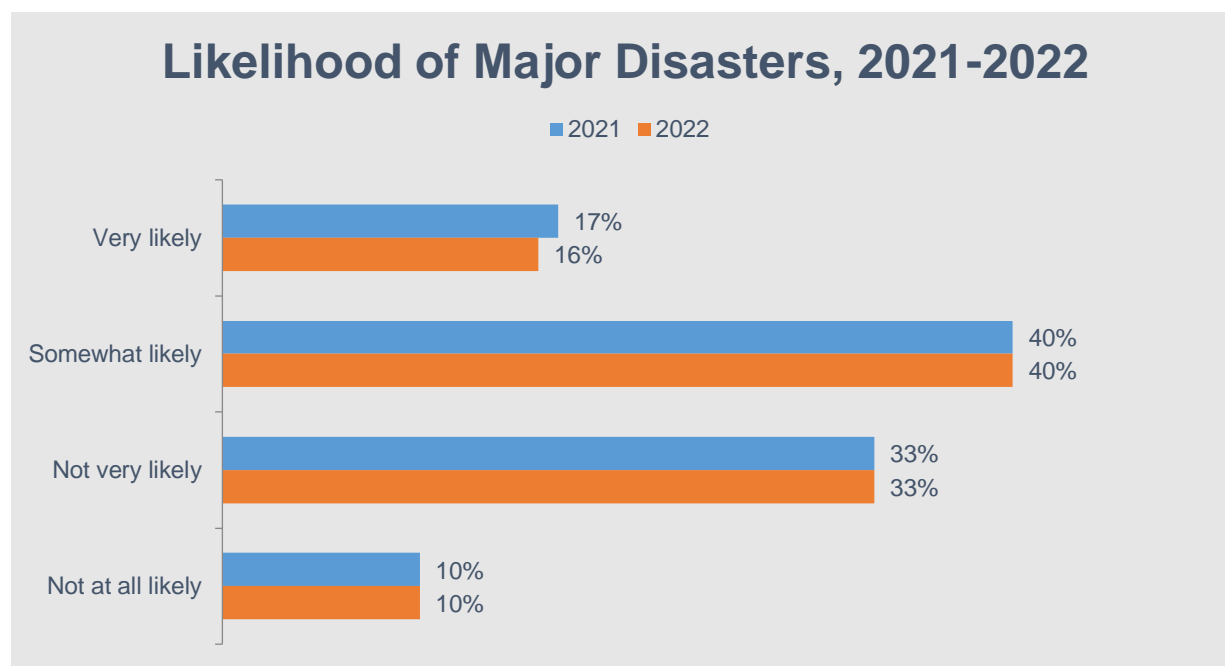


### 5.0 Major Disaster Likelihood

#### Major Disaster Likelihood (Trends Over Time)

- In 2022, more than half (56%) of Americans thought it is likely that a major disaster will impact them or their family in the next 5 years, which is similar to the 57% in 2021 as shown in *Figure 5*.
  - Sixteen percent believe it is very likely that a major disaster will impact them.

*Figure 5. Likelihood of Major Disaster in the US in 2021 and 2022.*



#### Major Disaster Likelihood by Region

- The South and West had the highest proportion of respondents who believe it is likely that a major disaster will impact themselves and/or their family in the next five years, at 63% and 60% respectively, as shown in *Table 2*.
- Americans in the Northeast believe it is just as likely as not that a disaster will affect their family in the next five years (50% each).
- Americans in the Midwest believe it is not likely that a disaster will affect their family in the next five years (55%).
  - According to data gathered by the [Red Cross](#), residents living in the Midwest are in high to moderate risk of facing tornadoes, earthquakes and wildfires.

*Table 2. Likelihood of major disaster by regions in the US in 2022.*

Likelihood of disaster	Northeast	Midwest	South	West
<b>Very likely</b>	14%	10%↓	19%↑	19%
<b>Somewhat likely</b>	36%	35%↓	44%↑	41%
<b>Not very likely</b>	36%	43%↑	29%↓	30%

<b>Not at all likely</b>	14%↑	12%	8%↓	10%
<b>Likely</b>	50%↓	45%↓	63%↑	60%
<b>Not likely</b>	50%↑	55%↑	37%↓	40%

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

### 6.0 Government and Community Organization Preparedness and Response

- More respondents agree that federal agencies, state and local governments, and local community organizations have enough funding for disaster preparation and recovery than those that disagree. *Table 3* displays how Americans view government and community preparedness and response abilities.

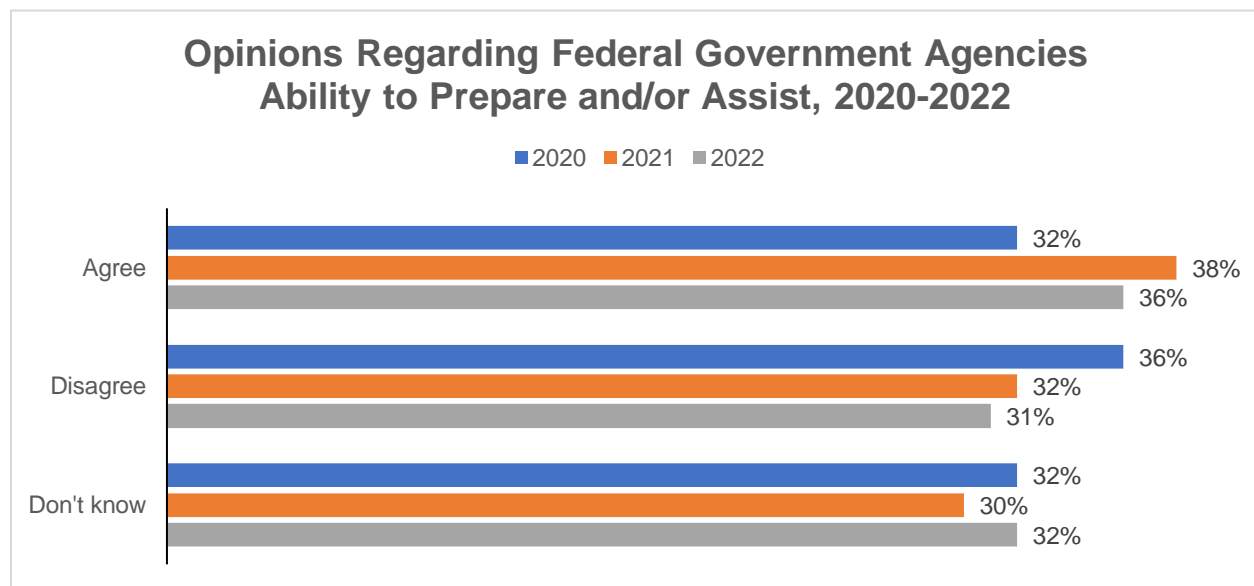
*Table 3a: Respondents’ opinions regarding government entities’ ability to prepare and/or assist communities in a disaster response in 2022*

	Federal Government Agencies	State and Local Government Agencies	Local Community Organizations
<b>Agree</b>	36%	34%	37%
<b>Disagree</b>	31%	31%	26%
<b>Don’t know</b>	32%	35%	37%

Opinion on Federal Government Funding (Trends Over Time)

- 36% agree that federal agencies, like Federal Emergency Management Agency or Department of Health and Human Services, have enough funding for disaster preparation, response, and recovery, a 2 percentage point decrease from 2021 (38%).

Figure 6a: Respondents' opinions regarding federal government agencies ability to prepare and/or assist communities in disaster response and recovery from 2020 to 2022



Opinion on Federal Government Funding by Age

Table 3b: Comparison of respondents' opinions regarding federal government entities' ability to prepare and/or assist communities in a disaster response from 2021 to 2022 by age.

	2021			2022		
	18-34	35-54	55+	18-34	35-54	55+
<b>Agree</b>	43%	34%	36%	38%	34%	36%
<b>Disagree</b>	27%↓	37%	32%	30%	32%	32%
<b>Don't know</b>	30%	29%	31%	32%	33%	32%

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

Opinion on Federal Government Funding by Region

Table 3c: Comparison of respondents' opinions regarding federal government entities' ability to prepare and/or assist communities in a disaster response from 2021 to 2022 by region.

	2021				2022			
	Northeast	Midwest	South	West	Northeast	Midwest	South	West
<b>Agree</b>	42%	34%	37%	38%	37%	36%	35%	37%
<b>Disagree</b>	33%	34%	30%	32%	31%	30%	32%	32%
<b>Don't know</b>	25%	31%	33%	30%	32%	34%	32%	31%

Opinion on Federal Government Funding by Race

Table 3d: Comparison of respondents' opinions regarding federal government entities' ability to prepare and/or assist communities in a disaster response from 2021 to 2022 by race.

