Massachusetts Department of Public Health

COVID-19 COMMUNITY IMPACT SURVEY:ABILITY TO MITIGATE INDIVIDUAL RISK OF INFECTION & ACCESS TESTING

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Results as of June 8, 2021

REMINDER

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!

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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

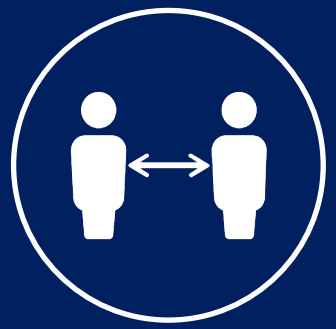
ABILITY TO MITIGATE INDIVIDUAL RISK OF INFECTION & ACCESS TESTING

This webinar will share some key findings from the COVID-19 Community Impact Survey (CCIS) on individuals' ability to protect themselves from infection and access testing. 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!



ABILITY TO MITIGATE INDIVIDUAL RISK OF INFECTION

Lead: Elizabeth Beatriz
Team: Lauren Cardoso, Glory Song, Caroline Stack, W.W. Sanouri Ursprung

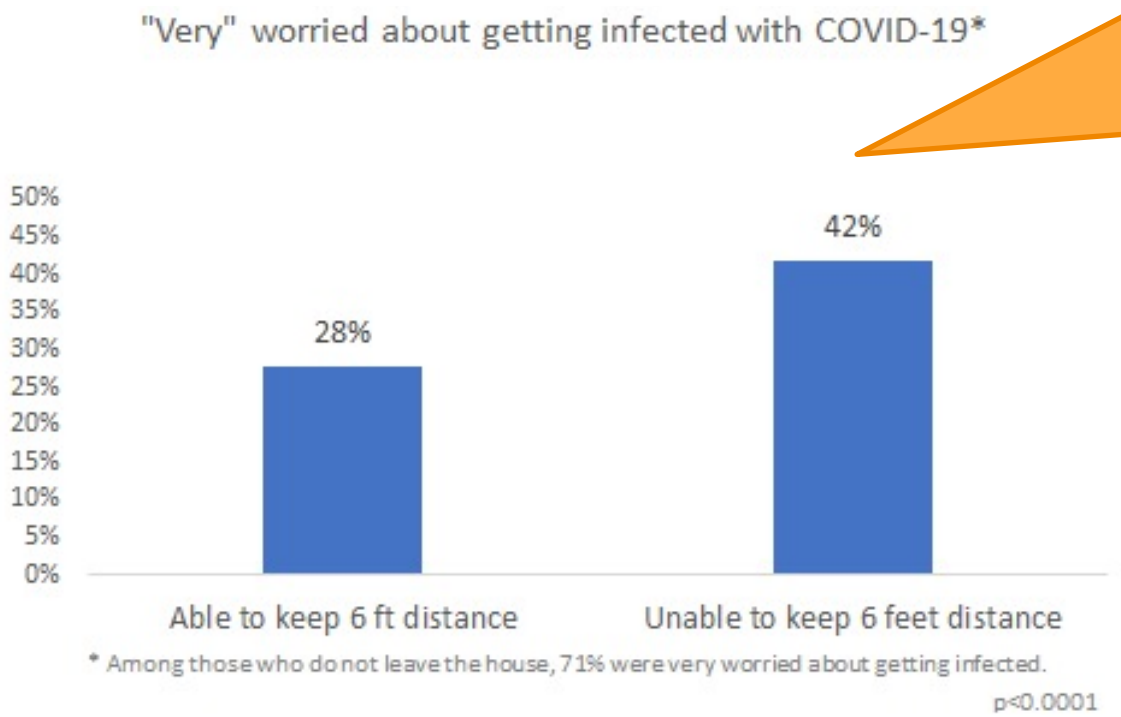
FRAMING MATTERS

Despite the common belief that managing risk is entirely within an individual's control, the data shows us that factors such as employment and housing are significant drivers of exposure to COVID-19. Individuals who are most worried about being infected with COVID-19 are also those who are least able to socially distance, largely due to housing and work-related conditions.

