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The Impacts of COVID-19 on Black, Indigenous, Artists and Arts Administrators of Color in the U. S.

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ABSTRACT

This study investigated the impacts of COVID-19 on Black, Indigenous, and artists and arts administrators of Color. We addressed the primary research question, in what ways has COVID-19 impacted BIPOC artists and arts administrators? We also answered the secondary research question, do differences in impacts exist in health and wellness for BIPOC artists and administrators based on demographic characteristics? By centering BIPOC artists and arts administrators in this study, we initiated an area of critical scholarly inquiry that explored the impacts of COVID-19 on creatives who identify as historically marginalized and oppressed based on their race in U. S. society.

KEYWORDS

Artists; Arts Administrators; Black; Indigenous; and People of Color (BIPOC); creative sector; COVID-19; social justice

Introduction

The COVID-19 pandemic has caused unprecedented and irreparable damage to the U. S. creative sector. By July of 2020, the U.S. creative sector lost \$150 billion in sales and 2.7 million jobs. The “fine and performing arts” alone (commercial and nonprofit) incurred losses of \$42.5 billion and 50% of its workforce (–1.4 million jobs) (Florida and Seman 2020). According to Cohen (2020), since March of 2020 nonprofit cultural organizations have lost an estimated \$14.6 billion and 99% of producing and presenting organizations have canceled events resulting in a loss of 481 million admissions (Americans for the Arts 2020; Cohen 2020).

Cultural organizations have responded to the economic crisis resulting from the COVID-19 pandemic by laying off or furloughing staff (35%), reducing payroll (30%), and for cultural organizations privileged enough to have them, using their financial reserves (39%) (Cohen 2020). On a more positive note, 63% of cultural organizations increased their online presence to maintain audiences, donor engagement, and boost revenue, a strategic decision that they probably should have made before the pandemic. Still, (1) consumers are unlikely to attend, (2) government restrictions/guidelines, (3) staff/board do not feel it is safe, and (4) impractical to produce cultural products in the current environment remain the four barriers to re-opening for most cultural organizations. Though the nation’s museums alone lost

\$33 million per day at the beginning of the pandemic (American Alliance of Museums 2020), museums/visual arts organizations were much more likely to remain open than performing arts organizations (66% vs. 26%), though at a greatly reduced capacity (Cohen 2020).

The research that has emerged due to the pandemic has painted a nearly comprehensive picture of COVID-19's impacts on the U. S. and global creative sectors. Researchers have highlighted the virus' impacts on artists (Artists Trust 2020; ARTSFUND 2020; Flanagan 2020), comparative cultural policy (Betzler et al. 2021), creative economies (Comunian and England 2020; Travkina and Sacco 2020), cultural policy (Banks 2020; Flew and Kirkwood 2020; Serafini and Novosel 2020), galleries and museums (American Alliance of Museums 2020; Feldman 2020; Feng 2020; Li and Psarra 2020), opera and singing (Egoyan 2020; Gupta 2020; Primov-Fever, Roziner, and Amir 2020), and theater (Green et al. 2020). One article explored the possibilities that the pandemic holds for creating more equitable access to dance for those with disabilities (Kalogridis 2020).

Nevertheless, according to Cohen (2020), the pandemic has more negatively impacted Black, Indigenous, or Artists of Color (BIAOCs), including their experiencing higher rates of unemployment (69% vs. 60%) and losing a larger percentage of their 2020 income (61% vs. 56%). In the U. S. Black, Indigenous, and People of Color (BIPOC) communities have suffered the most due to the pandemic.

Wood (2020) maintained that early data gathered in the pandemic showed that COVID-19 disproportionately affected communities of color across the U. S. By September of 2020, when the U. S. surpassed 200,000 COVID-19 deaths; the data clearly showed that BIPOC get sick and die from COVID-19 at rates higher than their White counterparts likely due to environmental injustice, and higher than their shares of the population. African Americans, for example, continue to get infected and die from COVID-19 at rates more than 1.5 times their share of the population. In states such as Kansas, Michigan, Missouri, and Wisconsin; African Americans died at a rate more than 2.5 times their share of the population. In May, those who identified as Hispanic died from COVID-19 at rates higher than their share in seven states, but in September it was true in 19 states and the District of Columbia. The Indigenous and Alaskan Natives share of death and sickness is disproportionate to their population in 21 out of 36 states with sufficient data, five or more times greater than their population share in Montana, New Mexico, Utah, and Wyoming. Yet, in the creative sector only one study on creative therapies has explored COVID-19's impacts on BIAOCs. Gipson, Williams, and Norris (2020) documented three Black women's reflections on COVID-19.