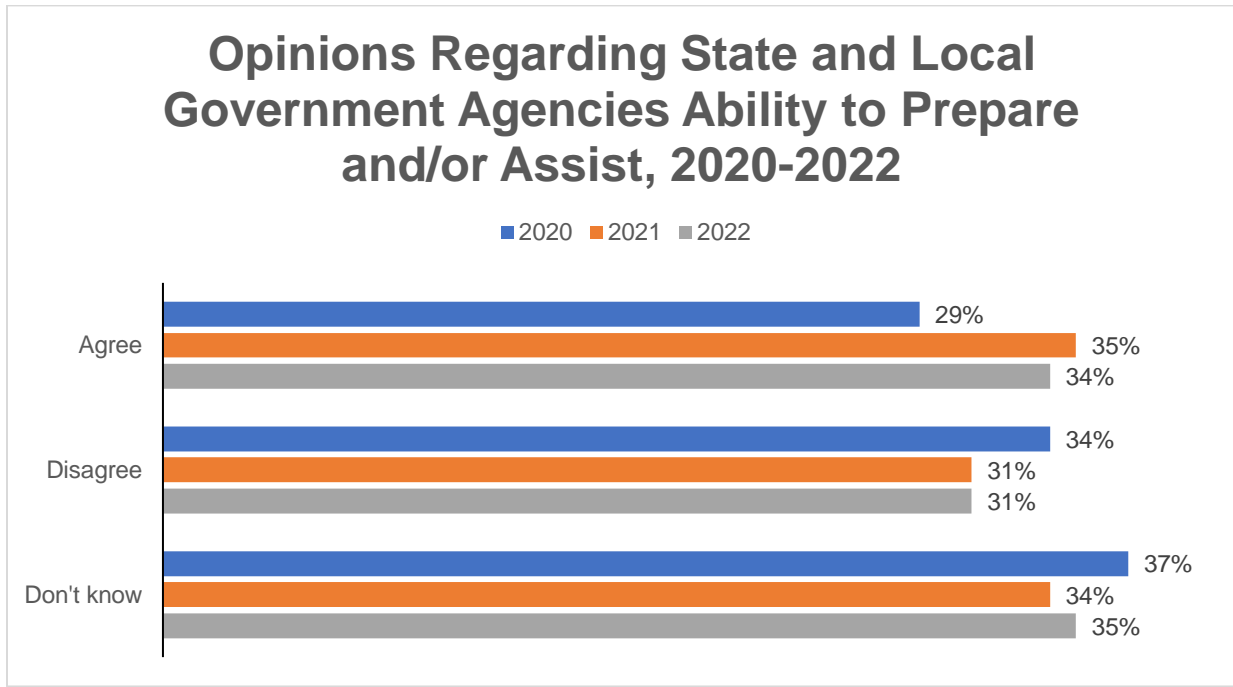
	2021				2022			
	White	Black	Hispanic	Other	White	Black	Hispanic	Other
<b>Agree</b>	37%	40%	42%	33%	34%↓	45%↑	41%	32%
<b>Disagree</b>	34%	27%	28%	32%	34%↑	23%↓	27%	34%
<b>Don't know</b>	29%	33%	30%	35%	32%	32%	32%	34%

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

Opinion on State and Local Government Funding (Trends Over Time)

- 34% of respondents agree that state and local agencies have enough funding for disaster preparation and recovery, a 1 percentage point decrease from 2021 (35%).
  - Those aged 18-34 years (36%), Black respondents (41%), and Americans in the Northeast (37%) were most likely to agree that state and local agencies have enough funding for disaster preparation and recovery.

Figure 6b: Respondents' opinions regarding state and local government agencies' ability to prepare and/or assist communities in a disaster response from 2020 to 2022



Opinion on State and Local Government Funding by Age

Table 3f: Comparison of respondents' opinions regarding state and local government entities' ability to prepare and/or assist communities in a disaster response from 2021 to 2022 by age.

	2021			2022		
	18-34	35-54	55+	18-34	35-54	55+
<b>Agree</b>	39%	30%	35%	36%	32%	33%
<b>Disagree</b>	28%	38%↑	29%	33%	31%	29%
<b>Don't know</b>	33%	31%	36%	31%↓	36%	38%

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

Opinion on State and Local Government Funding by Region

Table 3g: Comparison of respondents' opinions regarding state and local government entities' ability to prepare and/or assist communities in a disaster response from 2021 to 2022 by region.

	2021				2022			
	Northeast	Midwest	South	West	Northeast	Midwest	South	West
<b>Agree</b>	36%	31%	35%	38%	37%	31%	33%	35%
<b>Disagree</b>	34%	31%	31%	28%	28%	31%	32%	31%
<b>Don't know</b>	30%	38%	34%	34%	35%	38%	35%	35%

Opinion on State and Local Government Funding by Race

Table 3h: Comparison of respondents' opinions regarding state and local government entities' ability to prepare and/or assist communities in a disaster response from 2021 to 2022 by race.

	2021				2022			
	White	Black	Hispanic	Other	White	Black	Hispanic	Other
<b>Agree</b>	34%	37%	36%	33%	32%	41%↑	36%	32%
<b>Disagree</b>	32%	26%	31%	30%	33%↑	25%	26%	34%
<b>Don't know</b>	33%	37%	32%	37%	35%	34%	39%	34%

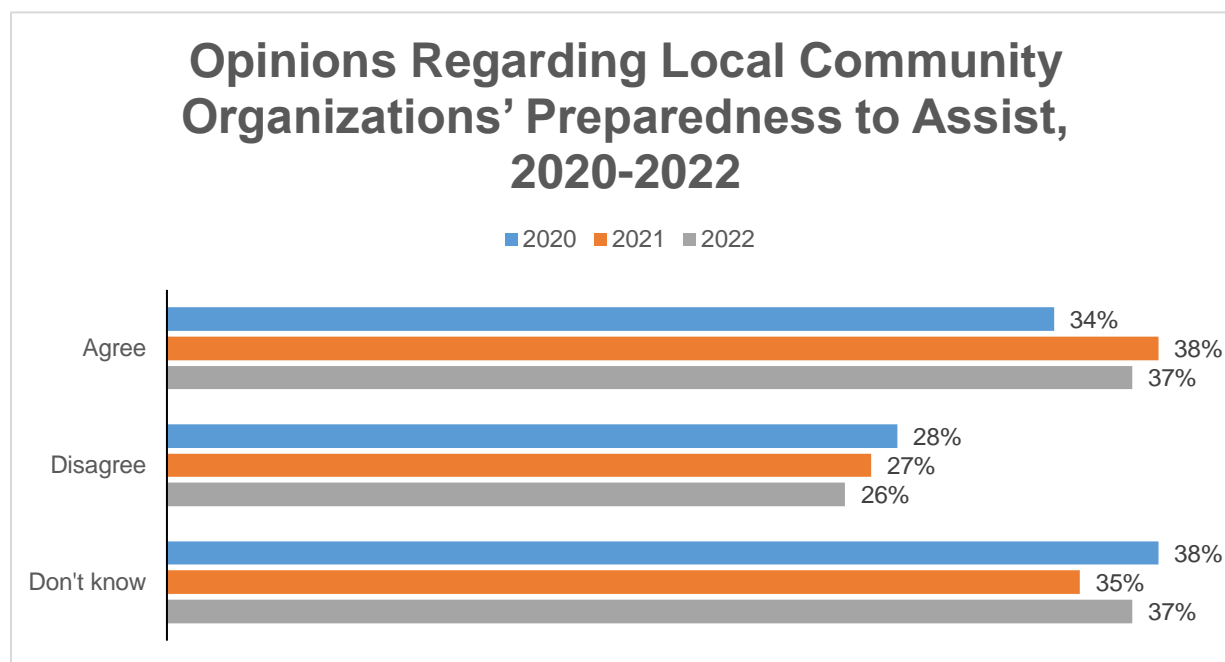
(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

Opinion on Local Community Organizations Funding (Trends Over Time)

- More respondents (37%) agree that local community organizations are prepared and resourced to assist their community during an emergency than agree that state and local public entities have enough funding for response and recovery (34%).
  - Respondents in the Midwest (34%) and Northeast (35%) were the least likely to agree that local community organizations have the resources they need to assist community members during an emergency.
  - Respondents with at most a four year degree were most likely to agree that local community organizations have the resources they need to assist community than

other education levels (42%).

Figure 6c: Respondents' opinions regarding local community organizations' preparedness and resources to assist community members during an emergency from 2020 to 2022



Opinion on Local Community Organizations Funding by Region

Table 3i: Respondents' opinions regarding local community organizations' preparedness and resources to assist community members during an emergency from 2021 to 2022 by region

	2021				2022			
	Northeast	Midwest	South	West	Northeast	Midwest	South	West
<b>Agree</b>	41%	30%↓	41%	40%	35%	34%	39%	39%
<b>Disagree</b>	28%	27%	25%	28%	27%	27%	25%	25%
<b>Don't know</b>	31%	43%↑	34%	32%	37%	40%	36%	36%

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

Opinion on Local Community Organizations Funding by Education



Table 3j: Respondents’ opinions regarding local community organizations’ preparedness and resources to assist community members during an emergency from 2021 to 2022 by education level

	2021				2022			
	No HS, HS Graduate	Some college, 2-year	4-year	Post Grad	No HS, HS Graduate	Some college, 2-year	4-year	Post Grad
<b>Agree</b>	44%↑	35%	36%	33%	36%	36%	42%	37%
<b>Disagree</b>	20%↓	28%	35%↑	33%	24%	27%	28%	27%
<b>Don’t know</b>	36%	37%	30%	35%	40%↑	37%	30%↓	37%

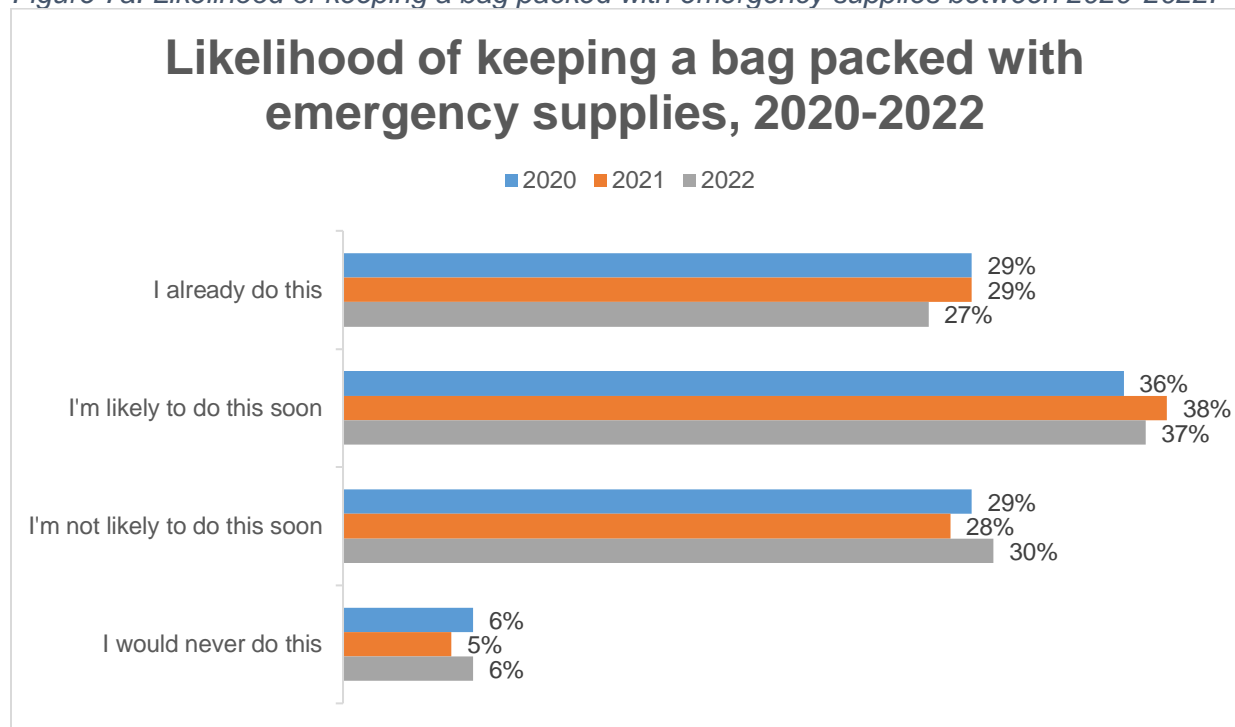
(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

