

Massachusetts Department of Public Health

COVID-19 COMMUNITY IMPACT SURVEY: RACE POPULATION SPOTLIGHTS & DISCRIMINATION

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Results as of June 8, 2021

R E M I N D E R

This webinar is meant to be watched after you have already seen the CCIS Introduction Webinar.

The introduction contains important background information explaining how to interpret these results, how we did the survey, and how to frame these findings with a racial justice lens so that we can all turn the CCIS data into action!

Visit <http://mass.gov/covidsurvey> for more!

CCIS TEAM MEMBERS

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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:

- Health Resources in Action (HRiA)
- John Snow International (JSI)
- 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

RACE & DISCRIMINATION

This webinar will share some key findings from the COVID-19 Community Impact Survey (CCIS) illustrating the impacts of race and racism during the pandemic. The goal is that these findings:

- 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.

Remember to watch the [CCIS Introduction Webinar](#) for important background, tools, and tips to frame these findings with a racial justice lens to turn the CCIS data into action!

Visit <http://mass.gov/covidsurvey> for all things CCIS!

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

SOCIAL DETERMINANTS OF HEALTH INEQUITIES



UNDERSTANDING FRAMES

DOMINANT FRAMES

- Remember, frames are mental structures that shape the way we see the world
- 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



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

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REFRAMING

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?		

GUIDING PRINCIPLES

- 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.

FRAMING MATTERS

- Being discriminated against is not just a feeling. Discrimination, especially within the context of structural racism, impacts mental and physical health by increasing allostatic load - wear and tear on the body, due to the cumulative burden of repeated chronic stress.
- Compared to Whites, other race/ethnicity groups experienced discrimination at much higher levels during the pandemic.



DISCRIMINATION

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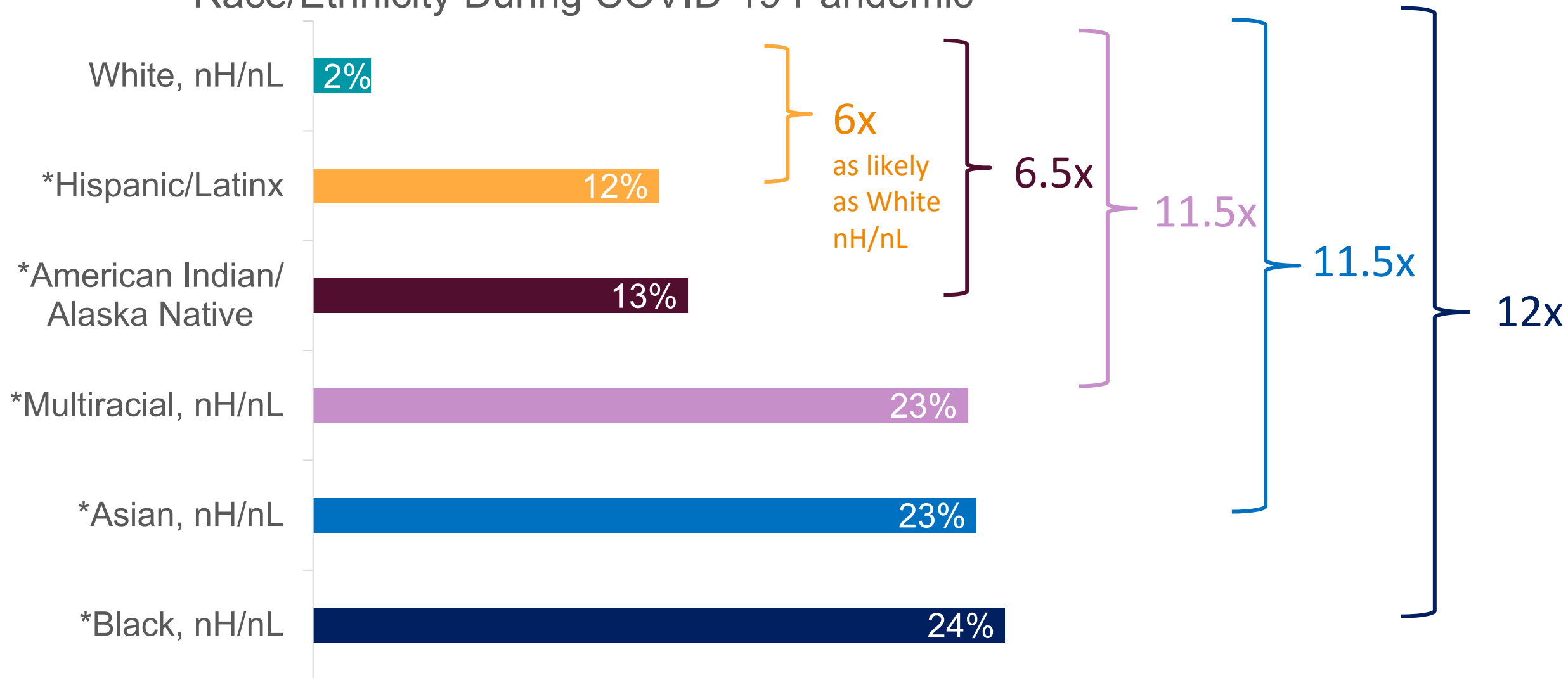
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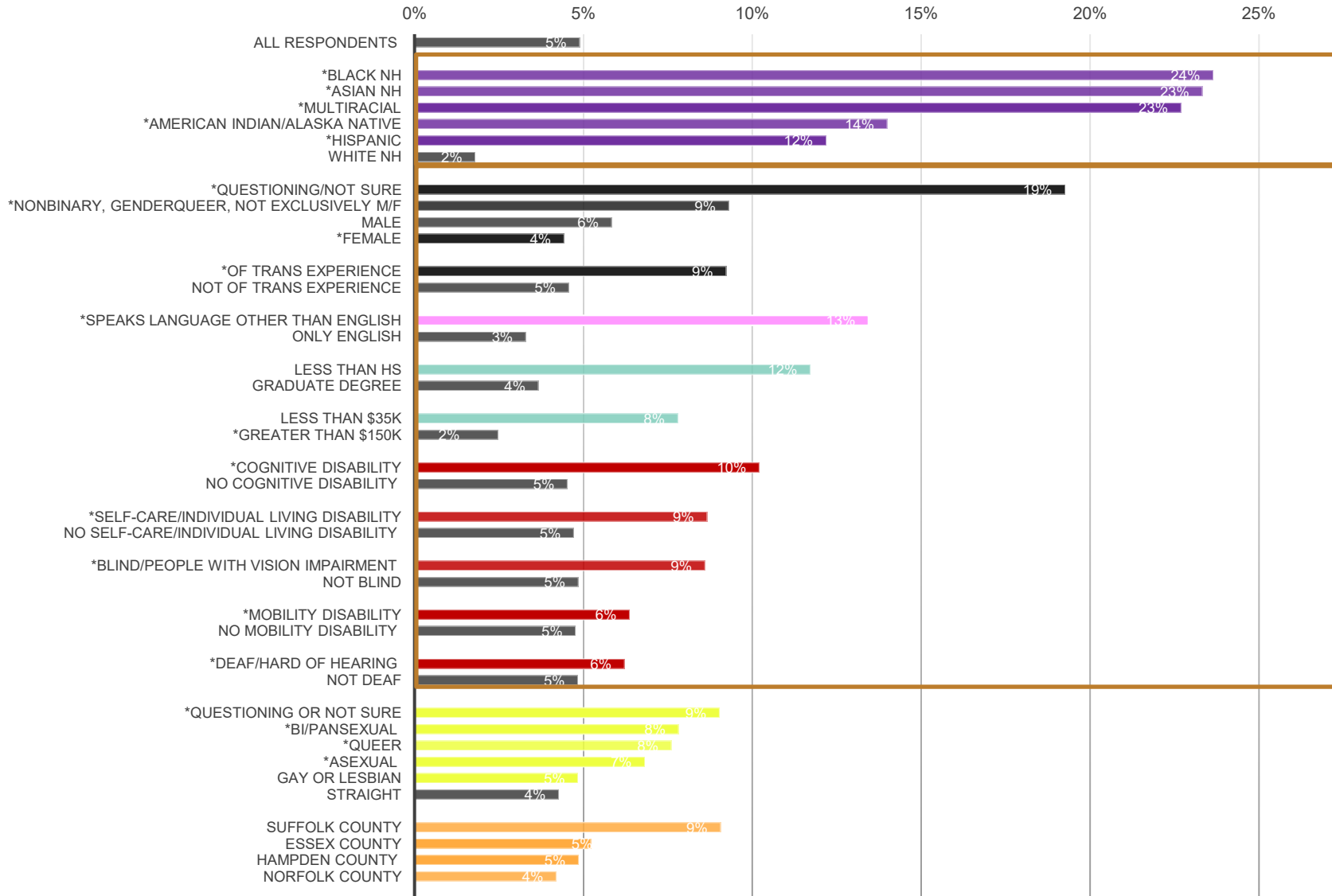
UNDERSTANDING THE CONTEXT OF DISCRIMINATION

Reporting Experiences of Discrimination based on Race/Ethnicity During COVID-19 Pandemic



DISCRIMINATION DEMOGRAPHICS

MA Subpopulations Reporting Experiences of Discrimination based on Race/Ethnicity
During COVID-19 Pandemic



- Black, Asian, and Multiracial groups experienced more discrimination than other subpopulations.
- Other subpopulations experiencing greater discrimination include Questioning/Not Sure gender identity, Speaks language other than English, Less than high school education, and those with disabilities

DISCRIMINATION HOT SPOTS

10 CITIES WITH THE HIGHEST DISCRIMINATION RATES

RANK	COMMUNITY	DISCRIMINATION %		% PEOPLE OF COLOR	POC RANK
1	Brockton	15.0		55.2	5
2	Chelsea	12.8		72.4	2
3	Milton	12.6		18.1	34
4	Lawrence	12.6		82.8	1
5	Randolph	11.8		52.5	7
6	Springfield	11.2		63.5	3
7	Methuen	11.0		32.7	13
8	Fitchburg	10.9		32.4	14
9	Boston	10.1		42.5	9
10	Lynn	9.9		53.6	6

Of the 10 communities with the highest rates of discrimination due to race/ethnicity,

9 were in communities with a high percentage (> 30%) of people of color (POC)

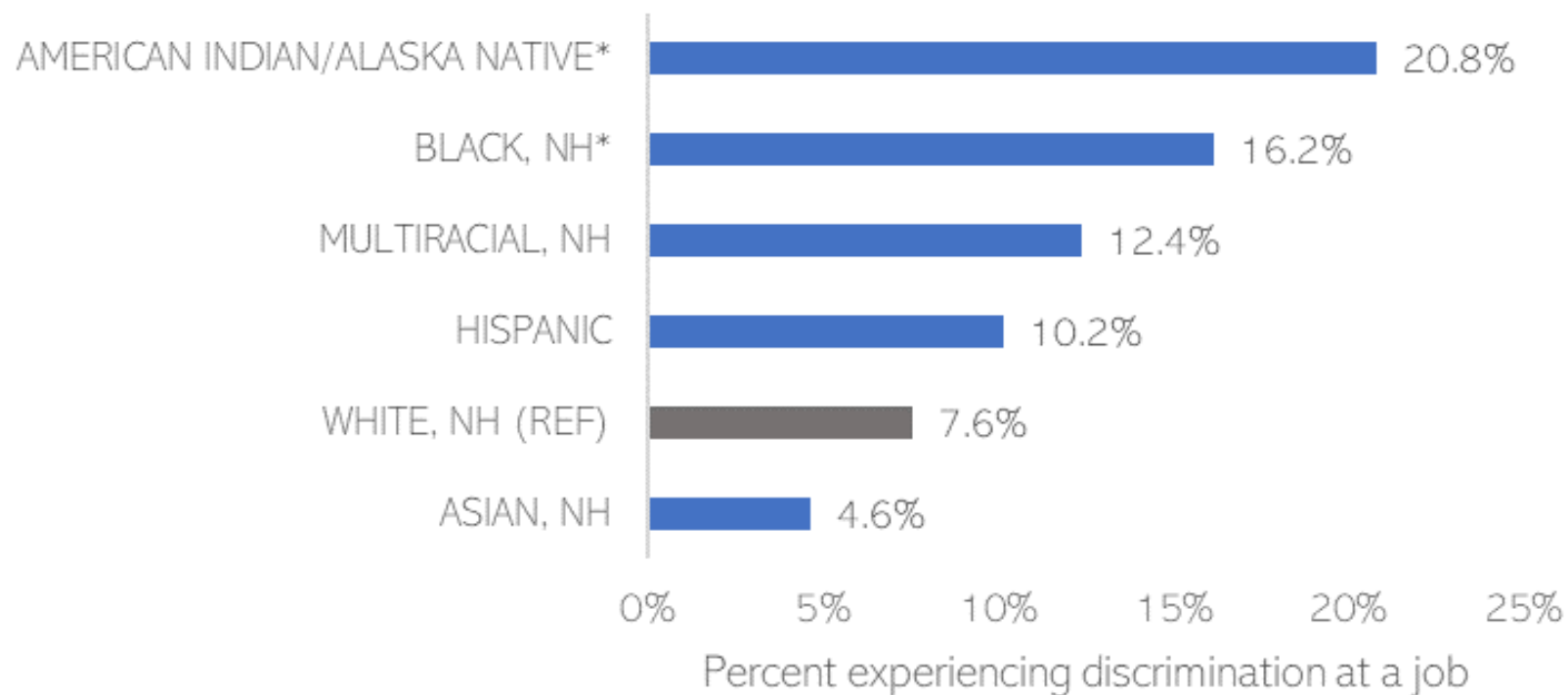
- People of Color = Black & Hispanic/Latinx
- Race/ethnicity data is from the 2019 5-year ACS
- Includes communities where at least 30 respondents answered the question & 5 or more reported experiencing discrimination.
- Unweighted data

Within the context of structural racism, discrimination is pervasive in institutions, organizations, businesses, in public interpersonal encounters, and in systems like policing and security. Understanding this widespread manifestation is crucial to preventing it.

DISCRIMINATION AT WORK

Compared to Whites, American Indian/Alaska Natives and Blacks experienced more work-related discrimination during the pandemic.

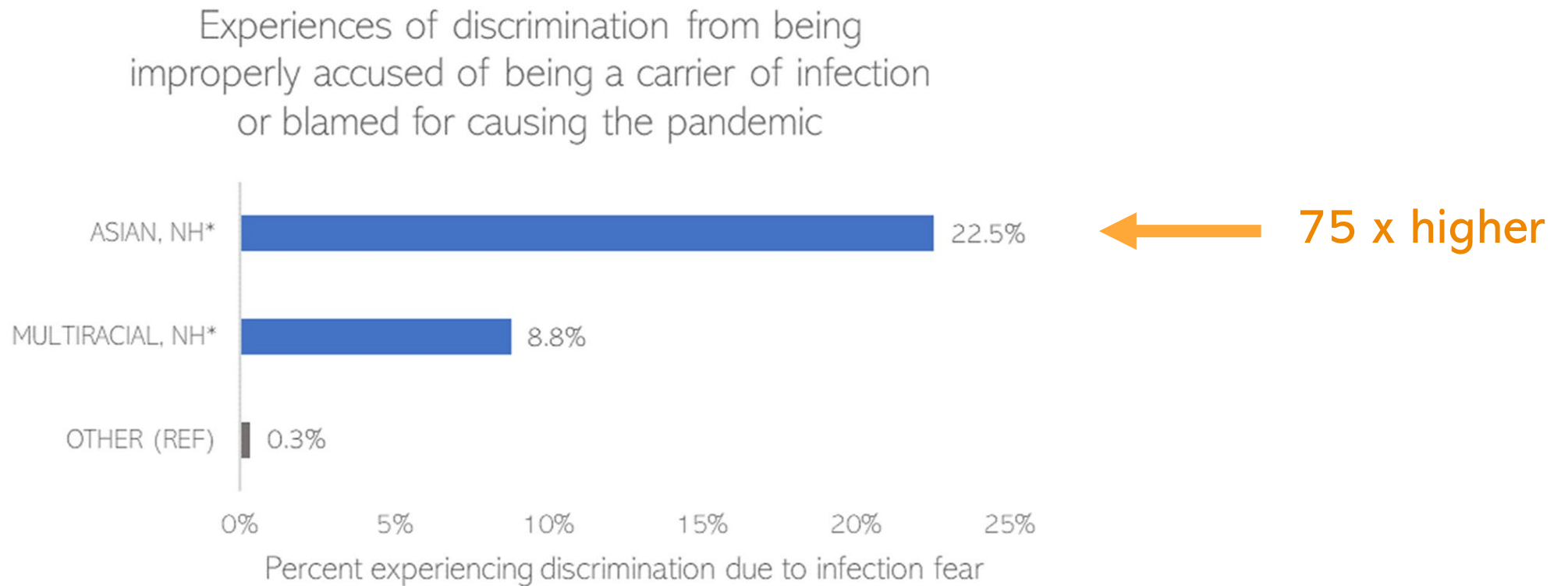
Experiences of discrimination while working at a job during the pandemic



* denotes rate is significantly different ($p < 0.05$) compared to the reference group (REF). Analytic subgroup only includes respondents reporting experiences of discrimination

DISCRIMINATION DIRECTED AT ASIAN AMERICANS

Asian Americans experienced a much higher rate of discrimination as a result of being improperly associated with the coronavirus and the pandemic. Multiracial persons, sometimes mistaken for being Asian, also experienced higher rates of discrimination for the same reason.