Therefore, this study investigated the impacts of COVID-19 on BIPOC artists and arts administrators. The primary research question that we addressed in this study is, in what ways has COVID-19 impacted BIPOC artists and arts administrators? In addition, we investigated the secondary research question, do differences in impacts exist in health and wellness for BIPOC artists and administrators based on demographic characteristics? This study is significant because by centering BIPOC artists and arts administrators, we aim to initiate an area of critical scholarly inquiry that explores the impacts of COVID-19 on creatives who identify as historically marginalized and oppressed in U. S. society based primarily on their race.

Method

By using cross-sectional survey methodology to study the impacts of COVID-19 on BIPOC artists and arts administrators, this study employed the methodology used in similar studies on COVID-19's impacts on the creative sector such as the American Alliance of Museums (2020), Americans for the Arts (2020), Artists Trust (2020), and ARTSFUND (2020). We used Qualtrics, a survey software, to collect data using an anonymous, 15-minute, on-line survey instrument. We disseminated the survey via email through the Arts Administrators of Color Network and its Cousin's Regime, which include the American Alliance for Theater Education, AlternateRoots, Arte Libre, Asian Arts Initiative, Baltimore Transgender Alliance, Canady Foundation for the Arts, Coalition for African Americans in the Performing Arts, Crushing Colonialism, Greater Pittsburgh Arts Council, Arts loud and clear, International Association of Blacks in Dance, LTNX artes, Leaders of Tomorrow Youth Center, Museum Hue, Museums & Race Transformation and Justice, Network for Arts Administrators of Color, National Association of Latino Arts and Cultures, Ngoma Center for Dance, Prince George's African American Museum & Cultural Center, Sanctuaries, Social Art and Culture, and Greater Baltimore Cultural Alliance Urban Arts Leadership.

We began the surveys by asking each of the populations under study, do you identify as an artist? Or do you identify as an arts administrator? As a follow up confirmatory question, we asked respondents, do you identify as Black, Indigenous, or a Person of Color? Then we asked respondents, which of the following do you identify? We provided them with the choices: Asian, Black, Indigenous, LatinX, Middle Eastern, and Multiracial. Once respondents made it past these three screening questions, the survey asked them in which state they resided. After which, we asked questions to better understand respondents' lived experiences with COVID-19 and its impact on their finances, and health & wellness. We also asked about their age/generation, disability status, highest level of education, gender, political party affiliation, religion, and sexual orientation. Lastly, we launched the survey on May 10, 2021 and closed it on August 31, 2021 to give respondents as much time as possible to complete the survey.

In order to explore the inferential significance of the results, we conducted a chi-square test to determine the goodness-of-fit of the model for predicting the impact of COVID-19 on mental health outcomes of BIPOC artists and arts administrators. The chi-square test measures if the survey responses deviate significantly from the expected outcomes. The model employed six independent variables: income level, disability status, generation, gender, health insurance status, and education level, and then we used the model to predict the significance of each mental health outcome question. We received statistically significant results for BIPOC artists: $X^2(df = 33, n=411, \text{observed} = 1109.403, p<0.05)$, and for BIPOC arts administrators: $X^2(df = 27, n=176, \text{observed} = 472.072, p<0.05)$. We detail both models for fit in [Tables 9 and 18](#).

The test also reported an $R^2 = 0.990$ for BIPOC artists and an $R^2 = 0.986$ for BIPOC arts administrators based on the Nagelkerke adjusted estimate, which indicates that the model explains at least 98% of the variance in the dependent (outcome) variable measured. Once we determined the significance of the model, we then conducted an ordinal logistic regression to measure the effect of the model on each

dependent variable. In the results section for the regression analysis, we report the significant findings for each measure.

Limitations of the study

Implicit bias is the most important limitation to address in survey studies. Respondents negatively or positively impacted by COVID-19 were more likely to participate in the study than those not negatively or positively impacted by the virus. However, the internal validity of the survey instrument allowed respondents to anonymously disclose if COVID-19 had not negatively or positively impacted them. Linguistic bias served as a second potential limitation of this study given how some respondents understood the questions or not. To reduce the potentiality of linguistic bias, we piloted and revised the surveys before disseminating it to attend to as many of the ways that respondents could have misunderstood the questions. A third and final limitation of this study relates to the sample. Although highly unlikely, it is possible that a respondent could have completed the survey more than once. To prevent this possibility, we used Qualtrics’ “ballot stuffing” function.

Results

BIPOC artists

N=402 BIPOC artists participated in this study. As shown in Table 1, Black artists made up 49% of the respondents, Multiracial (16%), Hispanic (14%), Asian (9%), Indigenous (7%), and Middle Eastern (2%). Approximately 23% of artists reported having a disability. Tables 2–7 highlight that additional primary demographic

Table 1. Race.

Black	49%
Multiracial	17%
Hispanic	15%
Asian	9%
Indigenous	8%
Middle Eastern	2%

Table 2. Generation.