RISK MITIGATION

Individuals who are the **most worried** about becoming infected with COVID-19 (see next slide), are also the **least able** to maintain 6 ft. distance from others especially when in retail/grocery stores and at work.

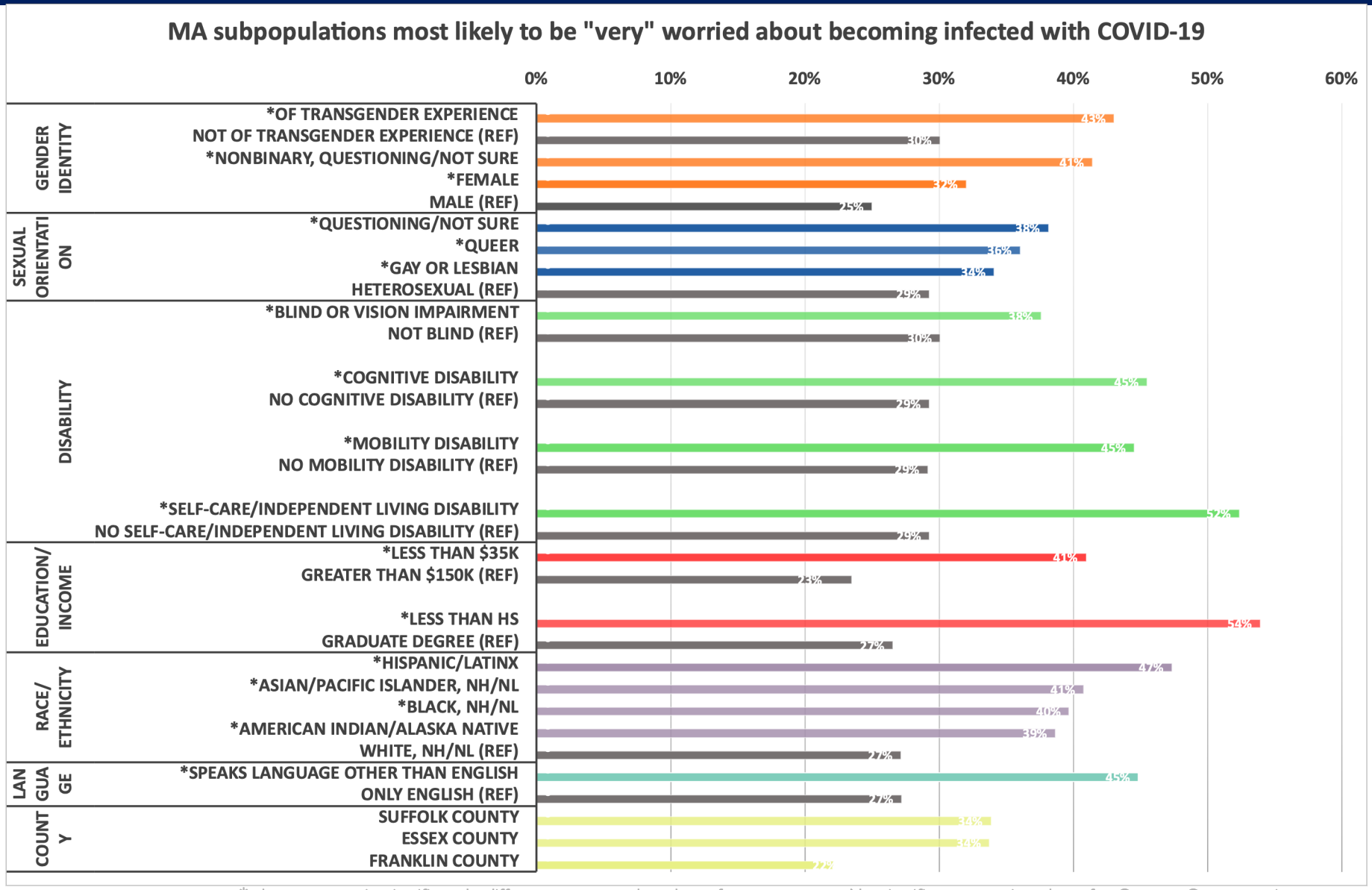
Those who were **not able** to socially distance were 1.5 times as likely to be "very" worried about getting COVID -19



