

COVID-19 COMMUNITY
IMPACT SURVEY: Social
Determinants of Health



Presented by: Glory Song MPH
Topic Lead: Glory Song MPH
Team: Melody Kingsley MPH, Lisa Arsenault PhD

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!

CCIS TEAM MEMBERS

CCIS Project Leads

W.W. Sanouri Ursprung, Lauren Cardoso, Beth Beatriz, Glory Song, Caroline Stack, Kathleen Fitzsimmons, Emily Sparer-Fine, Ben Wood, Lisa Bandoian, Heather Nelson, Amy Flynn, Lisa Arsenault, Abby Atkins

CCIS Analytic Team

Beth Beatriz, Glory Song, Caroline Stack, Kathleen Fitzsimmons, Emily Sparer-Fine, Ziming Xuan, Matthew Tumpney, Rebecca Han, Lauren Larochele, Arielle Coq, Anne Marie Matteucci, Lauren Fogharty, Vera Mouradian, Melody Kingsley, Ta Wei Lin, Anna Agan, Justine Egan, Allison Guarino, Elizabeth Showalter, Beatriz Pazos Vautin, Priyokti Rana, Mayowa Sanusi, Emily Lawson, Alana LeBrón, Lauren Cardoso, W.W. Sanouri Ursprung

CCIS Steering Committee

Lauren Cardoso, W.W. Sanouri Ursprung, Beth Beatriz, Abbie Averbach, Ruth Blodgett, Ben Wood, Sabrina Selk, Nicole Daley, Lisa Bandoian

CCIS Data to Action Workgroup

Jessica del Rosario, Kim Etingoff, Lisa Bandoian, Andrea Mooney, Ben Kingston, Lauren Cardoso; Dawn Fukuda, Lamar Polk, Hermik Babakhanlou-Chase, Glennon Beresin, Mahsa Yazdy, Emily White, Timothy St. Laurent, Fareesa Hasan, Nicole Roos

CCIS Data Dissemination Workgroup

Beth Beatriz, Glory Song, Emily Sparer-Fine, Ta Wei Lin, Vera Mouradian, Rebecca Han

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.

FRAMING MATTERS

- Access to things like healthy food, safe housing, affordable medicine, technology, employment, and childcare are not separate issues from COVID-19.
- The pandemic's impact on people's ability to afford and access basic needs have changed lives and put people at greater risk for poor health - particularly among those already experiencing poor health outcomes.
- What's worse, is that people who are impacted by one of these areas are more likely to be impacted by several.
- This has enormous impacts on health and wellbeing.



PURPOSE AND INTENT

SOCIAL DETERMINANTS OF HEALTH

This webinar will share some key findings from the COVID-19 Community Impact Survey (CCIS) around how the pandemic has impacted access to essential things like healthy food, safe housing, affordable medicine, technology, employment, and childcare. 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!