### 7.0 Likelihood of Preparedness Actions

#### Likelihood of Keeping a Bag Packed (Trends Over Time)

- When it comes to preparedness behaviors, Americans are more likely to say they currently keep cash on hand (42%) than a copy of their medical records (37%) or a bag packed with emergency supplies (27%).
- About 1 in 4 people (27%) are say they keep a bag packed with emergency supplies in their house in 2022. *Figure 7a* displays the likelihood of keeping a bag packed with emergency supplies between 2020 to 2022.
  - White respondents were least likely to keep a bag packed with emergency supplies in 2022 (25%), a decrease of 3 percentage points since 2021.
  - In 2022, Americans in the West were most likely to keep a bag packed with emergency supplies (32%), a decrease of 3 percentage points since 2021. The Midwest was least likely to keep a bag packed with emergency supplies (19%), a decrease of 5 percentage points since 2021.

*Figure 7a. Likelihood of keeping a bag packed with emergency supplies between 2020-2022.*



Likelihood of Keeping a Bag Packed by Race

Table 4a: Comparison of respondents' likelihood of keeping a bag packed emergency supplies from 2021 to 2022 by race

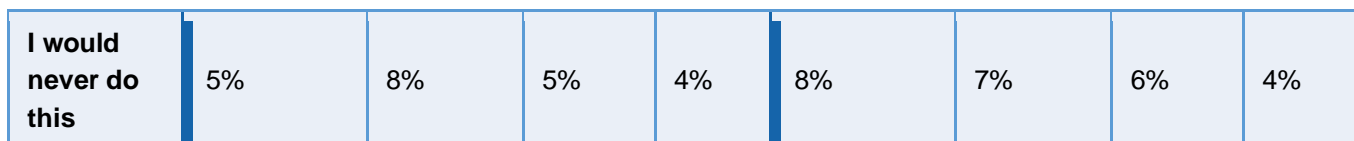
	2021				2022			
	White	Black	Hispanic	Other	White	Black	Hispanic	Other
<b>I already do this</b>	28%	20%	34%	36%	25%	29%	29%	28%
<b>I'm likely to do this soon</b>	36%	51%↑	39%	34%	35%↓	45%↑	41%	40%
<b>I'm not likely to do this soon</b>	30%↑	25%	21%	24%	34%↑	20%↓	23%↓	24%
<b>I would never do this</b>	5%	4%	7%	6%	6%	6%	7%	8%

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

Likelihood of Keeping a Bag Packed by Region

Table 4b: Comparison of respondents' likelihood of keeping a bag packed emergency supplies from 2021 to 2022 by region

	2021				2022			
	Northeast	Midwest	South	West	Northeast	Midwest	South	West
<b>I already do this</b>	27%	24%	28%	35%↑	27%	19%↓	27%	32%↑
<b>I'm likely to do this soon</b>	42%	31%↓	40%	39%	36%	33%	40%	39%
<b>I'm not likely to do this soon</b>	26%	37%↑	27%	22%↓	29%	41%↑	27%	25%↓

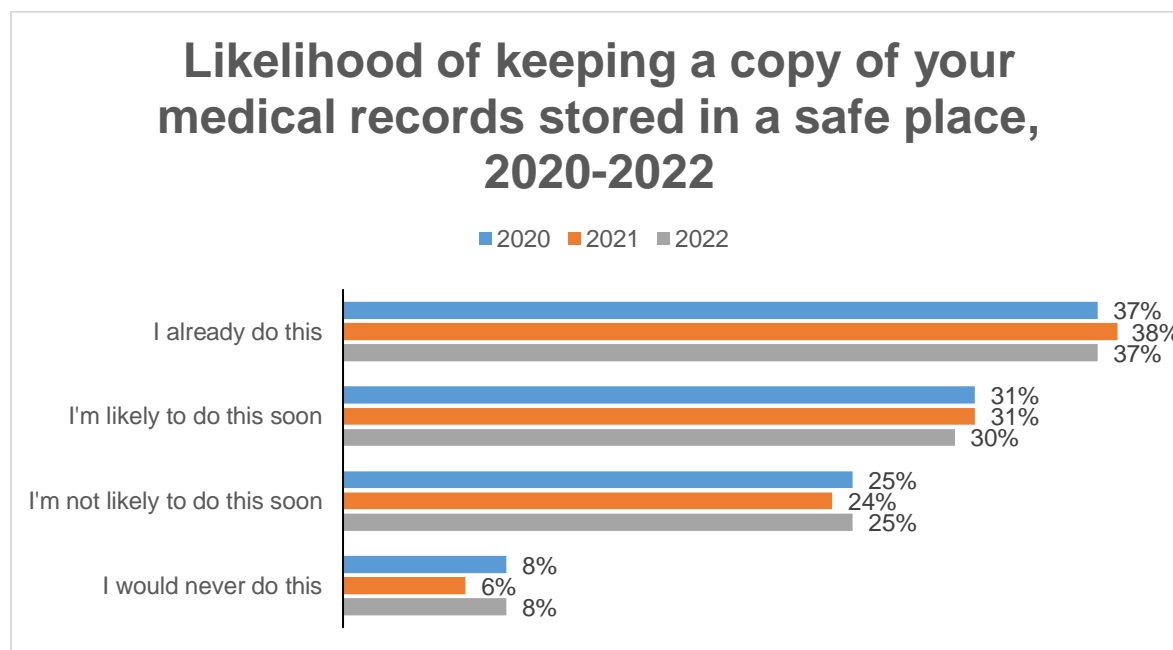


(↑ OR ↓) indicates statistical significance higher or lower than the national average,  $p < 0.01$

### Likelihood of Keeping a Copy of Medical Records (Trends Over Time)

- *Figure 7b* displays the likelihood of keeping a copy of medical records stored in a safe place between 2020 to 2022. In 2022, Americans were slightly less likely to currently keep a copy of their medical records stored in a safe place (37%) compared to 2021 (38%). There was also a 2 percentage point increase in the number of Americans who said they would never keep a copy of their medical records stored in a safe place from 2021 (6%) to 2022 (8%).
  - In 2022, those older than 55 years were the most likely to keep a copy of their medical record (43%), which did not change since 2021, as shown in *Table 4c*.
  - The youngest age group, 18-34 years, became less likely to keep a copy of their medical record (34%), a decrease by 4 percentage points since 2021. Respondents between 35-54 years also saw a slight decrease in their likelihood of keeping a copy of their medical records from 2021 (32%) to 2022 (31%).

*Figure 7b. Likelihood of keeping a copy of your medical records stored in a safe place between 2020 and 2022*



## Likelihood of Keeping a Copy of Medical Records by Age

Table 4c: Comparison of respondents' likelihood of keeping a copy of medical records from 2021 to 2022 by age.

