

# Massachusetts Department of Public Health

## COVID-19 COMMUNITY IMPACT SURVEY: Youth Safety and Healthcare Access



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Coauthors: Justine Egan, Beatriz Pazos Vautin,  
Elizabeth Beatriz & Ziming Xuan

*Results as of October 13, 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

# YOUTH SAFETY & HEALTHCARE ACCESS

This webinar will share some key findings from the COVID-19 Community Impact Survey (CCIS) around the pandemic's impacts on youth's safety and access to healthcare. The goal is that these findings:

- 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!



# YOUTH SAFETY AND ACCESS TO HEALTH CARE

Elizabeth Beatriz, PhD  
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# FRAMING MATTERS

During the pandemic, many youth experienced multiple changes at once: youth were taken out of school and adapted to schooling online; young people were isolated from their friends, peers, and trusted adults outside of their families; youth access to healthcare declined; and young people took on surrogate parenting roles to support their families. Many youth also experienced discrimination during the pandemic and endured heightened racial trauma associated with the protests that took place in the summer of 2020.

While major decisions around the COVID-19 pandemic have been made by adults, the pandemic and other current events have significantly affected youth health, especially mental health. Youth voice should be taken into consideration by decision-makers.



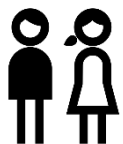
# YOUTH CCIS RESPONDENTS PROFILE



3,052 youth ages 14-24  
took the survey



32% speak a language other than  
English at home



46% under 18 years old  
54% 18 and over



21% youth with disabilities



39% working youth

The CCIS worked intentionally to reach diverse youth populations by **partnering with community-based organizations** serving youth in MA, as well as communities most impacted by COVID-19



Artwork by Farah Jeune



DISCRIMINATION AND YOUTH

# DISCRIMINATION AGAINST YOUTH

9% of youth experienced discrimination during the pandemic\*

Youth of color experienced high rates of discrimination compared to White, nH/nL youth.

- Asian, nH/nL youth 10x higher (32% v 3%)
- Youth of Other Races 8x higher (24% v 3%)
- Black, nH/nL and Multiracial nH/nL youth 6X higher (19% v 3%, 18% v 3%)
- Hispanic and American Indian/Alaska Native youth nearly 5X higher (14% v 3%, 14% v 3%)

Youth who speak a language other than English were 4x as likely to report discrimination compared to youth who only spoke English (20% v 5%).

Youth who identify as Other sexual orientation were nearly 2x as likely to report experiencing discrimination compared to heterosexual youth (16 % v 9%).

Young parents were nearly 2x as likely to experience discrimination compared to youth non-parents (16% v 9%).

\* In answer to a question about racial/ethnic discrimination during the pandemic.

NOTE: The number of respondents answering the discrimination question is = 2,469. Effective sample size = 2,304.

# DISCRIMINATION AGAINST YOUTH

Youth experienced many forms of discrimination.

## 15% COVID-related

Asian, nH/nL youth were most likely to report being told that they were responsible for COVID

*"Since I'm Asian somehow I'm at fault for the virus"*

## 7% Other Identities

Several youth were discriminated against because of their religion or sexual orientation

*"People made islamophobic comments about me and my family near 9/11"*

## 24% Verbal Comments

Youth reported being called racial slurs, and being verbally harassed in public

*"Someone told me to go back to my country"*

## 7% Racial Profiling

Youth reported being followed in stores, accused of stealing, and stopped by police

*"I was just followed around in the store, stopped by police"*

## 20% Other/Unspecified

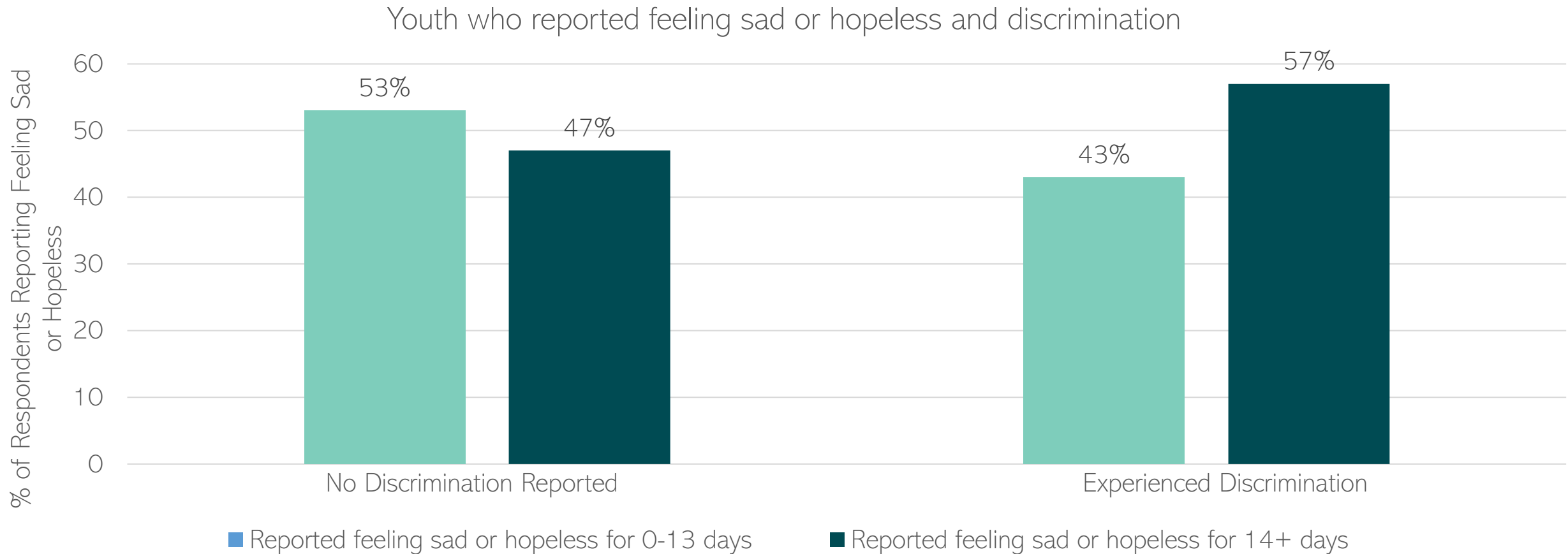
Other youth experienced other forms of discriminations such as online bullying or didn't specify exactly how they have been discriminated against

*"People giving dirty stares and staying away from me"*

NOTE: The number of respondents reporting experiencing any discrimination = 253. Effective sample size = 223.

# DISCRIMINATION AND MENTAL HEALTH

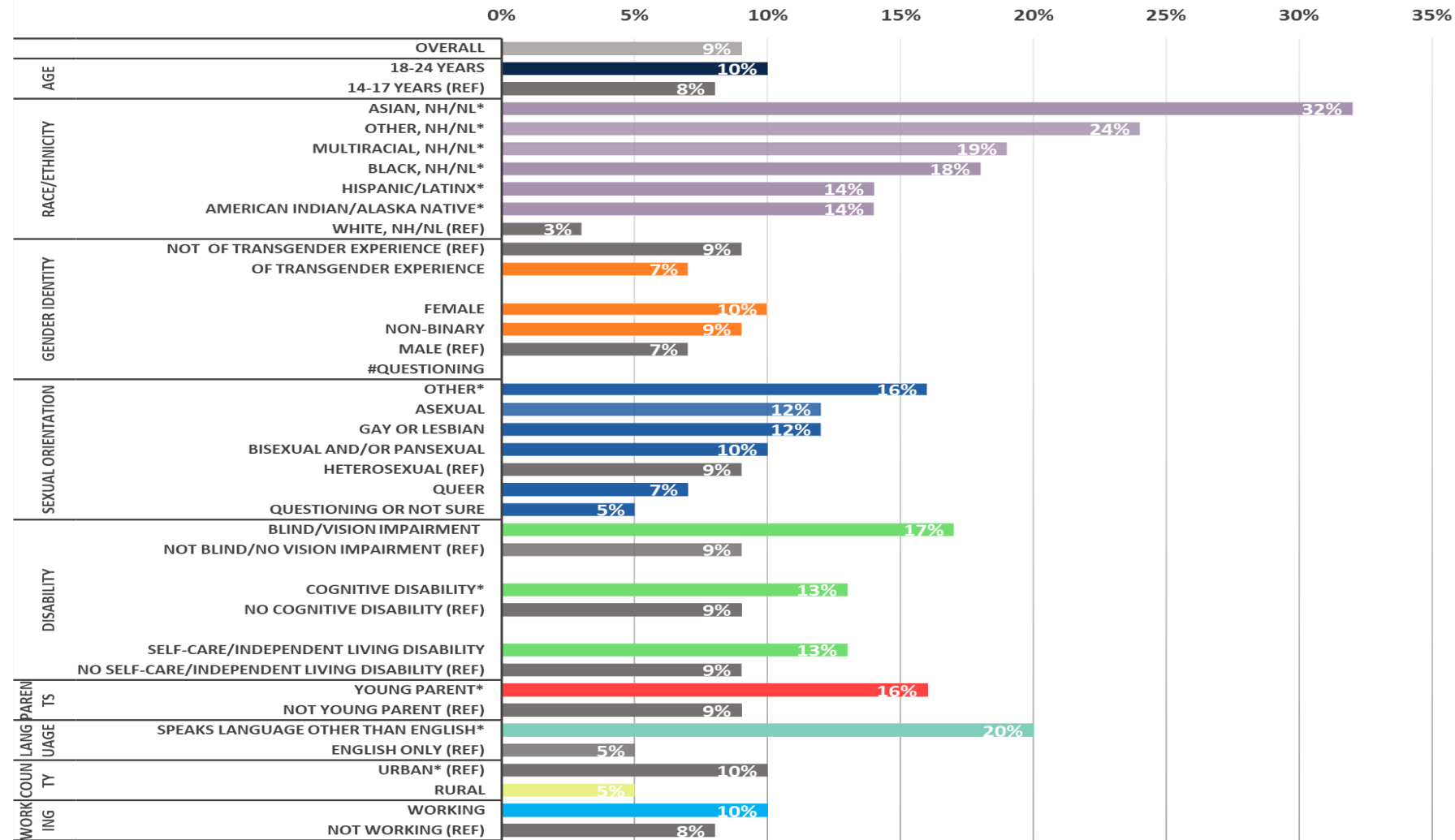
Youth that experienced discrimination were significantly more likely to report having worse mental health.