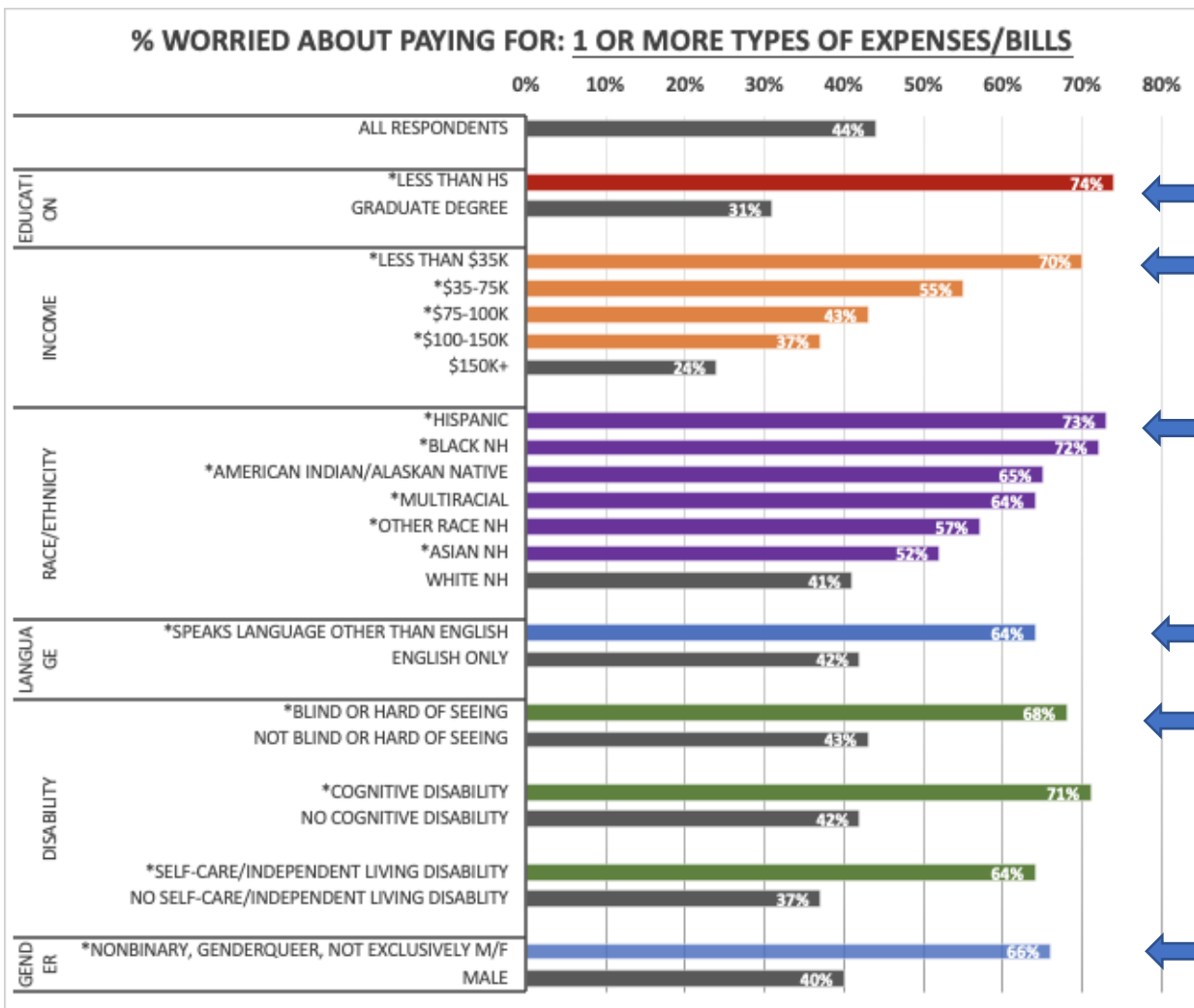


SOCIAL DETERMINANTS OF HEALTH

Lead: Glory Song
Team: Melody Kingsley
Lisa Arsenault

DETERMINANTS OF HEALTH: EXPENSES

A regular income is critical in order to afford essential medication, food, and health services, but some populations in the Commonwealth have been harder hit by employment-related changes than others. Even before the pandemic, these same populations also had less financial reserve as a safety net.



Groups experiencing the greatest economic hardship:

- Low income & low education respondents
- Respondents who are non-White
- Respondents who speak languages other than English
- Blind/with vision impairment
- With Cognitive disability
- With Self-care/ind. living disability
- Residents who are nonbinary, genderqueer, or not exclusively M/F

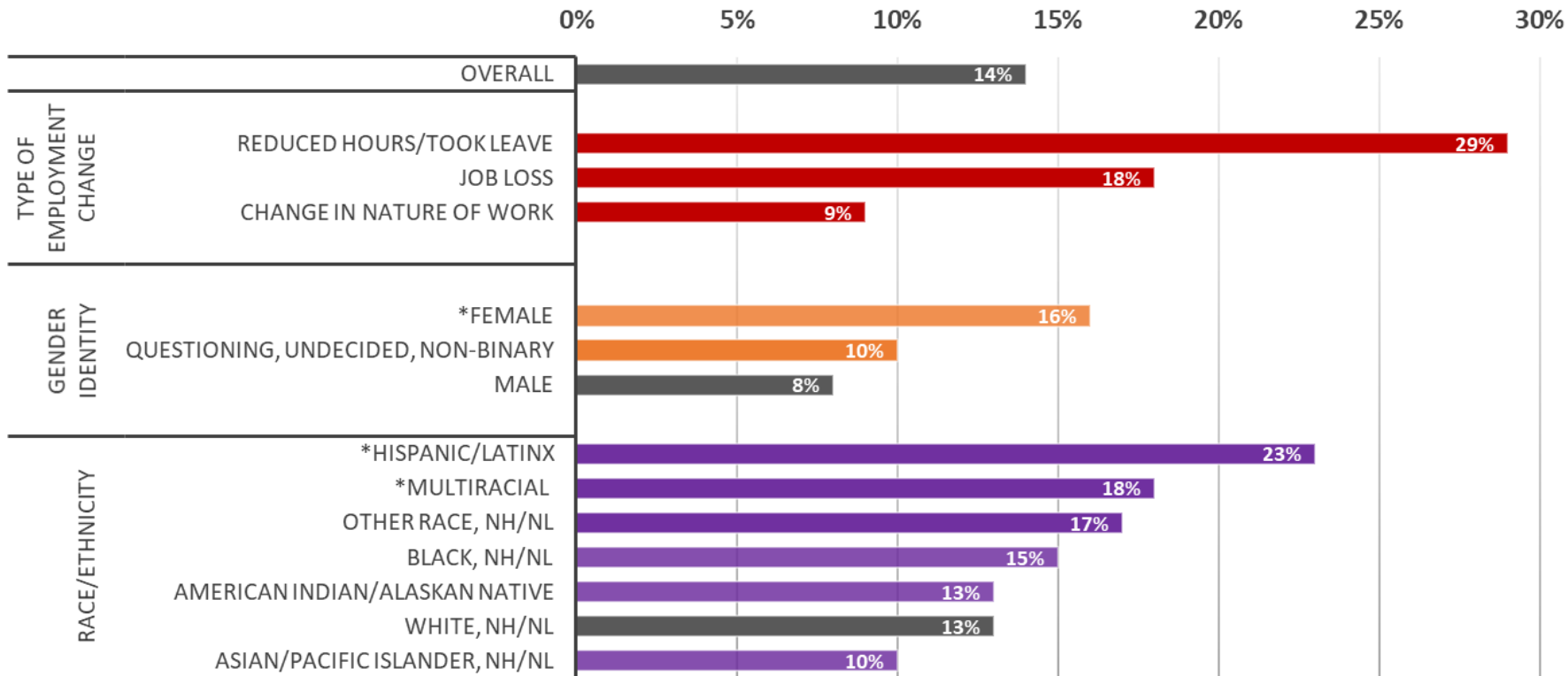
EXPENSES/BILLS RESPONDENTS WERE MOST CONCERNED ABOUT PAYING	% of Respondents
1. Housing (rent, mortgage, property taxes, condo fees, housing insurance)	28%
2. Utilities (cable, cell, electricity, water, gas, heating)	24%
3. Debt (credit card, student loan, bank fees)	21%
4. Vehicle (lease, car loan payment, car insurance)	15%
5. Insurance (health, disability, life)	11%