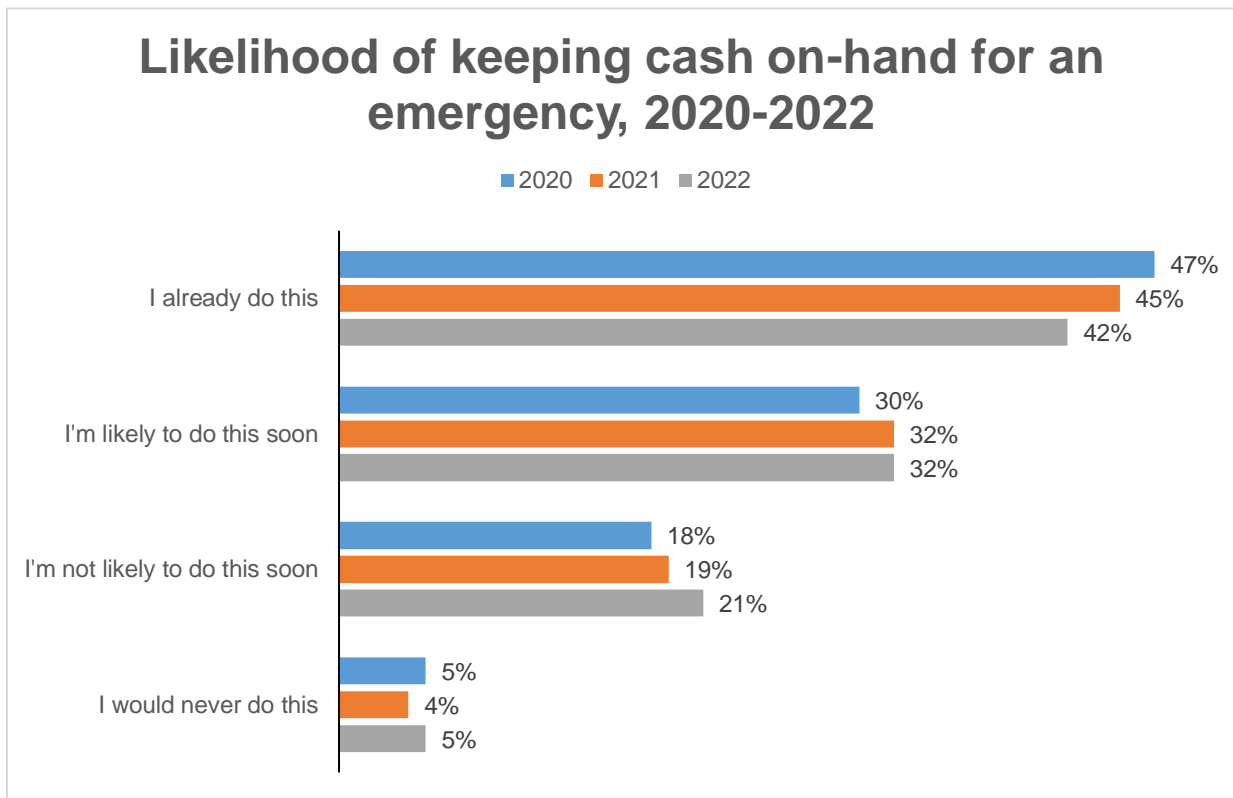
	2021			2022		
	18-34	35-54	55+	18-34	35-54	55+
<b>I already do this</b>	38%	32%↓	43%↑	34%	31%↓	43%↑
<b>I'm likely to do this soon</b>	35%	29%	30%	35%↑	29%	28%
<b>I'm not likely to do this soon</b>	21%	31%↑	22%	23%	31%↑	22%↓
<b>I would never do this</b>	6%	9%	5%	8%	9%	7%

(↑ OR ↓) indicates statistical significance higher or lower than the national average,  $p < 0.01$

## Likelihood of Keeping Cash on Hand (Trends Over Time)

- Forty-two percent of Americans keep cash on-hand for an emergency, a slight decrease (3 percentage points) since 2021. *Figure 7c* displays the likelihood of keeping cash on-hand in 2020 and 2022.
  - In 2022, those 55 years and older were the most likely to say they already keep cash on hand (51%), a decrease of three percentage points since 2021. The other age groups (ages 18-34 and 35-54) also saw a decrease in the percentage of respondents who keep cash on-hand for an emergency from 2021 to 2022, as shown in *Table 4d*.
  - White respondents are most likely to keep cash on-hand (45%), a decrease of 3 percentage points since 2021. Hispanic respondents saw a decrease in likelihood of keeping cash on hand from 43% in 2021 to 34% in 2022, going from the second most likely to keep cash on hand in 2021 to the least likely in 2022, as shown in *Table 4e*.
  - Those in the highest income bracket (\$80k+) were the most likely to keep cash on-hand in 2022 (49%), an increase by 2 percentage points since 2021 (47%). Respondents in the middle income bracket (\$40-79.9k) were the second most likely to keep cash on hand (45%). Those in the lowest income bracket (under \$40k) are the least likely to keep cash on-hand (34%), a decrease of 7 percentage points since 2021, as shown in *Table 4f*.

Figure 7c. Likelihood of keeping cash on-hand between 2020 and 2022.



Likelihood of Keeping Cash on Hand by Age

Table 4d: Comparison of respondents' likelihood of keeping cash on hand from 2021 to 2022 by age.

	2021			2022		
	18-34	35-54	55+	18-34	35-54	55+
<b>I already do this</b>	36%↓	41%	54%↑	32%↓	39%	51%↑
<b>I'm likely to do this soon</b>	37%↑	36%	25%↓	38%↑	33%	27%↓
<b>I'm not likely to do this soon</b>	20%	19%	17%	23%	23%	18%↓
<b>I would never do this</b>	6%	5%	3%	6%	6%	4%↓

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

Likelihood of Keeping Cash on Hand by Race

Table 4e: Comparison of respondents' likelihood of keeping cash on hand from 2021 to 2022 by race.

	2021				2022			
	White	Black	Hispanic	Other	White	Black	Hispanic	Other
<b>I already do this</b>	48%	39%	43%	39%	45%↑	39%	34%↓	38%
<b>I'm likely to do this soon</b>	28%↓	41%	37%	41%	29%↓	37%	40%↑	32%
<b>I'm not likely to do this soon</b>	21%↑	19%	12%	13%	22%	18%	19%	22%
<b>I would never do this</b>	4%	2%	8%↑	7%	4%↓	5%	7%	8%

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

Likelihood of Keeping Cash on Hand by Income

Table 4f: Comparison of respondents' likelihood of keeping cash on hand from 2021 to 2022 by income level.

	2021				2022			
	Under \$40k	\$40-\$80k	\$80k+	N/A	Under \$40k	\$40-\$79.9k	\$80k+	N/A
<b>I already do this</b>	41%	48%	47%	44%	34%↓	45%	49%↑	43%
<b>I'm likely to do this soon</b>	38%↑	29%	28%	31%	37%↑	30%	27%↓	33%

<b>I'm not likely to do this soon</b>	16%	19%	22%	18%	23%	19%	22%	18%
<b>I would never do this</b>	5%	4%	3%	7%	6%	6%	3%↓	7%

(↑ OR ↓) indicates statistical significance higher or lower than the national average, p<0.01

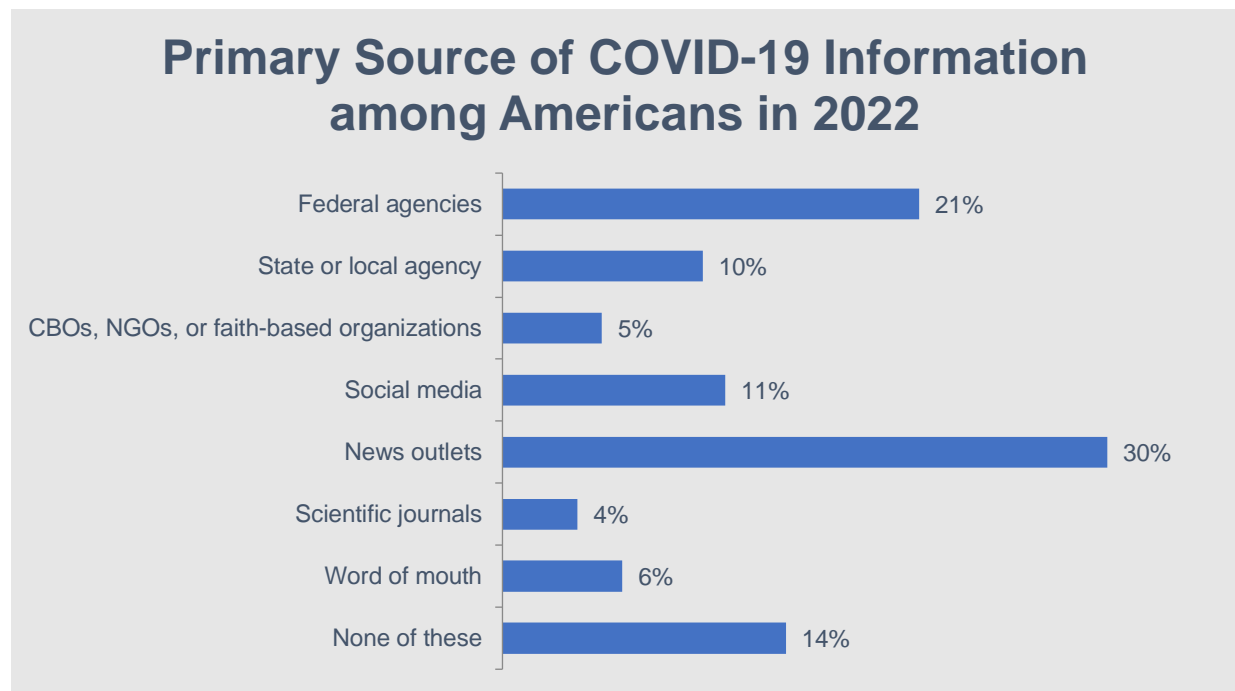


### 8.0 Primary source of COVID-19 Information

- Three out of 10 respondents report receiving their primary information on COVID-19 from news outlets. 31% of respondents report primarily receiving information on COVID-19 from federal, state, or local agencies.
  - 39% of respondents that were 55 or older reported receiving information on COVID-19 primarily from news outlets, which was significantly higher than other ages. 22% of respondents ages 18-34 reported primarily receiving information on COVID-19 from social media, which was significantly higher than other ages, as shown in *Figure 8b*.
  - All regions reported utilizing news outlets the most for their primary source of information on COVID-19, as shown in *Figure 8d*. Respondents living in the West were more likely to report relying on CBOs, faith-based organizations, or NGOs for information on COVID-19 (7%) than those in other regions.