* denotes rate is significantly different ($p < 0.05$) compared to the reference group (REF), which includes all race/ethnicities due to small counts.

NOTE: Analytic subgroup only includes respondents reporting experiences of discrimination

DISCRIMINATION IN STORES

Compared to Whites, all other race and ethnic groups experienced more discrimination while shopping in stores and eating in restaurants during the pandemic.

Experiences of discrimination in stores, restaurants, and similar "face to face" retail locations during the pandemic



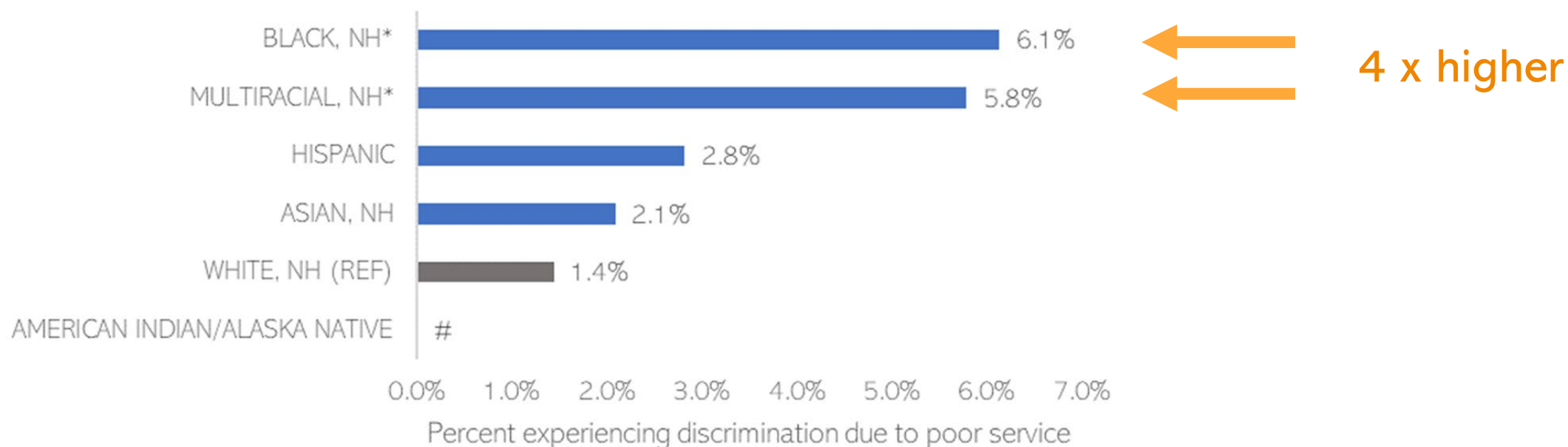
* denotes rate is significantly different ($p < 0.05$) compared to the reference group (REF), which includes all race/ethnicities due to small counts.

NOTE: Analytic subgroup only includes respondents reporting experiences of discrimination

DISCRIMINATION THROUGH POOR SERVICE

Black and Multiracial groups experienced poor service during the pandemic as compared to Whites. Respondents mentioned poor service from store employees, healthcare providers, and government employees.

Experiences of discrimination in the form of poor service (or refusal to provide service) in stores and other situations



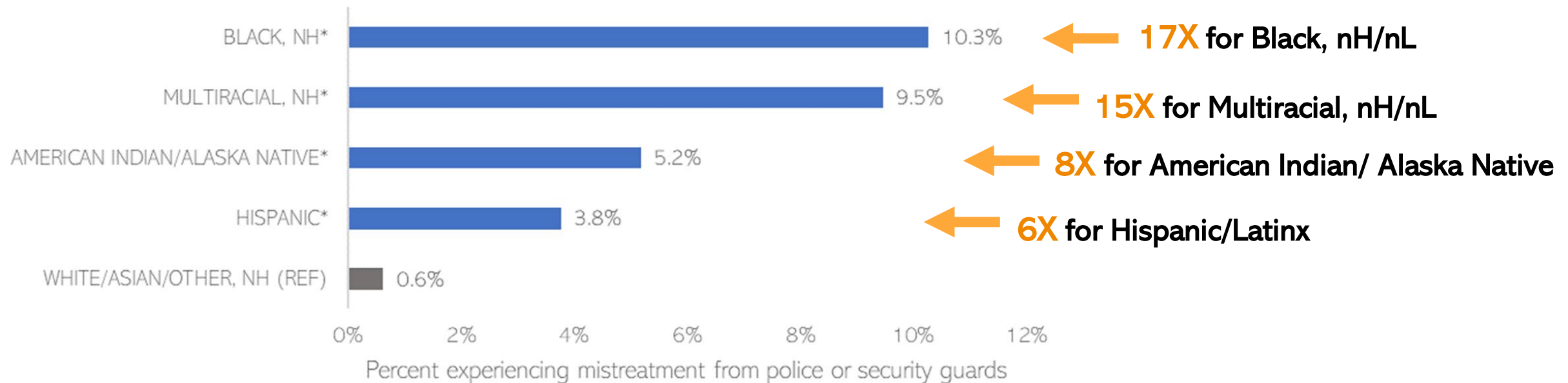
* denotes rate is significantly different ($p < 0.05$) compared to the reference group (REF), # Percentages suppressed due to small counts.

NOTE: Analytic subgroup only includes respondents reporting experiences of discrimination

DISCRIMINATION BY POLICE & SECURITY GUARDS

Black, Multiracial, American Indian/Alaska Native, and Hispanic respondents experienced far greater discrimination from police and security guards than all other groups.

Experiences of discrimination resulting from interactions with police or security guards during the pandemic



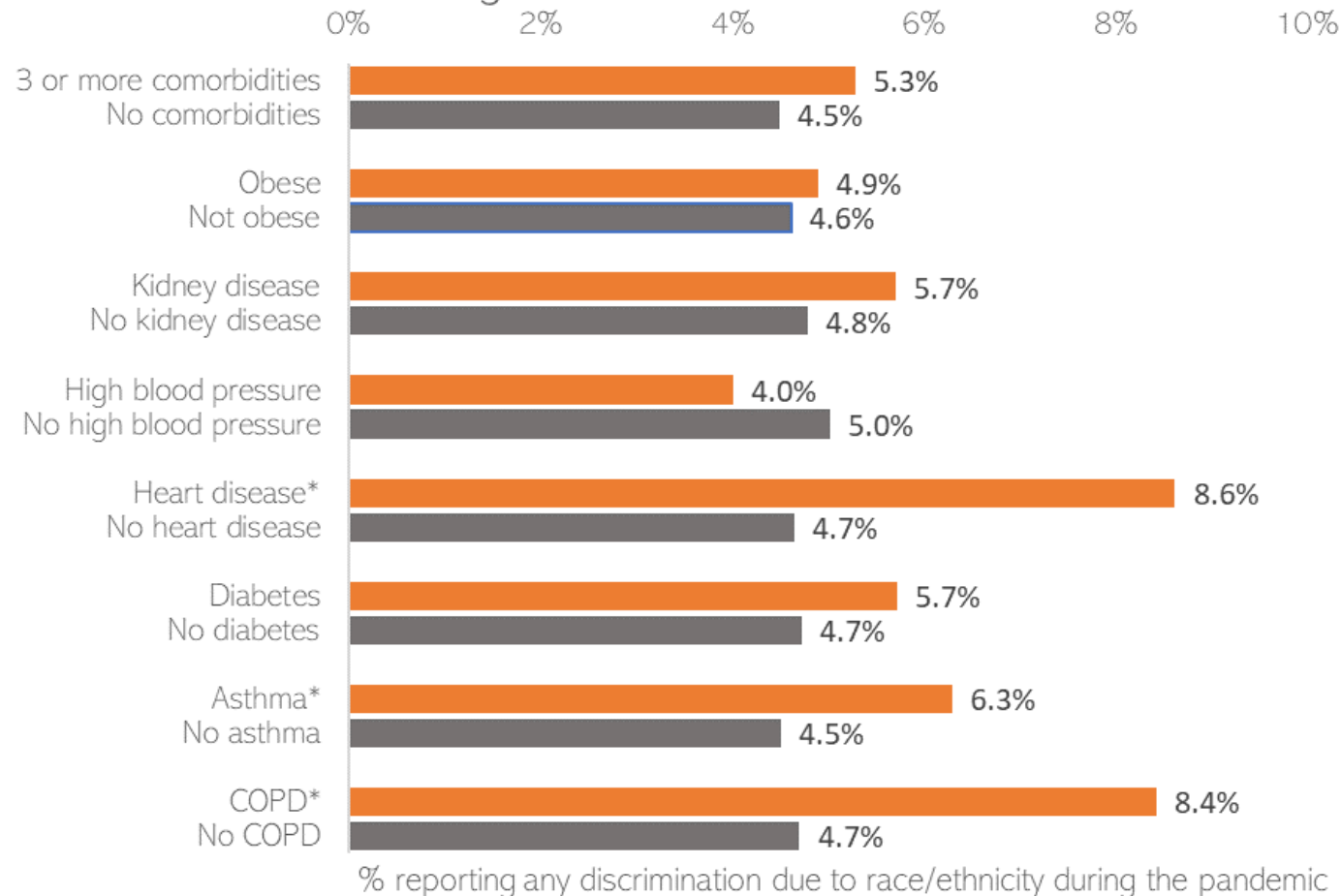
* denotes rate is significantly different ($p < 0.05$) compared to the reference group (REF). The reference group combines White, Asian, and Other race groups for the purposes of this analysis due to small numbers. Analytic subgroup only includes respondents reporting experiences of discrimination.

Discrimination has real and lasting health impacts.

DISCRIMINATION AND CHRONIC DISEASE

Those who experienced discrimination were more likely to have co-morbidities that put them at higher risk for COVID-19 complications

Experiences of Discrimination by Those With Chronic Disease During the COVID-19 Pandemic in MA

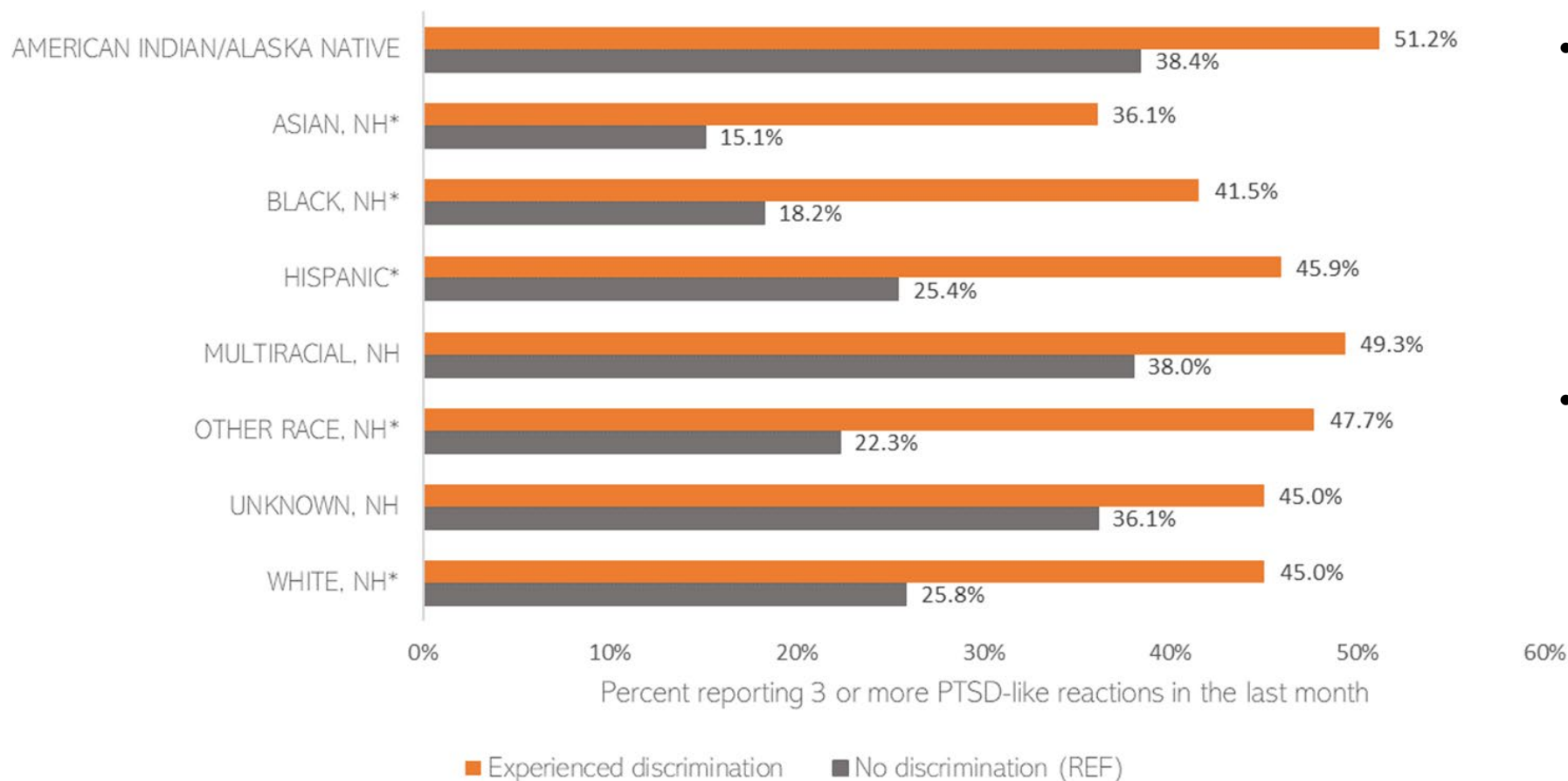


- Those with heart disease, asthma, and COPD experienced greater discrimination due to race/ethnicity than those without those conditions.
- This underscores the deep connection between discrimination, stress, and cardiovascular risk identified in the literature

* denotes rate is significantly different ($p < 0.05$) compared to the reference group without chronic disease.

DISCRIMINATION AND MENTAL HEALTH

Discrimination experiences were associated with higher rates of PTSD-like reactions attributed to the pandemic



- Discrimination experiences were associated with higher rates of PTSD-like reactions attributed to the pandemic in Asian, Black, Hispanic, White, and “Other race” groups.
- In Black, Asian, and “Other race” groups, PTSD-like reactions more than doubled in the presence of discrimination.

* denotes rate is significantly different ($p < 0.05$) compared to the reference group (REF)

DISCRIMINATION AND HEALTH CARE NEEDS

Those who experienced discrimination had difficulty accessing health care and worried about basic needs and health care supplies.

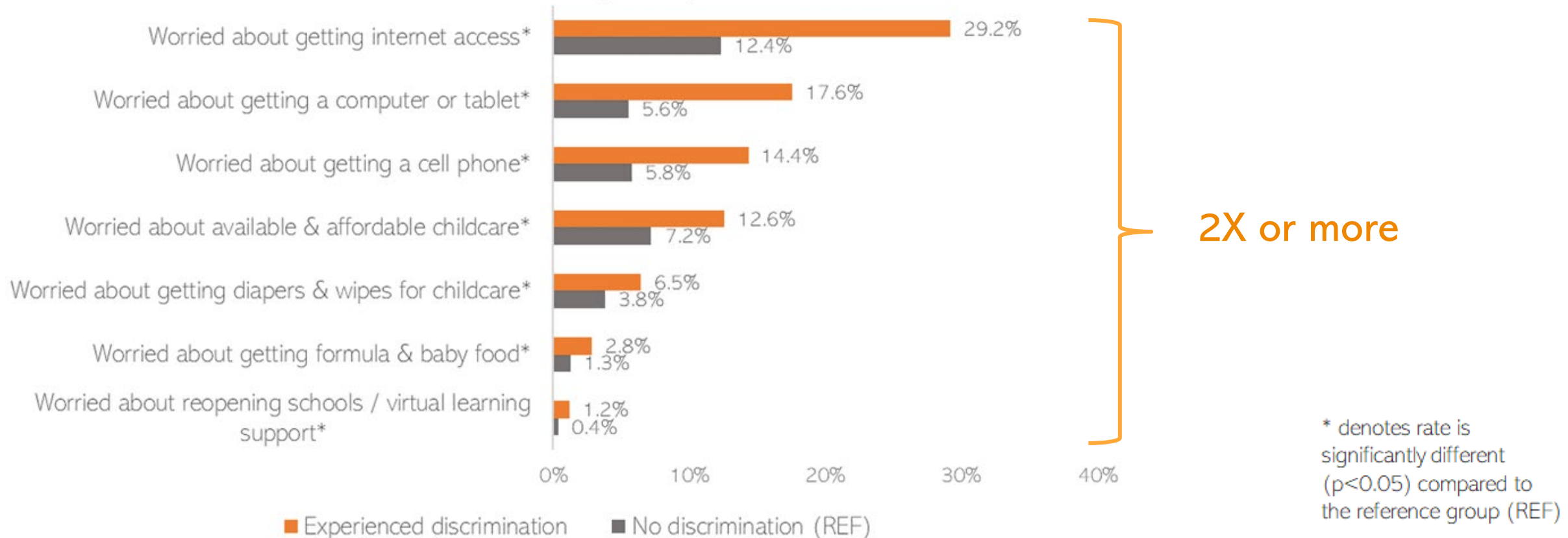


* denotes rate is significantly different ($p < 0.05$) compared to the reference group (REF)

DISCRIMINATION AND BASIC NEEDS

Those who experienced discrimination had more difficulty getting the technology that would enable them to work and learn from home. They were also more worried about childcare supplies and school support.