Data notes; 1) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 2) The number of respondents who answered the discrimination question is = 2,469. Effective sample size = 2,304.

# DISCRIMINATION AGAINST YOUTH

MA youth who experienced discrimination based on race/ethnicity

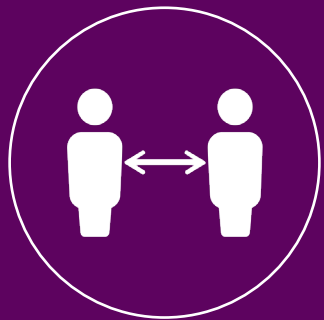


Overall, 9% of youth reported experiencing discrimination.

Youth who were more likely to experience discrimination included:

- Youth of color
- Non-binary youth
- Young parents
- Youth who spoke a language other than English
- Youth living in urban areas
- Youth with cognitive disability

Data notes: 1) "Non-binary" includes respondents identifying as non-binary, genderqueer, not exclusively male or female; 2) "nH/nL"=non-Hispanic/non-Latinx; 3) "American Indian/Alaskan Native" includes Hispanic/Latinx; 4) \* denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group; 5) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 6) The number of respondents who answered the discrimination question is = 2,469. Effective sample size = 2,304.



YOUTH SAFETY

# YOUTH & SAFETY DURING COVID-19

While 65% of youth feel very safe in their neighborhoods, in terms of crime or violence, certain groups of youth are less likely to report feeling safe.



Youth with cognitive disabilities are 20% less likely to feel very safe in their neighborhoods compared to youth without cognitive disabilities



Youth in urban communities are 27% less likely to feel very safe in their neighborhoods compared to youth in rural communities



LGBTQ+ youth are between 13-21% less likely to feel very safe in their neighborhoods compared to straight youth

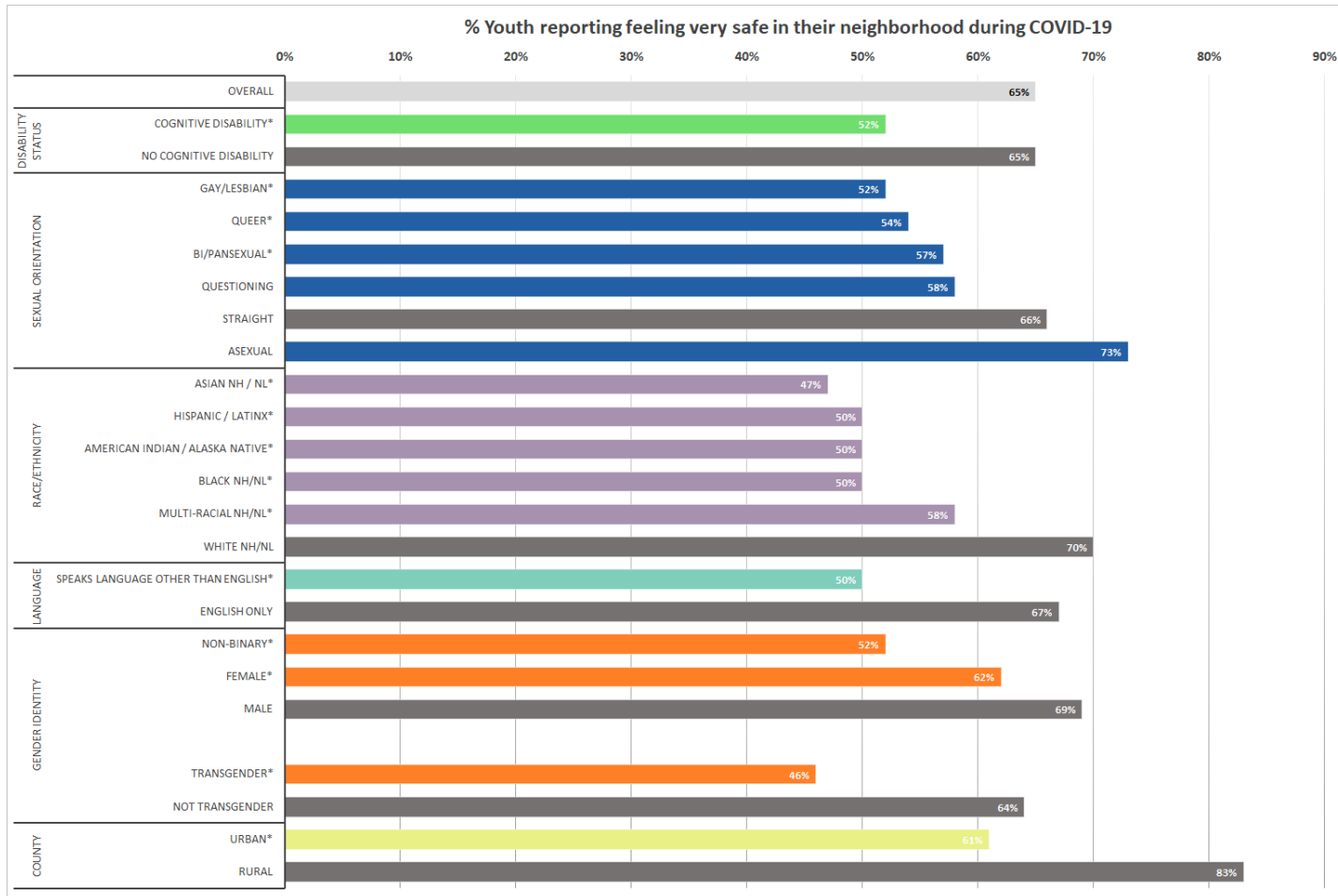


Youth of color are between 17-32% less likely to report feeling safe compared to White NH/NL youth



# YOUTH & SAFETY DURING COVID-19

Certain groups of youth were significantly less likely to report feeling very safe from crime and violence in their neighborhoods.



Overall, 65% of youth reported feeling very safe in their neighborhoods.