Among those who were <u>not</u> able to keep 6 feet distance most respondents experienced at least 2 of the following top reasons why:

- "The place where I **shop** or buy **groceries** is crowded" (62%)
- "In order to do my **work**, I need to be physically close to others" (42%)
- "My **workplace** is crowded" (23%)
- "The **streets** where I live are crowded" (20%)

RISK MITIGATION



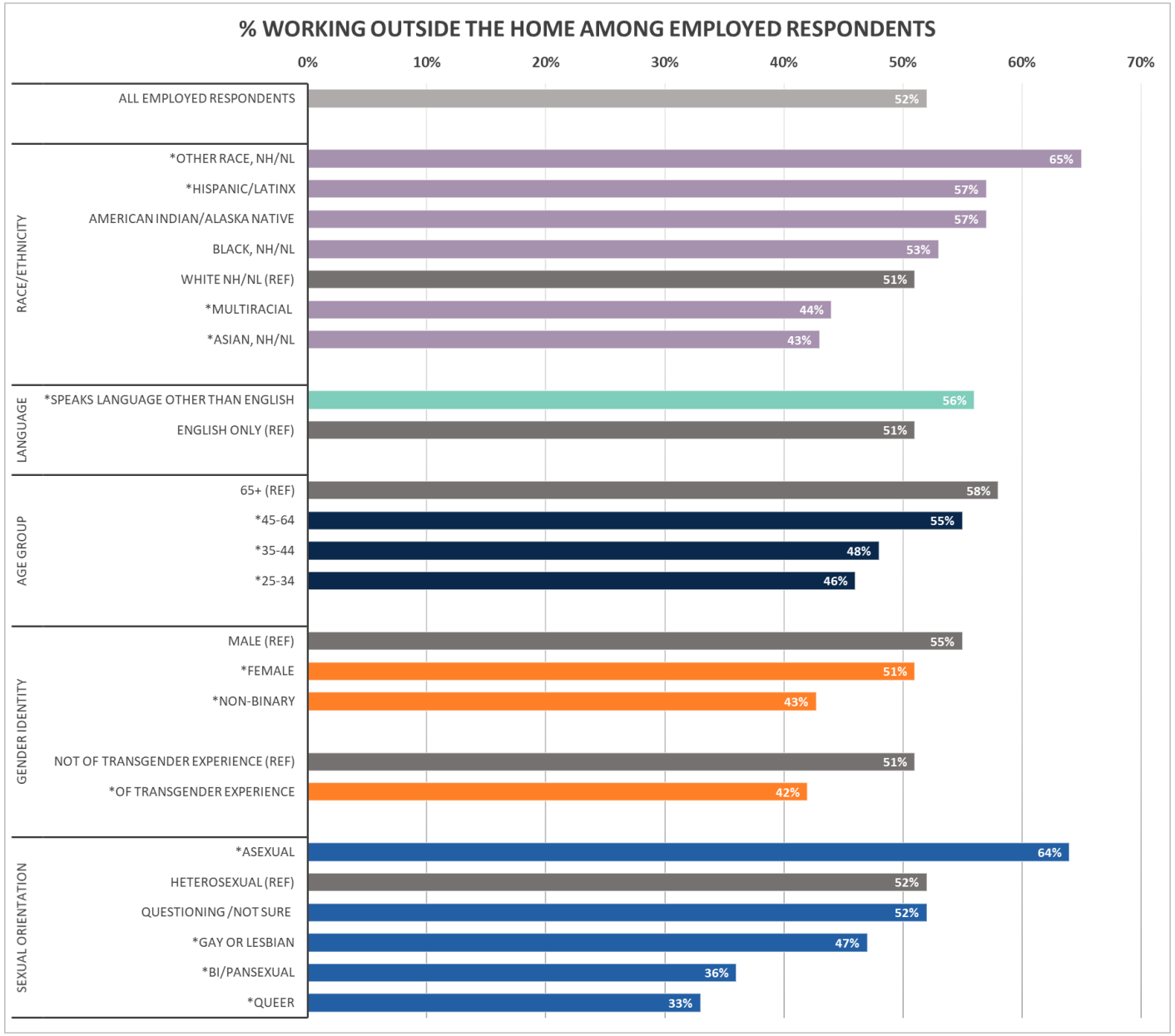
Populations most likely to say they are **"very worried"** about becoming infected with COVID-19 include:

- Respondents of **Transgender** experience
- Those who are **female** or **questioning** their gender identity
- **LGBQ+** respondents
- **Blind** people and people with vision impairment
- People with **cognitive, mobility,** or **self-care** disabilities
- Respondents with lower **income** and/or lower **educational** attainment
- Persons of **color,** including Hispanic/Latinx, Asian/Pacific Islander, Black, and American Indian/Alaska Native
- Those who speak a **language** other than English

* denotes rate is significantly different compared to the reference group. No significance testing done for County; County estimates are unweighted

NOTE: American Indian/Alaskan Native includes Hispanic/Latinx. "Nonbinary, Questioning/Not Sure" gender identity group includes respondents identifying as non-binary, genderqueer, not exclusively male or female, and questioning/unsure of their gender identity.

Over half of those who could not socially distance listed work-related factors as a primary reason. Some populations were much more likely to work outside of the home and face greater risk of exposure. (1 of 2)

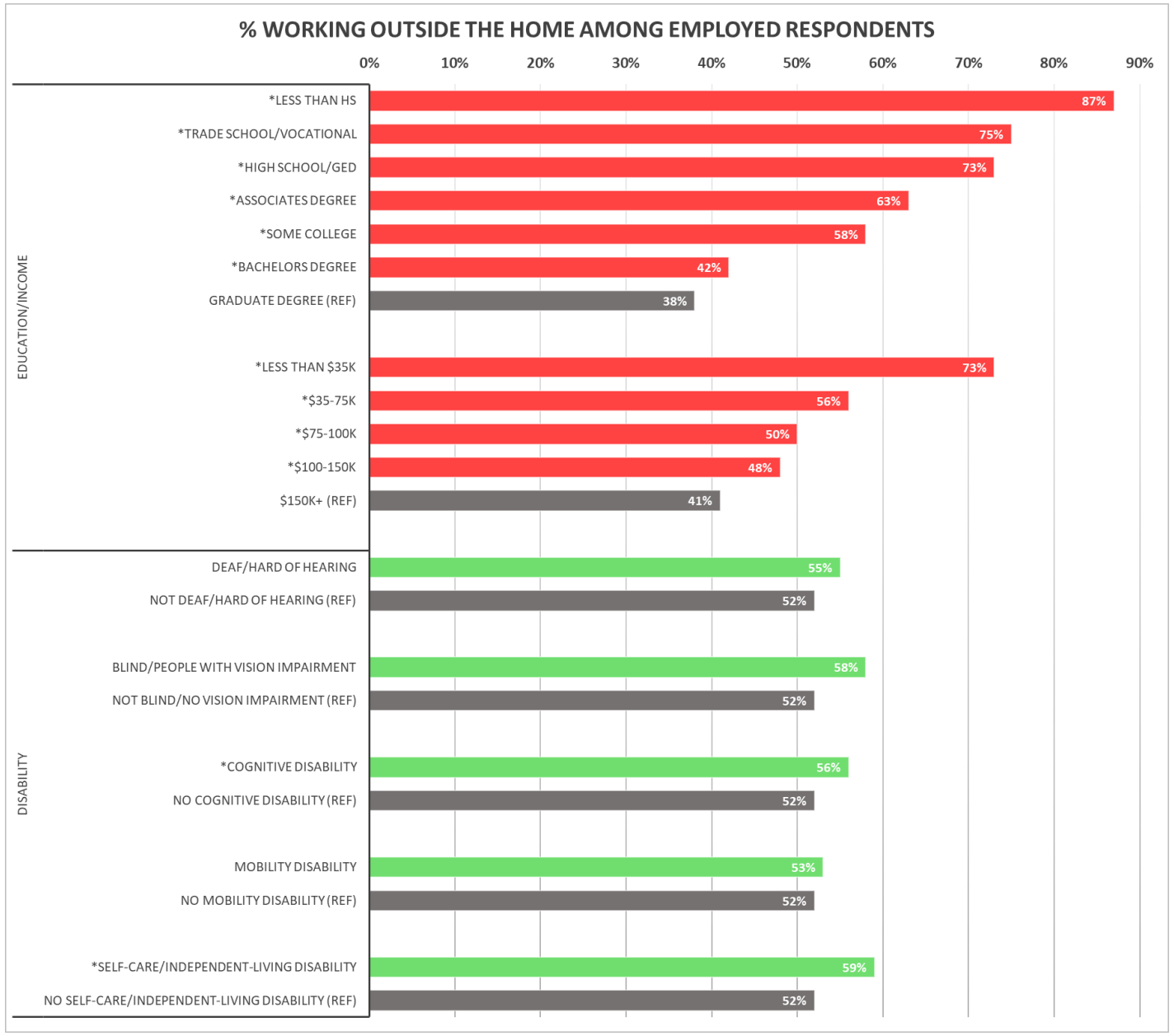


Half of all employed respondents worked a job outside the home, facing increased risk of exposure.

The following groups were more likely to work outside the home:

- Hispanic/Latinx or Other race, nH/nL
- Speak a language other than English.
- Aged 65 years and older
- Male
- Asexual

Over half of those who could not socially distance listed work-related factors as a primary reason. Some populations were much more likely to work outside of the home and face greater risk of exposure. (2 of 2)