Experiences of discrimination and worries about technology and childcare during the pandemic



KEY TAKEAWAYS: DISCRIMINATION

- There is a relationship between discrimination and health.
- Residents experiencing discrimination are also facing crucial barriers to accessing healthcare and basic needs.
- Groups who are already suffering health consequences of structural racism, such as Black, Latinx, Asian and indigenous populations are facing discrimination more than Whites.



POPULATION SPOTLIGHT: ASIAN AMERICAN RESIDENTS

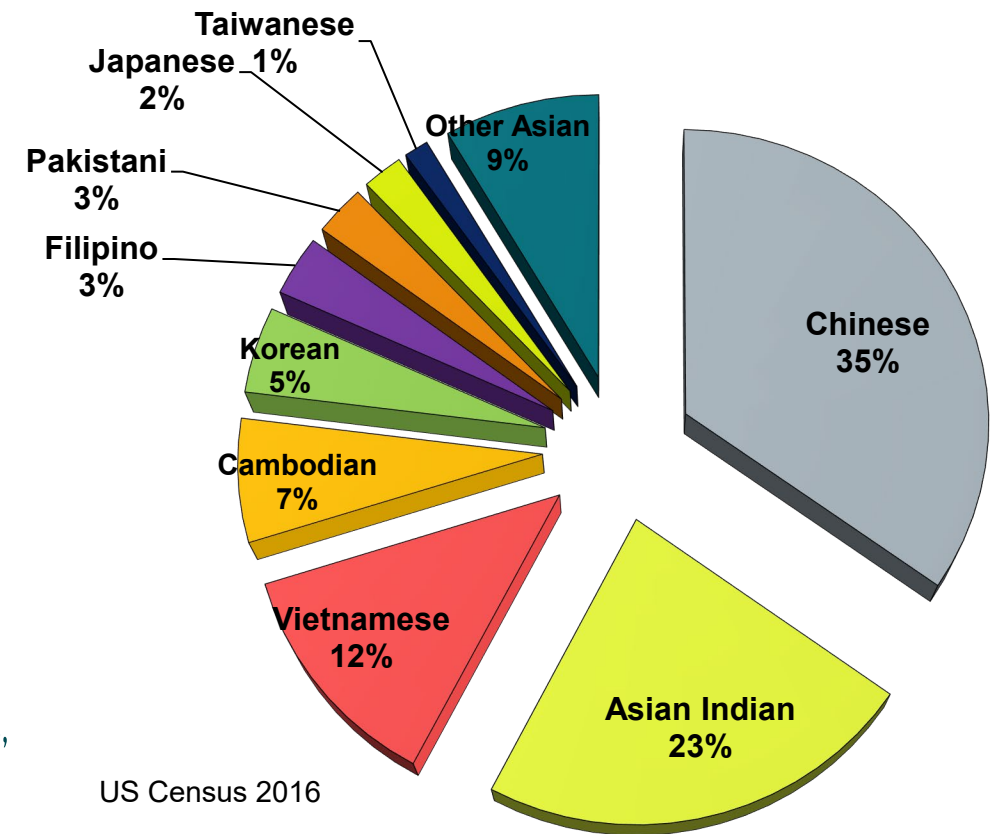
“In the popular imagination, Asian Americans are all high-achieving professionals. But in reality, **this is the most economically divided group in the country**, a tenuous alliance of people with roots from South Asia to East Asia to the Pacific Islands, from tech millionaires to service industry laborers. How do we speak honestly about the Asian American condition—if such a thing exists?”

-- Cathy Park Hong, *Minor Feelings: An Asian American Reckoning*

AAPI IN MASSACHUSETTS

- AAPI refers to individuals who identify as **Asian American** or **Pacific Islander**. This highly diverse group includes individuals representing different national origins, ethnicities, languages, cultures, economic status, among other characteristics.¹
- Massachusetts is home to **over 520,000** AAPI residents, making up nearly 8% of the total population.²
- In addition to the ethnic groups shown here, the state is also home to residents who identify as **Laotian, Malaysian, Indonesian, Bangladeshi, Sri Lankan, Native Hawaiian, Chamorus, Samoan**, and many other ethnic groups.³
- While the common umbrella of “AAPI” unites these individuals, their stories, struggles, and experiences vary greatly.

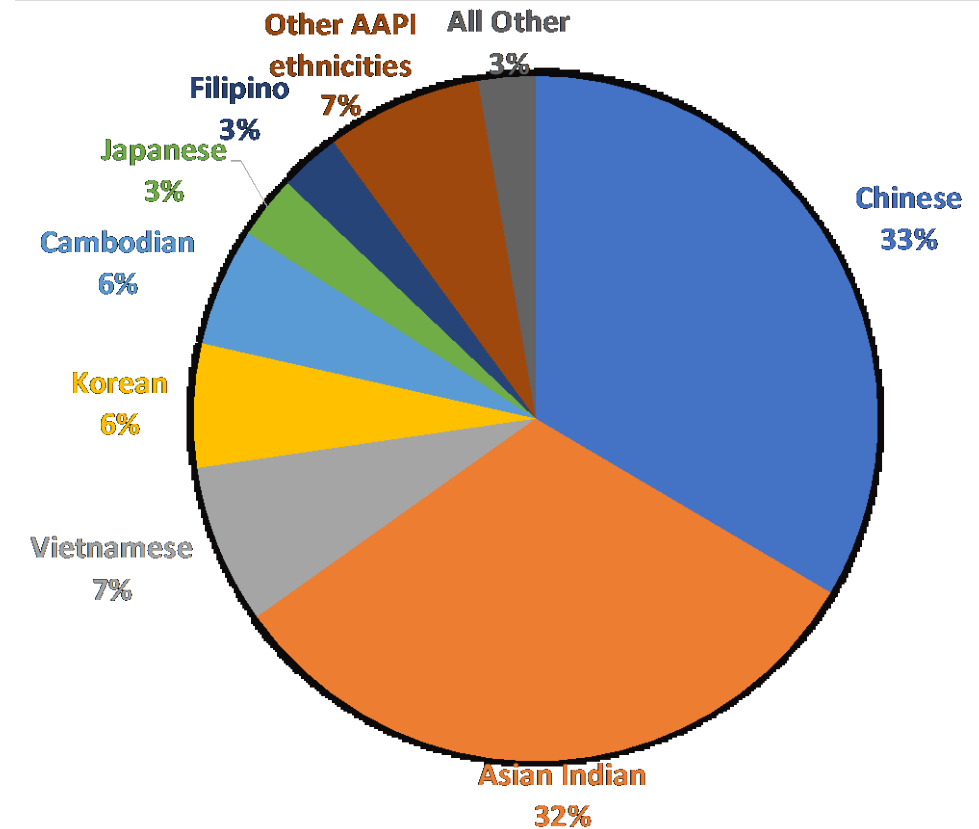
MASSACHUSETTS AAPI PROFILE



REACHING THE AAPI COMMUNITIES ON CCIS

- CCIS intentionally worked to reach diverse AAPI subgroups through **survey translation** (Chinese, Vietnamese, Khmer) and partnership with **AAPI community partners**.
- **Over 1,100 residents** representing over 10 AAPI ethnicities residing across 134 communities were captured in the survey.
- While we were not able to reach all AAPI ethnic groups equally, these extensive outreach efforts still allowed us to capture and report on the experiences for many ethnic groups, like the Cambodian community, **that have historically been “invisible”** due to small sample sizes.
- What we found was that **the pandemic has disproportionately impacted many of these AAPI communities** in significant and uniquely different ways.

CCIS AAPI PROFILE
(N = 1,183)

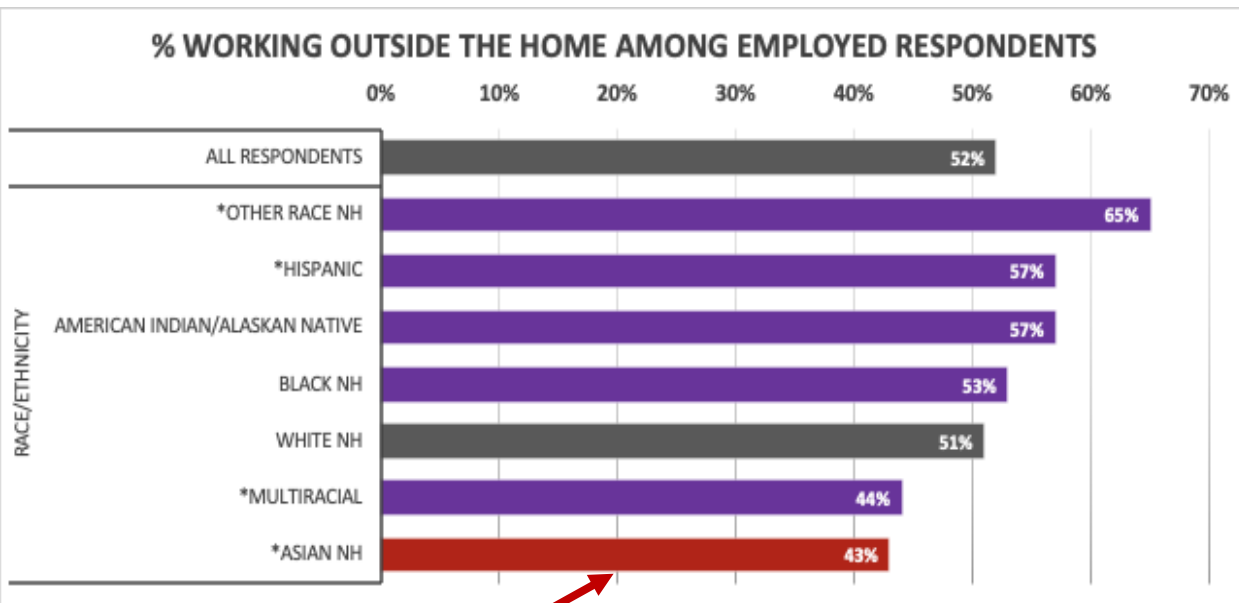


FRAMING MATTERS

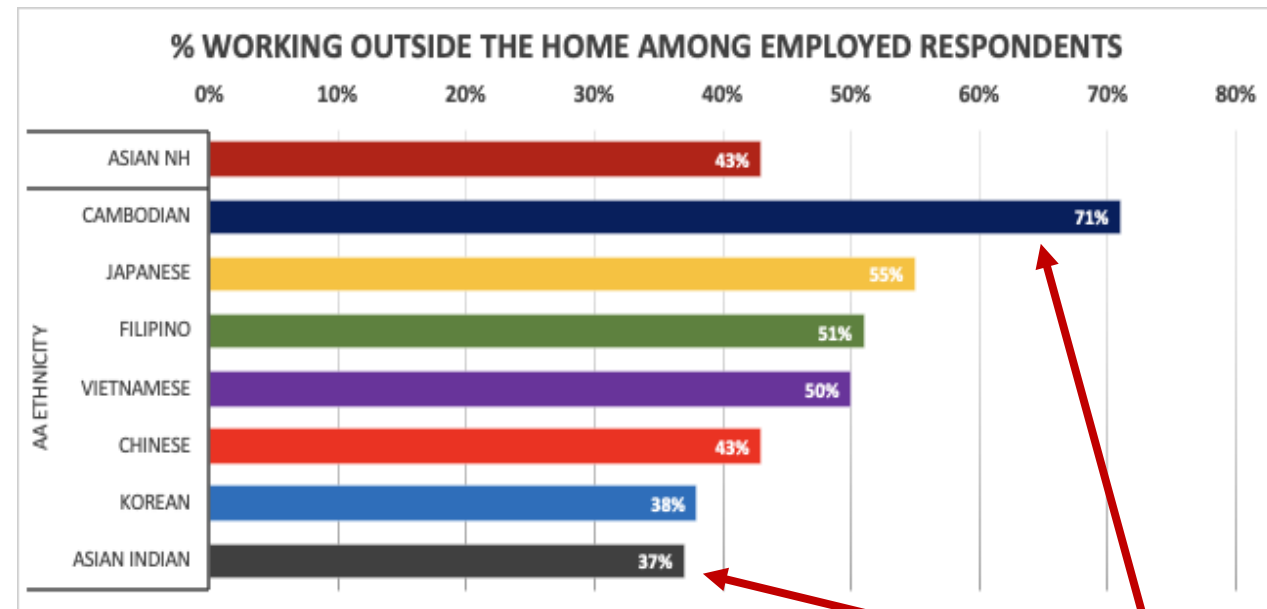
Despite the common belief that the AAPI community is a monolith, the data shows us that the stories, struggles, and experiences of these individuals vary greatly, especially during the pandemic.

DATA DISAGGREGATION MATTERS

Asians as a single group often appear to do as well as White respondents. However, CCIS highlighted the **wide socio-economic inequities** among Asian ethnicities, evidence that the Asian population in Massachusetts is far from the “model monolith” it is commonly perceived to be.



Overall, 43% of employed Asian respondents reported to be working outside of the home, significantly lower than White, NH.

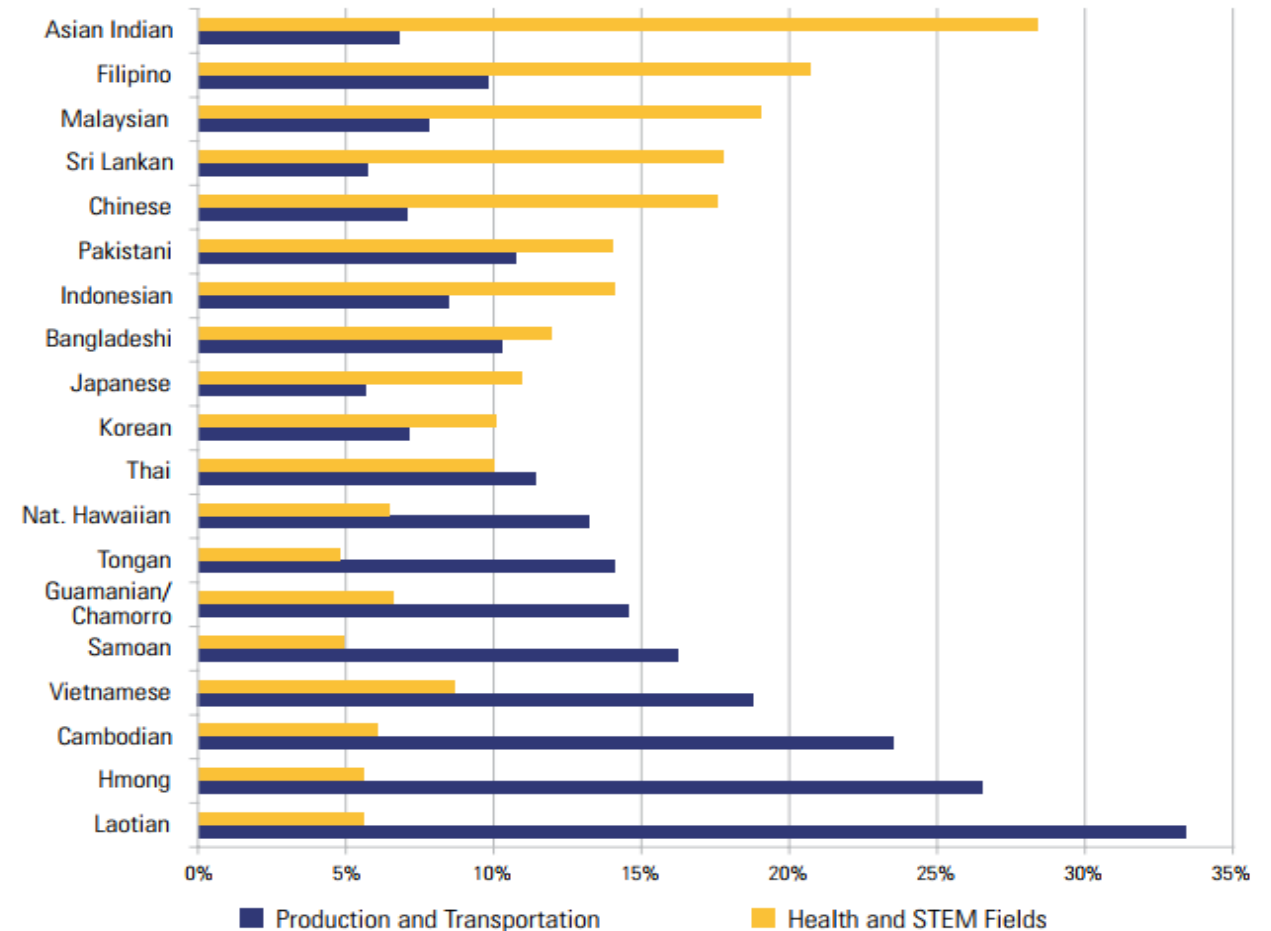


However, further disaggregation revealed that over 70% of Cambodians were working outside of the home, in stark contrast with just 37% of Asian Indians.

