An Introduction to the COVID-19 Community Impact Survey (CCIS)

Results as of June 8, 2021

Presented by W.W. Sanouri Ursprung PhD, Jennica Allen, MPH, Ben Wood, MPH, and Jessica del Rosario MPA
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CCIS Data Dissemination Workgroup
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Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:

- Academic Public Health Volunteer Corps and their work with local boards of health and on social media
- Mass in Motion programs, including Springfield, Malden, and Chelsea
- Cambodian Mutual Assistance
- The Mashpee Wampanoag Tribe
- The Immigrants’ Assistance Center, Inc
- Families for Justice as Healing
- City of Lawrence Mayor’s Health Task Force
- The 84 Coalitions, including the Lawrence/Methuen Coalition
- Boys and Girls Clubs, including those in Fitchburg and Leominster and the Metro South area
- Chinatown Neighborhood Association
- Father Bill’s
- UTEC
- MassCOSH
- Stavros Center for Independent Living
- Greater Springfield Senior Services
- Center for Living and Working
- DEAF, Inc.
- Massachusetts Commission for the Deaf and Hard of Hearing
- Viability, Inc.
PURPOSE AND INTENT
of webinar series and this webinar
Purpose of this Webinar Series

The goal of this webinars series is to share some key findings from the COVID-19 Community Impact Survey (CCIS) to:

- Inform immediate and short-term actions
- Identify ways to advance new, collaborative solutions with community partners to solve the underlying causes of inequities
- Provide data that stakeholders at all levels can use to "make the case" for a healthy future for ALL.

Visit http://mass.gov/covidsurvey for all things CCIS!
This Webinar is: Introduction to CCIS, Frames & Data to Action

This webinar provides:

- An introduction to the CCIS
- An introduction to reading CCIS findings with a racial justice lens
- Tools and steps to turn the data into action with your partners
PURPOSE AND APPROACH: how and why did we conduct the CCIS?
**BACKGROUND**

**Context**

The pandemic is exacerbating pre-existing public health concerns and creating new health crises to address. Even people who have not become sick with COVID-19 are managing stress, uncertainty, and isolation during this challenging time. DPH and its partners need real time data to prioritize resources and inform policy actions.

**Goal**

DPH conducted a survey to understand the specific needs of populations that have been disproportionately impacted by the pandemic, including its social and economic impacts.

**Actions**

DPH will use and share these data to prioritize our pandemic response and to create new, collaborative solutions with community partners.
These data could inform...

**RISK MITIGATION** – Where can we eliminate unfair environmental barriers to social distancing?

**TESTING** – How can we make access and awareness more equitable? Who doesn’t know where/when to go? Who is still concerned about cost?

**PSA/COMMUNICATION** - Who still “doesn’t know” info we’ve pushed out and how can we better reach them?

**MENTAL HEALTH SUPPORTS** - What should we deploy to meet acute needs?

**ECONOMIC SUPPORT** - Who is facing the biggest disparities in meeting basic needs? How does this intersect with areas like PPE, testing, etc.?

**VACCINE DEPLOYMENT**: How should we prioritize certain occupations, populations, geographies, etc.? (eg. Who can’t work from home? Who can’t socially distance at work?)

**RESUMING DELAYED CARE** - What acute non-COVID health concerns are increasing? And for whom? (eg. Where do we need to lower barriers or communicate better to encourage folks not to delay care?)

**YOUTH/SCHOOL SERVICES** - What impacts are youth experiencing beyond educational delays (e.g., healthcare access, testing for teens in frontline occupations (e.g., grocery), protections for those that work directly with youth)?

**TESTING** – How can we make access and awareness more equitable? Who doesn’t know where/when to go? Who is still concerned about cost?