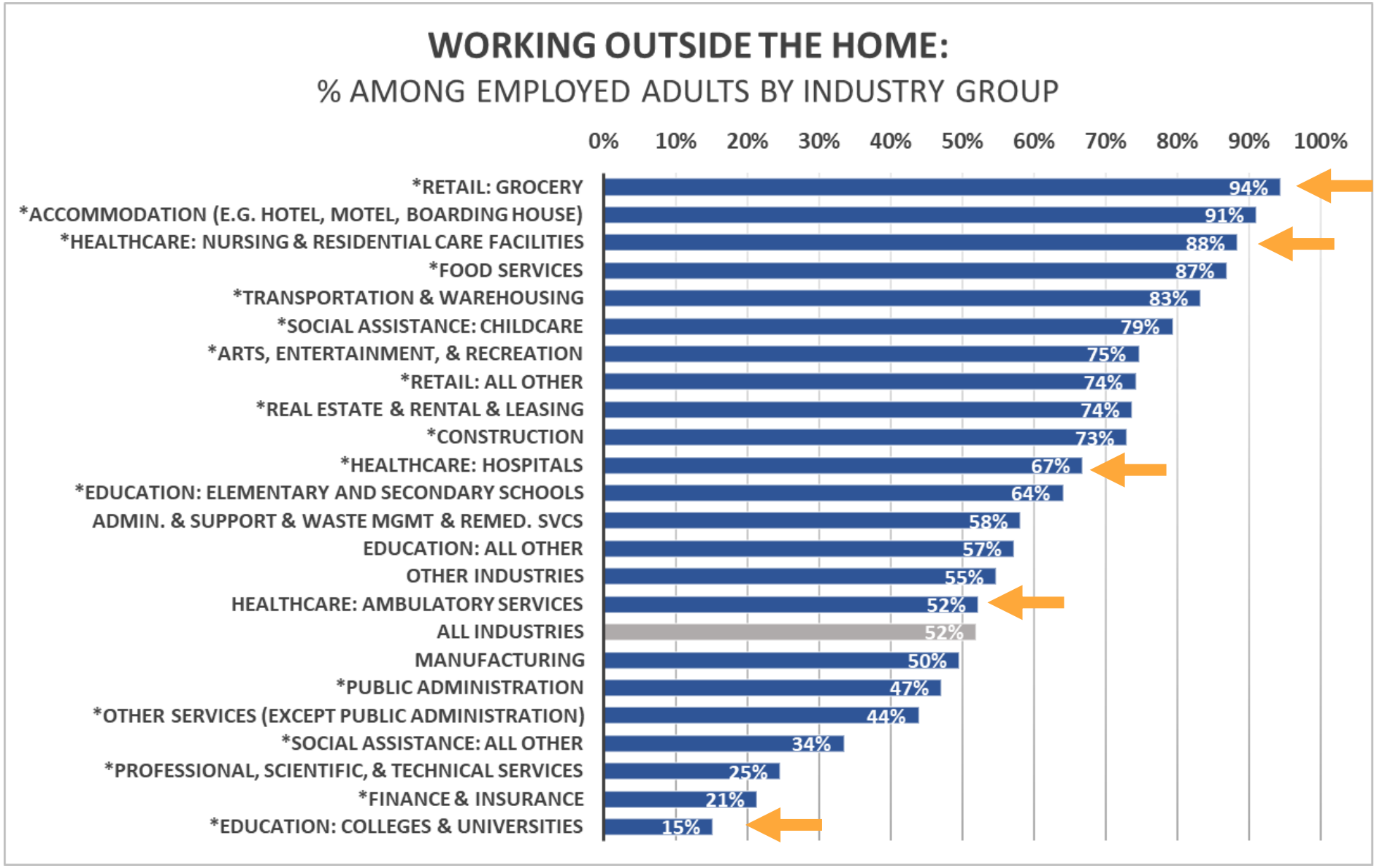


Half of all employed respondents worked a job outside the home, facing increased risk of exposure.

The following groups were more likely to work outside the home:

- Lower educational attainment
- Lower annual household income
- Those with cognitive or self-care/ independent-living disabilities

Respondents in certain industry groups were much more likely to work outside of the home, and thus face greater risk of exposure.



The percentage varied by industry ranging from **94% in Retail: Grocery** to **15% in Education: Colleges and Universities**

Even within certain industries, the **percentage who worked outside the home varied by subgroup**. For example in healthcare:

- 88% in Nursing and Residential Care Facilities
- 67% in Hospitals
- 52% in Ambulatory Services

Notes: 1) "Retail: Grocery" = Grocery Stores, Specialty Food Stores, Gas Stations [includes those with convenient stores]; 2) "Other Industries" = Mining; Agriculture, Forestry, Fishing and Hunting; Utilities; Wholesale Trade; Management of Companies and Enterprises; Military; 3) *denotes percentage is statistically significantly different ($p<0.05$) compared to the average percentage for all industries

RISK MITIGATION

Respondents working outside the home in the following industries* were less likely to have **employer provided/implemented COVID-19 precautions such as personal protective equipment, COVID safety training, and** implementation of **social distancing** at work :

- Food Services
- Construction
- Transportation and Warehousing
- Administrative Support and Waste Management Services
- Arts, Entertainment, and Recreation (e.g. gyms)

1 in 4 respondents worked in places that **did not provide PPE.**

1 in 3 respondents worked in places that **did not implement social distancing.**

Over **1 in 2** respondents worked in places that **did not provide additional health & safety training.**

Identifying infections early through **testing** and lowering barriers to staying home by providing employees with **adequate paid sick leave** is essential to mitigating the spread of COVID.