Millennials (1981–2000)	63%
Generation X (1965–1980)	26%
Baby boomers (1946–1964)	9%
Silent generation (Before 1946)	0.25%
Generation Z (After 2000)	0.25%

Table 3. Highest level of education.

Bachelor’s	39%
Master’s	23%
High school	20%
Associate’s	12%
Doctorate	3%

Table 4. Gender.

Woman	38%
Man	24%
Cisgender	21%
Non-binary/third gender	7%
Two spirit	3%
Transgender	3%
Prefer to self-describe	2%
Agender	0.61%

Table 5. Religion.

Spiritual	30%
Christian	22%
I have no religious identity.	13%
Agnostic	9%
Atheist	5%
Buddhist	4%
I do not identify as any of the above, but I do identify as	5%
Muslim	3%
Wiccan	2%
Santerian	0.99%
Hindu	0.80%
Jewish	0.80%

Table 6. Sexual orientation.

Heterosexual/Straight	45%
Bisexual	15%
Queer	13%
Gay	7%
Lesbian	4%
I do not identify as any of the above, but I do identify as	4%
Same Gender Loving	3%
Asexual	3%
Intersex	0.21%

Table 7. Political party affiliation.

Democrat	35%
I am not affiliated with a party, but I tend to vote democrat.	29%
I have no party affiliation.	22%
Independent	8%
If these options do not describe you, please share your response here.	6%
Republican	1%
I am not affiliated with a party, but I tend to vote Republican.	0.25%

characteristics included Millennials, bachelor's degree earning, woman, spiritual, straight, and Democrat. At least one artist resided in every U. S. state except for Arkansas, Hawaii, Idaho, Iowa, Kansas, Montana, North Dakota, South Dakota, Utah, Vermont, and West Virginia.

Between March 1, 2020 and May 1, 2021, most BIPOC artists reported that they expected to earn between \$9,526 and \$38,700 after taxes. However, most (50%) earned between \$0 and \$9,525, an increase of 178% from before to during the pandemic. In addition, artists reported actually earning between \$9,526 and \$38,700 during the pandemic. After COVID-19, most artists expect to earn between \$0 and \$9,525 after taxes. Table 8–11 shows artists' expected, actual, and post COVID earnings, as well as other impacts.

As a result of COVID-19, nearly 76% of artists reported applying for emergency funding through the CARES Act or other funding opportunities with most primarily applying for the Arts and Cultural Leaders of Color Emergency Fund. Almost 13% selected “other,” reporting that they applied for the MusiCares grant among others. Nearly 66% reported receiving emergency funding, but 50% reported that they did not expect to receive funding primarily due to limited available funding. Furthermore, more than half (60%) reported that the pandemic presented them with entrepreneurial opportunities to create new artistic or cultural virtual experiences, and 59% reported that the pandemic presented them with entrepreneurial opportunities to present existing or repurposed artistic or cultural content digitally (Tables 12 and 13).

In terms of health and wellness, although the majority of BIPOC artists have health insurance either through their own purchasing (43%), an employer (12%), a spouse (8%), or a parent (5%), an alarming number (32%) reported that they do not have health insurance.

Approximately 80% reported that they have received at least the first dose of the COVID-19 vaccination, and 75% reported that they knew someone who had tested positive for COVID-19. However, only 13% reported that they themselves had tested positive for COVID-19.

As Table 14 shows, BIPOC artists reported that they strongly agreed, and agreed that that their anxiety increased due to the possibility of contracting COVID-19, knowing someone who had contracted COVID-19, isolation, financial concerns due to COVID-19, and the disproportionate impact COVID-19 has had on BIPOC

Table 8. Expected earnings.

\$9,526–\$38,700	53%
\$38,701–\$82,500	24%
\$0–\$9,525	18%
\$82,501–\$157,500	4%
\$157,500 or above	1.25%

Table 9. Actual earnings.

\$9,526–\$38,700	41%
\$38,701–\$82,500	7%
\$82,501+	1.75%

Table 10. Post COVID earnings.

\$0–\$9,525	43%
\$9,526–\$38,700	42%
\$38,701–\$82,500	10%
\$82,501+	4%

Table 11. Other impacts.

Canceled exhibitions, performances or workshops	23%
Reduced travel	21%
Canceled special events	20%
Increased online presence	15%
All of the above	10%
Used financial services	9%

Table 12. Funding opportunities explored.

Arts and cultural leaders of color emergency fund	30%
Small business loan	17%
Local arts councils	15%
State arts agency	8%
State emergency loan	7%
Crowdfunding	6%
National endowment for the arts	5%

Table 13. Barriers to funding.