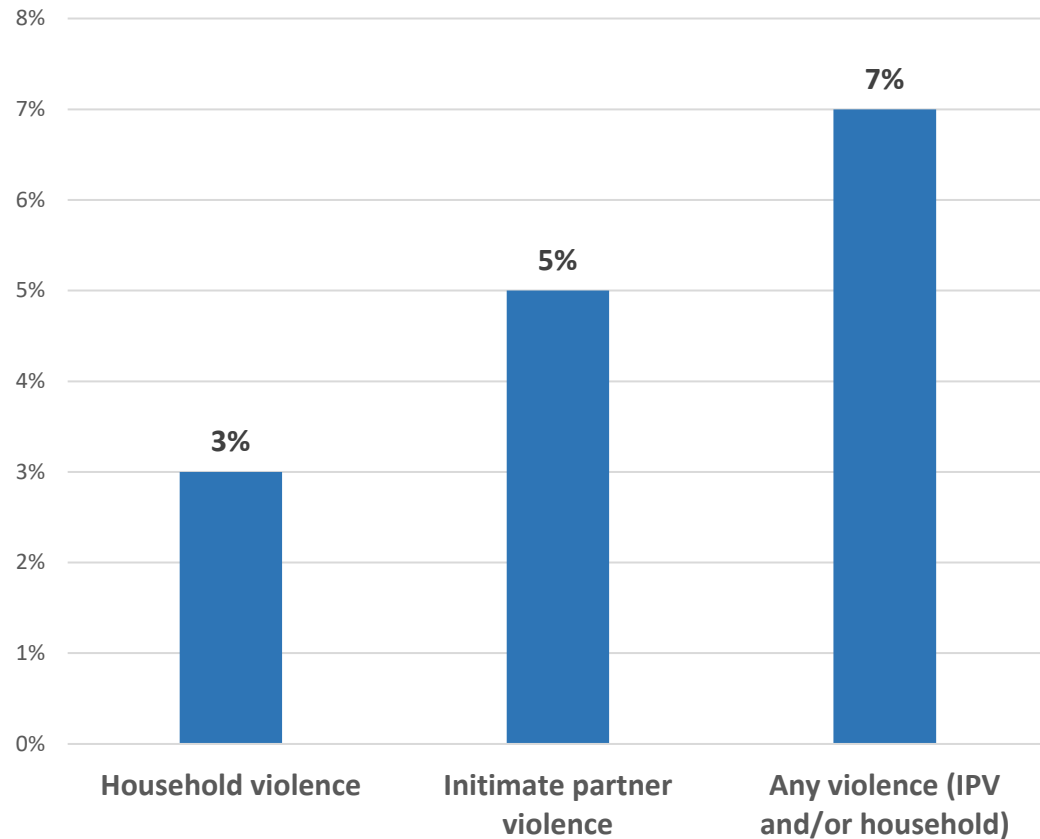
Youth who were less likely to feel safe included:

- Youth with cognitive disabilities
- Youth of color
- Gay/lesbian youth, queer youth, and bi/pansexual youth
- Non-binary youth
- Transgender youth
- Youth who speak a language other than English
- Youth living in urban areas

Data notes: 1) "Non-binary" includes respondents identifying as non-binary, genderqueer, not exclusively male or female; 2) "nH/nL"=non-Hispanic/non-Latinx; 3) "American Indian/Alaskan Native" includes Hispanic/Latinx; 4) \* denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group; 5) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 6) The number of respondents = 2,376. Effective sample size = 2,316.

# YOUTH EXPERIENCE WITH VIOLENCE DURING COVID-19

Percent of Youth Reporting Violence During the COVID-19 Pandemic in Massachusetts



Data notes: 1) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 6) The number of respondents = 1,998. Effective sample size = 1,997.

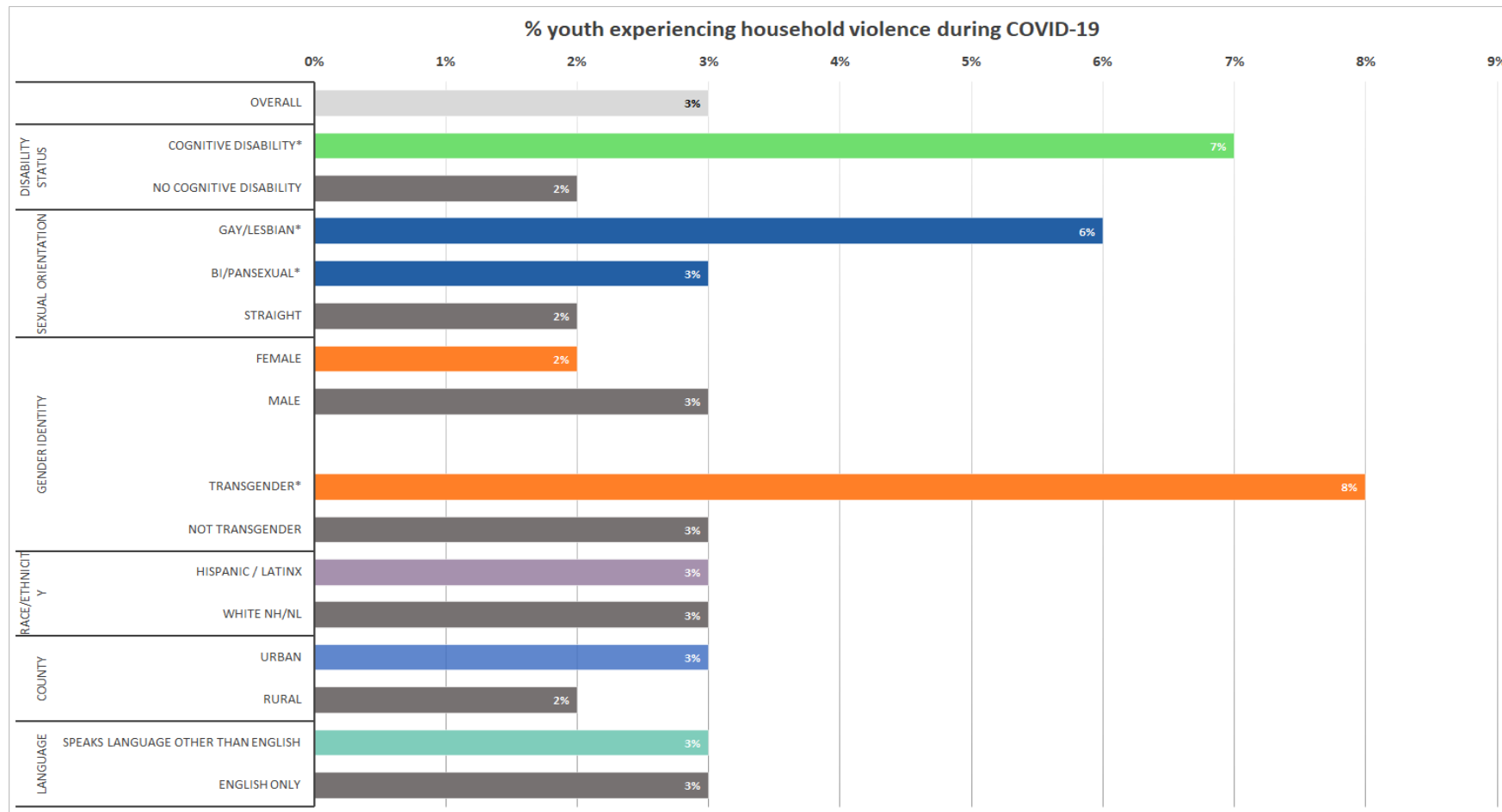
**Household violence:** You or someone you live with was hurt or threatened by someone in your household during the first 6-8 months after the COVID-19 pandemic began in March 2020

**Intimate partner violence (IPV):** Someone you were dating or married to controlled or coerced you through monitoring your phone, stopping you from doing things you wanted to do, other coercion, or physically hurt you during the first 6-8 months of the pandemic

**Any violence:** includes IPV and/or household violence during the first 6-8 months of the pandemic

# YOUTH EXPERIENCE WITH HOUSEHOLD VIOLENCE DURING COVID-19

Youth with disabilities, transgender youth, and gay/lesbian youth were between 2-3 times as likely to experience household violence during COVID-19 compared to youth overall.



Overall, 3% of youth reported household violence during the pandemic.