Among respondents who had ever been tested, those working **outside the home** were nearly **2X** more likely to report **testing positive** than those working from home.

Access to sick leave varied widely across industries, ranging from **37% in food services to 92% in public administration.**

*Full industry breakdowns are provided in the appendix.

RISK MITIGATION

The **behavior** of individuals is one of the most **powerful tools** we have to stop the spread of COVID-19.

Our behaviors are influenced by:

1. Knowledge about what to do.

2. Belief that the behavior is important.

3. Factors that make the behavior easier or harder to engage in.

KEY TAKEAWAYS

- The most common reasons people are unable to socially distance relate to work and their ability to access basic needs in their neighborhoods, not a lack of concern about infection.

- Employment is a major driver of infection. People who cannot work from home lack essential protections and the ability to socially distance at work. People who do not work from home were also **twice** as likely to test positive.

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!

FRAMING MATTERS

- Increased access to COVID-19 testing can help slow the spread of the virus, but it's not as simple as just telling people to get tested.
- Messages about testing have not been reaching people who may need it most.
- Historically when this happens, these groups are deemed "hard to reach." In reality, messages have not been designed universally enough to meet people where they are, with the information they need the most.

TESTING ACCESS

Lead: Caroline Stack
Team: Lauren Cardoso, Glory Song
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TESTING ACCESS

Among all respondents, **44%** reported ever having been tested for COVID.

Key populations prioritized through Massachusetts testing initiatives like *Stop the Spread* program reported some of the highest rates of testing, suggesting that these efforts have been successful.

Priority Population	% Reported Ever Been Tested
Suffolk County residents	59%
Essex County residents	47%
Middlesex County residents	47%
Black, Non-Hispanic residents	52%
Hispanic/Latinx residents	51%
Residents who speak languages other than English	47%