3.10.21 release
DEMOGRAPHICS
Age, geography, gender, race, ethnicity, sexual orientation, disability status, education, income

BASIC NEEDS
Access to goods, services, information, social safety nets

PERCEPTIONS & EXPERIENCES OF COVID-19
Concern, access to testing, ability to social distance

CCIS DOMAINS

SAFETY
Intimate partner violence, discrimination

ACCESS TO HEALTHCARE
Healthcare needs, types of care, barriers to care

SUBSTANCE USE
Change in use, resource needs

EMPLOYMENT
Changes in employment, barriers to employment, ability to work from home, access to protections

MENTAL HEALTH
Trauma, other mental health challenges, resource needs
OVERVIEW OF APPROACH

- Conducted a self-reported online survey between Sept. and Nov. 2020
- Available in 11 languages, with focus groups conducted in ASL
- Employed a sampling strategy that ensured we reach key populations and developed a specific subset of questions for youth respondents
- Weighted results to the state average
- Open ended questions captured previously unknown needs and barriers
- Recruited participants via network of community-based organizations (CBOs)
We intentionally worked to reach these Priority Populations:

- People of color
- LGBTQ+ individuals
- People with disabilities
- Essential workers
- People experiencing housing instability
- Older adults
- Individuals living in areas hardest hit by COVID-19
Recruitment efforts were overwhelmingly successful

- Over **33,000** adult respondents and over **3,000** youth (under 25) in the final sample
- More respondents from western and central MA, than in the entire statewide samples of past surveillance surveys* (eg. BRFSS).
- Compared to past surveillance surveys, CCIS priority population samples reached:
  - 10x as many Alaska Native/Native Americans
  - 10x as many LGBTQ respondents
  - 5x as many residents who speak languages other than English
  - 5x as many Hispanic residents
  - 5x as many Asian residents
  - Over twice as many respondents in other populations including the deaf/hard of hearing and Black community
    - Additional Focus Groups were conducted with the Deaf/Hard of Hearing community

*example comparison rates were calculated in comparison to the 2019 Behavioral Risk Factor Surveillance Survey (BRFSS) sample sizes
• For the adult survey, percentages were weighted to the statewide age and educational distribution of residents aged \( \geq 25 \) years.

• For the youth survey, all percentages are weighted to the statewide age and educational distribution of those \( \geq 25 \) years.

• For statistical significance testing, a chi-square \((X^2)\) test of independence for comparisons was used.

• Any group where less than 30 respondents answered the question (denominator < 30), or less than 5 respondents reported that outcome (numerator or "count" < 5) was suppressed.
FRAMING MATTERS: how to read these findings with a racial justice lens
Racism is...

A system of advantage based on race.

-David Wellman, Portraits of White Racism
Racial Justice ≠ Diversity
(Diversity = Variety)

Racial Justice ≠ Equality
(Equality = Sameness)

Racial Justice = Equity
(Equity = Fairness, Justice)
DISPARITIES, INEQUALITY, & INEQUITY

DISPARITY = INEQUALITY, and implies differences between individuals or population groups (UN-equal)

INEQUITY refers to differences which are unnecessary and avoidable, but in addition, are also considered unfair and unjust
LEVELS OF RACISM

INTERNALIZED
INTERPERSONAL

MICRO-LEVEL

INSTITUTIONAL
STRUCTURAL

MACRO-LEVEL
KEY TAKEAWAYS

- Lead with race and racism explicitly, but not exclusively.
- Keep your analysis structural.
- Don’t personalize critiques of systems.
- The analysis is the tool.
- Racial justice work is not work done FOR people of color.
- Systems that are failing communities of color, are actually failing all of us.
<table>
<thead>
<tr>
<th>Period</th>
<th>Years (% of History)</th>
<th>Characteristics</th>
<th>Health Systems</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chattel Slavery</td>
<td>1619 - 1865</td>
<td>Abolition of Atlantic Slave Trade (1808) – Black influx stopped; Black immigration since: scant</td>
<td>Disparate/inequitable treatment; poor health status and outcomes; “Slave health deficit” and “Slave health subsystem” in effect</td>
<td>1721 Cotton Mather and Zabdiel Boylston conduct first large-scale smallpox inoculation in the English-speaking world – inspired by enslaved African man, Onesimus</td>
</tr>
<tr>
<td>Jim Crow Segregation</td>
<td>1865 – 1965</td>
<td>13th, 14th, and 15th Amendments virtually nullified; legal segregation implemented in 1896</td>
<td>Absent or inferior treatment and facilities; <em>de jure</em> segregation / discrimination in South, <em>de facto</em> throughout most of the health system; health system recreates racial ideology</td>
<td>1875 and 1915 Johnson and Graves on negro health are example of how health professions are place where racial ideology is created</td>
</tr>
</tbody>
</table>
Racial inequity persists in every system across the country without exception.