Youth who were more likely to report household violence included:

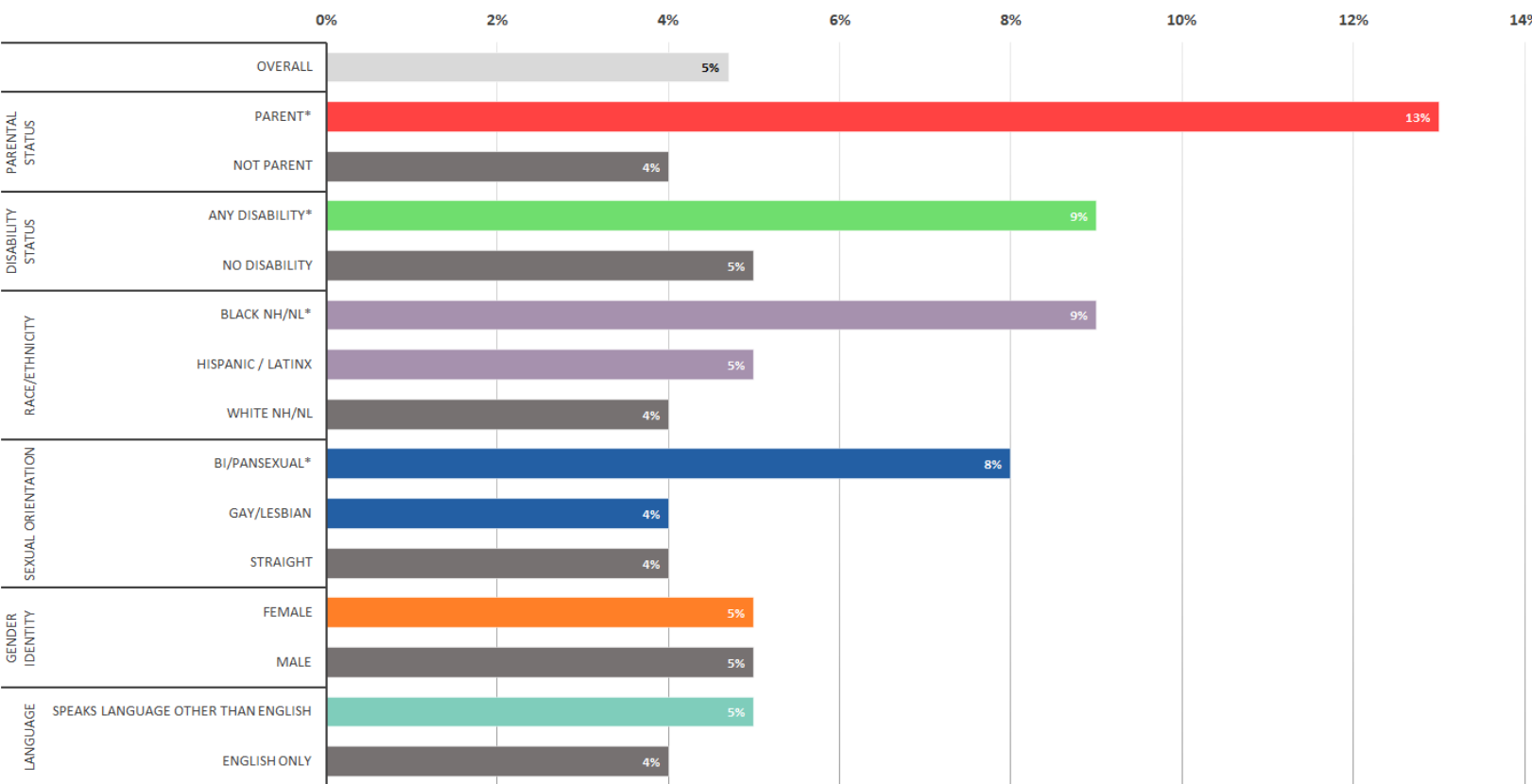
- Youth with cognitive disabilities
- Transgender youth
- Gay/lesbian youth
- Bi/pansexual youth

Data notes: 1) "Non-binary" includes respondents identifying as non-binary, genderqueer, not exclusively male or female; 2) "nH/nL"=non-Hispanic/non-Latinx; 3) "American Indian/Alaskan Native" includes Hispanic/Latinx; 4) \* denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group; 5) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 6) The number of respondents = 2,364. Effective sample size = 2,308.

# YOUTH EXPERIENCE WITH INTIMATE PARTNER VIOLENCE DURING COVID-19

Young parents were 3 times as likely to experience IPV compared to youth who were not parents. Youth with disabilities, Black NH/NL youth, and bi/pansexual youth were 2 times as likely to experience IPV during COVID-19 compared to other youth.

% Youth experiencing IPV during COVID-19



Overall, 5% of youth reported IPV during the pandemic.

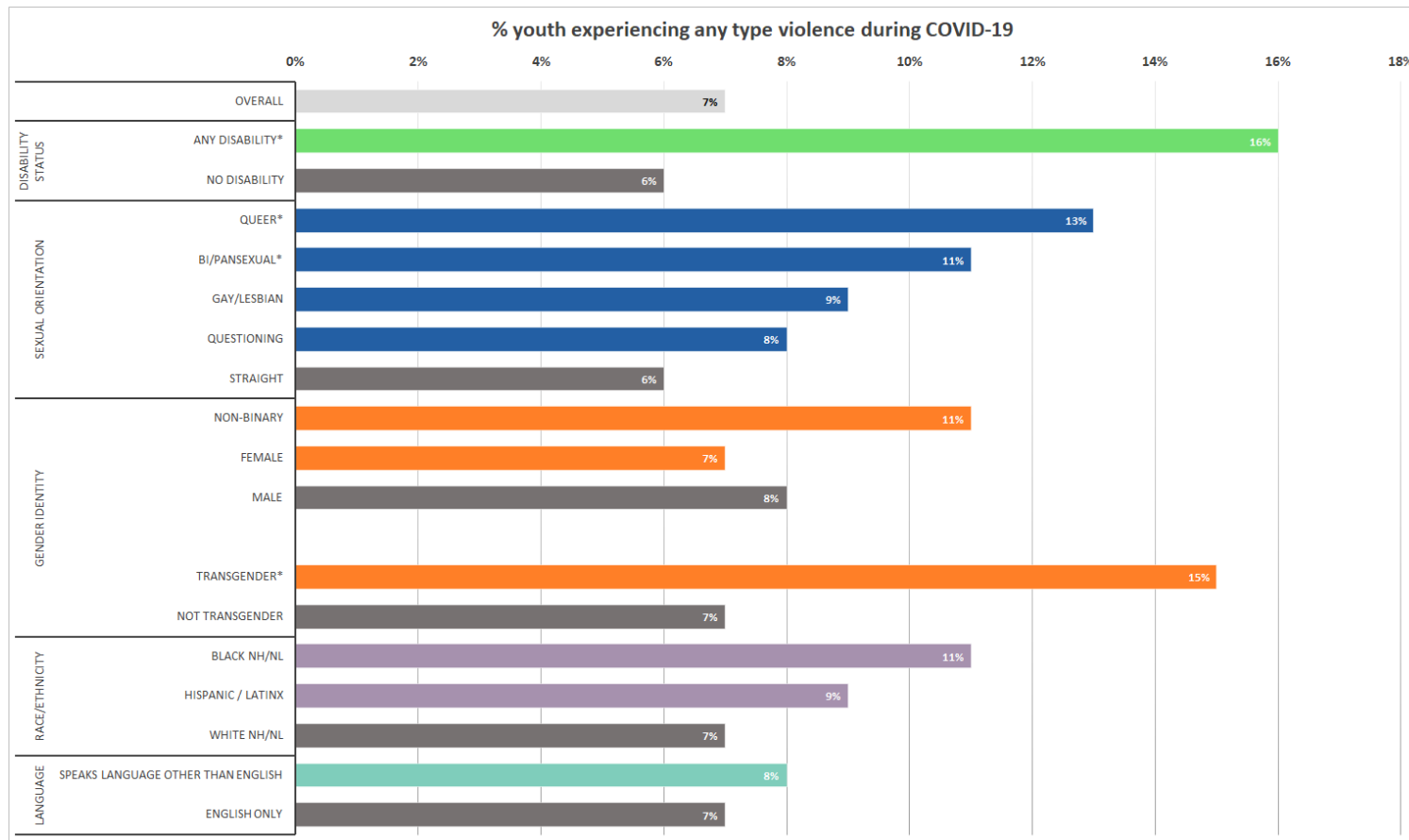
Youth who were more likely to report IPV included:

- Young parents
- Youth with disabilities
- Black NH/NL youth
- Bi/pansexual youth

Data notes: 1) "Non-binary" includes respondents identifying as non-binary, genderqueer, not exclusively male or female; 2) "nH/nL"=non-Hispanic/non-Latinx; 3) "American Indian/Alaskan Native" includes Hispanic/Latinx; 4) \* denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group; 5) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 6) The number of respondents = 1,998. Effective sample size = 1,997.

# YOUTH EXPERIENCE WITH ANY TYPE OF VIOLENCE DURING COVID-19

Young with disabilities were 2.6 times as likely to experience any violence during the pandemic compared to youth without disabilities. Transgender youth were 2 times as likely to report violence compared to non transgender youth.



Overall, 7% of youth reported any type of violence during the pandemic.