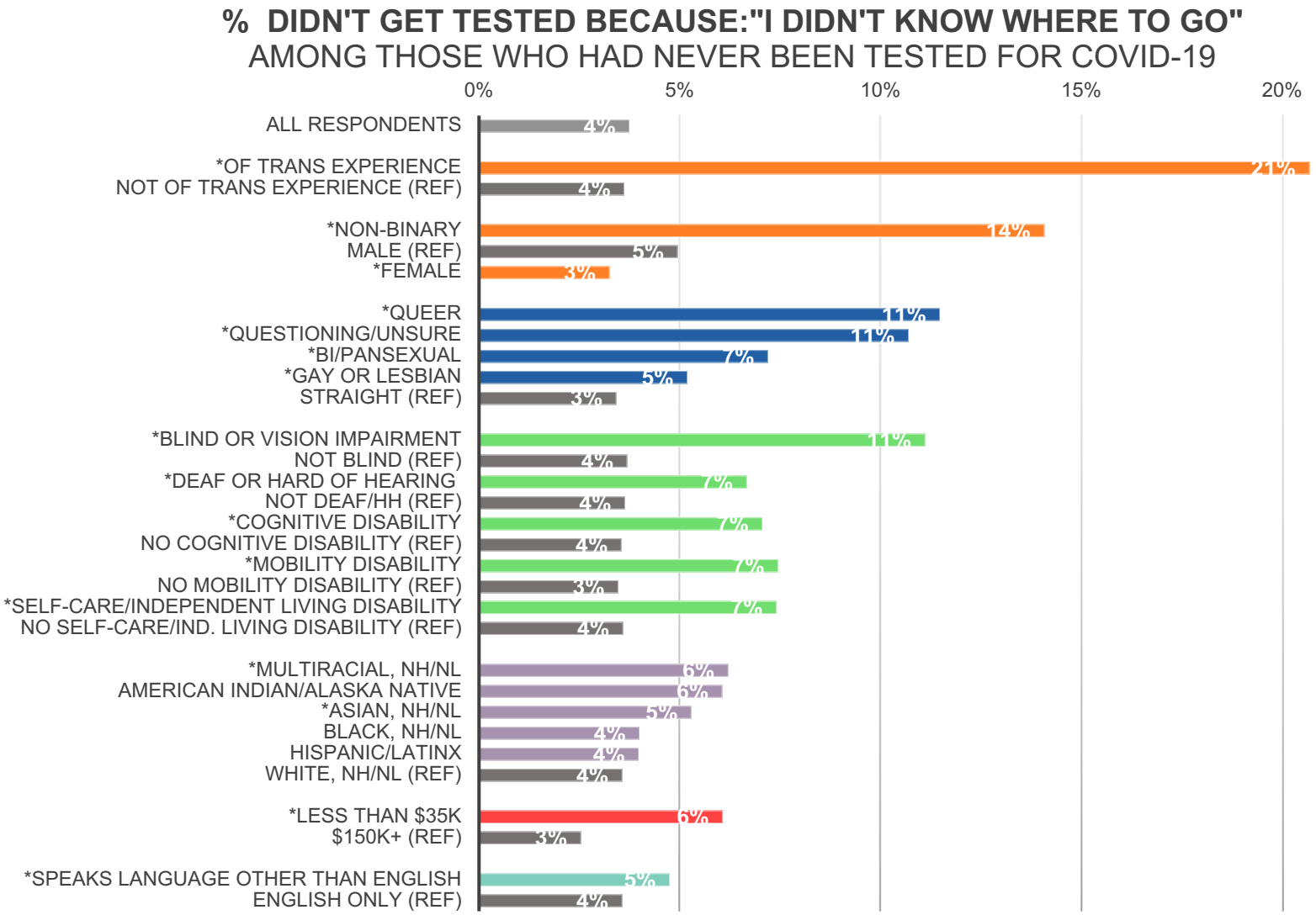
TESTING ACCESS

Besides not having symptoms, the top reasons for not getting tested were:

TOP REASONS FOR NOT BEING TESTED
1. Didn't meet testing criteria when had symptoms
2. Didn't know where to go
3. Lack of perceived exposure
4. Only had mild symptoms
5. Test was too expensive
6. Test wasn't available where I wanted to get tested

The STS program is currently addressing some of these top barriers through expansion of sites providing free testing regardless of symptoms/exposure.

TESTING ACCESS



The following groups were more likely to report not getting tested **because they didn't know where to go**:

- Respondents of **Transgender Experience**
- **Non-binary** and **Male** respondents
- **LGBQ** respondents
- Respondents with **disabilities**
- **Am. Indian/Alaska Native**, **Multiracial nH/nL,** and **Asian nH/nL** respondents
- Respondents with **lower income**
- Respondents who speak languages **other than English**

...suggesting that current communication and dissemination channels **may not be as effective** at reaching these populations

* denotes rate is significantly different compared to the ref. group. *Note*: nH/nL = non-Hispanic/non-Latinx. AI/AN Hispanic/Latinx. Black nH/nL (4%) and Hispanic/Latinx (4%) not portrayed; questioning/undecided gender not portrayed due to small numbers. Non-binary includes only: non-binary, genderqueer, or not exclusively male or female.

KEY TAKEAWAYS

- People who struggled to practice social distancing were less likely to have a work from home option. Those who had to leave home to work were also less likely to get tested, and twice as likely to test positive.
- Communication channels used in fall 2020 were not equally effective at reaching all populations. Translations, accessible options, tailored community engagement, and use of non-traditional modes of information sharing may help ensure more populations get future pandemic and vaccine related PSAs.
- Without more equitable access to broadband and technology, populations who were 2X to 4X as likely to have technology related telehealth barriers would likely experience similar barriers if only offered technology dependent modes of public service announcements and vaccine deployment infrastructure (eg. those with low educational attainment, low income, rural residents, indigenous residents, Hispanic residents, and multi-racial residents).

WANT TO KNOW MORE?

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