* denotes rate is significantly different compared to the reference group

Note: nH/nL = non-Hispanic/non-Latinx;; American Indian/Alaska Native includes respondents who identify as Hispanic/Latinx

DETERMINANTS OF HEALTH: CHILDCARE

CHANGE IN EMPLOYMENT TO TAKE CARE OF 'MY CHILD/CHILDREN': % AMONG ADULTS EMPLOYED IN THE PAST YEAR



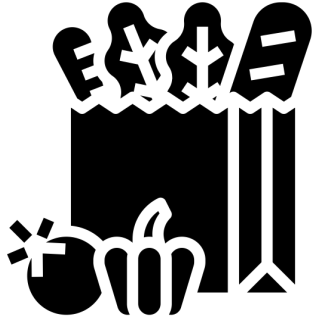
Nearly 1 in 3 of employed respondents who reduced their hours or took leave did so, at least in part, to take care of children.

Nearly 1 in 5 who lost their jobs cited needing to take care of children as a reason.

Females were twice as likely as males, and Hispanic/Latinx respondents almost twice as likely as White, nH/nL respondents to change the status or nature of their employment to take care of children.

Notes: 1) "Questioning, Undecided, Non-binary" includes respondents identifying as non-binary, genderqueer, not exclusively male or female, and questioning/unsure of their gender identity; 2) "nH/nL"=non-Hispanic/non-Latinx; 3) "American Indian/Alaskan Native" includes Hispanic/Latinx; 4) * denotes rate is significantly different compared to the reference group; 5) All percentages are weighted to the statewide age and educational distribution of those 25 years old or older in Massachusetts

DETERMINANTS OF HEALTH: FOOD



Food insecurity is directly associated with mortality from obesity, hypertension, diabetes, and heart disease, which are all also risk factors for more severe COVID-19 illness and mortality.

Economic hardship brought on or exacerbated by the pandemic means that people may not be able to afford purchasing enough food or healthy food for themselves and their family. The pandemic has also made accessing groceries more challenging than before, especially among those without safe transportation and those more vulnerable to COVID-19.

More than 1 in 4 (28%) respondents worried about getting food or groceries in the coming weeks. However, some populations and communities reported much higher rates:

DISABILITY	%
Blind or hard of seeing	53%
Physical or mental disability	46%
SOCIO-ECONOMIC STATUS	%
Less than a HS education	56%
Income less than \$35K	48%

ETHNICITY	%
Salvadoran	62%
Dominican	62%
Colombian	53%
Cape Verdean	51%
Puerto Rican	49%

ETHNICITY	%
Haitian	48%
Vietnamese	48%
Caribbean Islander	46%
Am. Indian/Alaska Native	45%



Internet access is critical for health, because it facilitates telehealth, working and learning remotely during the pandemic, as well as accessing goods and services in a socially distanced way.