Youth who were more likely to report violence were:

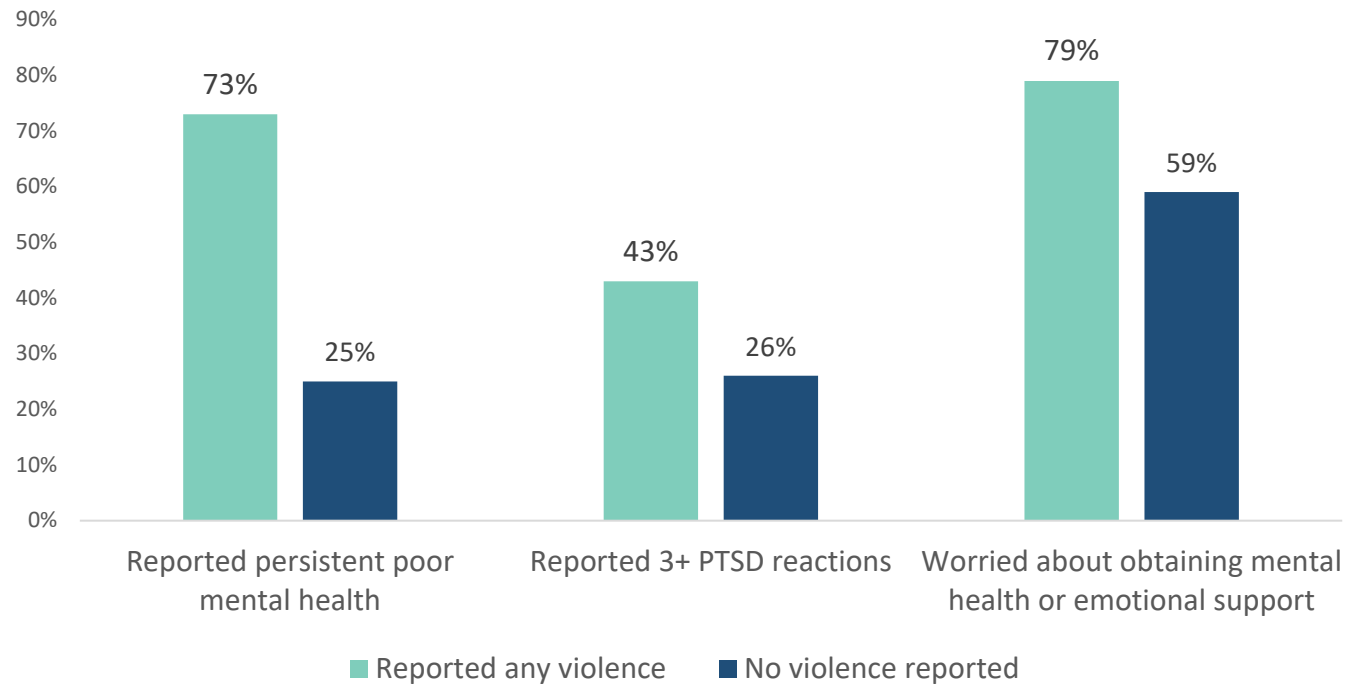
- Youth with disabilities
- Transgender youth
- Queer and bi/pansexual youth

Data notes: 1) "Non-binary" includes respondents identifying as non-binary, genderqueer, not exclusively male or female; 2) "nH/nL"=non-Hispanic/non-Latinx; 3) "American Indian/Alaskan Native" includes Hispanic/Latinx; 4) \* denotes rate is significantly different ( $p<0.05$ ) compared to the reference group; 5) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 6) The number of respondents = 1,896. Effective sample size = 1,898.

# YOUTH MENTAL HEALTH AND VIOLENCE

Youth experiencing violence were 3 times as likely to report persistent poor mental health and 1.6 times as likely to report 3 or more PTSD reactions during the pandemic compared to youth who did not experience violence.

Youth Mental Health by Experience with Any Violence



Persistent poor mental health is defined as reporting feeling so sad or hopeless for two weeks or more in a row during the past 12 months that you stopped doing some usual activities.

PTSD reactions include:

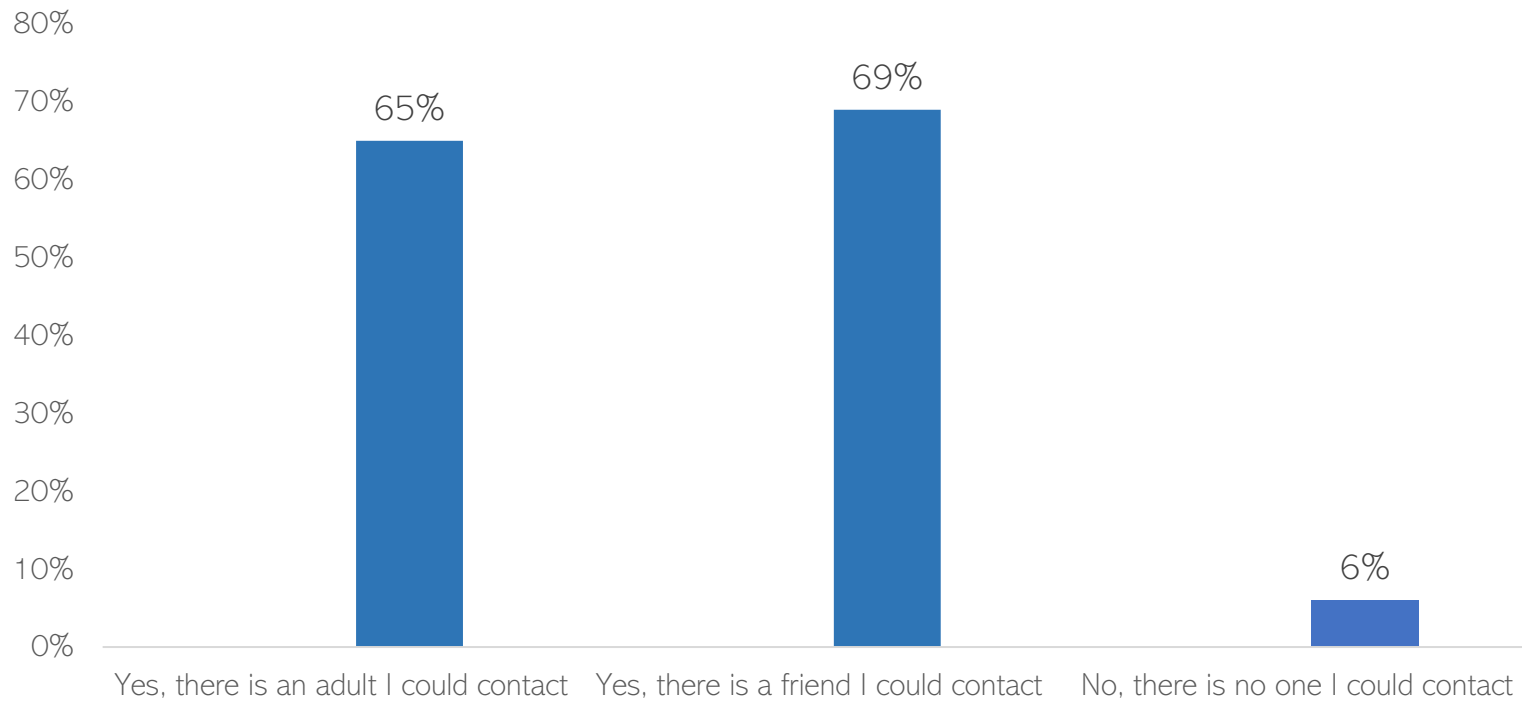
- Having nightmares or thinking about COVID-19 when you did not want to
- Trying not to think about it or going out of your way to avoid situations that reminded you of it
- Being constantly on guard, watchful, or easily startled
- Feeling numb or detached from people, activities, or your surroundings
- Feeling guilty or unable to stop blaming yourself or others for it or any problems it may have caused

Data notes: 1) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 2) Differences in mental health were statistically significant ( $p < 0.05$ ). 3) The number of respondents = 1,896. Effective sample size = 1,898.

# YOUTH RELATIONSHIPS DURING COVID-19

Most youth report they have someone outside of their home they could contact about a problem.  
Having a trusted adult to talk to is a protective factor for youth.

Right now, if you needed help with a personal problem, is there someone you think you could contact outside of your home?

