**Learn more about our COVID-19 Community Impact Survey**

[Skip to new findings on mental health and potential stressors of workers, updated on March 9, 2022](#_New_findings_as)

**What is the purpose of the survey?**

* DPH staff and stakeholders conducted this survey to better understand the immediate and long-term health needs, including social and economic consequences facing the Commonwealth due to the pandemic. A deeper understanding of which populations are most impacted can help to inform and prioritize resource deployment and policy actions. The goal is for DPH to use and share these data to prioritize our pandemic response and to create collaborative solutions with community partners.

**Why did DPH conduct this survey?**

* The pandemic is both exacerbating pre-existing public health concerns and creating new health crises to address. Even people who have not become sick with COVID-19 are managing stress, uncertainty, and isolation during this challenging time. DPH and its partners will use this data to prioritize resources and inform policy actions to help address these impacts.

**How does this survey work to improve health equity in MA?**

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| **Compared to past surveillance surveys, CCIS reached:*** 10x as many Alaska Native/Native Americans
* 10x as many LGBTQ respondents
* 5x as many residents who speak languages other than English
* 5x as many Hispanic residents
* 5x as many Asian residents
* Over twice as many respondents in other populations including the deaf/hard of hearing and Black community
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* Many existing health data sets do not include adequate numbers of individuals in key populations for us to be able to calculate who is most impacted by certain public health issues. To overcome this limitation, the CCIS intentionally mobilized a network of priority population partners and leveraged a research methodology that ensures adequate sample size was reached among key populations.
* The results were overwhelmingly successful with priority population samples reaching 10 times as many respondents as our annual surveillance surveys in the Native American and LGBTQ populations, more than five times as many in the non-English speaking, Hispanic, and Asian communities, and more than twice the number of respondents in other populations including the deaf/hard of hearing and Black community. This unprecedented number of responses will enable us to conduct the critical sub-analysis needed to understand the specific needs and experiences of these groups and prioritize our deployment of resources to address them.
* Additional focus groups were conducted with the deaf and hard of hearing community.
* Results are being examined by an unprecedented number of categories including race, ethnicity groups, sexual orientation, gender identity, transgender status, types of disability, income, education, language spoken, industry/occupation, geography, employment status, age, etc.

**When did this survey take place?**

* The survey was deployed between September and November 2020.

**What did the key findings show?**

Below is a selection of findings around ability to mitigate risk, access to testing, access to health care, social determinants of health, and vaccine implications. For the complete available findings to date, please visit [www.mass.gov/CovidSurvey](http://www.mass.gov/CovidSurvey).

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## Findings on mental health and potential stressors of essential workers, updated on March 9, 2022

**Mental Health and Potential Stressors of Essential Workers – (updated March, 9 2022)**

* Employment is good for health when it is safe, accessible, stable, and well compensated. Yet, factors like job insecurity and exposure to poor working conditions can negatively impact physical and mental health, and low-wage workers, including many immigrant workers and workers of color, are disproportionately impacted. During the COVID-19 pandemic, workers across the Commonwealth have experienced employment-related stressors, with certain subgroups bearing more of the burden.
* Overall, in the CCIS, which was administered in the fall of 2020, one-third of employed respondents reported 15 or more days of poor mental health in the past 30 days, and 1 in 25 (4%) of these workers thought that suicide prevention and crisis management resources would be helpful, an indicator of severity. More than 1 in 4 (28%) employed respondents reported 3 or more PTSD-like reactions to the pandemic in the past month.
* Workers in industries with among the highest proportions of frontline workers were most likely to report poor mental health outcomes.  Workers in accommodation and food services (e.g., hotels, restaurants, bars) (49%), grocery stores (46%), and nursing and residential care facilities (43%) were more likely to report 15 or more days of poor mental health, when compared to workers in all industries.
* This might reflect differences in stressors related to working outside of the home, the nature of their work, access to employer-provided protective measures, and/or disruptions to employment.
	+ Frontline workers in accommodation and food services (e.g., hotels, restaurants, bars) and those in grocery stores were less likely than average to have paid sick leave and employer-provided protections (e.g., social distancing implemented at the workplace). They were also more likely to experience pandemic-related job insecurity with higher-than-average percentages reporting job loss, reduced hours, or taking leave. Three in 4 workers in accommodation and food services experienced these outcomes, which previous findings from the CCIS have shown to be associated with concerns about paying expenses and poor mental health.
	+ Frontline workers in nursing and residential care facilities were more likely than average to report testing positive for COVID-19, and more likely to report someone close to them dying of COVID-19, suggesting additional stressors for these healthcare workers whose work may have involved working directly with COVID-positive patients.
* While some of these work-related stressors might have changed from 2020 to 2022, the experiences felt in 2020 are still likely impacting the workforce now.  There are also newer work-related stressors not captured in the CCIS that may be impacting the mental health of workers today.