INEQUITIES WITHIN THE ASIAN “MONOLITH”

- Nationally, immigrants accounted for **81%** of the growth in the Asian adult population since 1970.⁴
- This followed two major policies: 1) the 1965 Immigration and Nationality Act, drawing migrants from many countries for family reunification or as refugees, and 2) through skill-based programs such as the H-1B visa program.⁴
- The result is a widest variation in education levels and incomes within any race group.⁴

Figure 5: Distribution of AAPIs in Selected Occupational Types by Ethnicity (3-Year Average), 2006–2008



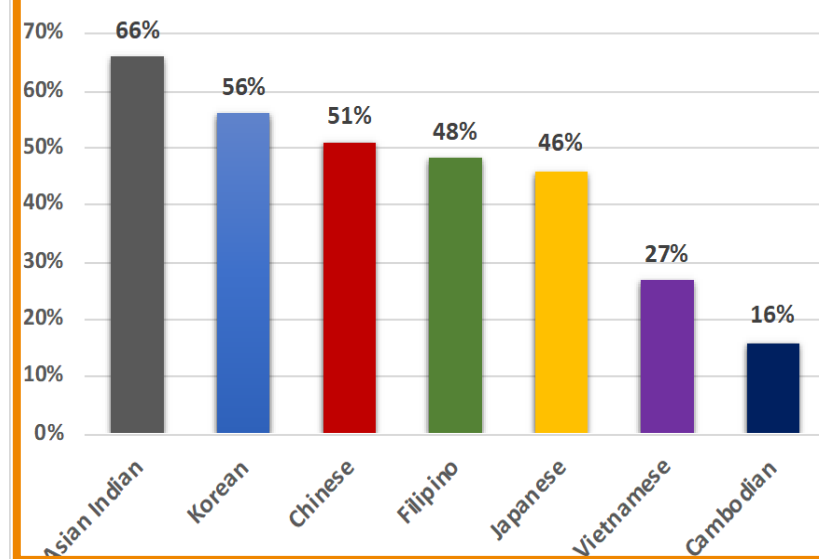
Source: American Community Survey, 3-Year Public Use Microdata Sample (PUMS)

INEQUITIES WITHIN THE ASIAN “MONOLITH”

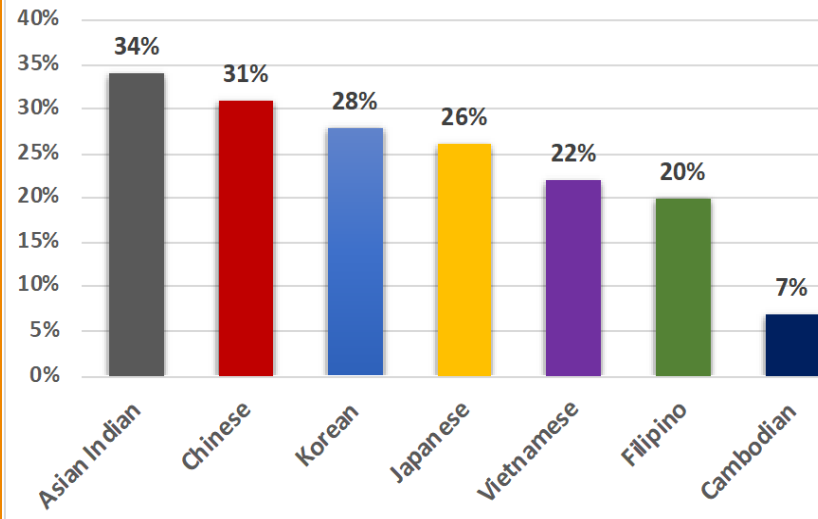
We see the same distribution in Massachusetts

However, this does **NOT** mean that the Asian ethnicities with higher socio-economic status were not impacted by the pandemic. Each Asian ethnic group faced **its own set of unique but significant challenges** during the pandemic.

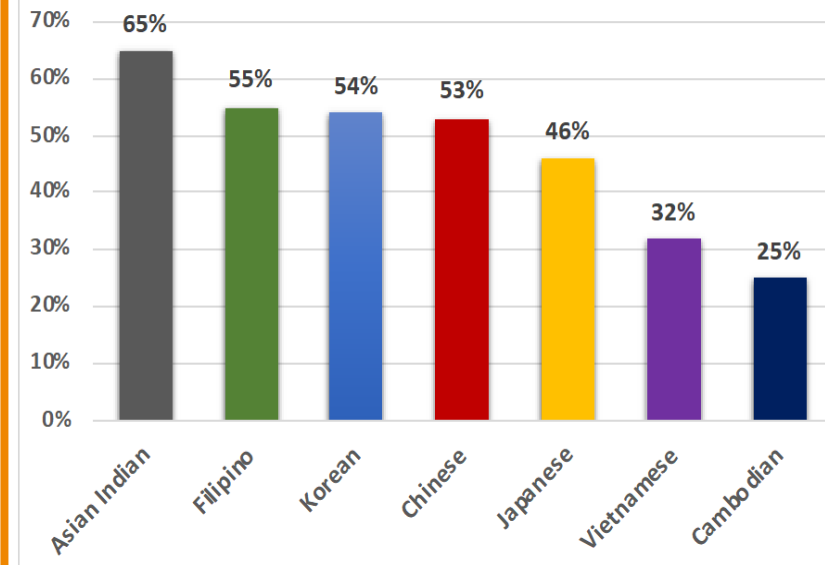
% with a Graduate Degree



% Employed in a Professional, Scientific, Technical or Education Industry



% with Median Income \$100K+



Spotlight on Cambodian Americans

BACKGROUND

- Massachusetts has the second largest Cambodian American population in the US, after California. Many Cambodians in Massachusetts live in Lowell and Lynn.⁵
- Since 1975, Lowell has served as a central migration hub for many Cambodian refugees, fleeing the Khmer Rouge regime.⁶
- Many Cambodian Americans in Massachusetts continue to face significant economic and employment hardships that have left them extremely vulnerable to the multi-faceted impact of the pandemic.

CCIS CAMBODIAN RESPONDENTS PROFILE (N = 78)



70% live in Middlesex County
60% live in Lowell, MA



30% have a median income <\$35K



83% speak a language other than English at home



Among AAPI ethnicities, they had the highest rate of individuals identifying as asexual, bisexual or pansexual, gay or lesbian, queer, or questioning (18%).



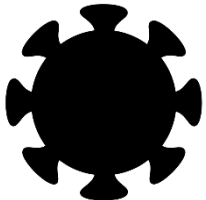
23% are caretakers of an adult with special needs

CAMBODIANS & EMPLOYMENT

The pandemic has had a number of job-related impacts on the Cambodian community in Massachusetts.



- **71%** of Cambodians **work outside the home**, the 2nd highest among all CCIS ethnic groups
- Over 60% of Cambodians work in **front-line industries** that puts them at **increased risk of COVID-19 infection**:
 - 26% work in healthcare
 - 16% work in manufacturing
 - 12% work in social assistance
 - 7% work in accommodation and food services
- **1 in 5** Cambodians said they were **not able to keep 6 ft distance** when outside the home



- **Half (49%)** of all Cambodians were “**very worried**” about getting infected with COVID-19, the 3rd highest among all CCIS ethnic groups



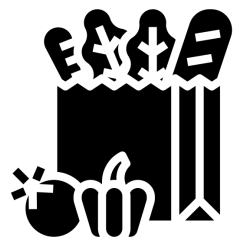
- **1 in 5 (19%)** employed Cambodians experienced **a recent job loss** in the past year, the 2nd highest among all CCIS ethnic groups
- **Another 17%** of employed Cambodians experienced **reduced work hours**

CAMBODIANS & ACCESS TO BASIC NEEDS

Drastic employment changes have exacerbated the financial struggles faced by the Cambodian community.



- **4 out of 5 (81%)** worried about paying for 1 or more types of expenses or bills in the coming few weeks, the 3rd highest among all CCIS ethnic groups.



- **Nearly half (48%)** worried about getting food or groceries in the coming few weeks, nearly 2X as high compared to all CCIS respondents.



- **More than 1 in 4 (28%)** worried about getting internet in the coming few weeks, nearly 2X as high compared to all CCIS respondents.

CAMBODIANS & HEALTH

All of these conditions and stressors have led the Cambodian community to experience some of the highest rates of behavioral health and substance use conditions among all AAPI groups:



- **2 out of 5 (38%)** reported 15+ days of poor mental health, compared to 25% among all AAPI respondents



- **However, nearly 1 in 3 (29%)** have not gotten the medical care that they needed since July 2020, compared to 16% among all AAPI respondents.



- **1 out of 5 (20%)** also reported use of marijuana in the past 30 days, one of the highest rates reported among all CCIS ethnic groups

Spotlight on Vietnamese Americans

BACKGROUND

- Massachusetts is home to over 53,000 Vietnamese Americans, who live primarily in Boston (Field's Corner in Dorchester), Quincy, Randolph, Lowell, and Worcester.⁷
- Since 1975, when the US military left Vietnam, many Vietnamese arrived in Massachusetts as refugees. The majority were non-English speaking with less formal education.⁸
- Like Cambodian Americans, Vietnamese Americans continue to face significant economic and social hardships, including high unemployment rates, housing instability, and family separation.

CCIS VIETNAMESE RESPONDENTS PROFILE (N = 100)



Top communities represented include Boston (16%), Randolph (11%), Quincy (5%), and Revere (5%)



16% have a median income <\$35K



72% speak a language other than English at home



12% identified as asexual, bisexual or pansexual, gay or lesbian, queer, or questioning, one of the highest rates reported among AAPI ethnicities.

VIETNAMESE & ECONOMIC NEEDS

Similar to the impact on Cambodian Americans, the Vietnamese American community is also experiencing significant economic hardship.



- **Half** of Vietnamese work outside of the home, leaving them more likely to be exposed to COVID-19.
- **1 in 10 (11%)** of employed Vietnamese experienced a recent job loss & **14%** had reduced work hours.



- **2 out of 3 (62%)** worried about paying for 1 or more types of expenses or bills in the coming few weeks, the 2nd highest among all AAPI ethnic groups.



- **Nearly half (48%)** worried about getting food or groceries in the coming few weeks, nearly 2X as high compared to all CCIS respondents.



- **More than 1 in 4 (27%)** worried about getting medication in the coming few weeks, 2X as high compared to all CCIS respondents.

Spotlight on East Asian Americans

BACKGROUND

- East Asians in Massachusetts come from China, Japan, South Korea, Mongolia, and Taiwan.
- There is much diversity even among this group, ranging from the first wave of working-class immigrants that took up jobs in restaurants and other service industries, to later waves of scholars and professionals now working in predominantly academic and STEM fields.⁹
- Though socioeconomically-driven health inequities are not immediately apparent from the data, this group still faced a unique set of significant challenges during the pandemic.



CCIS EAST ASIAN RESPONDENTS PROFILE

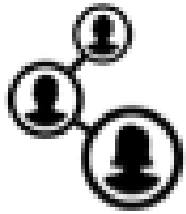
Top communities represented on CCIS by East Asian ethnicity

Chinese (N = 471)	Korean (N = 94)	Japanese (N = 101)
Boston	Cambridge	Cambridge
Cambridge	Boston	Boston
Shrewsbury	Brookline	Brookline
Quincy	Arlington	Framingham
Newton	Stoneham	Somerville

Percent of respondents that spoke a language other than English at home:

- 54% among Chinese
- 31% among Japanese
- 30% among Korean

EAST ASIANS & HEALTH



Chinese, Korean, and Japanese residents reported some of the **highest rates of discrimination among all CCIS ethnic groups.**



Japanese and Koreans experienced some of the **highest rates of job loss and reduced work hours among all CCIS ethnic groups.**



Over 2 in 5 (41%) Koreans have not gotten the medical care that they needed. **This is the highest reported rate among all CCIS ethnic groups.**
Over 1 in 3 (34%) Japanese have also not gotten the medical care that they needed. **This is the 4th highest reported rate among all CCIS ethnic groups.**



Experiences of discrimination and other stressors brought on by the pandemic may have led to **1 in 5 (22%) Japanese and Korean (18%)** residents reporting marijuana use in the past 30 days - **two of the highest among all CCIS ethnic groups**

Spotlight on Indian Americans

BACKGROUND

- Over 58,000 Indian Americans reside in Massachusetts.¹⁰
- There are two areas in Massachusetts with high concentrations of Indian Americans: the Boston/Cambridge/Newton area and the Worcester/Shrewsbury/Westboro.¹⁰
- Indian Americans have the highest educational attainment and median household income among all AAPI ethnicities. Nearly 75% of Indians in the Boston area work in white-collar professions, the most common occupations are postsecondary teachers, physicians and surgeons, and management analysts.¹¹

CCIS INDIAN AMERICAN RESPONDENTS PROFILE (N = 436)



Top communities represented include Shrewsbury (29%), Boston (10%), Cambridge (6%), and Framingham (4%)



10% have a median income <\$35K



71% speak a language other than English at home



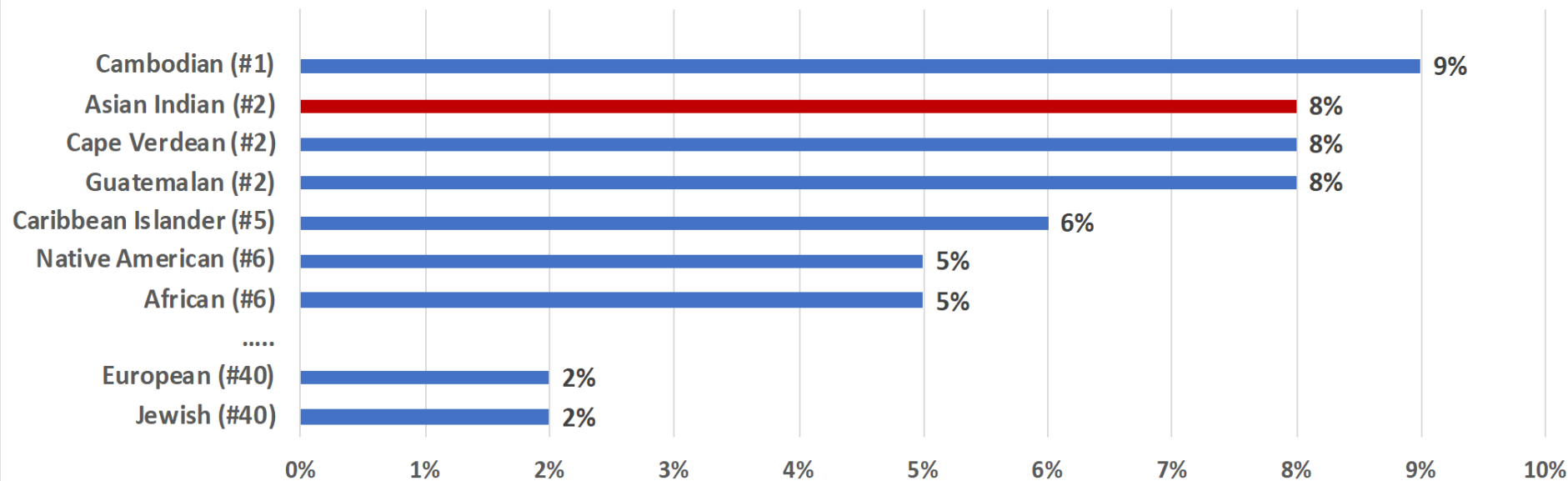
10% identified as asexual, bisexual or pansexual, gay or lesbian, queer, or questioning, one of the highest rates reported among AAPI ethnicities.

INDIAN AMERICANS

Although Indian Americans experienced, on average, lower rates of employment and economic challenges compared to other AAPI ethnicities, this community still experienced its own set of unique issues.