Limited available funding	30%
Accessibility	16%
Historic funding inequities	14%
Time	13%
Years of operation	5%
All of the above	10%

communities. Relative to depression, more artists strongly agreed or agreed that their depression increased due to the possibility of contracting COVID-19, knowing someone who contracted COVID-19, isolation, financial concerns due to COVID-19, and the disproportionate impact COVID-19 has had on BIPOC communities. Measures of despair, stress, and worrying trend similarly as anxiety and depression for BIPOC artists. However, to cope, they reported using their artistic and creative expression (26%), exercise (22%), connecting regularly with loved ones via phone calls, text, zoom, etc. (22%), meditation (16%), medication prescribed by a doctor (6%), or all of the above (4%) (Table 15).

BIPOC arts administrators

N=160 BIPOC arts administrators participated in this study. Table 16 highlights that arts administrators identified as Black (52%), Hispanic (22%), Multiracial (13%), Asian (11%), Indigenous (2%), and Middle Eastern (0.63%). In terms of additional primary demographic characteristics, a person without a disability (81%), Millennials (64%), master's degree earning (51%), woman (42%), Christian (25%), straight (56%), and Democrat (57%). The sample of arts administrators included no respondents from Alabama, Alaska, Arizona, Colorado, Delaware, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Montana, Nebraska, New Hampshire, North Dakota, Puerto Rico, South Dakota, Utah, Vermont, West Virginia, and Wyoming (Tables 17–22).

Most BIPOC arts administrators reported that between March 1, 2020 and May 1, 2021 and before the COVID-19 pandemic they expected to earn between \$38,701 and \$82,500 after taxes.

During the pandemic they primarily earned \$38,701–\$82,500 after taxes. Post-pandemic, they reported expecting that their salaries will remain between \$38,701 and \$82,500 after taxes. As a result of COVID-19, BIPOC arts administrators primarily reported experiencing an increased online presence among other impacts (Tables 23–26).

Approximately 53% of BIPOC arts administrators reported that they applied for emergency funding primarily through the Arts and Cultural Leaders of Color Emergency Fund. Remarkably, 75% reported that they received funding, but only 54% expected

Table 14. Health & wellness.

Mental Health and Wellness	Strongly Agree	Agree	Disagree	Strongly Disagree	I Prefer not to Say.
My anxiety has increased due to the possibility of contracting COVID-19.	54%	29%	13%	2%	1%
My anxiety has increased due to knowing someone who has contracted COVID-19.	45%	30%	19%	4%	2%
My anxiety has increased due to isolation.	45%	29%	21%	3%	2%
My anxiety has increased as a result of financial concerns due to COVID-19.	69%	21%	8%	1%	1%
My anxiety has increased because I do not have health insurance.	20%	14%	48%	13%	5%
My anxiety has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	60%	27%	10%	1%	2%
My depression has increased due to the possibility of contracting COVID-19.	40%	24%	29%	4%	3%
My depression has increased due to knowing someone who has contracted COVID-19.	32%	28%	32%	5%	3%
My depression has increased due to isolation.	44%	25%	25%	3%	2%
My depression has increased as a result of financial concerns due to COVID-19.	56%	25%	15%	2%	2%
My depression has increased because I do not have health insurance.	18%	13%	51%	13%	5%
My depression has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	51%	24%	20%	2%	2%
My despair has increased due to the possibility of contracting COVID-19.	36%	28%	28%	5%	3%
My despair has increased due to knowing someone who has contracted COVID-19.	32%	30%	29%	6%	3%
My despair has increased due to isolation.	38%	25%	29%	5%	3%
My despair has increased as a result of financial concerns due to COVID-19.	52%	24%	18%	3%	3%
My despair has increased because I do not have health insurance.	20%	11%	52%	12%	5%
My despair has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	48%	29%	17%	3%	3%
My stress level has increased due to the possibility of contracting COVID-19.	52%	28%	16%	2%	1%
My stress level has increased due to knowing someone who has contracted COVID-19.	45%	29%	21%	3%	2%
My stress level has increased due to isolation.	47%	26%	22%	4%	1%
My stress level has increased as a result of financial concerns due to COVID-19.	63%	25%	8%	2%	1%
My stress level has increased because I do not have health insurance.	23%	13%	47%	12%	4%
My stress level has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	54%	28%	12%	2%	3%
My worrying has increased due to the possibility of contracting COVID-19.	51%	30%	14%	3%	2%
My worrying has increased due to knowing someone who has contracted COVID-19.	46%	29%	19%	4%	2%
My worrying has increased due to isolation.	47%	23%	23%	4%	2%
My worrying has increased as a result of financial concerns due to COVID-19.	62%	24%	10%	2%	2%
My worrying has increased because I do not have health insurance.	24%	12%	47%	12%	4%
My worrying has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	55%	26%	14%	2%	3%

Table 15. BIPOC artists regression model.

Model	Model fitting information			
	Model Fitting Criteria	Likelihood Ratio Tests		
	–2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	1109.403			
Final	0.000	1109.403	33	<.001
Pseudo R-Square				
Cox and Snell	0.933			
Nagelkerke	0.990			
McFadden	0.947			

Table 16. Race.