**Youth Safety & Healthcare Access**

* While major decisions around the COVID-19 pandemic have been made by adults, the pandemic and other current events have significantly impacted youth health, especially mental health. Youth voice should be taken into consideration by decision-makers.
* Certain groups of surveyed youth, including youth with cognitive disabilities, youth in urban communities, LGBTQ+ youth, and youth of color are less likely to report feeling safe in their neighborhoods in terms of crime or violence.
* Surveyed 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.
* Surveyed youth experiencing violence were 3 times more likely to report persistent poor mental health and 1.6 times more likely to report 3+ PTSD reactions during the pandemic, compared to surveyed youth who did not experience violence.
* Many surveyed youth had concerns about accessing medical care, including routine check-ups and sexual and reproductive health.
* 37% of surveyed 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.
	+ Among surveyed youth, youth of transgender experience, non-binary youth, Black non-Hispanic/non-Latinx youth, and Hispanic/Latinx youth reported higher levels of concern about getting mental health care during the pandemic.
* Among surveyed youth, LGBTQ+ youth and youth with disabilities are experiencing the greatest inequities when it comes to persistent mental health concerns during the pandemic.
* Among surveyed youth who wanted mental health resources, but could not access them during the pandemic, 19% reported wanting suicide and crisis resources, highlighting the critical need for increased mental health care for young people.
* Having a trusted adult to talk to is a protective factor for youth. Surveyed youth who did not have someone to contact outside of their home about a problem were more likely to report persistent poor mental health and concerns about obtaining emotional support.
	+ Certain groups of surveyed youth, including youth of color, youth with disabilities, youth who speak a language other than English, and youth under the age of 18 were less likely to have a trusted person outside of their home to talk to.

**Persons with Disabilities**

* CCIS begins to fill an important gap in COVID-19 data by allowing us to examine the experience of multiple disability subgroups, with over 4,100 survey respondents with 1+ disability.
* Although discrimination based on disability is prohibited, socioeconomic inequities are seen across disability subgroups. People with disabilities have lower levels of education than people without disabilities and are also more likely to have incomes below poverty.
* People with disabilities often faced barriers when implementing best practices for preventing the spread of COVID-19, such as wearing a mask, handwashing, and keeping a six-foot distance from others.
* Employed deaf or hard of hearing respondents were more likely to experience job loss and reduced hours or leave due to the pandemic compared to hearing respondents. Forty percent of deaf or hard of hearing respondents reported being worried about paying upcoming expenses and/or bills.
* Compared to seeing respondents, respondents who are blind or have a vision impairment reported higher rates of concern for obtaining nearly every basic need (food, housing, medication, broadband, utilities, etc.)
* Respondents with a self-care or independent-living disability were more likely to have not gotten needed medical care since July 2020, worry about basic needs such as food, medication, and broadband, and report poor mental health days.
* The pandemic has taken a significant toll on the mental health of people with disabilities. Respondents who have a cognitive disability were over two times more likely to report 15+ days of poor mental health and 3+ PTSD-like reactions in the last month compared to respondents who do not have a cognitive disability.
* The experiences of persons with different types of disabilities are unique and nuanced. Acknowledging these differences and centering the needs of people with disabilities will strengthen our pandemic response and improve accessibility for all.

**Rural Communities**

* CCIS is one of the largest surveillance efforts to capture the experience of rural communities, with over 4,200 respondents from rural towns. This is an important step towards filling a critical gap in COVID-19 data.
* CCIS data shows clear racial, ethnic, and socioeconomic inequities among rural residents and their COVID-19 concerns, ability to access testing, ability to work from home, ability to access medical care, and mental health status.
* Rural communities saw higher levels of job loss compared to urban communities. Among rural communities, residents of more isolated communities and those from lower income populations were more likely to report changes in job status and less likely to be able to work from home.
* The most isolated rural communities lacked adequate access to information and COVID-19 testing sites.
* Compared to urban areas, rural communities reported higher rates of concern for nearly every basic need category (food, housing, utilities, broadband, etc.).
* Within rural communities, residents of color and residents with lower incomes were more likely to be very worried about getting COVID-19, experience higher rates of delayed medical care, and experience poor mental health outcomes compared to White Non-Hispanic residents or residents with higher incomes.
* It’s important to consider both the unique and shared experiences of rural residents across multiple subgroups, including rural context, race, ethnicity, age, income, and education level.