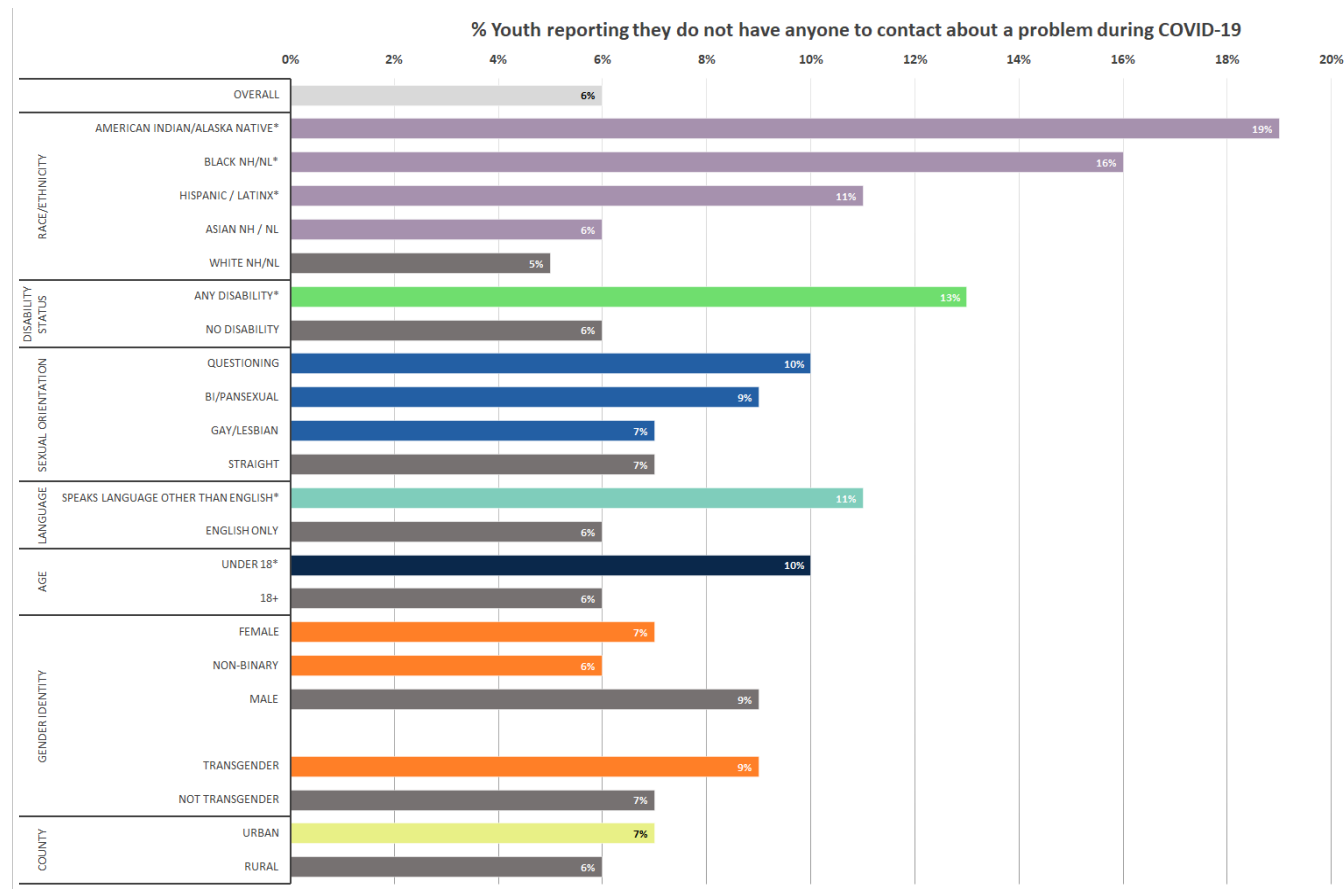


- 65% of youth said there was an adult they could talk to outside of their home during COVID-19
- 75% of MA youth reported having an adult or teacher at school they can talk to about a problem prior to the pandemic (MA YRBS, 2017)

Data notes: 1) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 2) Differences in mental health were statistically significant ( $p < 0.05$ ). 3) The number of respondents = 2,419. Effective sample size = 2,353.

# YOUTH RELATIONSHIPS DURING COVID-19

American Indian/Alaska Native youth, Black youth, and Hispanic/Latinx youth are 3 times as likely as White youth and youth with disabilities are 2 times as likely as youth without disabilities to report not having a person to talk to outside of their home.



Overall, 6% of youth reported that they did not have someone outside of their home to talk to about a problem during the pandemic.

Youth who were less likely to have a trusted person outside of their home were:

- Youth of color
- Youth with disabilities
- Youth who speak a language other than English
- Youth under the age of 18

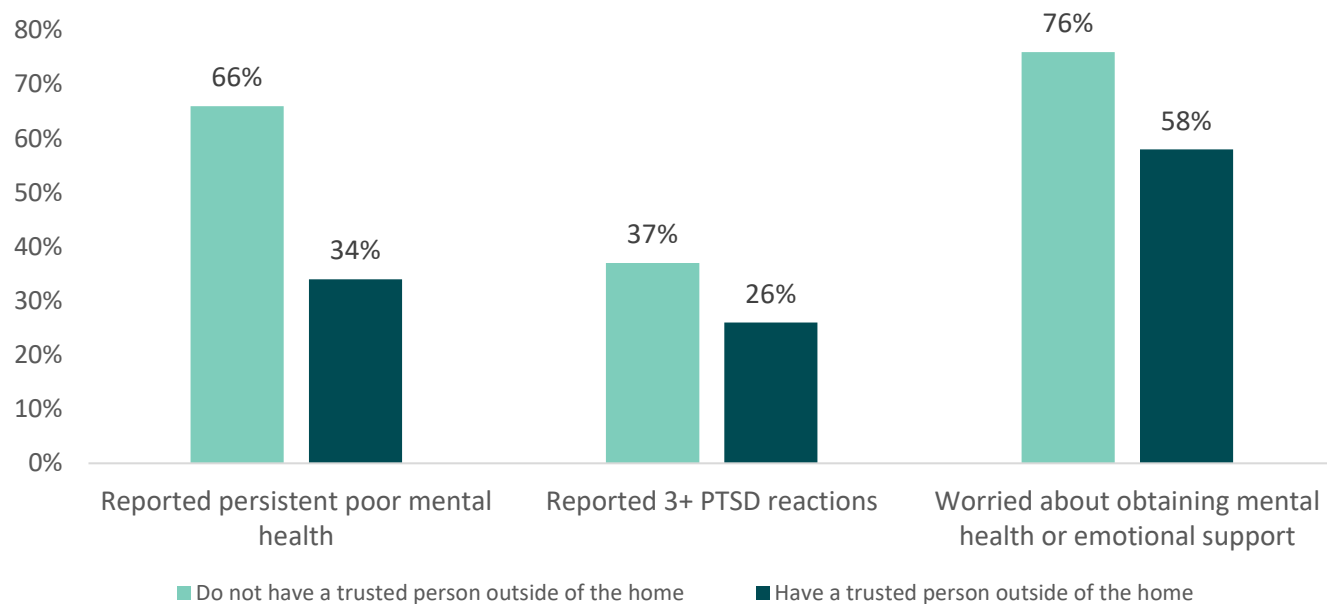
Data notes: 1) "Non-binary" includes respondents identifying as non-binary, genderqueer, not exclusively male or female; 2) "nH/nL"=non-Hispanic/non-Latinx; 3) "American Indian/Alaskan Native" includes Hispanic/Latinx; 4) \* denotes rate is significantly different ( $p < 0.05$ ) compared to the reference group; 5) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 6) The number of respondents = 1,896. Effective sample size = 1,898.



# YOUTH MENTAL HEALTH & RELATIONSHIPS

Youth who do not have someone to contact outside of their home about a problem are more likely to report persistent poor mental health and concern about emotional support.

Youth Mental Health by Having a Trusted Relationship Outside of the Home



Persistent poor mental health is defined as reporting feeling so sad or hopeless for two weeks or more in a row during the past 12 months that you stopped doing some usual activities.

PTSD reactions include:

- Having nightmares or thinking about COVID-19 when you did not want to
- Trying not to think about it or going out of your way to avoid situations that reminded you of it
- Being constantly on guard, watchful, or easily startled
- Feeling numb or detached from people, activities, or your surroundings
- Feeling guilty or unable to stop blaming yourself or others for it or any problems it may have caused

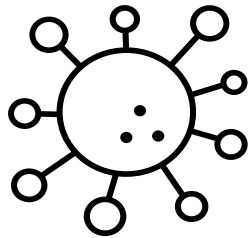
Data notes: 1) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 2) Differences in mental health were statistically significant ( $p < 0.05$ ). 3) The number of respondents = 1,896. Effective sample size = 1,898.



