Massachusetts Department of Public Health

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 COMMUNITY PARTNERS

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...

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

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?)

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

PSA/COMMUNICATION - Who still "doesn't know" info we've pushed out and how can we better reach them?

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

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)?

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

CCIS DOMAINS

DEMOGRAPHICS

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

PERCEPTIONS & EXPERIENCES OF COVID-19

Concern, access to testing, ability to social distance

BASIC NEEDS

Access to goods, services, information, social safety nets

SAFETY

Intimate partner violence, discrimination

ACCESS TO HEALTHCARE

Healthcare needs, types of care, barriers to care

SUBSTANCE USE

Change in use, resource needs

MENTAL HEALTH

Trauma, other mental health challenges, resource needs

EMPLOYMENT

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

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 a 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

TECHNICAL DATA NOTES

- For the adult survey, percentages were weighted to the statewide age and educational distribution of residents aged ≥25 years.
- For the youth survey, All percentages are weighted to the statewide age and educational distribution of those ≥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.

CCIS FINDINGS

PERCEPTIONS & EXPERIENCES OF COVID-19

Concern, access to testing, ability to social distance

POPULATION SPOTLIGHTS

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

SOCIAL DETERMINANTS OF HEALTH

Access to goods, services, information, social safety nets

SAFETY

Intimate partner violence, discrimination

ACCESS TO HEALTHCARE

Healthcare needs, types of care, barriers to care

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EMPLOYMENT

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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

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

MICRO-LEVEL

MACRO-LEVEL

INTERNALIZED

INTERPERSONAL

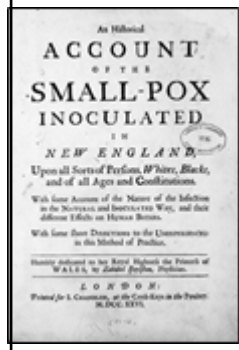
INSTITUTIONAL

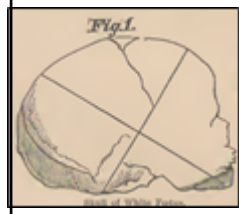
STRUCTURAL

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.

Period	Years (% of History)	Characteristics	Health Systems	Example
Chattel Slavery	1619 - 1865 (62%)	Abolition of Atlantic Slave Trade (1808) – Black influx stopped; Black immigration since: scant	Disparate/inequitable treatment; poor health status and outcomes; "Slave health deficit" and "Slave health subsystem" in effect	1721 Cotton Mather and Zabdiel Boylston conduct first large-scale smallpox inoculation in the English-speaking world – inspired by enslaved African man, Onesimus
Jim Crow Segregation	1865 – 1965 (25%)	13th, 14th, and 15th Amendments virtually nullified; legal segregation implemented in 1896	Absent or inferior treatment and facilities; *de jure* segregation / discrimination in South, *de facto* throughout most of the health system; health system recreates racial ideology	1875 and 1915 Johnson and Graves on negro health are example of how health professions are place where racial ideology is created
Structural Racism	1965 – Today (13%)	School desegregation (1954), Civil Rights Act (1964), Voting Rights Act	Southern medical school desegregation (1948), hospital desegregation in federal courts (1964), disparate health status, outcome, services, discrimination in effect	1999 NEJM study is example of clear physician bias present across health systems