Black	52%
Hispanic	22%
Multiracial	13%
Asian	11%
Indigenous	2%
Middle Eastern	0.63%

Table 17. Generation.

Millennials (1981–2000)	64%
Generation X (1965–1980)	31%
Baby Boomers (1946–1964)	5%
Silent Generation (Before 1946)	0%
Generation Z (After 2000)	0%

Table 18. Highest level of education.

Master's	51%
Bachelor's	37%
Doctorate	4%
Associate's	3%
High School	2%

Table 19. Gender.

Woman	42%
Cisgender	36%
Man	15%
Non-binary/Third Gender	3%
Transgender	1%
Two Spirit	0.92%
Prefer to self-describe	0.46%

Table 20. Religion.

Christian	25%
Spiritual	24%
I have no religious identity.	13%
Agnostic	15%
Atheist	5%
Buddhist	5%
Wiccan	2%
Santerian	2%
Hindu	1%
Jewish	1%
Muslim	0.50%

Table 21. Sexual orientation.

Heterosexual/Straight	56%
Queer	14%
Bisexual	9%
Gay	7%
I prefer not to say.	6%
Same Gender Loving	3%
Lesbian	2%
Asexual	0.57%
I do not identify as any of the above, but I do identify as	0.57%
Intersex	0%

Table 22. Political party affiliation.

Democrat	57%
I am not affiliated with a party, but I tend to vote democrat.	24%
I have no party affiliation.	9%
If these options do not describe you, please share your response here.	6%
Independent	3%
Republican	0.63%
I am not affiliated with a party, but I tend to vote Republican.	0%

Table 23. Expected earnings.

\$38,701–\$82,500	53%
\$9,526–\$38,700	25%
\$82,501–\$157,500	14%
\$0–\$9,525	6%
\$157,501+	3%

Table 24. Actual earnings.

\$38,701–\$82,500	48%
\$9,526–\$38,700	24%
\$82,501–\$157,500	14%
\$0–\$9,525	12%
\$157,501+	2%

Table 25. Post COVID earnings.

\$38,701–\$82,500	54%
\$9,526–\$38,700	20%
\$82,501–\$157,500	14%
\$0–\$9,525	10%
\$157,501+	2%

Table 26. Other impacts.

Increased online presence	23%
Reduced travel	22%
Canceled exhibitions, performances, and workshops	21%
Canceled special events	20%
Used financial services	4%
All of the above	6%

to receive funding. For those who did not apply, they primarily reported “other,” as reasons for not applying for funding among others. However, as [Table 28](#) shows, a combination of reasons may explain respondents’ perceptions of barriers to accessing

funding. Approximately 77% reported that the COVID-19 pandemic presented them with entrepreneurial opportunities to create new artistic and cultural virtual experiences. In addition, 68% reported that the pandemic presented them with entrepreneurial opportunities to present existing repurposed artistic or cultural content digitally (Tables 27 and 28).

Most BIPOC arts administrators reported having access to health insurance through their employer (59%), purchasing their own (20%), a spouse (9%), or a parent (4%). Still, 9% reported that they do not have health insurance. Approximately 90% reported having received at least their first dose of the vaccine. Most (75%) reported knowing someone that tested positive for COVID-19. At the same time, most (88%) reported that they themselves had not tested positive for COVID-19. When it comes to health and wellness, most reported that their anxiety had increased due to the possibility of contracting COVID-19, knowing someone who had contracted COVID-19, isolation, financial concerns, and the disproportionate impact COVID-19 has had on BIPOC communities.

Equal numbers agreed (35%) and disagreed (35%) that their depression increased due to the possibility of contracting COVID-19. BIPOC arts administrators also mostly disagreed that their depression increased due to knowing someone who contracted COVID-19. Yet, most (34%) agreed that their depression had increased due to isolation. Most (37%) disagreed that their depression had increased due to financial concerns due to COVID-19. However, nearly 11% strongly agreed or agreed that their depression increased due to not having health insurance.

Overwhelmingly, most strongly agreed (39%) or agreed (35%) that their depression increased due to the disproportionate impact COVID-19 has had on BIPOC communities. When it comes to despair, they reported increases due primarily to the disproportionate impact COVID-19 has had on BIPOC communities.

Regarding stress level, BIPOC arts administrators reported increases due to the possibility of contracting COVID-19, knowing someone who has contracted COVID-19, isolation, financial concerns due to COVID-19, and the disproportionate impact COVID-19 has had on BIPOC communities. They reported similar results to anxiety,

Table 27. Funding opportunities explored.

Arts and cultural leaders of color emergency fund	16%
Small business loan	16%
Other opportunities	15%
Local arts councils	14%
National endowment for the arts	12%
State arts agency	10%
State emergency loan	9%
Crowdfunding	8%

Table 28. Barriers to funding.