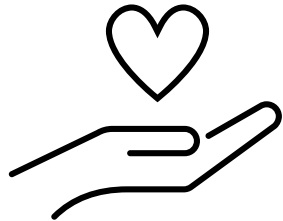
# YOUTH ACCESS TO HEALTH CARE

# IMPACT ON YOUTH ACCESS TO CARE

In many ways, youth were able to get access to health care during the pandemic



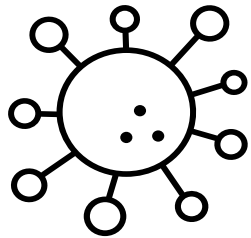
46% of all youth were able to see a provider in-person during COVID-19



36% of all youth were able to see a provider by phone or video during COVID-19

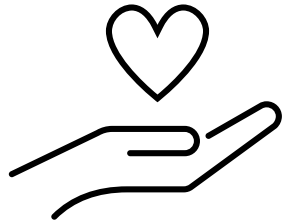
# IMPACT ON YOUTH ACCESS TO CARE

However, youth had concerns about getting medical care during COVID-19



57% of youth who were unable to get care during COVID-19 were seeking routine check ups

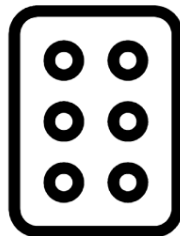
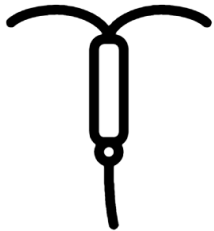
Almost 1/3 of youth who were unable to get health care (29%) were worried about getting COVID if they sought out medical care



16% of youth had other responsibilities, like taking care of siblings, that prevented them from seeking medical care during the pandemic

# IMPACT ON YOUTH ACCESS TO CARE

Youth had concerns about getting sexual and reproductive health care during COVID-19



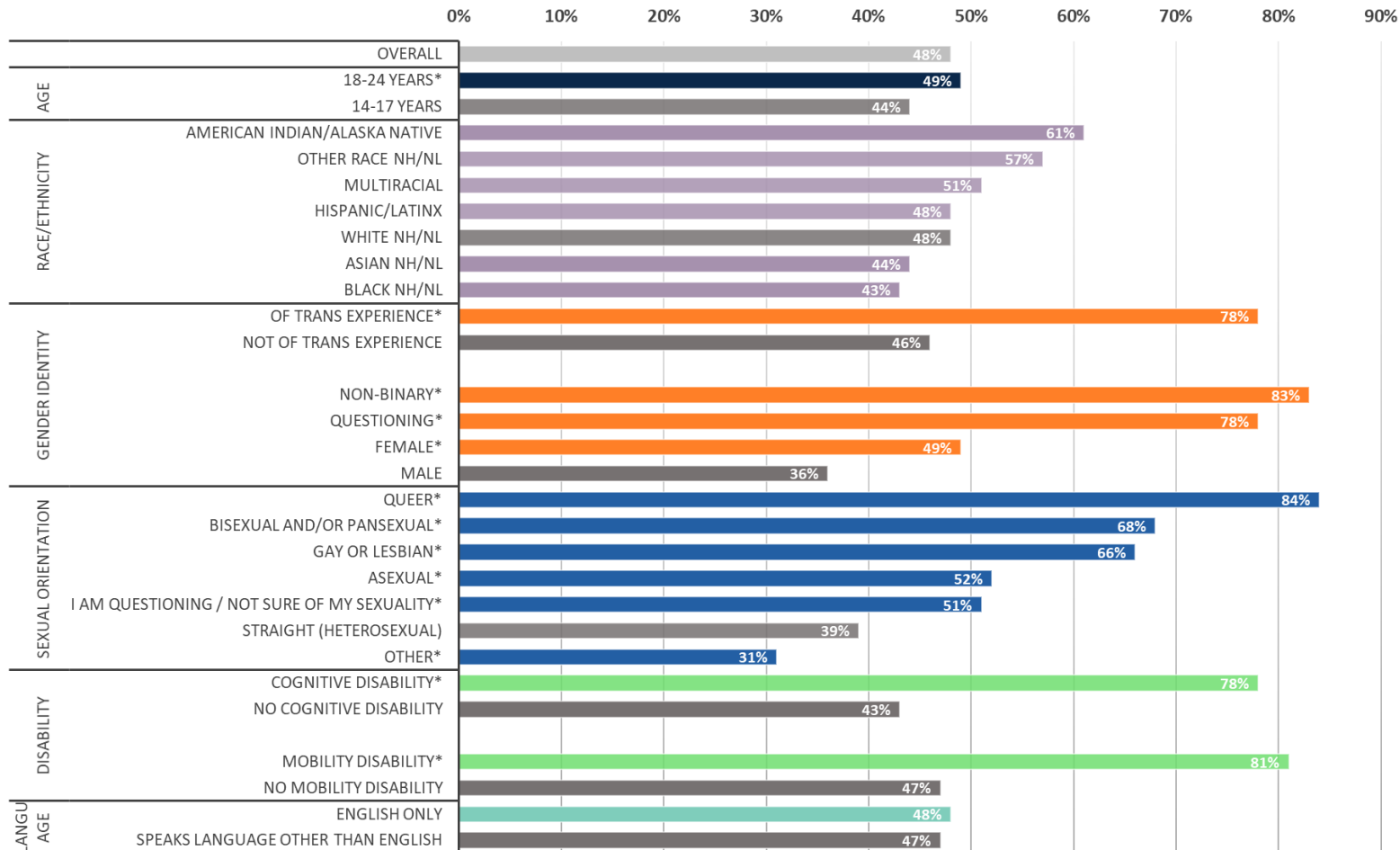
23% of youth who could not see a provider during the pandemic wanted to see a sexual and reproductive health provider

This almost 2x as high for queer youth-  
41% of queer youth could not see a sexual and reproductive health provider but wanted to during the pandemic

# IMPACT ON YOUTH MENTAL HEALTH

As seen before, youth mental health was greatly impacted during COVID-19

% Youth Feeling Sad or Hopeless Every Day for 2+ Weeks



LGBTQ+ youth and youth with disabilities are experiencing the greatest inequities when it comes to persistent mental health concerns during the pandemic

NOTE: \* denotes statistically significant findings ( $p < 0.05$ ). The number of respondents responding to questions related to their mental health = 2483. Effective sample size = 2428.

# IMPACT ON YOUTH ACCESS TO CARE

Youth had concerns about getting mental health care during COVID-19

48% of all youth reported poor mental health during the pandemic

37% of youth who were unable to get health care, wanted to see a doctor or counselor to get help dealing with stress, depression, nervousness, or anxiety, including:



67%\* of youth of transgender experience

54% of non-binary youth

42% of Black nH/nL youth

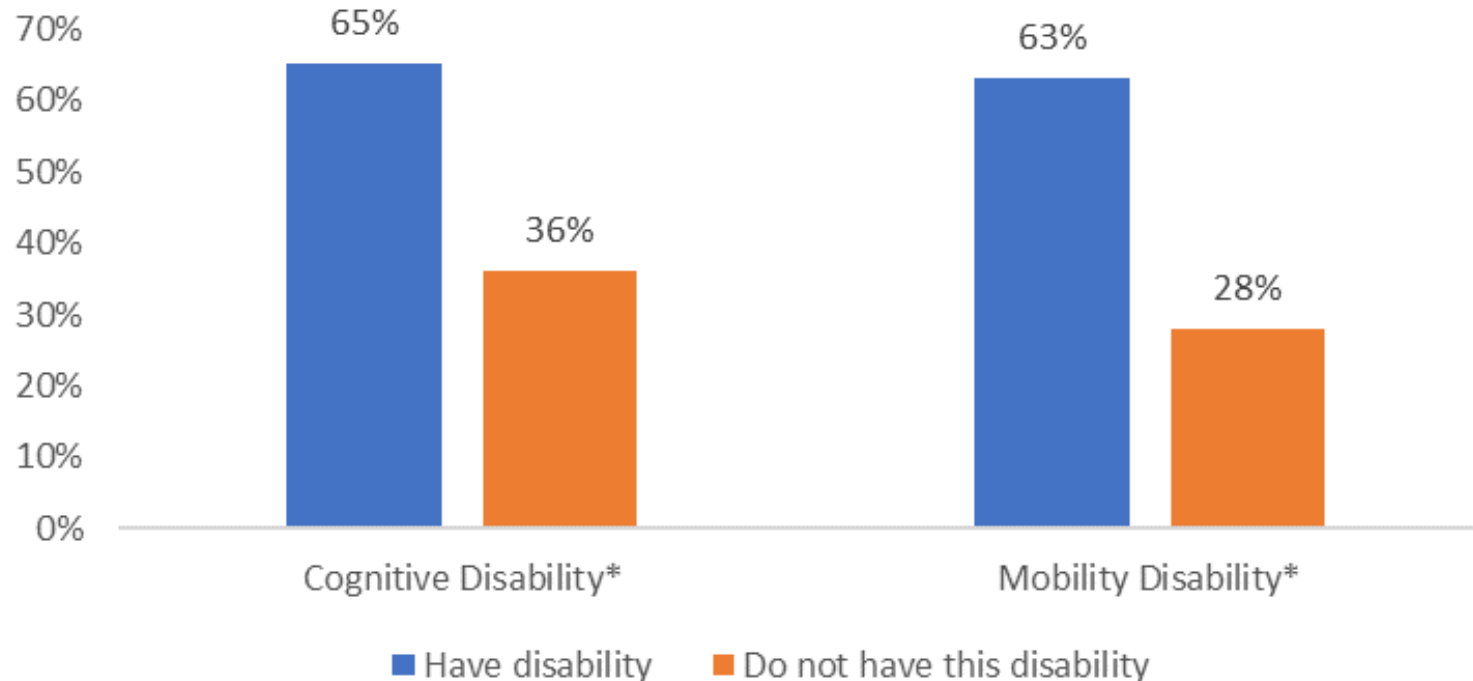
41% of Hispanic/Latinx youth

NOTE: \* denotes statistically significant findings ( $p < 0.05$ ). The number of respondents responding to questions related to their mental health = 2483. Effective sample size = 2428. The number of respondents reporting inaccess to health care = 298. Effective sample size = 322.