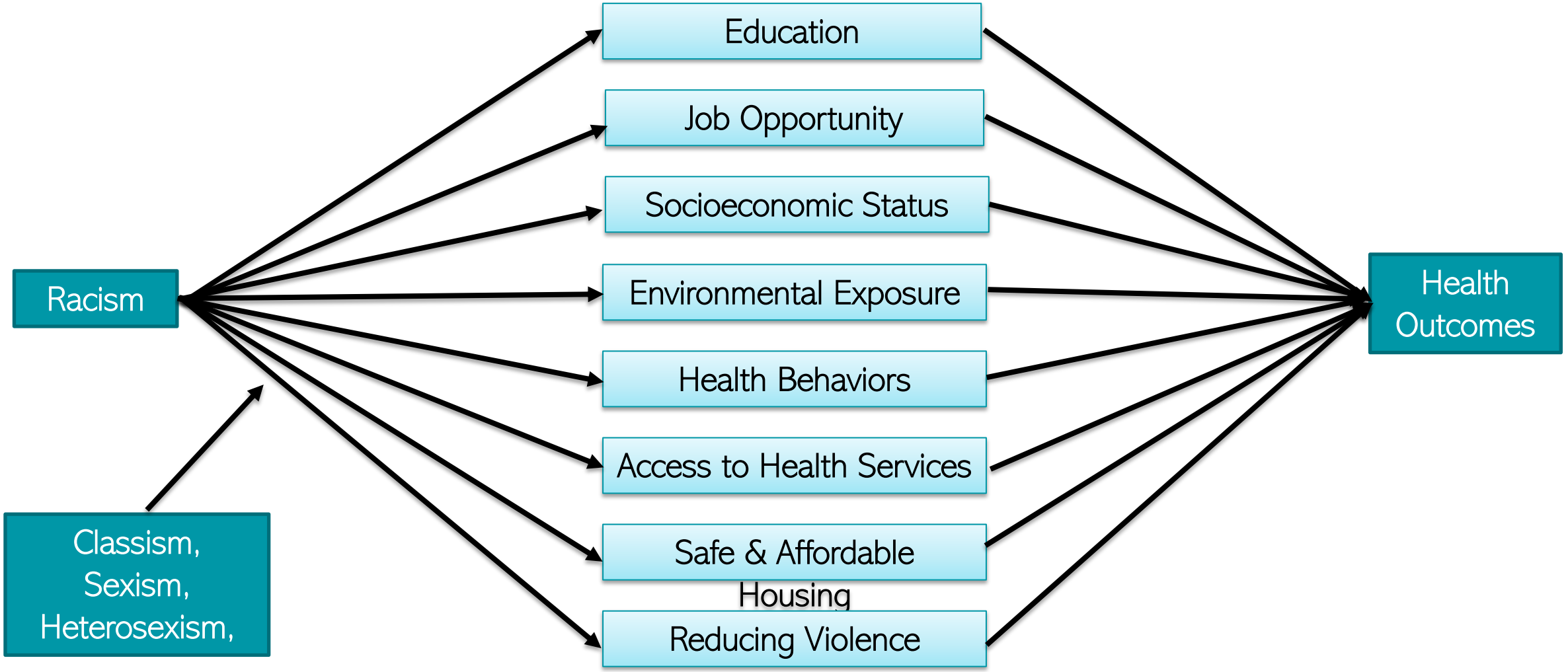




Racial inequity persists in every system across the country without exception.

System	Term	Definition
Child welfare	Disproportionality	Refers to the proportion of ethnic or racial groups of children in child welfare compared to those groups in the general population.[1]
Health	Health disparity	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]
Juvenile justice	Disproportionate minority contact ("DMC")	Refers to the disproportionate number of minority youth who come into contact with the juvenile justice system [3]
Education	Achievement gap	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]
Housing	Housing discrimination	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]
Economic Development	Historically underutilized businesses	Businesses that are disadvantaged and are deemed in need of assistance to compete successfully in the marketplace.[6]

SOCIAL DETERMINANTS OF HEALTH INEQUITIES



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

Interconnected Systems	Policies & Environment	Increased Risk	Health-Related Social Needs
Address policies and interconnected systems to change unjust systems at the macro level and include global forces and governmental policies.	Address policies and environments to change these unjust systems *ex: housing policies, land trusts, etc.*	Mitigate the impact of the increased risk caused by these unjust systems *ex: supportive housing, new development, stabilization initiatives*	Address the immediate health related social needs caused by these unjust systems *ex: air conditioner vouchers*

[Emerging Public Health Practice] [Current Public Health Practice]

GROUNDWATER UPSTREAM MIDSTREAM DOWNSTREAM

UNDERSTANDING FRAMES

WHAT ARE 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

- 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

BOOTSTRAP THEORY

Associated Press AP - Tue Aug 30,11:31 AM ET

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

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AFP 3:47 AM ET

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)