Lack of broadband infrastructure
in rural areas

Lack of affordable options
in urban areas

Closed public spaces
like offices, schools and libraries

These barriers limit abilities to safely work, learn, access health care and goods from home, thereby increasing risk of exposure.

DETERMINANTS OF HEALTH: BROADBAND



Fast, stable and affordable internet access has become more critical than ever in connecting people to telehealth, work, remote learning, and essential goods and services.

1 in 7 (13%) respondents worried about getting internet in the coming weeks. However, some populations and communities were more likely to be concerned:

DISABILITY	%
Blind or hard of seeing	27%
Physical or mental disability	23%

SES	%
Less than a HS education	27%
Income less than \$35K	22%

ETHNICITY	%
Dominican	28%
Puerto Rican	26%
Am. Indian/Alaska Native	25%
Caribbean Islander	25%
Columbian	25%

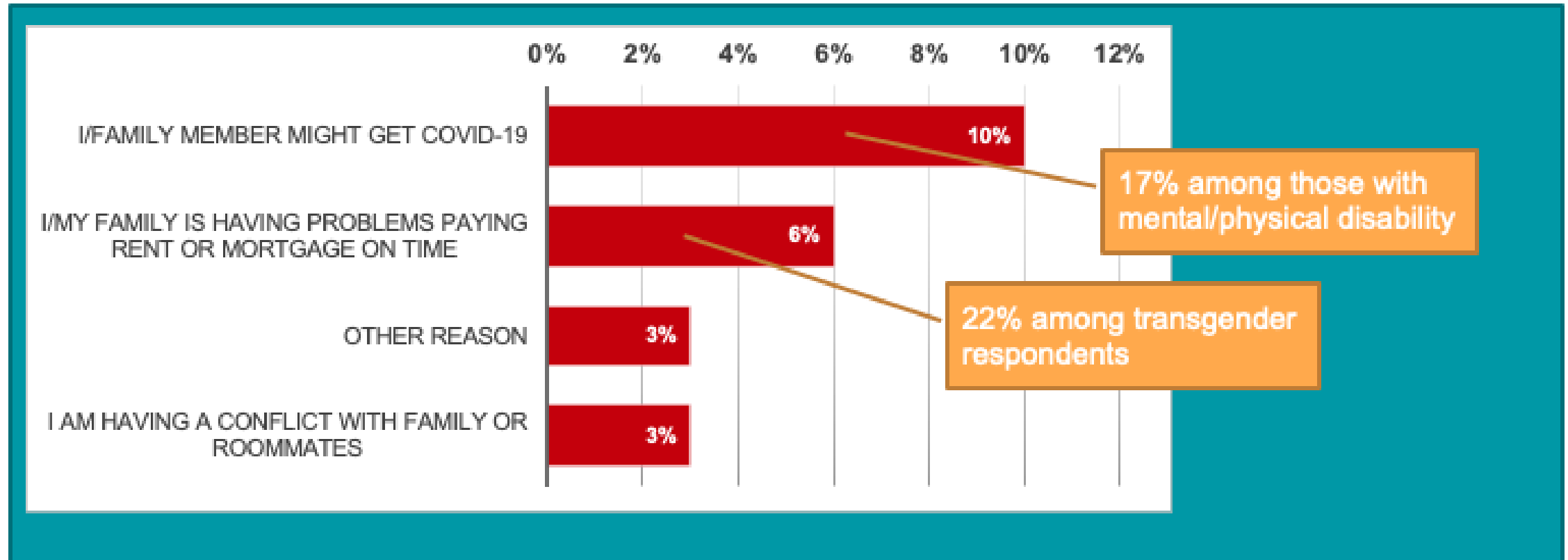
ETHNICITY	%
Cape Verdean	24%
Hispanic	24%
Salvadoran	23%
Vietnamese	23%
Haitian	20%

DETERMINANTS OF HEALTH: HOUSING STABILITY

1 in 5 respondents worried that they would have to move out of their home soon.

Among them:

- The most common reason was if they or a family member got COVID-19.
- Nearly 30% said they would need a safe place to stay.
- 25% said having information about their rights as renters/tenants would help.





KEY TAKEAWAYS

- Most people in MA are struggling with important basic needs, like housing, food, medicine, technology and childcare. These have big impacts on our abilities to get and stay healthy.
- As worrisome as this is across the board, some ethnic, education and disability groups have it even harder - by upwards of 50%.
- Inequities in technology access have made it even harder for people to work and attend school or healthcare appointments remotely, putting and health, development and income at risk.
- Parents and caretakers - especially women and the Latinx community - have been especially impacted by job loss and a reduction in hours, adding more financial strain to existing stressors.

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!