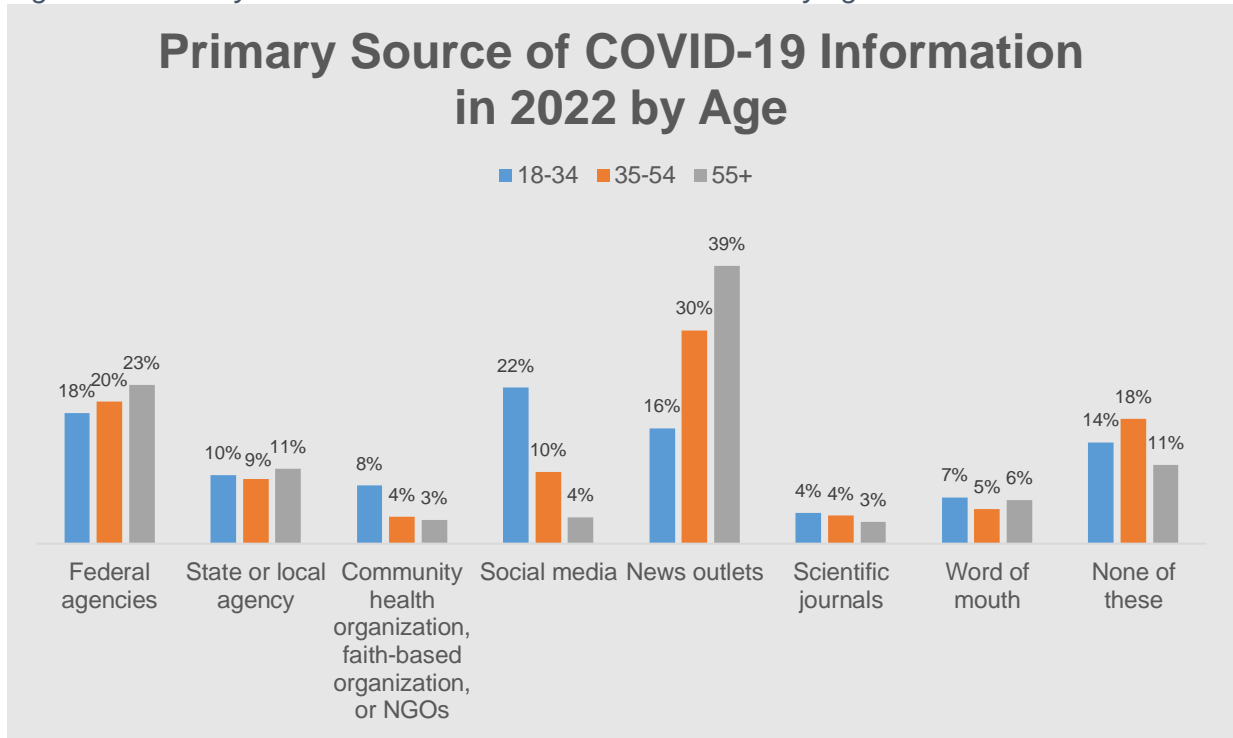
#### Primary source of COVID-19 Information among Americans

Figure 8a. Primary source of COVID-19 information among Americans in 2022.



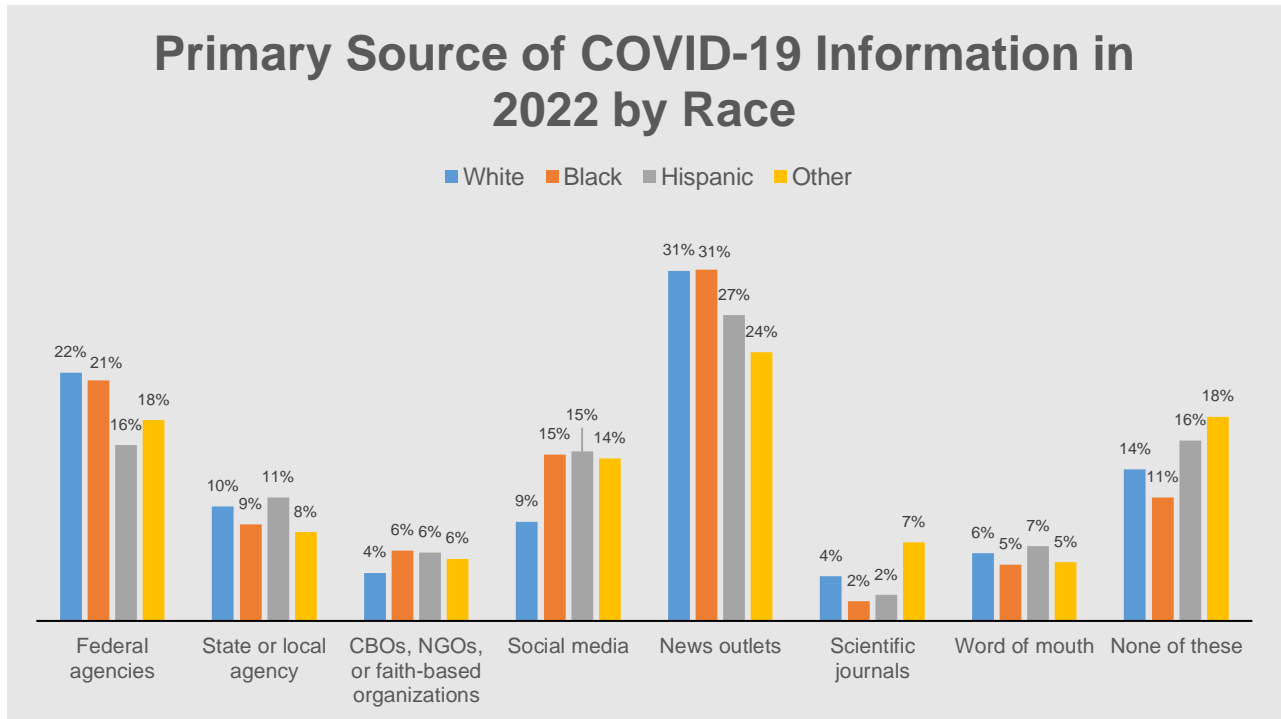
Primary source of COVID-19 Information by Age

Figure 8b. Primary source of COVID-19 information in 2022 by age.



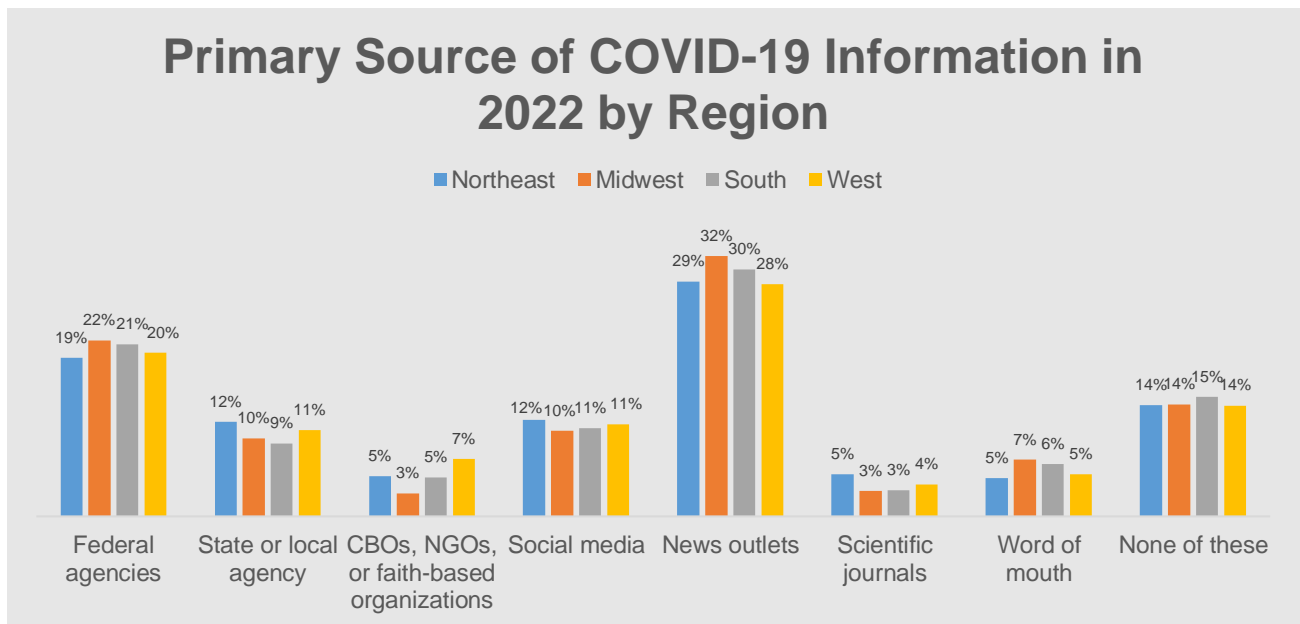
Primary source of COVID-19 Information by Race

Figure 8c. Primary source of COVID-19 information in 2022 by race.



Primary source of COVID-19 Information by Region

Figure 8d. Primary source of COVID-19 information in 2022 by region.



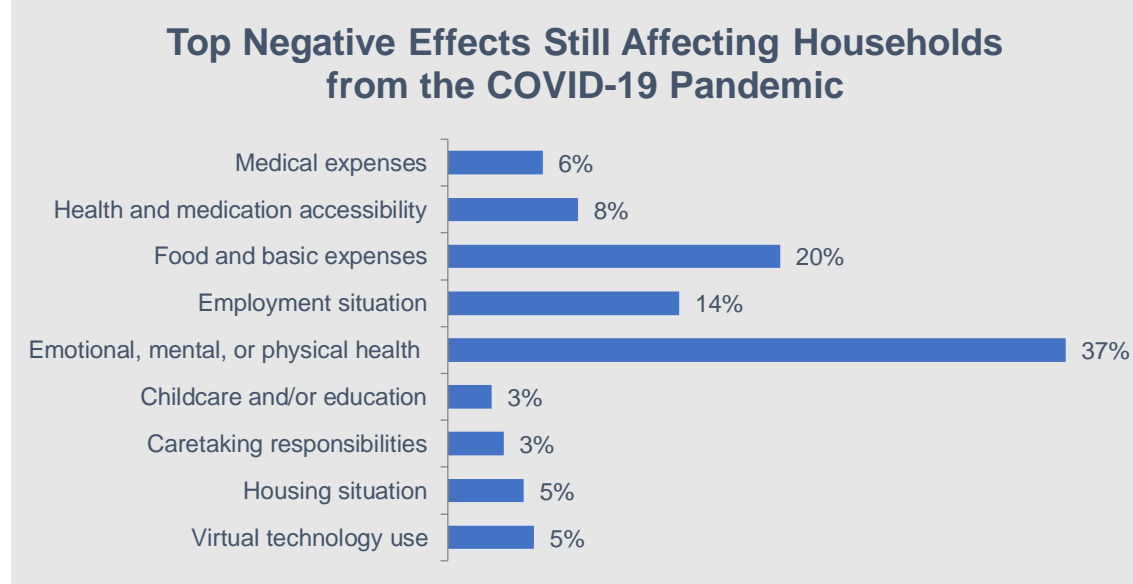
9.0 Top Negative Effects Still Affecting Households from the COVID-19 Pandemic

When presented with 11 possible selections (including “None of these”) and asked to select the one COVID-19 impact still negatively affecting household the most, the top three negative impacts on households (excluding those selecting “none of these”) were emotional, mental, or physical health (37%), food and basic expenses (20%), and employment (14%). Roughly one out of four respondents (26%) listed financial expenses (food, basic, and medical) were still negatively impacting their household the most. 42% of respondents reported that none of the available choices were still negatively impacting their household. For the purpose of this analysis to measure the highest negative household impact, they have been removed.