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RELATED

- Katrina's Effects, at a Glance AP - Tue Aug 30, 1:26 PM ET

Hurricanes & Tropical Storms

"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

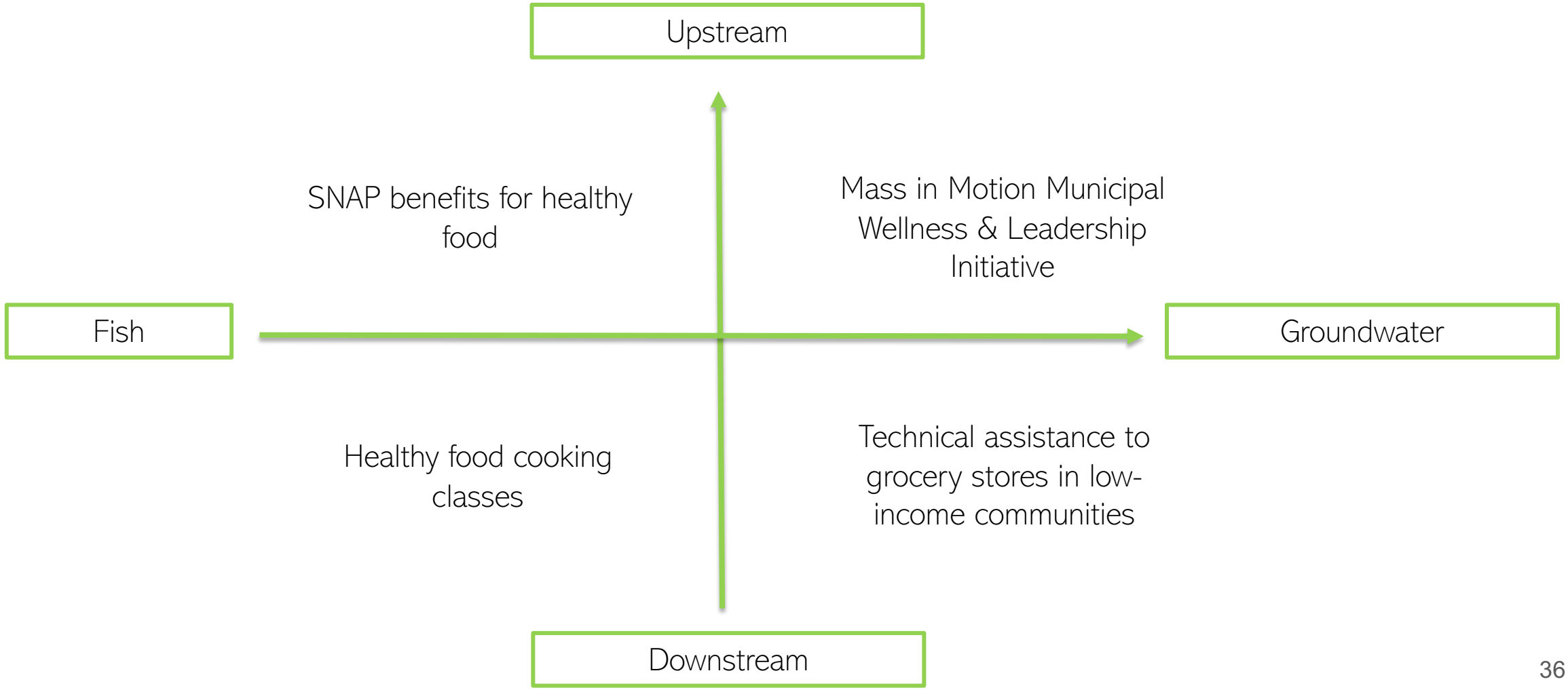
RACIAL JUSTICE REFRAMING AND A CALL TO ACTION

How should we interpret these findings?