Other	29%
Limited available funding	22%
Time	18%
Historic funding inequities	13%
Accessibility	8%
Years of operation	6%
All of the above	4%

depression, despair, and stress level when it comes to worrying. More strongly agreed or agreed than disagreed or strongly disagreed that their worrying increased due to the possibility of contracting COVID-19, knowing someone who had contracted COVID-19, isolation, financial concerns due to

COVID-19, and the disproportionate impact COVID-19 has had on BIPOC communities. With regard to self-care measures arts administrators reported using connecting with loved ones (27%), exercise (24%), their artistic and creative expression (20%), meditation (13%), and medication prescribed by a doctor (7%), or all of the above (3%) to cope with anxiety, depression, despair, stress, and worrying (Table 29).

Anxiety measures

BIPOC artists with an income between \$0 to \$9,525 experienced the most significant increase in anxieties due to the possibility of contracting COVID-19 (p-value = 0.004). We also found a statistically significant test result for non-binary identifying BIPOC artists (p-value = 0.022), who have experienced the most significant increase in anxieties due to the impact of COVID-19 on BIPOC communities.

Depression measures

BIPOC artists with lower incomes experienced a significant increase in depression as a result of financial concerns due to COVID-19 (income \$0 to \$9,525 p-value = 0.025; income \$38,701 to \$82,500 p-value = 0.046). For BIPOC artists, the value of the income coefficient for depression is positive at the lowest income level (0.279) and negative at the highest income level (−12.292). This finding suggests that as income increases, the likelihood decreases of reporting depression as a result of financial concerns due to COVID-19.

Despair measures

Race remains the strongest predictor in the model for an increase in despair as a result of the COVID-19 pandemic. Black artists without health insurance are significantly likely to report that their despair has increased because they do not have health insurance (p-value = 0.002), and the value of the income coefficient for Black artists is positive (0.897), which suggests the likelihood of experiencing COVID-related feelings of despair significantly increases among the 27% of Black artists who are without health insurance.

Stress measures

BIPOC male artists without health insurance experienced the most significant increase in stress levels during COVID-19 because they do not have health insurance (p-value = 0.017). For BIPOC arts administrators, race remains the most significant variable for predicting increased stress as a result of COVID-19. In particular, Black arts administrators (p-value = 0.004) and Indigenous arts administrators (p-value = 0.008) have experienced a significant increase in stress levels due to the disproportionate impact COVID-19 has had on BIPOC communities.

Table 29. Health & wellness.

Mental Health and Wellness	Strongly Agree	Agree	Disagree	Strongly Disagree	I Prefer not to Say.
My anxiety has increased due to the possibility of contracting COVID-19.	48%	39%	9%	3%	0.63%
My anxiety has increased due to knowing someone who has contracted COVID-19.	38%	31%	28%	3%	0.63%
My anxiety has increased due to isolation.	36%	33%	29%	3%	0%
My anxiety has increased as a result of financial concerns due to COVID-19.	40%	34%	24%	3%	0%
My anxiety has increased because I do not have health insurance.	6%	7%	62%	23%	2%
My anxiety has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	58%	36%	6%	0.63%	0%
My depression has increased due to the possibility of contracting COVID-19.	24%	35%	36%	5%	0.63%
My depression has increased due to knowing someone who has contracted COVID-19.	21%	24%	49%	5%	1%
My depression has increased due to isolation.	32%	34%	27%	6%	0.63%
My depression has increased as a result of financial concerns due to COVID-19.	26%	32%	37%	5%	0%
My depression has increased because I do not have health insurance.	5%	6%	65%	21%	3%
My depression has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	39%	36%	21%	4%	0%
My despair has increased due to the possibility of contracting COVID-19.	18%	37%	41%	4%	0%
My despair has increased due to knowing someone who has contracted COVID-19.	20%	30%	43%	7%	0.63%
My despair has increased due to isolation.	24%	33%	36%	8%	0%
My despair has increased as a result of financial concerns due to COVID-19.	22%	31%	38%	8%	0.63%
My despair has increased because I do not have health insurance.	5%	5%	66%	21%	3%
My despair has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	39%	36%	23%	3%	0%
My stress level has increased due to the possibility of contracting COVID-19.	44%	43%	11%	3%	0%
My stress level has increased due to knowing someone who has contracted COVID-19.	35%	33%	27%	4%	0.63%
My stress level has increased due to isolation.	35%	31%	29%	5%	0%
My stress level has increased as a result of financial concerns due to COVID-19.	37%	34%	25%	4%	0%
My stress level has increased because I do not have health insurance.	9%	8%	60%	21%	2%
My stress level has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	51%	32%	15%	2%	0%
My worrying has increased due to the possibility of contracting COVID-19.	48%	39%	10%	3%	0%
My worrying has increased due to knowing someone who has contracted COVID-19.	36%	34%	24%	4%	0.63%
My worrying has increased due to isolation.	33%	31%	31%	6%	0%
My worrying has increased as a result of financial concerns due to COVID-19.	36%	36%	24%	4%	0%
My worrying has increased because I do not have health insurance.	8%	9%	59%	21%	3%
My worrying has increased due to the disproportionate impact COVID-19 has had on Black, Indigenous, and People of Color (BIPOC) communities.	47%	40%	12%	1%	0%

Table 30. BIPOC arts administrators regression model.