- 42% of respondents ages 55 or older reported that their emotional, mental, or physical health was still negatively impacting their household the most. 7% of respondents ages 18-34 reported that their medical expenses were still negatively impacting their household the most, which was 2% higher than the other age categories as shown in *Figure 8b*.
- 42% of White respondents reported that their emotional, mental, or physical health were still negatively impacting their household most, which is statistically significant compared to other races. Among respondents still negatively impacted, 15% of those that identified as Black reported health and medication accessibility as their top persisting household negative impact, which is statistically significant compared to other races as shown in *Figure 8c*.
- Respondents living in the Northeast, Midwest, and South (21%) all reported that food and basic expenses as a factor that was still negatively impacting their household more than those living in the West as shown in *Figure 8d*.

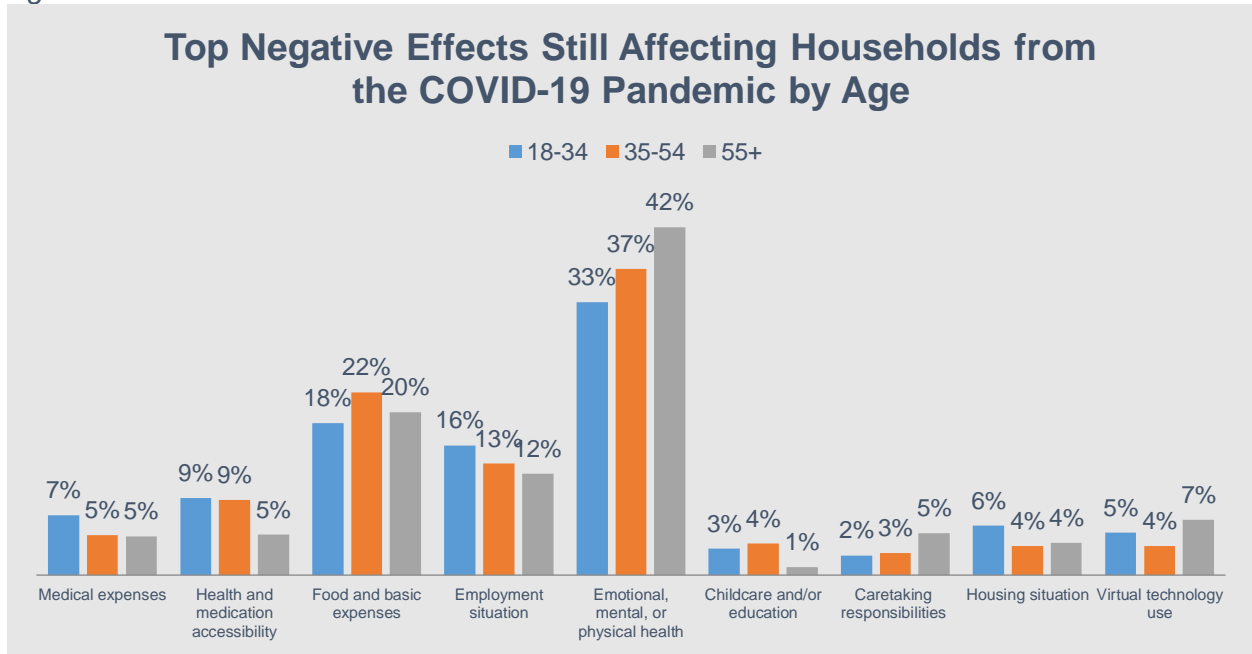
Top Negative Effects Still Affecting Households from the COVID-19 Pandemic

Figure 9a. Top Negative Effects Still Affecting Households from the COVID-19 Pandemic



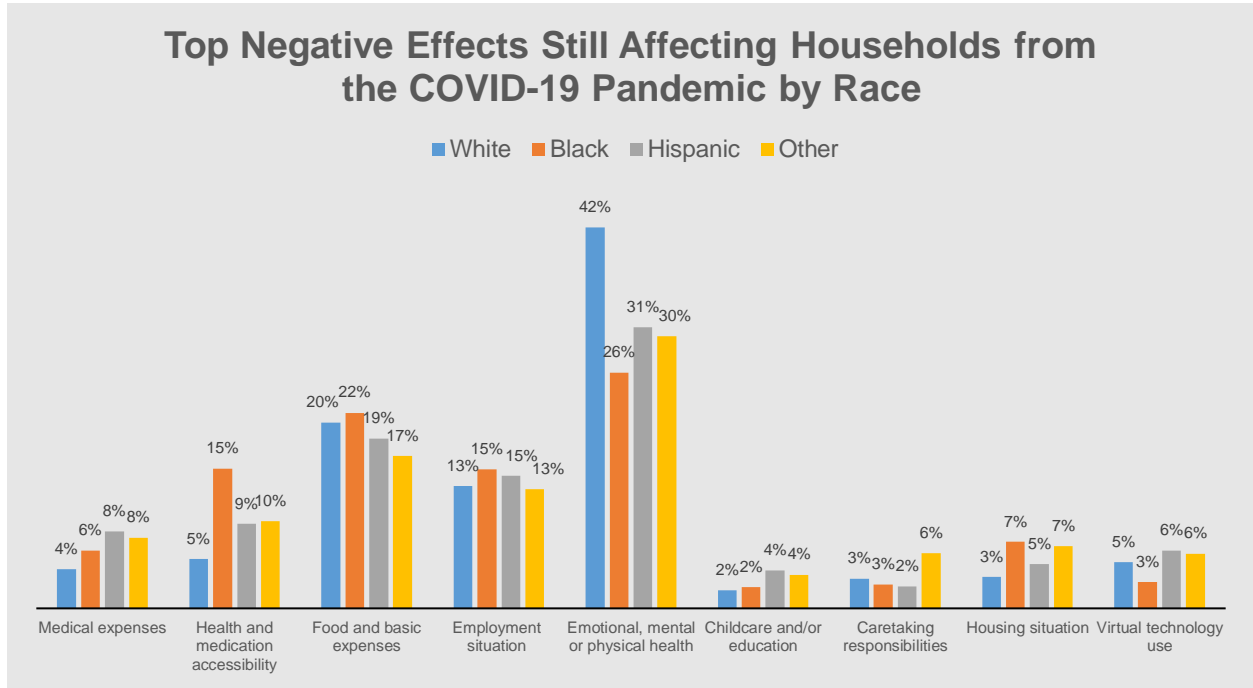
Top Negative Effects Still Affecting Households from the COVID-19 Pandemic by Age (Among those still affected)

Figure 9b. Top Negative Effects Still Affecting Households from the COVID-19 Pandemic by Age



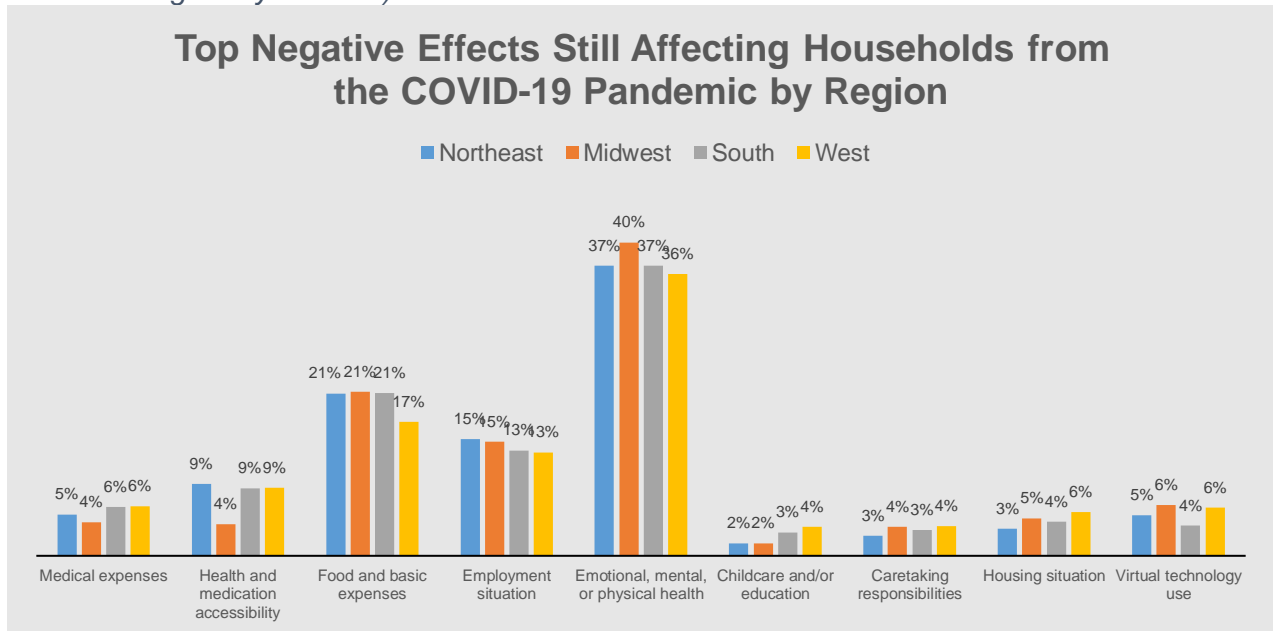
Top negative Impact on Households due to COVID-19 by Race (among those still affected)