Indian Americans reported the **second highest rate** of intimate partner violence (IPV) among all CCIS ethnic groups:

% Experience Any Intimate Partner Violence During COVID-19 Pandemic



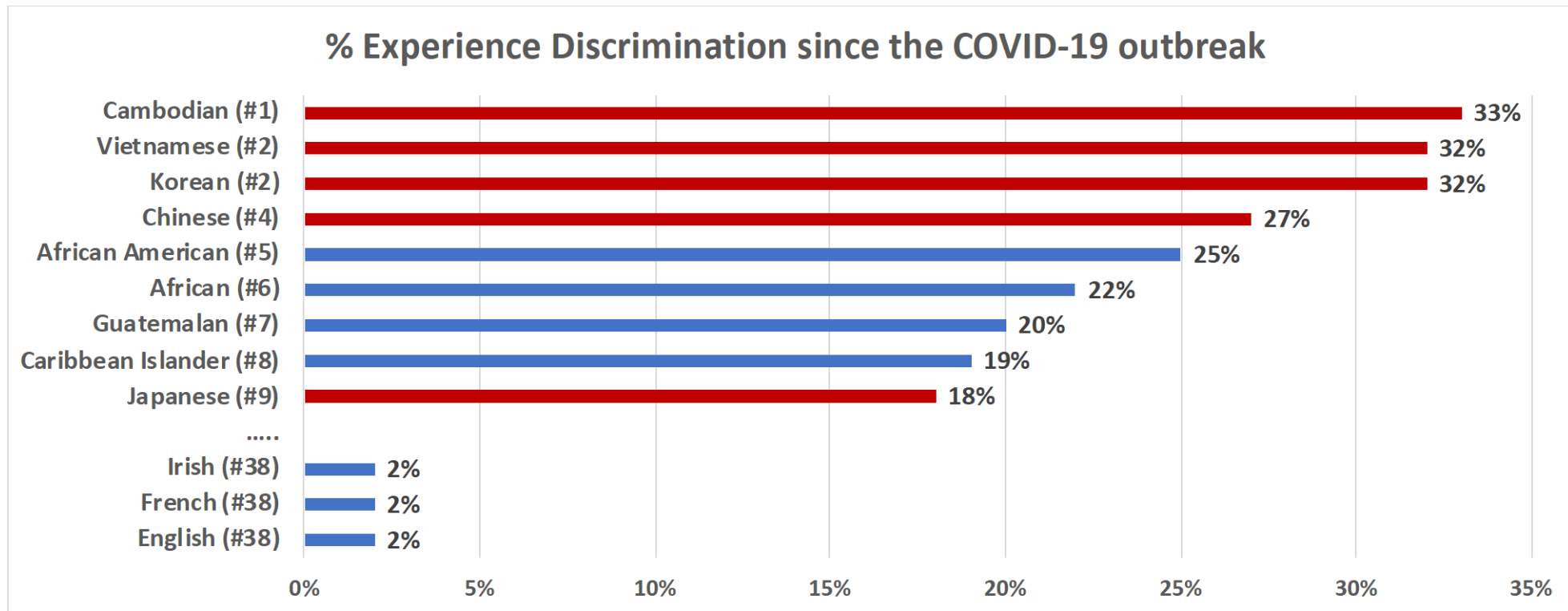
Overall, 8% of Indian Americans said someone they were dating/married to exhibited IPV

Experiences of Discrimination

ANTI-ASIAN SENTIMENTS

As we have seen on the news countless times over the last year, Asian Americans have increasingly become victims of Anti-Asian violence. Though this violence is not new, it has been exacerbated since the beginning of the pandemic with a spike in racism and xenophobia linked to pandemic-related rhetoric.

AAPI communities in Massachusetts were among those most severely impacted by experiences of discrimination during the pandemic:



ANTI-ASIAN SENTIMENTS

“...people curse me during pandemic, ‘your Chinese people brought the virus to USA. You should go back to China.’ As a matter of fact, I have been living in the United States for over 7 years and never been out of the states or visited China.”

- Chinese respondent

“My 12 year old child is Asian and was called derogatory names, including ‘coronavirus’ while out publicly in a store back in March. This experience has made a lasting impression and was emotionally harmful.”

“1 person looked at me and screamed ‘Corona’ and ran out of public restroom while we at the sink washing our hands. There were only two of us in the bathroom. People have looked at me and immediately crossed the street in order to avoid me.”

- Japanese respondent

“i felt targeted because of my Asian background. I can see shoppers in grocery market intentional monitor my every move at the market and costumers refusing to be seated in table next to me. Its minor details but i did not experience these subtle discrimination prior to covid.”

- Vietnamese respondent

LIMITATIONS

While CCIS was successful in reaching many traditionally hard to reach AAPI ethnicities, we were not able to reach all AAPI ethnicities in sufficient sample sizes in order to report out on their experiences. These include other **Southeast Asian** ethnicities like Hmong, Malaysian, Thai, Indonesian; other **Central Asian** ethnicities like Sri Lankan, Bangladeshi; and the Native Hawaiian and **Pacific Islander** ethnicities, like Chamorus and Samoan.

The absence of CCIS data on these populations does **NOT** mean they are not being adversely impacted by the pandemic. In fact, national data and information would suggest that each of these ethnic groups is experiencing their own set of unique challenges during the pandemic.

KEY TAKEAWAYS: AAPI RESIDENTS

While the common umbrella of "AAPI" unites this community, we must be nuanced when addressing the experiences and needs of Asian Americans/Pacific Islanders during the pandemic.

- Data Disaggregation matters.
- Each ethnicity is being impacted by the pandemic differently. We must understand their stories in order to understand their experiences.
- AAPI communities in Massachusetts were among those most severely impacted by experiences of discrimination during the pandemic.



POPULATION SPOTLIGHT: AMERICAN INDIAN AND ALASKA NATIVE RESIDENTS

FRAMING MATTERS

Despite their high rates of need, indigenous residents and their data are often "invisible" - many report their American Indian or Alaska Native (AI/AN) identity in combination with other race categories and get categorized into other groups. This yields very low aggregate numbers, which makes understanding and quantifying their needs difficult.

“Because Native Americans are often “invisible,” in the data
so are their struggles...”

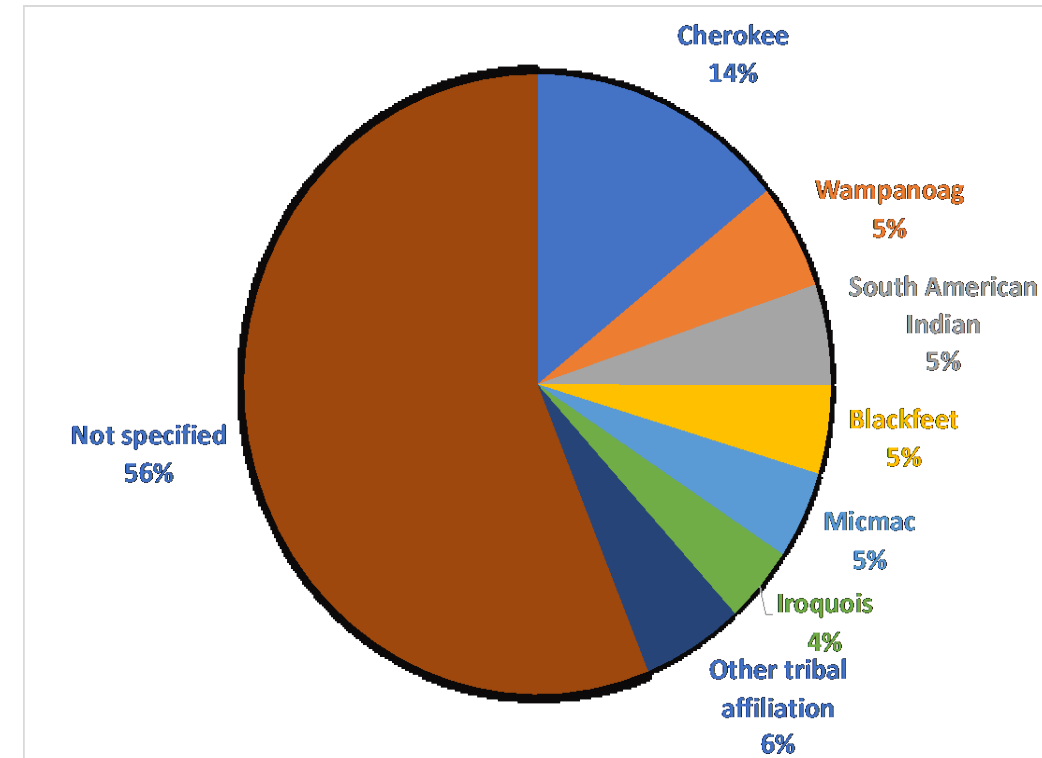
AI/AN IN MASSACHUSETTS

- Today, there are over **49,000 American Indian and Alaska Natives (AI/AN)** residing in Massachusetts (including individuals who self-identify as “AI/AN” in combination with another Census race category).
- AI/ANs in Massachusetts are of **diverse tribal affiliations**. In addition to the tribes listed here, the state is also home to AI/ANs who identify as Nipmuc, Central American Indian, Canadian and French American Indian, as well as Spanish American Indian.
- However, data on Massachusetts AI/AN populations are **often unreportable because of small sample sizes**, due in part to a longstanding practice of counting only those who select “AI/AN” as their sole identification. Individuals who select AI/AN along with one or more other census race categories often get grouped with “Multi-racial”.

MASSACHUSETTS AI/AN PROFILE

N = 49,405

AI/AN alone or in combination with other races



REACHING THE AI/AN COMMUNITY ON CCIS

- CCIS intentionally worked with tribal partner organizations and other community partners to reach the AI/AN population.
- **Over 300 residents who identify as AI/AN (alone or in combination with other race identities)** were captured in the survey. This substantial sample size enabled us to capture the experiences of this population in rich detail.
- AI/AN respondents came from **over 130 geographically and demographically diverse communities** across Massachusetts – from Agawam to Yarmouth, from Bolton to Boston.
- What we found was that **the pandemic has disproportionately impacted the AI/AN community in many aspects of life**. The AI/AN population consistently reported the worst outcomes among all race groups.

CCIS AAPI PROFILE

Top 12 communities by percent of AI/AN survey respondents living there were:

- Boston (10%)
- Lowell (4%)
- Springfield (4%)
- Cambridge (4%)
- Worcester (3%)
- Aquinnah (2%)
- Brockton (2%)
- Chelsea (2%)
- Holyoke (2%)
- Lynn (2%)
- Northampton (2%)
- New Bedford (2%)

“A pandemic like Covid-19, it makes sense for it to disproportionately impact [the Native American] population that is [already at health] risk...and then you add to it other social and economic situations that this population deals with -- rental housing, multigenerational housing, work situations which exposes them to continued exposure to COVID-19, both at work and at home. Those are all the circumstances that lend themselves to this population being impacted disproportionately.”

-- Dr. Esmaeil Porsa, Harris Health System (Houston)

ABILITY TO STAY SAFE FROM COVID-19

AI/AN residents faced increased risk of COVID-19 exposure from working outside the home. Yet, were less likely to have adequate employer protection for PPE and other risk mitigation measures.



Compared to White, nH/nL residents, AI/AN residents were....

1.2x as likely to work outside of the home

1.3x as likely to NOT report being provided PPE by their employer

1.5x as likely to be extremely worried about becoming infected with COVID

“Since COVID-19 emerged, many non-profit organizations...are in a **state of crisis** as the virus takes hold throughout the state and across the country. We are all experiencing a steady increase in demand from [Native American] families and elders who are still struggling to put food on the table **due to a decrease in income**, continued **job loss** and little access to school-sponsored meals for their children. We have also received **numerous requests for assistance** with household supplies, safety supplies, diapers & formula, electric bills, heating bills, car insurance, car repairs, gasoline for vehicles, etc. **As businesses slowly open, the number of requests for assistance still come in.**”

-- Massachusetts Center for Native American Awareness (MCNAA)

ECONOMIC CHALLENGES

AI/AN residents faced some of the worst economic challenges – they were hit hardest by employment related changes among all race groups and had some of the highest rates of need for many essential items.

Compared to White, nH/nL residents, AI/AN residents were....



Employment Changes

- 1.6x** as likely to experience recent job loss
- 1.4x** as likely to experience reduced work hours/leave



Ability to Meet Basic Needs

- 1.6x** as likely to report concern for paying 1 or more bills
- 1.9x** as likely to be worried about getting food or groceries
- 2x** as likely to be worried about getting face masks
- 2.1x** as likely to be worried about getting medication
- 2.3x** as likely to be worried about having access to broadband

“So we have entire historical and [socio-]economic circumstances that include **racism and marginalization**, quite frankly, that lead to high prevalence of **mental health** and **behavioral health** concerns, higher rates of **depression**, higher rates of [post-traumatic stress disorder], higher rates of **substance abuse**, and higher rates of **suicide**...

and this is only where we are as a **baseline**... prior to COVID-19.”

-- Donald Warne
Associate Dean of Diversity, Equity and Inclusion
University of North Dakota School of Medicine & Health Sciences

MENTAL HEALTH AND ACCESS TO CARE

Though experiencing one of the highest rates of poor mental health, indigenous residents also were most likely to experience delays in routine mental health care.

Compared to White, nH/nL residents, AIAN residents were....



Mental health & substance use

1.2x as likely to report poor 15+ days of poor mental health

1.2x as likely report increased substance use since prior to the pandemic



Ability to access care

1.5x as likely to experience delays in routine mental health care

1.9x as likely to experience delays in any type of medical care

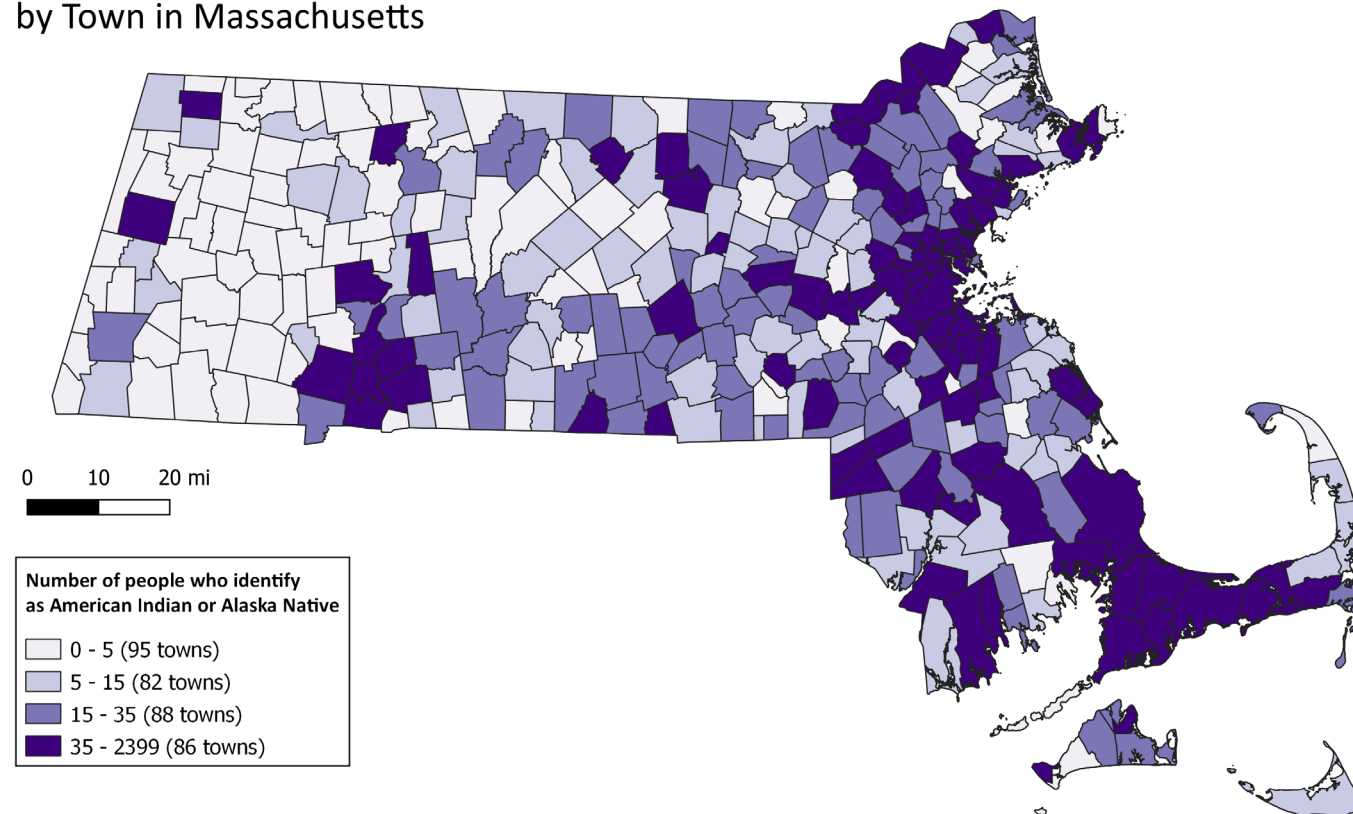
“Just because we have a small population size relative to the larger population doesn’t mean that we need less resources...it means we need those resources even more.”