**Housing Stability**

* The COVID-19 pandemic has exacerbated existing inequities related to housing affordability and access.
* Pandemic-related unemployment in MA caused many residents to lose income that they relied on for housing and basic needs.
* More than 1 in 3 CCIS respondents were worried about paying their housing and/or utility expenses.
* Individuals who were worried about housing and/or utility expenses were significantly more likely to be worried about getting food or groceries and accessing healthcare and/or technology needs.
* Having access to affordable, safe, and permanent housing is closely tied to various health outcomes. Individuals who reported housing-related concerns were significantly more likely to report poor mental health days or PTSD symptoms.
* Certain groups, including People of Color, parents, caregivers to a child or adult with special health needs, individuals with disabilities, individuals who identify as nonbinary or transgender, and those who have experienced intimate partner violence were significantly more likely to report housing-related concerns.
* Housing-related concerns also were higher among residents within certain municipalities, especially in towns with high proportions of respondents who identified with a race other than White, non-Hispanic/non-Latinx. Approximately 50% of respondents from Brockton, Revere, Randolph, and Springfield reported being worried about paying for housing and/or utility-related expenses.

**Intimate Partner Violence**

* MA residents who reported experiencing intimate partner violence during the pandemic face a myriad of hardships that make their situation even more difficult. Rural residents – who live in greater isolation, and further from urban resources and transit options - are more likely to have experienced intimate partner violence. Struggles with lacking both stable housing and stable incomes - both facilitators of being able to leave abusive relationships - were common challenges for those experiencing intimate partner violence. Poor mental health and delayed healthcare for both urgent and routine needs were also reported.
* People who experienced intimate partner violence during the pandemic were almost twice as likely to report poor mental health. This was particularly true for survivors who also experienced discrimination, who also experienced more PTSD-like reactions.
* People who experienced intimate partner violence during the pandemic were more likely to experience delays in both urgent and routine care due to structural barriers like lack of transportation, phone/technology, insurance coverage and/or cost, and ADA accommodations.
* People who experienced intimate partner violence during the pandemic were seven times more likely to report they may need to leave their home due to violence, but were also worried about their ability to access stable housing and afford housing-related expenses.
* A stable income is a known facilitator to help people leave abusive relationships. People who experienced intimate partner violence during the pandemic were more likely to report job loss or having to take a leave of absence – making both stable income, and the ability to leave the violent situation harder to reach.
* People who reside in rural areas of MA were more likely to report IPV during the pandemic than people who live in urban areas of MA. This has implications for solutions that aim to address structural barriers.

**Young parents**

* During the pandemic, young parents (aged 14-24) surveyed were impacted more by the pandemic than both other young people and older parents. These impacts can be multi-generational and affect both youth/parent development and infant and child development.
* Half of employed young parents surveyed reduced their hours or lost their jobs during the COVID-19 pandemic, which is twice the rate of older parents. 38% who lost jobs listed needing to take care of children as a reason.
* Compared to older parents, young parents surveyed were more likely to have an unmet meet in the household, have an unmet need for their child, and to be concerned about paying an expense. Concerns about meeting basic needs, such as housing and childcare, can worsen the mental and physical health of young parents and their children.
* Young parents surveyed were four times as likely to report experiencing intimate partner violence during the pandemic compared to parents aged 35-44. People who have had traumatic experiences like intimate partner violence are also more likely to experience depression, anxiety, and post-traumatic stress disorder, and may be especially in need of services and support.
* Nearly half of young parents surveyed were concerned about housing expenses, which was twice as likely as parents 35-44 and six times as likely as other youth. With the eviction moratorium in Massachusetts set to expire at the end of July 2021, consideration should be taken to the unique needs of young parents in accessing affordable and stable housing.
* Experiencing homelessness can have numerous lasting repercussions, including increasing risk for postpartum depression, intimate partner violence, poor mental health, and sexual assault or trafficking.
* Compared to other youth, young parents surveyed were twice as likely to report testing positive for COVID-19, and twice as likely to lose someone due to COVID-19. They were also more than four times as likely to have a household member test positive for COVID-19 compared to older parents.