Model	Model Fitting Information			
	Model Fitting Criteria		Likelihood Ratio Tests	
	–2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	472.072			
Final	0.000	472.072	27	<.001
Pseudo R-Square				
Cox and Snell	.932			
Nagelkerke	.986			
McFadden	.926			

Worrying measures

BIPOC artists and BIPOC arts administrators with a high school education are most likely to have experienced an increase in worrying related to COVID-19. In particular, BIPOC artists with a high school education have experienced an increase in worrying due to the possibility of contracting COVID-19 (p-value = 0.005) and have also experienced an increase in worrying as a result of financial concerns due to COVID-19 (p-value = 0.012). BIPOC arts administrators with a high school education have experienced a significant increase in worrying as a result of financial concerns due to COVID-19 (p-value = 0.011). Readers should also note that 63% of BIPOC artists and 33% of BIPOC arts administrators with a high school education level reported an income of \$9,525 or less (Table 30).

Discussion

While this study has uncovered a great deal about the impacts of the COVID-19 pandemic on BIPOC artists and arts administrators; a few results warrant further discussion. First, the majority of artists reported that they expected to earn between \$9,526 - \$38,700 after taxes between March 1 and May 1, 2021 before the pandemic. Arts administrators expected to earn between \$38,701 and \$82,500 after taxes between March 1 and May 1, 2021. We wonder how artists’ and arts administrators’ income expectations compare to and differ from their non-BIPOC colleagues?

With this knowledge, we could better assess the extent to which artists and arts administrators experience pay parity for their employment in the creative sector. Such comparisons might reveal pay inequities that the creative sector should rectify across the board because of their detrimental impacts on racially marginalized artists and administrators, but also the sector at large. For example, a recent Citigroup (2020) study found that the U. S. economy lost \$16 trillion as a result of anti-Black racism. We wonder how much money the U. S. creative economy has loss due to discrimination against BIPOC artists and arts administrators?

Nearly 76% of BIPOC artists reported applying for emergency funding through the CARES Act or other opportunities, and almost 66% reported receiving emergency funding. However, 50% reported that they did not expect to receive funding due to a variety of reasons. Conversely, 53% of BIPOC arts administrators reported that they had applied for emergency funding, and 75% reported that they received funding. However, only 54% expected to receive funding. Having access to this knowledge is critical for fostering a better understanding of the ways in which BIPOC artists and

arts administrators experience inequity within the creative sector, and the impacts this inequity continues to have on their lives as it relates to access to funding.

Any time is a bad time to live without health insurance, but a global public health pandemic is an exceedingly bad time for one to live without health insurance. Yet 32% of BIPOC artists, and 9% of arts administrators reported that they did not have health insurance. The fact that some arts unions dropped artists' health insurance because they did not get enough work to qualify to keep their health insurance is deeply troubling, too (Stevens and Fassler 2021).

Furthermore, because of the ways discrimination informs performance opportunities in the performing arts, race may have made BIPOC artists more vulnerable than their White colleagues for loss of their health insurance. A future study should explore the reasons BIPOC artists and arts administrators do not have health insurance, the barriers they have experienced when pursuing health insurance, and the role arts unions play in the process. This research could inform advocacy and policymaking that could increase access to healthcare for BIPOC artists and arts administrators.

In terms of health & wellness, BIPOC artists and arts administrators overwhelmingly strongly agreed or agreed that their anxiety, depression, despair, stress level, and worrying increased due to the possibility of contracting COVID-19, knowing someone who had contracted COVID-19, isolation, financial concerns, and the disproportionate impact COVID-19 has had on BIPOC communities. BIPOC artists with an income between \$0 to \$9,525 experienced the most significant increase in anxiety due to the possibility of contracting COVID-19 (p -value = 0.004).

We also found a statistically significant test result for non-binary identifying BIPOC artists (p -value = 0.022), who have experienced the most significant increase in anxiety due to the impact of COVID-19 on BIPOC communities. BIPOC artists with lower incomes experienced a significant increase in depression as a result of financial concerns due to COVID-19. Race remains the strongest predictor for an increase in despair as a result of the COVID-19 pandemic.