-- Raquel Halsey
Executive Director, North American Indian Center in Boston

WE NEED TO FIND THEM TO SUPPORT THEM

- AI/AN residents reside in **nearly every city or town in Massachusetts**. They are not concentrated into just a handful of communities.
- Yet with the exception of Mashpee where AI/AN population make up 3-5% of the overall population, in almost all other communities, they make up **less than a fraction of a percent of the population overall**.
- Statewide, regional, and municipal public health efforts should **prioritize the identification and reach of AI/AN residents**, many of whom may identify as AI/AN in combination with other races.

American Indian and Alaska Native Population
by Town in Massachusetts



Map depicts number of people who identify as American Indian or Alaska Native (AI/AN) by town in Massachusetts, based on 2010 United States Census data. The ranges are equal quartiles, where the maximum value is inclusive for each range. Please note this data only includes individuals who identified as "American Indian and Alaska Native" alone and not in combination with 1 or more other race categories. It is likely an undercount of the total number of AI/AN residents in Massachusetts.

KEY TAKEAWAYS: AI/AN RESIDENTS

- The AIAN community in Massachusetts is consistently experiencing **some of the worst outcomes** during the pandemic, including employment, access to basic needs, exposure to COVID-19 outside the home, mental health, substance use, and access to medical care.
- Despite their high rates of need, AIAN residents and their **data are oftentimes "invisible"** due to the fact that many report their AIAN identity in combination with other race categories and end up getting categorized into other groups, yielding very low aggregate numbers that make understanding and quantifying their needs difficult.
- Furthermore, AIAN residents **are spread widely across the Commonwealth**, where they typically make up less than a fraction of a percent of the population overall, making it even more challenging to identify and reach them.
- Statewide, regional, and municipal public health efforts should **prioritize the identification and reach of AIAN residents**.



POPULATION SPOTLIGHT: HISPANIC/LATINX RESIDENTS

FRAMING MATTERS

While much emphasis is placed on the personal responsibility of masking and social distancing, and the increased morbidity and mortality of COVID-19 experienced by Hispanic/Latinx groups, less emphasis is placed on the structural drivers of these, including lack of workplace protections against COVID-19, and the importance of work in order to meet expenses for basic needs.

- In addition to being disproportionately impacted by COVID cases and deaths, Latinx respondents facing significant employment/work related stressors while also struggling to meet basic needs.
- The above stressors were associated with an increase in mental health concerns and substance use.

“I just need mental health days from work to recoup my energy and help my kids with their online studies.[It’s] stressful.”

-Latinx parent respondent

BACKGROUND

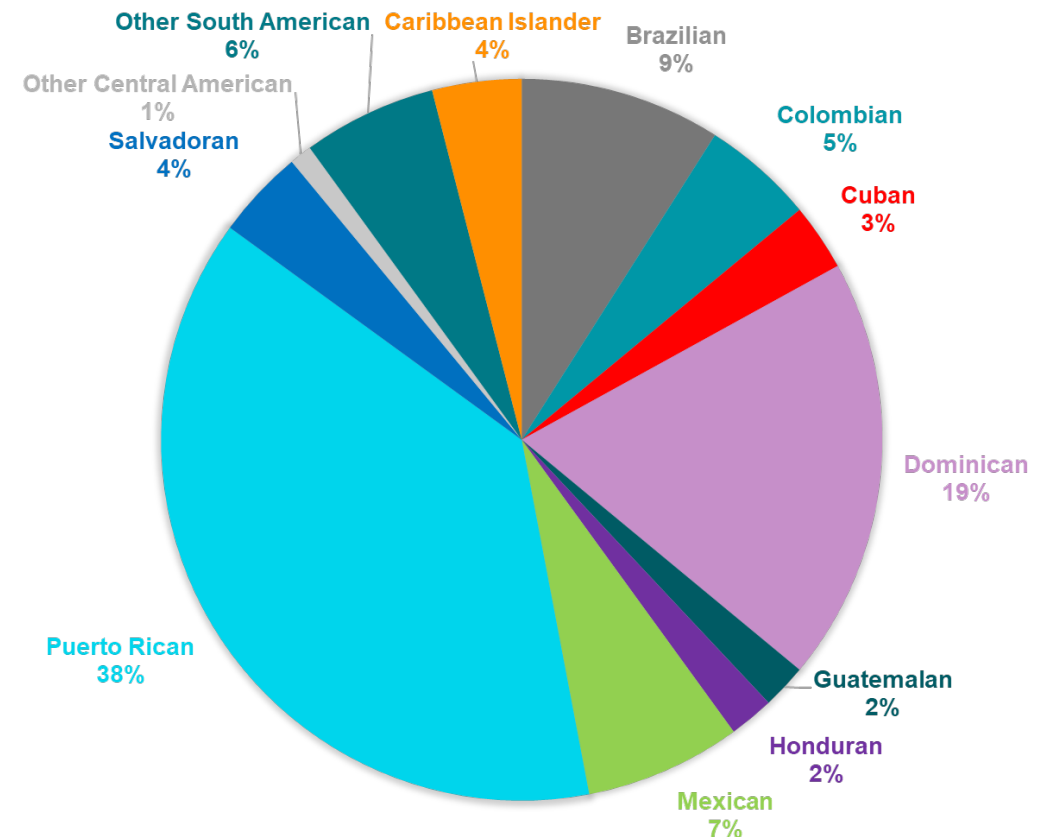
Hispanic/Latinx are a diverse group that came to the United States for a variety of reasons, such as better economic opportunities, fleeing poverty and violence, political changes in their home country, and impacts of natural disasters.

Hispanic/Latinx populations in the US have historically faced racism, xenophobia, and fear of deportation. Targeted immigration policies in recent years have exacerbated these problems, making many Hispanic/Latinx in the US fearful of government programs.

Among CCIS Hispanic/Latinx respondents, the most common ethnicities reported were: Puerto Rican (38%), Dominican (19%), and Brazilian (9%).

This was comparable to the 2019 proportion of Hispanic/Latinx residents in MA*.

CCIS Hispanic/Latinx Profile (n=2,432)



CCIS HISPANIC/LATINX RESPONDENTS PROFILE



2,432 Hispanic/Latinx residents took the survey



60% of Hispanic/Latinx respondents lived in one of the 20 Vaccine Equity Initiative Communities most effected by COVID-19



80% spoke a language other than English at home



78% had less than a Bachelors degree



37% were between the ages of 25-35

The CCIS worked intentionally to reach diverse Hispanic/Latinx populations by **offering the survey in Spanish and Portuguese**, in addition to **partnering with community-based organizations** serving various Hispanic/Latinx communities and in communities most impacted by COVID-19

These efforts were successful with **5x** as many Hispanic respondents as in past annual surveillance surveys

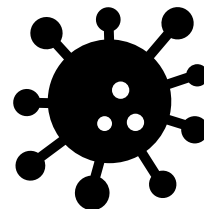
FOR HISPANIC/LATINX RESIDENTS, WORK INCREASED RISK OF COVID-19



+



+



+



WORK OUTSIDE THE HOME

57% of Hispanic/Latinx workers **worked outside the home**,

- 65% received PPE from their employer
- 37% received additional health and safety training
- 60% were able to social distance while at work
- 65% had paid sick leave

HIGH-RISK INDUSTRIES

Hispanic/Latinxs worked in a number of industries that puts them at **increased risk of COVID-19 infection**:

- 26% worked in healthcare
- 17% worked in social assistance
- 12% worked in education
- 10% worked in other services (not public administration)

HIGHER RATES OF INFECTION + HOSPITALIZATION

- Hispanics were **3.2X as likely to get infected** w/COVID compared to White nH/nL*,
- and were **1.7X as likely to be hospitalized** for COVID compared to White nH/nL*

LOW VACCINE RATES

- Vaccine access remains a major issue
- Hispanics make up **28% of COVID cases** but just **7% of vaccinations** in MA*

WHERE YOU WORK IMPACTS YOUR MENTAL HEALTH

Health Care

- 26% of Hispanic/Latinx worked in Health Care
- 39% reported 15+ poor mental health days last month

Social Assistance

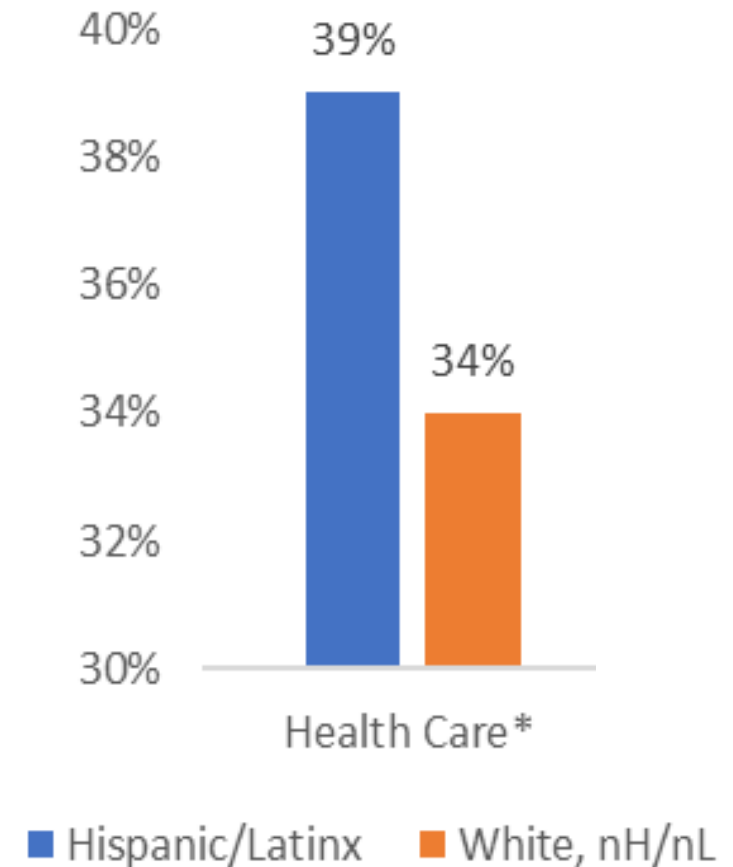
- 17% of Hispanic/Latinx worked in Social Assistance
- 34% reported 15+ poor mental health days last month

Education Services

- 12% of Hispanic/Latinx worked in Education
- 34% reported 15+ poor mental health days last month

Other Services (not Public Administration)

- 10% of Hispanic/Latinx worked in Other Services
- 34% reported 15+ poor mental health days last month



HISPANIC/LATINX WERE WORRIED ABOUT MEETING THEIR BASIC NEEDS

Though working increased risk of contracting COVID-19, job loss and reduced work hours created barriers to affording expenses for basic needs like food, bills, internet. This was associated with poor mental health.

- **JOB LOSS:** 11% of employed Hispanic/Latinxs experienced a recent job loss in the past year
- **REDUCED WORK:** Another 17% experienced reduced work hours or had to take leave



FOOD INSECURITY

Nearly **half** (49%) worried about getting food or groceries in the coming few weeks.



PAYING BILLS

70% worried about paying for 1 or more types of expenses or bills in the coming few weeks.



INTERNET FOR SCHOOL/WORK

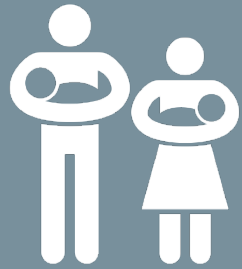
24% worried about getting internet in the coming few weeks.



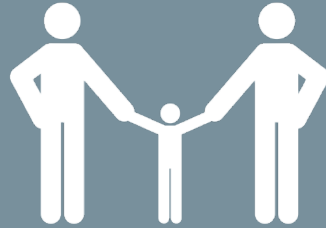
MENTAL HEALTH

1 in 3 reported having 15 or more poor mental health days in the past month.

HISPANIC/LATINX PARENTS WERE PARTICULARLY IMPACTED BY STRESS



80% of younger Hispanic/Latinx parents (age 25-34) reported poor mental health days



28% of Hispanic/Latinx parents reported one or more PTSD reactions during COVID-19



The rate of Hispanic/Latinx respondents requesting suicide prevention and crisis management services was **4x higher** than their white counterparts

HISPANIC/LATINX PARENTS WERE PARTICULARLY IMPACTED BY STRESS

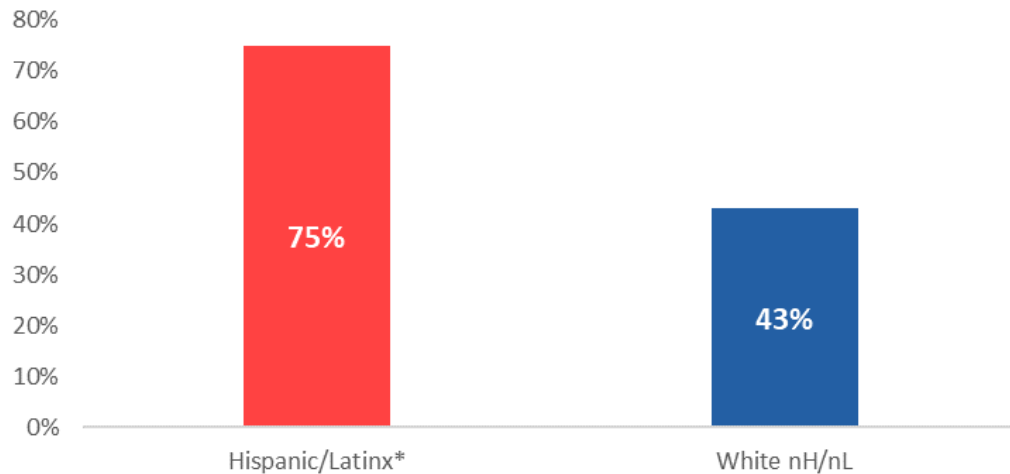


Almost 1 in 3 (31%) Hispanic/Latinx parents reduced their hours or took leave from work in order to take care of their children