Figure 9c. Top negative impact on households due to COVID-19 in 2022 by race (among those still affected)



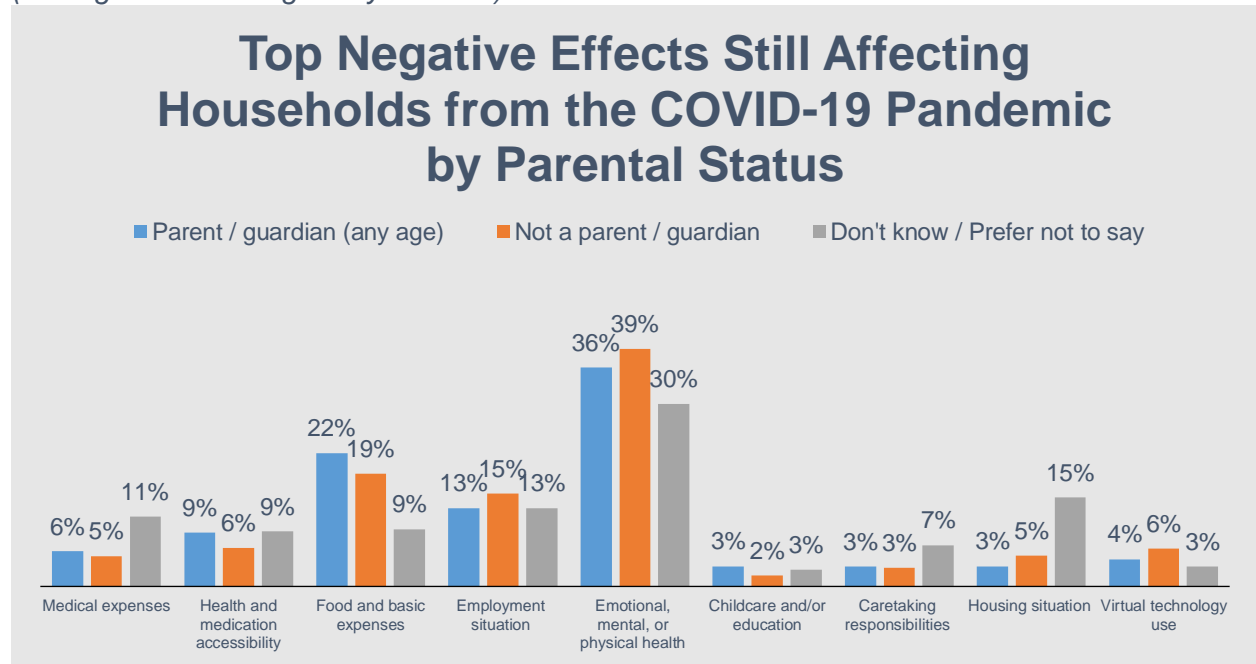
Top negative Impact on Households due to COVID-19 by Region (among those still negatively affected)

Figure 9d. Top negative impact on households due to COVID-19 in 2022 by region (among those still negatively affected)



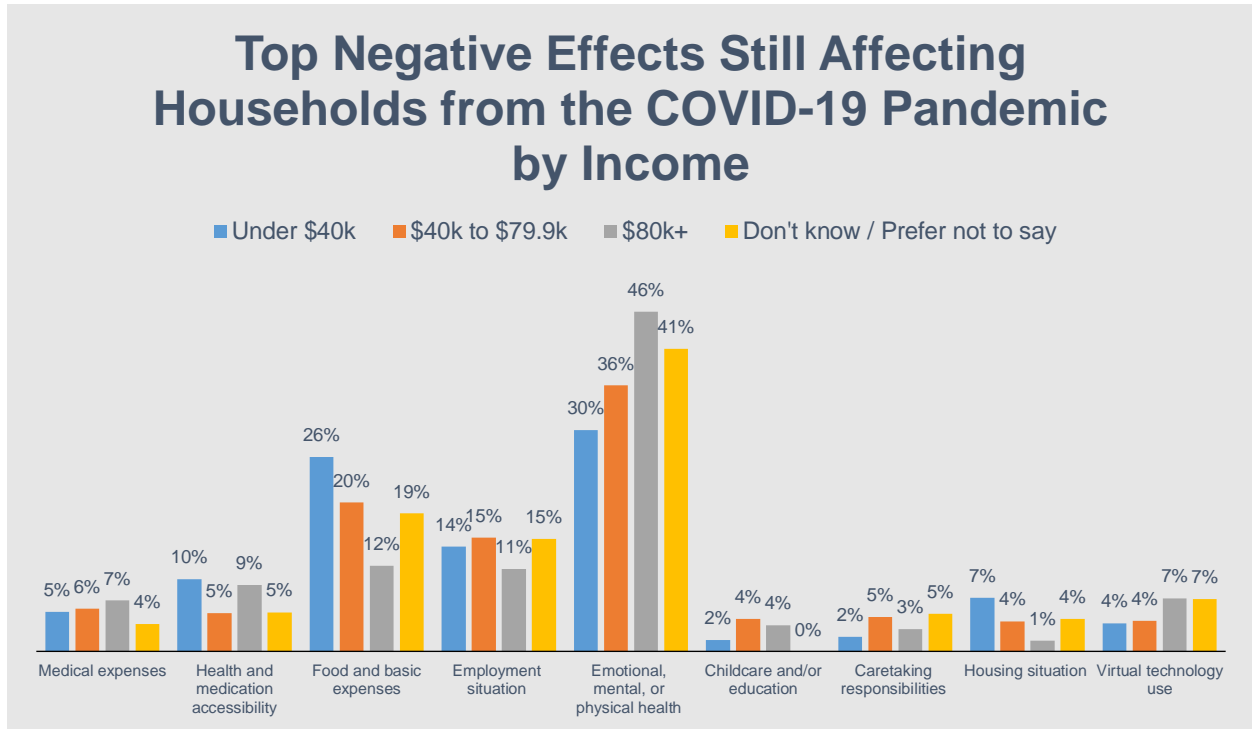
Top negative Impact on Households due to COVID-19 by Parental Status (among those still negatively affected)

Figure 9e. Top negative impact on households due to COVID-19 in 2022 by parental status (among those still negatively affected)



Top negative Impact on Households due to COVID-19 by Income (among those still negatively affected)

Figure 9f. Top negative impact on households due to COVID-19 in 2022 by income level (among those still negatively affected)



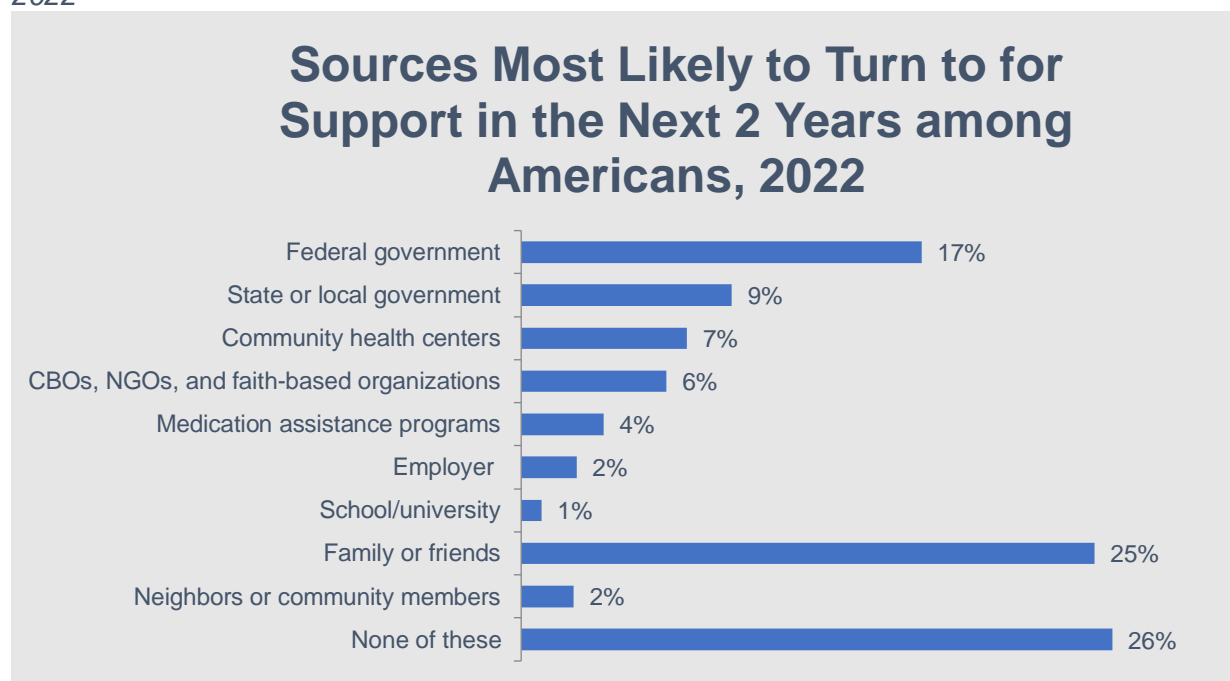


### 10. Future Sources of Support

#### Future Sources of Support among Americans

- About a fifth of respondents (27%) identified federal, state or local governments as the source they would be most likely to turn to for support in the next two years. A quarter of respondents (25%) reported they would be most likely to turn to friends and family for support.
  - Following the COVID-19 pandemic, the sense and trust within community has been more important than ever, and this poll demonstrates the various sources of support Americans would turn to in comparison, as shown in *Figure 10a*.