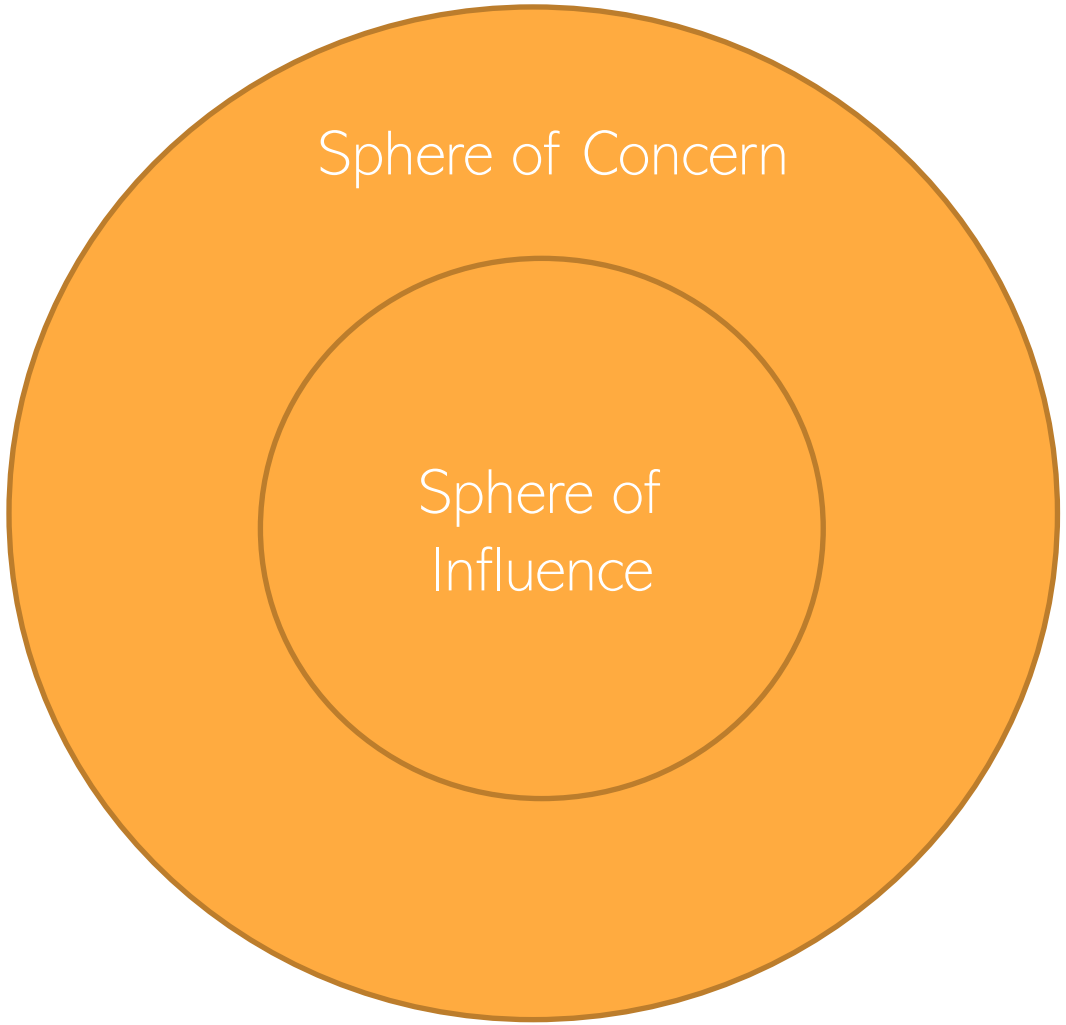
Framing Element	Traditional Approach	Racial Justice Approach
1. What's the Problem?		
2. What's the Cause? What/Who's Responsible?		
3. What's the Solution?		
4. What Action is Needed?		
5. What Values are highlighted?		

Framing Element	Traditional Approach	Racial Justice Approach
1. What's the Problem?	High rates of diabetes	Persistent racial inequities in diabetes rates
2. What's the Cause? What/Who's Responsible?	- 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?*



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

<u>Multiple Formats</u>

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

<u>Racial Justice Reframing</u>

Remember the DISCRIMINATION & POPULATON SPOTLOGHTS 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

What are some possible causes for the issues this data highlights?

What are possible solutions?
What is the underlying system issue?

Are there actions you are already taking or could take that relate to this finding?

Are there actions you can take right now?
Actions you can take soon? When?

Are there actions someone else can take? Who?

How can you engage others in data to action conversations? Who should see the data?

Racial Justice Reframing

Who benefits?
Who is harmed?
Who influences?
Who decides?
What might be unintended consequences?

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

WANT TO KNOW MORE?

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!