Black artists without health insurance were significantly more likely to report that their despair increased because they did not have health insurance. BIPOC male artists without health insurance experienced the most significant increase in stress levels during COVID-19 because they did not have health insurance. For BIPOC arts administrators, race remains the most significant variable for predicting increased stress as a result of COVID-19. In particular, Black (p -value = 0.004) and Indigenous arts administrators (p -value = 0.008) experienced a significant increase in stress levels due to the disproportionate impact COVID-19 has had on BIPOC communities.

BIPOC artists and BIPOC arts administrators with a high school education are most likely to have experienced an increase in worrying related to COVID-19. In particular, BIPOC artists with a high school education experienced an increase in worrying due to the possibility of contracting COVID-19 (p -value = 0.005) and as a result of financial concerns due to COVID-19 (p -value = 0.012). BIPOC arts administrators with a high school education have experienced a significant increase in worrying as a result of financial concerns due to COVID-19 (p -value = 0.011). Readers should also note that 63% of BIPOC artists and 33% of BIPOC arts administrators with a high school education level reported an income of \$9,525 or less. These results taken together highlight intersecting economic, environmental, health, and racial

inequity issues that the creative sector should actively seek to address through seismic and substantive cultural policy.

Indeed, we argue that all future advocacy agendas in the creative sector at the local, state, and federal levels should make addressing intersecting economic, environmental, health, and racial inequity a top priority. The creative sector might accomplish this by developing explicit antiracist cultural policies informed by transformative justice. Even when subverted and undermined by White appeasement (Bacon 2021) the landmark Civil Rights legislation of the 1960s serves as the most instructive model for the creative sector when developing antiracist cultural policies. Indeed, Civil Rights legislation has proven the most successful for improving racially marginalized peoples' lives in the U. S. because it centered Black lives (Newkirk 2019).

Conclusions

Centering their lived experiences with the pandemic, this study investigated the impacts of COVID-19 on BIPOC artists and arts administrators. We addressed the primary research question, in what ways has COVID-19 impacted BIPOC artists and arts administrators? In addition, we investigated the secondary research question, do differences in impacts exist in health and wellness for BIPOC artists and administrators based on demographic characteristics? This study makes a significant contribution to the emerging scholarship on COVID-19 impacts on the creative sector because unlike nearly all previous literature (American Alliance of Museums 2020; Americans for the Arts 2020; Artists Trust 2020; ARTSFUND 2020), we focused exclusively on the experiences of the most vulnerable creatives in U. S. society, those who identify as historically marginalized and oppressed due to their race first, but also other intersectional identities such as their disability status, age, gender, or sexual orientation (Crenshaw 1989). However, this study also raises a critical epistemological question as it relates to the arts and social justice. Namely, what does social justice in the U. S. creative sector look like based on what we have learned as a result of conducting this study?

Although we appreciate learning much about how BIPOC artists and arts administrators thrive during the COVID-19 pandemic, this study advances a disturbing fact. The creative sector mirrors and reflects the inequities and injustices experienced in U. S. society (Cuyler 2019; Helicon Collaborative 2017; Sidford 2011). Given that 32% of artists and 9% of arts administrators reported that they do not have health insurance and experienced anxiety, depression, despair, stress and worrying related to financial concerns, this study highlights the importance that national policies on Medicare for All and Universal Basic Income could hold for historically marginalized and oppressed U. S. citizens. If such policies existed, it could help to protect everyone, regardless of their race, during a highly precarious public health crisis. As such, the creative sector should advocate for and partner with policymakers to support the advancement of these policies that give all artists and arts administrators, regardless of their race, equitable access to living a thriving life.

Although we answered our primary and secondary research questions, several other research questions emerged as a result of conducting this study. First, how do BIPOC artists' and arts administrators' income expectations compare to and differ from their non-BIPOC colleagues? A quantitative study on this topic would help to assess the extent

to which artists and arts administrators experience pay parity for their employment within the creative sector. Second, what amount of financial capital has the U. S. creative economy lost due to discrimination against BIPOC artists and arts administrators? A quantitative study of this sort might compel thinking more deeply about the unsustainability of racism in a sector and society that identifies as pro-capitalist and remains reliant on diverse revenue streams. Lastly, a mixed method study that explores the questions, why do 32% of BIPOC artists and 9% of arts administrators lack health insurance? In addition, what barriers and challenges do BIPOC artists and arts administrators experience when pursuing health insurance, and what role do arts unions play in the process?

Although no service arts organization currently exists to advance and support the economic and health thriving of BIPOC artists and arts administrators, if such an organization existed, this study would provide the empirical evidence to support advocacy for national healthcare and universal basic income policies, but also inform an advocacy agenda for these artists and arts administrators critical to advancing a dynamic and vital U. S. creative sector. In addition to these questions, future studies should approach this topic with an intersectional lens to better understand the nuanced impacts of the pandemic on BIPOC communities and their compounding impacts with age, class, disability, education, gender, political party affiliation, religion, and sexual orientation (Crenshaw 1989).

Disclosure statement

No potential conflict of interest was reported by the authors.

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