# IMPACT ON YOUTH ACCESS TO CARE

## Youth with disabilities had concerns about getting mental health care during COVID-19

Differences in Desire for Mental Health Supports  
Among Youth with Disabilities



Youth with cognitive disabilities were **1.8x** as likely to want to have accessed mental health care during the pandemic and not been able to get it, compared to youth without cognitive disabilities

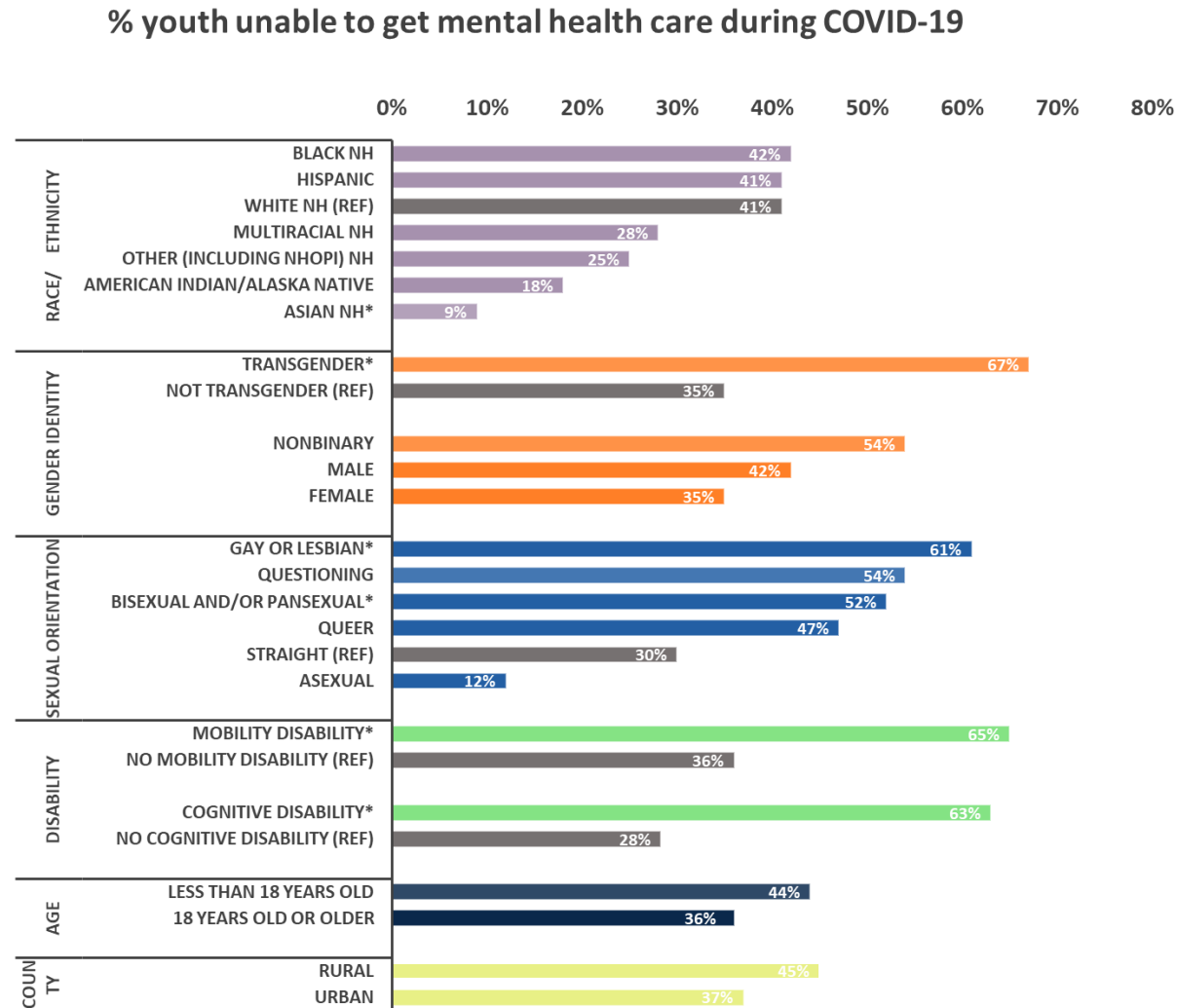
Youth with mobility disabilities were **2.3x** as likely to want to have accessed mental health care during the pandemic and not been able to get it, compared to youth without mobility disabilities

NOTE: \* denotes statistically significant findings ( $p < 0.05$ ). The number of respondents reporting inaccess to health care = 298. Effective sample size = 322.



# IMPACT ON YOUTH ACCESS TO CARE

## Many youth report being unable to get mental health care during COVID-19



Youth who most commonly reported wanting to see a provider to get help with dealing with stress, depression, nervousness, or anxiety included:

- Youth with disabilities
- LGBTQA youth
- Youth of transgender experience

Data notes: 1) "Non-binary" includes respondents identifying as non-binary, genderqueer, not exclusively male or female; 2) "nH/nL"=non-Hispanic/non-Latinx; 3) "American Indian/Alaskan Native" includes Hispanic/Latinx; 4) Other race includes Native Hawaiian Pacific Islander; 5) All percentages are weighted to the statewide age and race/ethnicity distribution of those 14-24 years; 6) The number of respondents reporting inaccess to health care = 298. Effective sample size = 322.

# IMPACT ON YOUTH ACCESS TO CARE

Youth had concerns about getting mental health care during COVID-19



If you or someone you love are in crisis, call the National Suicide Prevention Lifeline, 1-800-273-8255, to speak with a trained volunteer

Among youth who wanted mental health resources but could not access them during COVID-19, **19%\*** of them reported wanting suicide and crisis resources.

While we would expect some youth who want access to mental health support would be in crisis, this highlights the critical need of increased mental health care for young people.

NOTE: Percentages statistically significant ( $p < 0.05$ ). The number of respondents reporting wanting mental health resources and unable to get them = 108. Effective sample size = 115.

# KEY TAKEAWAYS: YOUTH

- Youth of color were more likely than White NH/NL youth to experience safety concerns, such as discrimination during the pandemic and not feeling safe from violence in their neighborhoods.
- Youth with disabilities and LGBTQ+ youth were more likely than other groups of youth to report experiencing any type of violence, including household and intimate partner violence
- While many youth were able to access health care, many groups of youth were unable to get access to care, particularly those who wanted mental health care and support (37% of youth)
- Youth mental health is impacted by these health and safety concerns – youth experiencing discrimination or violence were more likely to report persistent poor mental health
- Increasing access to health care and healthy relationships outside the home could mitigate some mental health concerns
- Having someone to talk to about a problem outside of the home was associated with less reported persistent poor mental health, but the groups that reported not having someone to talk to were also the groups that experienced more discrimination, violence, and difficulty accessing healthcare.

# KEY TAKEAWAYS: YOUTH

These findings underscore the need for continued commitment to youth-serving programs that are trauma-informed, reduce barriers for youth, promote protective factors and center youth who are facing multiple challenges, such as LGBTQ youth, youth of color and youth with mental health challenges.

Examples of these programs and initiatives at MDPH include:

- Safe Spaces for LGBTQ Youth
- School-based health center program
- Suicide prevention program
- Sexual and reproductive health program
- Healthy relationships grant
- Adolescent Sexuality Education (ASE) program
- Office of Youth and Young Adult Services
- Massachusetts Pregnant and Parenting Teen Initiative

They also underscore the importance of a spectrum of approaches to meet the complex needs of youth (e.g. promoting access to the National Suicide Prevention Hotline, 1-800-273-8255, while also preventing violence against youth and promoting youth strengths and supports).

# 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!