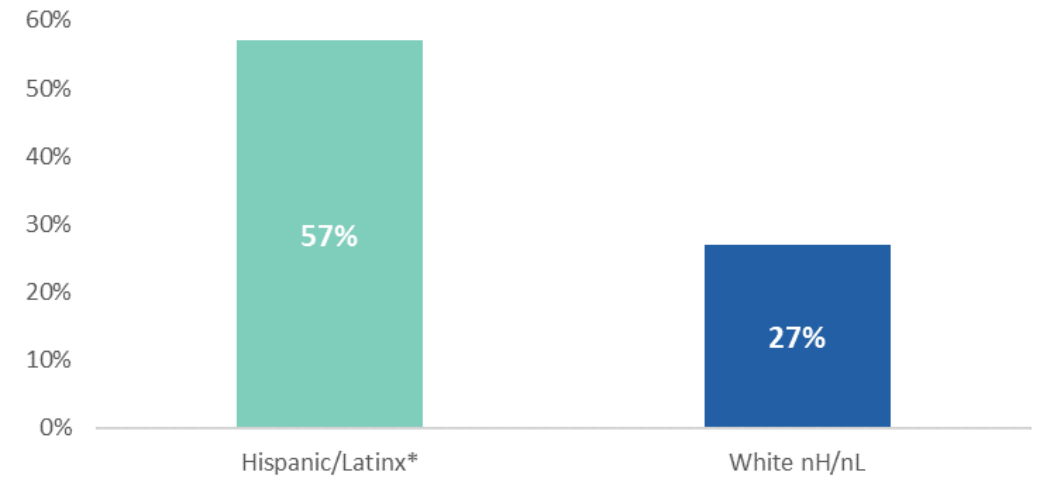


75% of Hispanic/Latinx parents reported being worried about expenses

% Parents Most Worried about Any Expenses in Next Few Weeks



% Parents Worried about Housing Expenses in Next Few Weeks



* denotes statistically significant findings

CHANGES IN WORK IMPACTED YOUR MENTAL HEALTH

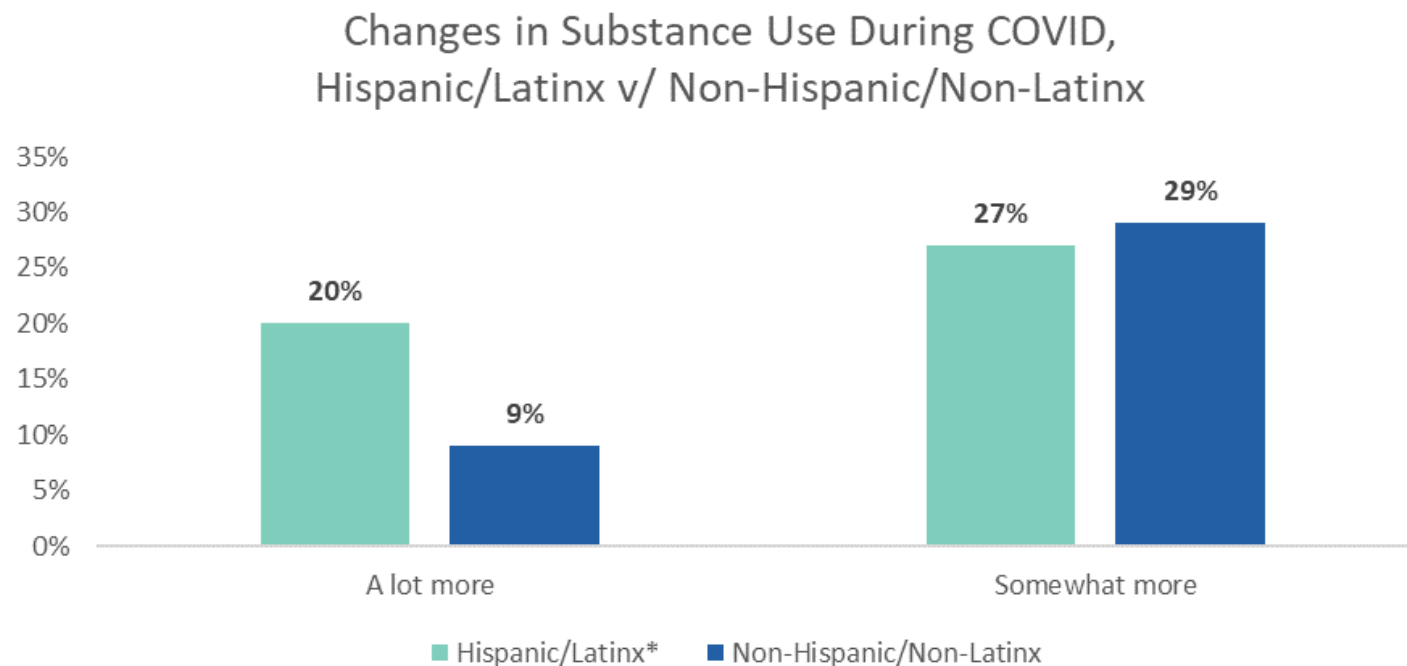


- **Over 2 in 5 (42%)** Hispanic/Latinx workers who lost their job reported 15 or more poor mental health days in the past 30 days.
- Hispanic/Latinx workers who had a change in the nature of their work were significantly more likely to report 15 or more poor mental health days in the past 30 days compared to white, nH/nL workers (38% v 33%).



- Change in nature of work included:
 - Increase in hours
 - Started a new or different job
 - Assigned a different role
 - Working from home

CHANGE IN SUBSTANCE USE



While Hispanic/Latinx reported less substance use than White nH/nL, those that are using substances were **more likely to report increased use (47%)** compared to White nH/nL (38%)

* denotes statistically significant findings

KEY TAKEAWAYS: HISPANIC/LATINX RESIDENTS

Hispanic/Latinx groups – especially parents – are under increased stress, and face barriers to affording basic needs, which makes work even more crucial. Unfortunately, work is also increasing this group's risks to COVID-19, by requiring them to work outside the home, offering few opportunities for social distancing, and providing inconsistent access to PPE.



POPULATION SPOTLIGHT: BLACK RESIDENTS

FRAMING MATTERS

Despite the common belief that inequities are caused by people's culture and/or behavior, the data shows us that structural racism is a primary driver of health:

- Differences in socioeconomic status (education and income) do not explain inequities alone
- Differences in where people live do not explain inequities alone
- Inequities are caused by systems and are cumulative and compounding

Why are black people generally being infected and dying at higher rates than other racial groups? This is the question of the hour. And too many Americans are answering this new question in the old, familiar way. They are blaming poverty, but refusing to recognize how racism distinguishes black poverty from white poverty, and makes black poverty more vulnerable to a lethal contagion.

-- Ibram X. Kendi,
Stop Blaming Black People for Dying of the Coronavirus

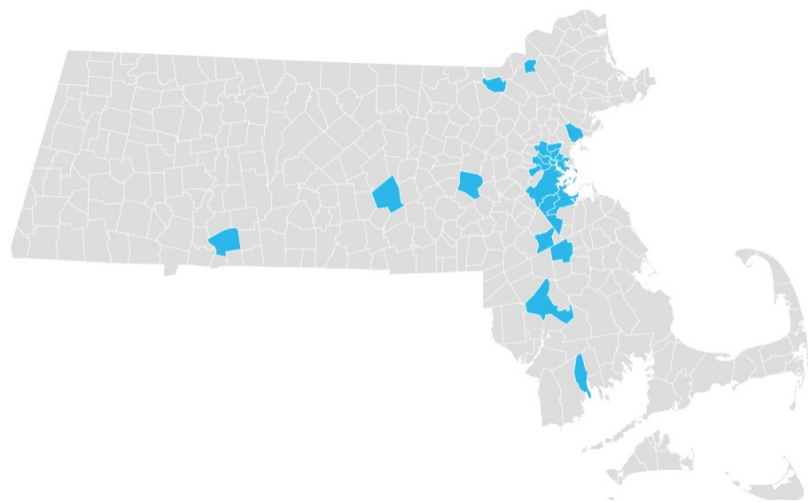
BLACK COMMUNITY IN MASSACHUSETTS



9% of the population of Massachusetts is Black.

The Black community in Massachusetts includes people from varied backgrounds, ethnicities, languages and histories.

Inequities experienced by Black people must be understood within the context of persistent anti-Black racism – from slavery and the commodification of Black bodies to segregation and redlining to police brutality.

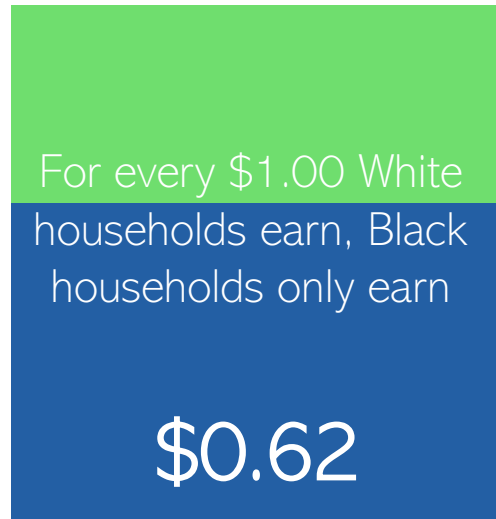


Due to the continued legacy of these racist policies, Massachusetts continues to be a deeply segregated state - geographically, occupationally and socioeconomically. 78% of Black MA residents live 20 municipalities.

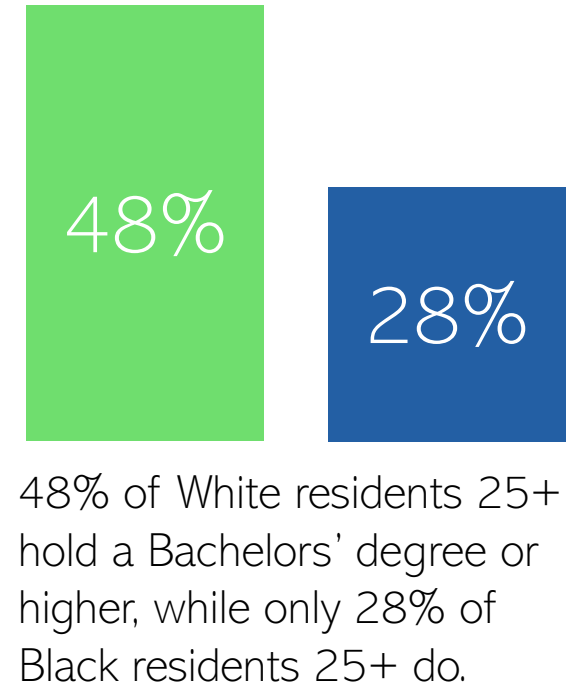
BLACK COMMUNITY IN MASSACHUSETTS

Black residents of Massachusetts experience significant socio-economic inequities compared to White residents.

In Massachusetts:



The median net worth of a White household in Boston is \$247,500,
the median net worth of a Black household is **\$8.00**.



REACHING THE BLACK COMMUNITY ON CCIS

Black residents have been particularly impacted by the pandemic – they are **1.5x times** as likely to be infected and **1.7x times** as likely to be hospitalized due to COVID-19.

At the same time, Black people have faced another pandemic – anti-Black racism.

REACHING THE BLACK COMMUNITY ON CCIS

CCIS intentionally worked to reach diverse communities of color, including partnering with trusted **community-based organizations** (CBOs), translating the survey into 11 languages including **Cape Verdean creole** and **Haitian creole**.

CCIS BLACK RESPONDENTS PROFILE



1,153 Black, nH/nL respondents took the survey. 1,1750 respondents identified Black as at least a part of their racial identity.



70% of Black, nH/nL respondents live in one of the 20 Vaccine Equity Initiative Communities most effected by COVID-19



77% of Black, nH/nL respondents have incomes less than \$100,000

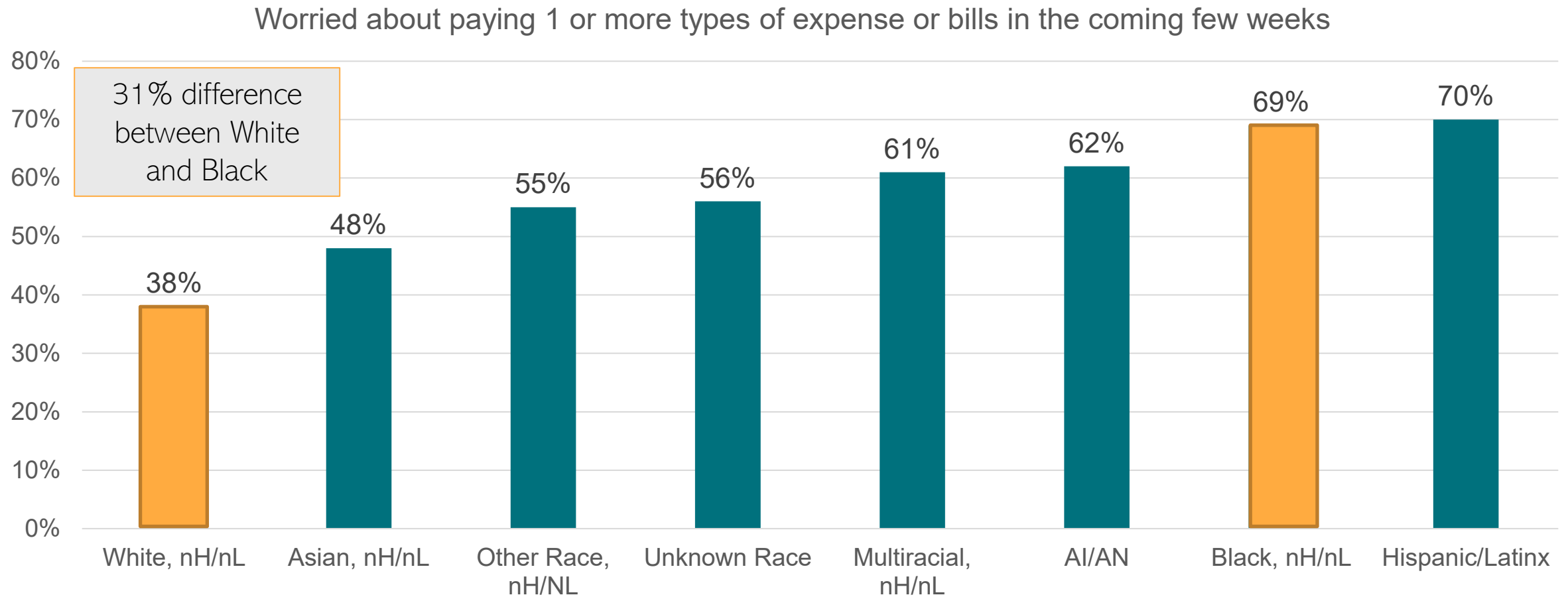


28% of Black, nH/nL respondents speak languages other than English

The most common **ethnicities** identified among Black, nH/nL respondents are: (1) African American – 65%; (2) Caribbean Islander – 12%; (3) African – 11%; (4) Haitian – 9%; (5) Cape Verdean – 8%

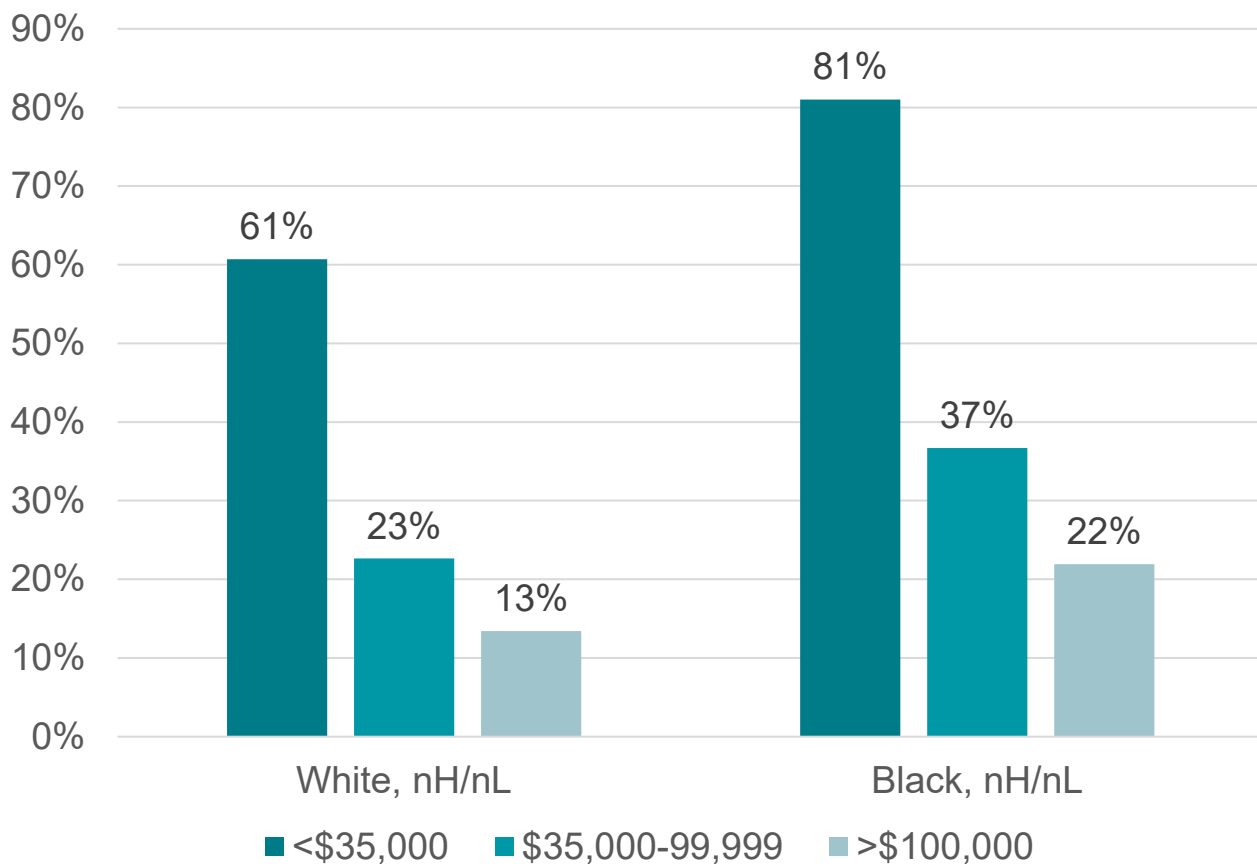
EDUCATION, INCOME & INEQUITY

There are significant inequities in SDoH between Black and White respondents.