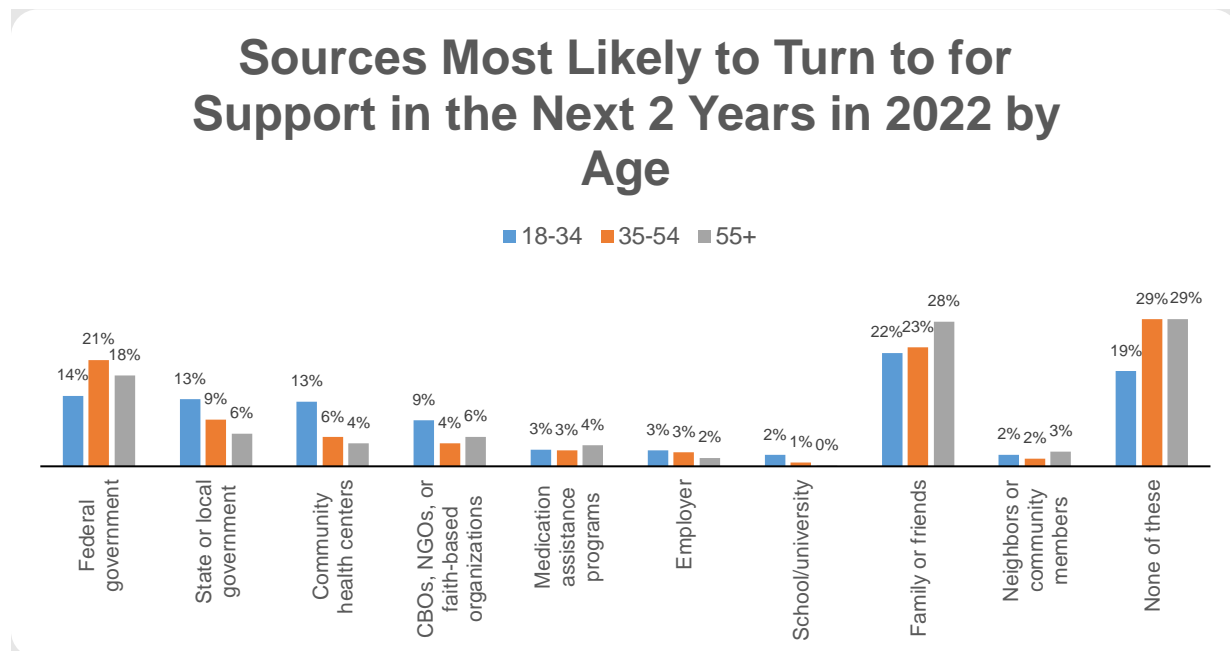
*Figure 10a. Sources Most Likely to Turn To for Support in Next 2 Years among Americans, 2022*



#### Sources most likely to turn to for Support in next 2 years by Age

- Respondents in the 55+ age group (28%) with most likely to turn to family or friends for support as compared to other age groups of 18-34 years (22%) and 35-54 years (23%).
- The 18-34 age group responded as more likely than their elders to turn to state or local government (13%), community health centers (13%), and community-based organizations (9%)

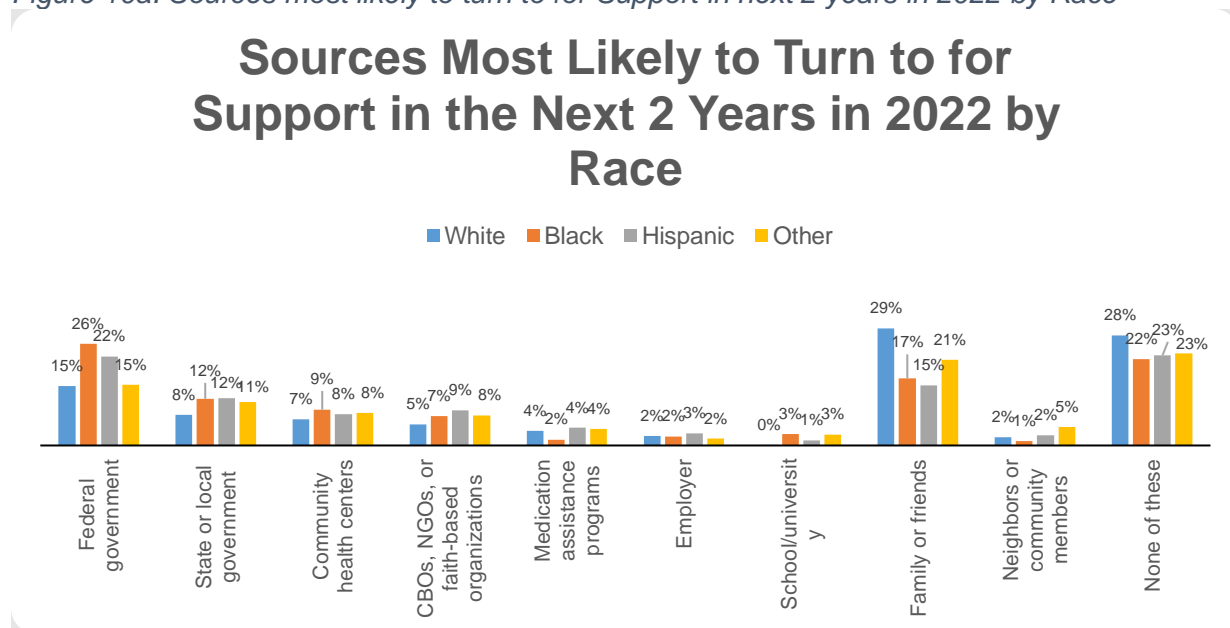
*Figure 10a. Sources most likely to turn to for Support in next 2 years in 2022 by age*



Sources most likely to turn to for Support in next 2 years by Race

- Black (26%\*) and Hispanic (22%\*) respondents reported that they would be most likely to turn to the federal government for support in the next two years at a higher frequency than White (15%) and Other (15%) respondents.
  - White respondents were more likely to anticipate turning to family or friends for support in the next two years compared to others (29%\*)

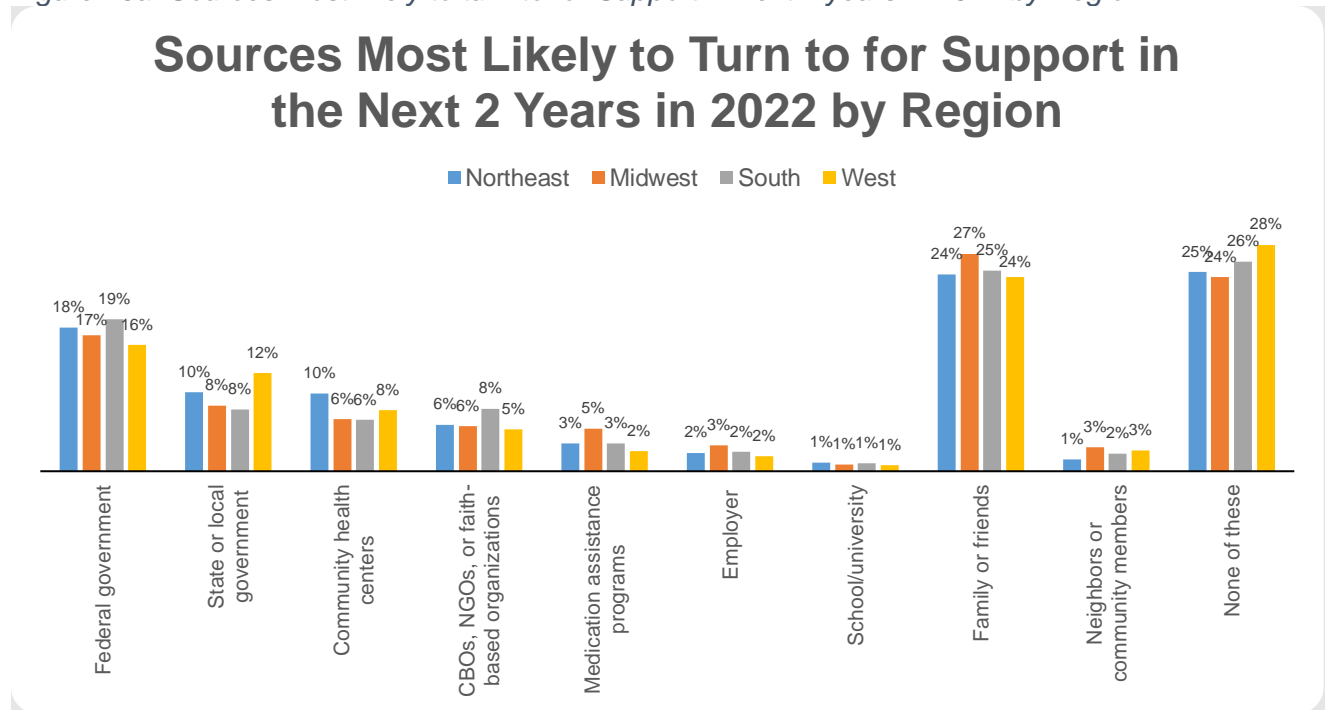
Figure 10a. Sources most likely to turn to for Support in next 2 years in 2022 by Race



Sources most likely to turn to for Support in next 2 years by Region

- Respondents living in the South were the least likely to turn to state and local governments for support when compared to other regions (8%).
  - Programs to help raise awareness of what support state and local governments can offer to their communities would be beneficial to focus on in the South.

Figure 10a. Sources most likely to turn to for Support in next 2 years in 2022 by Region



Sources most likely to turn to for Support in next 2 years by Income

- Respondents with an income below \$40k were significantly more likely to turn to the federal government for future support compared to other income brackets (27%\*).
- Respondents with an income \$80k or higher were more likely to turn to friends and family for support compared to other income brackets (29%\*).
  - The necessity for federal governmental support is greatest in populations of lower socioeconomic status, as their friends and family may also require eternal support as well.

Figure 10a. Sources most likely to turn to for Support in next 2 years in 2022 by Income