<table>
<thead>
<tr>
<th>System</th>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child welfare</td>
<td>Disproportionality</td>
<td>Refers to the proportion of ethnic or racial groups of children in child welfare compared to those groups in the general population.¹</td>
</tr>
<tr>
<td>Health</td>
<td>Health disparity</td>
<td>Healthcare disparities refer to differences in access to or availability of facilities and services. Health status disparities refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups.²</td>
</tr>
<tr>
<td>Juvenile justice</td>
<td>Disproportionate minority contact (“DMC”)</td>
<td>Refers to the disproportionate number of minority youth who come into contact with the juvenile justice system ³</td>
</tr>
<tr>
<td>Education</td>
<td>Achievement gap</td>
<td>When one group of students (such as, students grouped by race/ethnicity, gender) outperforms another group and the difference in average scores for the two groups is statistically significant.⁴</td>
</tr>
<tr>
<td>Housing</td>
<td>Housing discrimination</td>
<td>Housing discrimination is discrimination in which an individual or family is treated unequally when trying to buy, rent, lease, sell or finance a home based on certain characteristics, such as race, class, sex, religion, national origin, and familial status.⁵</td>
</tr>
<tr>
<td>Economic Development</td>
<td>Historically underutilized businesses</td>
<td>Businesses that are disadvantaged and are deemed in need of assistance to compete successfully in the marketplace.⁶</td>
</tr>
</tbody>
</table>
SOCIAL DETERMINANTS OF HEALTH INEQUITIES

Racism

Classism, Sexism, Heterosexism,

Education
Job Opportunity
Socioeconomic Status
Environmental Exposure
Health Behaviors
Access to Health Services
Safe & Affordable Housing
Reducing Violence

Health Outcomes
Addressing the Health Inequity Pathway: Groundwater, Upstream, Midstream, and Downstream

Interconnected Systems

Address policies and interconnected systems to change unjust systems at the macro level and include global forces and governmental policies.

Policies & Environment

Address policies and environments to change these unjust systems ex: housing policies, land trusts, etc.

Increased Risk

Mitigate the impact of the increased risk caused by these unjust systems ex: supportive housing, new development, stabilization initiatives.

Health-Related Social Needs

Address the immediate health related social needs caused by these unjust systems ex: air conditioner vouchers.

[Emerging Public Health Practice]

[Current Public Health Practice]
UNDERSTANDING FRAMES
“Frames are mental structures that shape the way we see the world. As a result, they shape the goals we seek, the plans we make, the way we act, and what counts as a good or bad outcome of our actions...frames shape our social policies and the institutions we form to carry out policies.”  

George Lakoff
Dominant frames are ideas, attitudes and beliefs that are shared collectively. They evoke certain standards, values and morals that are reinforced and continued throughout society and across time. Examples?

- Bootstrap Theory
DON'T DEPEND ON OTHERS TO HELP YOU - LEARN TO STAND ON YOUR OWN TWO FEET!

WHO SAID THAT?!

HIM.

BOOTSTRAP THEORY
A young man walks through chest deep flood water after looting a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did extensive damage when it hit.

Two residents wade through chest-deep water after finding bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana. (AFP/Getty Images/Chris Graythen)
“We will not go back to normal. Normal never was. Our pre-corona existence was not normal other than we normalized greed, inequity, exhaustion, depletion, extraction, disconnection, confusion, rage, hoarding, hate and lack. We should not long to return, my friends. We are being given the opportunity to stitch a new garment. One that fits all of humanity and nature.” - Sonya Renee Taylor
DATA TO ACTION
RACIAL JUSTICE REFRAMING AND A CALL TO ACTION
<table>
<thead>
<tr>
<th>Framing Element</th>
<th>Traditional Approach</th>
<th>Racial Justice Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What’s the Problem?</td>
<td></td>
<td></td>
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<tr>
<td>2. What’s the Cause?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What/Who’s Responsible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What’s the Solution?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. What Action is Needed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. What Values are highlighted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Framing Element</td>
<td>Traditional Approach</td>
<td>Racial Justice Approach</td>
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<tr>
<td>-----------------</td>
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</tr>
<tr>
<td>1. What’s the Problem?</td>
<td>High rates of diabetes</td>
<td>Persistent racial inequities in diabetes rates</td>
</tr>
</tbody>
</table>
| 2. What’s the Cause? | - Poor Nutrition  
- Lack of Exercise  
- Overweight/Obesity Individuals | - Food deserts, income inequity, racial redlining in transit and zoning for green space, etc., in communities of color  
- Disinvestment in communities of color  
- Residential segregation  
Businesses; policy makers |
| 3. What’s the Solution? | - Improve nutrition  
- Increase physical activity | - Food security in all communities  
- Economic investment in low-income communities/communities of color  
- Accessible and affordable healthy foods in all communities, particularly communities of color |
| 4. What Action is Needed? | - Nutrition education classes  
- Exercise classes | - Food access policies that target roots of inequities  
- Economic policies that invest in communities of color  
- Partnerships across sectors and with community residents |
| 5. What Values are highlighted? | Individualist; Personal Responsibility; Choice; Individual Freedom | Equity; Justice; Fairness; Shared Responsibility |
GROUNDWATER MATRIX TOOL: what solutions should we propose?