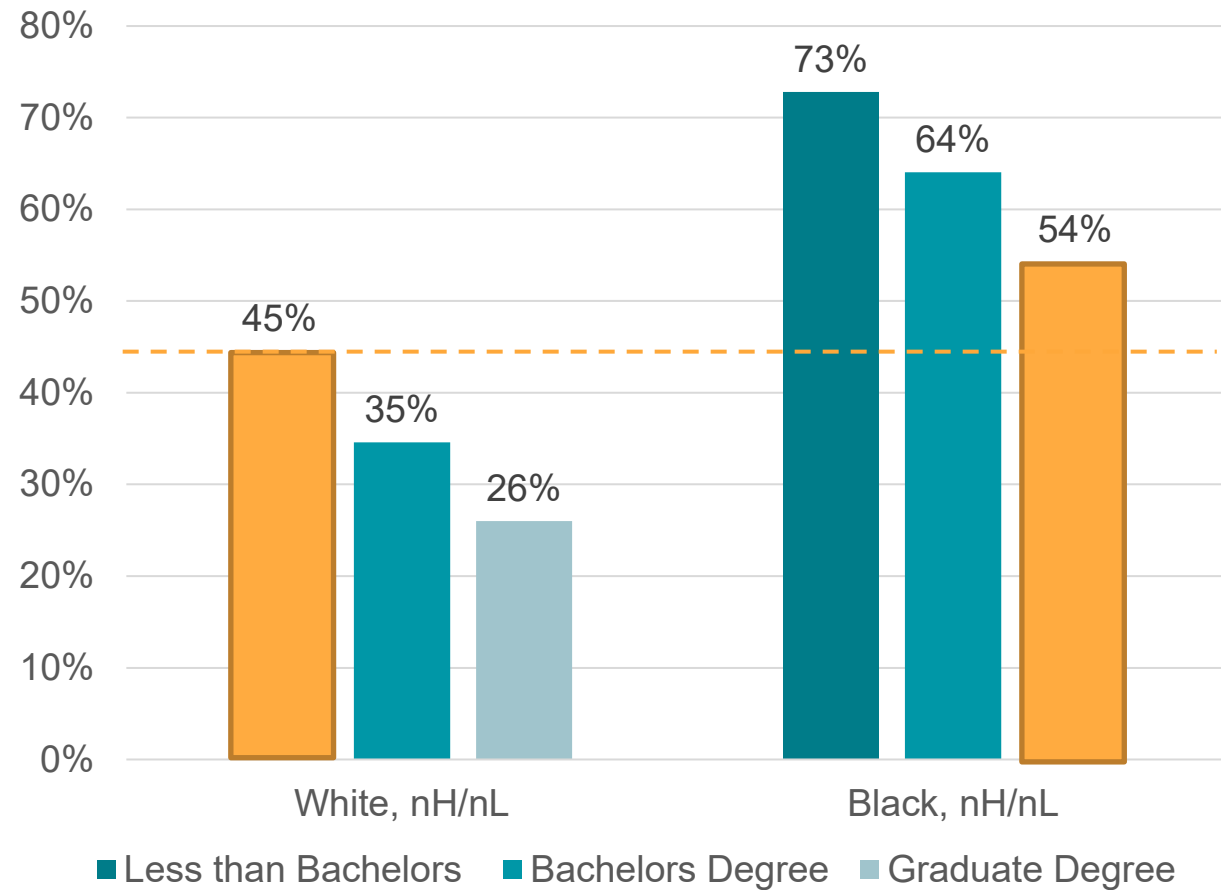


Differences in education and income do not explain these inequities.

Worried about paying 1 or more types of expense or bills in the coming few weeks



Worried about paying 1 or more types of expense or bills in the coming few weeks



Inequities are cumulative.

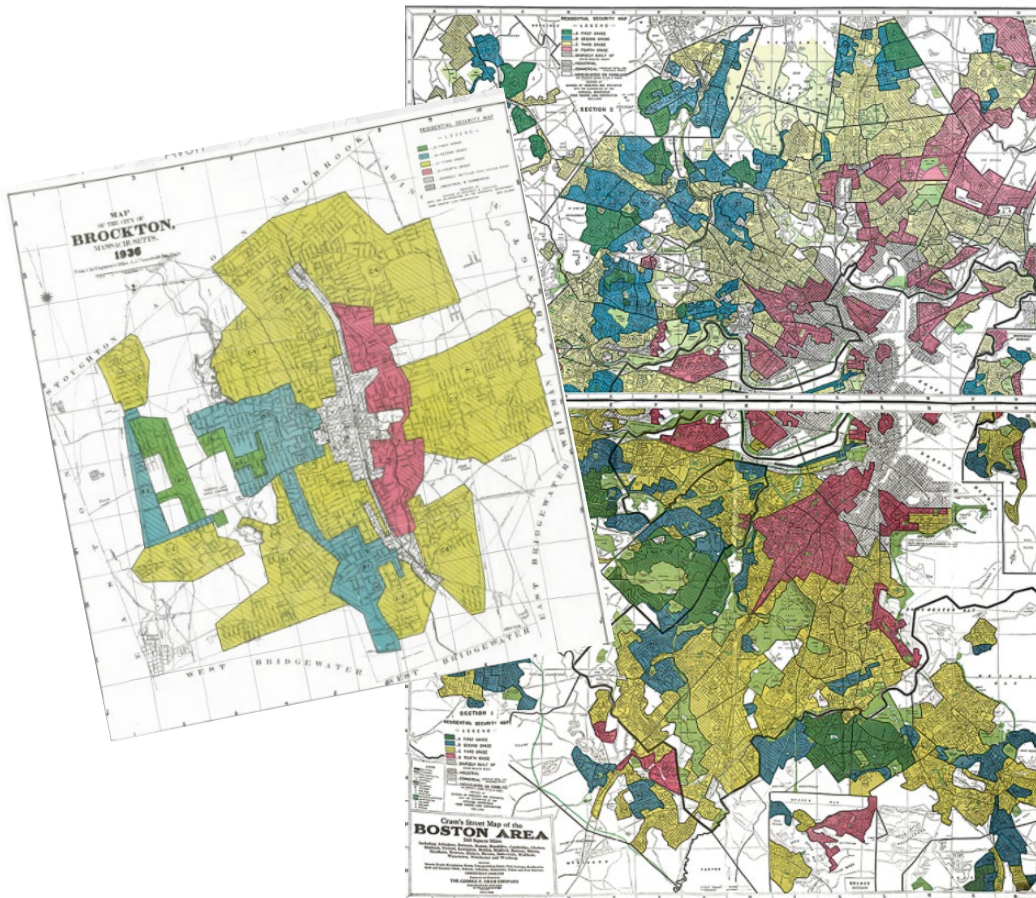
Populations who experience inequities who are also Black experience even greater inequities.

44% of all respondents were worried about expenses.

50% of all respondents who are parents were worried about expenses.	+	69% of all respondents who are Black were worried about expenses.	=	74% of all respondents who are parents & are Black were worried about expenses.
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GEOGRAPHY & INEQUITY

REDLINING, SEGREGATION, DISINVESTMENT



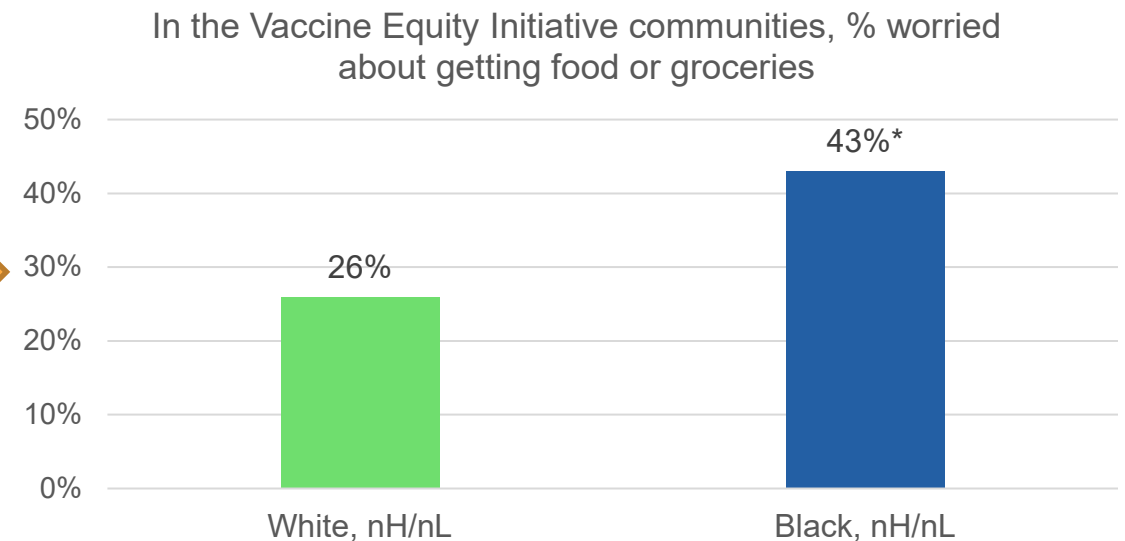
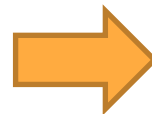
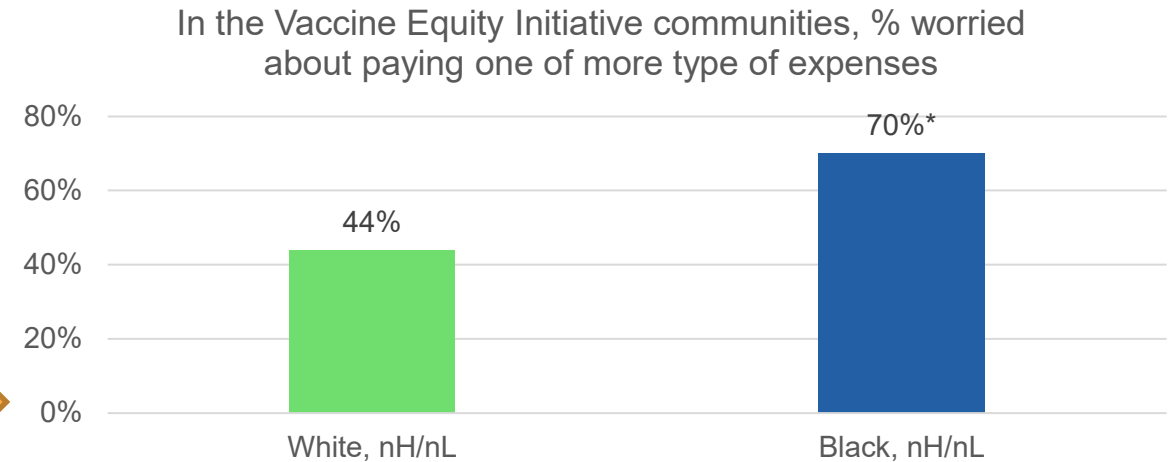
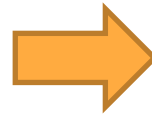
- Over centuries, discriminatory and exclusionary policies and practices have shaped where people live. These policies, practices and their modern manifestations have impacted where Black people live in Massachusetts. People of color, including Black people, are concentrated in only a handful of communities.
- Policies and practices, including school funding models, disinvestment of business, and over-policing, have perpetuated racial inequities in these communities.

Spotlight on the 20 Vaccine Equity Initiative Communities

20 communities that were particularly hard hit by COVID-19 were identified as Vaccine Equity Initiative Communities. Compared to the other 331 municipalities, respondents from these communities were:

45% more likely to report being worried about paying any type of expense in the next few weeks

50% more likely to report being worried about getting food or groceries in the next few weeks



TWO HEALTH CRISES

Intersecting and reinforcing health crises

Since the COVID-19 pandemic began in March 2020, Black residents have inequitably suffered from two health crises – COVID-19 and continued impacts of racism.

The consequences are being felt acutely.

For example, compared to White, nH/nL, Black, nH/nL respondents are:

BEING DISPROPORTIONATELY IMPACTED BY COVID-19.

1.5x as likely to report being “very worried” about being infected with COVID-19.

1.5x as likely to be infected with COVID-19.¹

1.7x as likely to be hospitalized due to COVID-19.¹

EXPERIENCING RACISM and RACIAL TRAUMA.

24% of Black respondents reported experiencing discrimination, including in stores, by police, and by security guards.

THE IMPACTS OF THESE TWO CRISES ARE FELT ACROSS HEALTH OUTCOMES.

Despite being less likely to report any substance use, Black respondents were more likely to report **increased substance use**.

Experiencing discrimination **doubled** the risk of reporting 3+ PTSD reactions among Black respondents.

KEY TAKEAWAYS: BLACK RESIDENTS

To truly understand how Black populations have been impacted by the pandemic, we must consider the multiple identities people hold and the systems and structures they interact with.

Intersectionality matters.

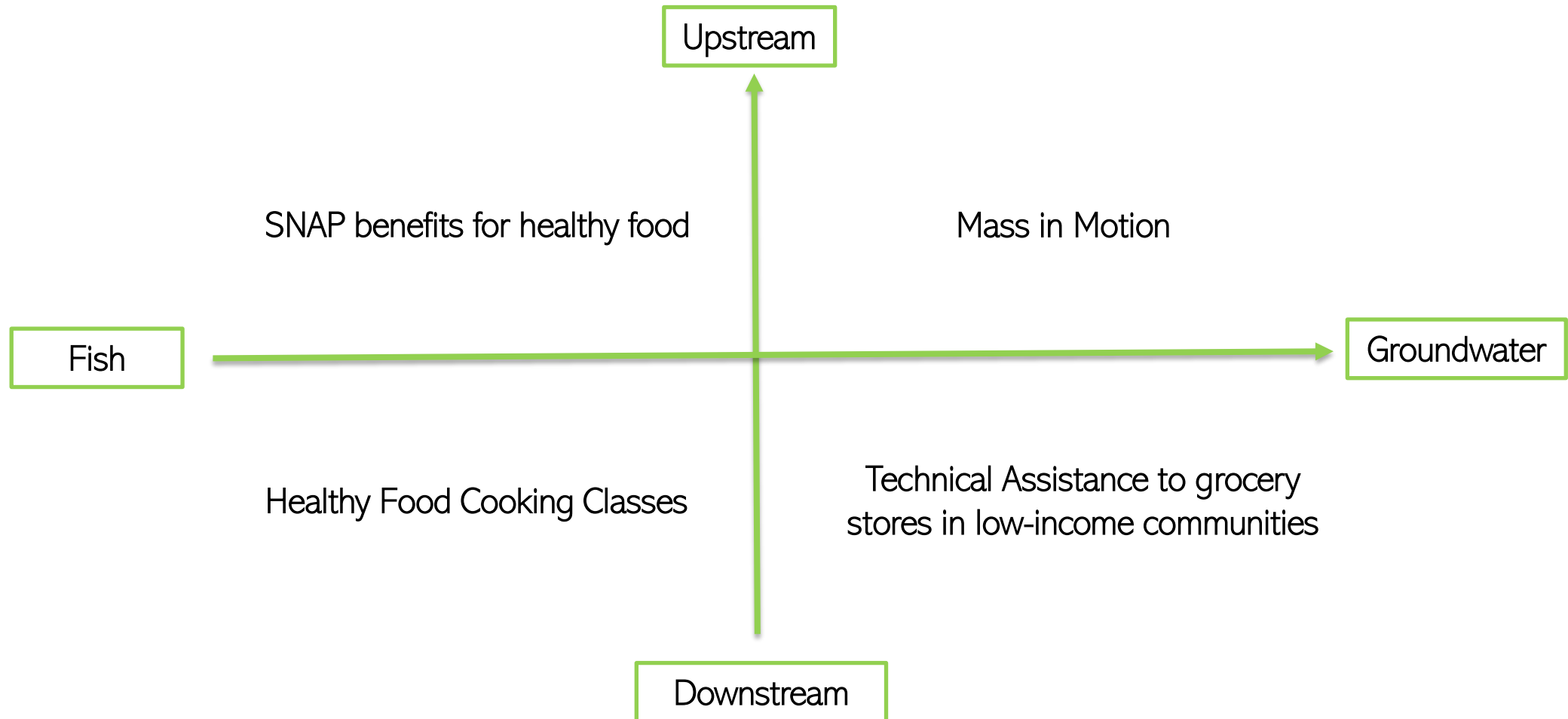
RACIAL JUSTICE REFRAMING AND A CALL TO ACTION

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 COVID infection among Latinx populations	Persistent racial inequities in COVID-19 infection rates, with Latinx populations 3.2x more likely to be infected
2. What's the Cause?	-Failure to wear a mask appropriately -Failure to socially distance -Underlying conditions	-Income inequity -Occupational segregation -Pipelines into low wage jobs -Racial redlining in transit, zoning, etc. -Residential segregation
What/Who's Responsible?	Individuals	Businesses; policy makers
3. What's the Solution?	-Improved masking practices -Improved physical distancing -Improved adherence to medical advice	-Economic mobility in all communities -Economic investment in low-income communities/communities of color -Effective and enforced workplace safety practices -Accessible jobs paying a living wage in all communities, particularly communities of color
4. What Action is Needed?	-Prevention campaigns -Enforcement practices -Medical advice fact sheets -Readyfill of rx medication	-Pay equity; living wage measures -Economic policies that invest in communities of color -Partnerships across employment sectors and with community residents
5. What Values are highlighted?	Individualism; Personal Responsibility; Choice; Individual Freedom	Equity; Justice; Fairness; Shared Responsibility

GROUNDWATER MATRIX TOOL: *what solutions should we propose?*



FINAL TAKEAWAYS

- Socio-economic differences do not explain racial inequities.
- Racial inequities look the same across systems.
- Inequities are caused by systems, regardless of people's culture or behavior.
- Reliance on dominant framing prevents us from seeing real problems and developing real solutions.

“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*

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