Upstream

Fish

SNAP benefits for healthy food

Healthy food cooking classes

Mass in Motion Municipal Wellness & Leadership Initiative

Technical assistance to grocery stores in low-income communities

Groundwater

Downstream
Where are your opportunities to influence action?
Who can take this data to action? You.

- MA Department of Public Health & other state agencies
- Local government, boards of health, health departments
- Community advocates & community-based organizations
- Quasi-public entities like regional planning agencies, regional transit agencies, regional councils of government
Steps from Data to Action

1. Get the data
2. Identify your partners
3. Identify actions with partners
   • Short-term/immediate actions
   • Long-term/actions to change systems & policies
4. Make a plan & keep checking in with partners
5. Repeat!

Racial Justice Reframing at EVERY STEP!
Racial Equity Considerations:

WHO BENEFITS?
WHO IS HARMED?
WHO INFLUENCES/WHO DECIDES?
WHAT MIGHT BE UNINTENDED CONSEQUENCES?
STEP 1: Get the Data

COVID-19 Community Impact Survey @ mass.gov
http://mass.gov/covidsurvey

Multiple Formats
- Webinars
- Slides
- Raw data in tables
- Talking points with statements of findings

Racial Justice Reframing
Remember the DISCRIMINATION & POPULATION SPOTLIGHTS data
STEP 2: Identify Your Partners

Who are the partners that can help you take action?
Which voice have you heard from?
Who has been left out of the conversation so far?

Racial Justice Reframing
Who benefits?
Who is harmed?
Who influences?
Who decides?

= Your Data to Action partners!
### STEP 3: Identify Actions With Your Partners

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are some possible causes for the issues this data highlights?</td>
<td></td>
</tr>
<tr>
<td>What are possible solutions?</td>
<td></td>
</tr>
<tr>
<td>What is the underlying system issue?</td>
<td></td>
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<tr>
<td>Are there actions you are already taking or could take that relate to this finding?</td>
<td></td>
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<tr>
<td>Are there actions you can take right now?</td>
<td></td>
</tr>
<tr>
<td>Actions you can take soon? When?</td>
<td></td>
</tr>
<tr>
<td>Are there actions someone else can take?</td>
<td></td>
</tr>
<tr>
<td>Who?</td>
<td></td>
</tr>
<tr>
<td>What might be unintended consequences?</td>
<td></td>
</tr>
<tr>
<td>Who benefits?</td>
<td></td>
</tr>
<tr>
<td>Who is harmed?</td>
<td></td>
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<tr>
<td>Who influences?</td>
<td></td>
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<tr>
<td>Who decides?</td>
<td></td>
</tr>
<tr>
<td>How can you engage others in data to action conversations? Who should see the data?</td>
<td></td>
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</tbody>
</table>
STEP 4: Make a plan, check-in with partners

- Turn your answers into a work plan & share it
- Follow the plan - act with partners now and later
- Include the actions in funding opportunities to increase capacity
- Check in with partners about progress on the work plan
- Relate short-term change to long-term solutions

Ask the Racial Justice Reframing questions EVERY time you revisit your work plan!
STEP 5: Repeat!

Data is updated every month so check-back & repeat the Data to Action steps

http://mass.gov/covidsurvey
Visit http://mass.gov/covidsurvey for more information on how residents of Massachusetts have been impacted by the pandemic and how we can all work together to turn these data into action!