**Youth respondents**

* Summer is a crucial time for youth as both students and workers. CCIS data shows significant and potentially lasting impacts of the pandemic on education and employment of young people.
* Though young people are not always considered as a key group within the workforce, CCIS data shows that more than half of surveyed youth (ages 14-24) had been employed in the year prior to the survey and young workers were impacted worse by the pandemic than adult workers.
* While work can be positive for youth both financially and developmentally, it can also be harmful. Surveyed youth were more likely to need to work outside the home during the pandemic (63% of young workers, versus 50% of adult workers), increasing their exposure to COVID-19. Despite this increased exposure, a third of youth were not provided personal protective equipment (PPE), nearly 40% were unable practice social distancing at work, and only a third were trained on how to protect themselves from COVID-19.
* Some youth have to work to help their families financially. While half of surveyed youth reported working in the past year, twice as many youth lost their jobs compared to adults. Nearly a third of youth said that finding a job would be very helpful for them.
* Youth had varied reasons for not returning to, or wanting to return to school last fall- with 20% worrying about contracting COVID-19 at school.
* Contrary to popular belief about youth being unconcerned about COVID-19, 72% of Massachusetts youth reported being worried about getting infected with COVID-19.
* The pandemic has impacted youth far beyond remote schooling. Because youth were less likely to suffer from severe health problems from COVID-19, solutions to the pandemic have not addressed the basic needs and mental health needs of youth.
* Young parents were twice as likely to test positive for COVID-19, have a household member who tested positive, and to lose someone close to them to COVID-19. Black youth were twice as likely to test positive for COVID-19 and to lose someone close to them to COVID-19. Hispanic/Latinx youth were more than twice as likely to have a household member who tested positive for COVID-19. American Indian/Alaska Native (AI/AN) youth were twice as likely to lose someone close to them to COVID-19.
* Many young people are taking on more adult roles such as babysitting siblings and helping their families out financially. Youth of color, youth with disabilities, and youth who speak a language other than English are significantly more likely to take on these responsibilities and more likely to be worried about meeting basic needs such as food and housing.
* Black youth and other youth of color have faced twin pandemics simultaneously in the last year- COVID-19 coupled with anti-black violence in the US. Of Black youth: 1 in 4 are worried about getting enough food, 12% babysit younger siblings more often, 16% have to help their families financially. Black youth were also twice as likely to have lost someone to COVID-19.
* Nearly half of all youth reported poor mental health affecting their everyday activities. Than 3 in 4 youth with disabilities, youth of transgender experience, queer youth and non-binary youth reported poor mental health. LGBTQ+ youth and youth with disabilities are significantly more likely to report poor mental health, and 10% of LGBTQ+ youth want access to suicide and crisis resources.

**Sexual orientation and gender identity**

* Systems of oppression, including heteronormativity, heterosexism, and transphobia, continuously exclude LGBTQ individuals and put them at risk for worse health. This was true prior to the pandemic and was exacerbated by it.
* Through the pandemic, LGBTQA adults and youth experienced disproportionately worse impacts around employment, economic and housing stability, healthcare access, and mental health.
* Both LGBTQ youth and adults reported higher rates of persistent poor mental health and PTSD-like symptoms related to the pandemic. Nearly 70% of non-binary adults and 84% of non-binary and queer youth reported experiencing poor mental health more than 15 days in the last month.
* Non-binary and transgender people have been disproportionately impacted by violence during the pandemic, with transgender youth reporting experiencing household violence during COVID at more than three times the rate of cisgender youth, and trans and non-binary adults experiencing intimate partner violence during COVID more than three times the rate of cis adults and men, respectively.
* Intentional community-based outreach and collaboration resulted in unprecedented levels of survey participation (more than 4000 LGBTQ adults and 900 youth) allowing for a clearer picture of subgroups who been historically made invisible by small sample sizes.
* LGBTQ adults and youth were more likely to report indicators of housing instability, which can hamper health and safety.
	+ LGBTQ adults reported worrying about paying rent and mortgages as well as worrying about needing to uproot their living situations due to conflict at home.
	+ LGBTQA adults were twice as likely to report worrying about needing to move, up to 10 times more likely due to conflict with family or roommates.
	+ Compared to straight and cis-gender youth, LGBTQ and non-binary youth were up to five times as likely to report experiencing violence at home during COVID.

**Discrimination**

* Black, Asian American, and Multiracial respondents experienced discrimination at rates that were 12 times higher than White respondents.
* Among those who reported experiencing discrimination, Black and Multiracial respondents reported experiencing discrimination from police and security guards at a rate more than 15 times higher than White, Asian American, and other respondents.
* For many people, experiencing discrimination during the pandemic was associated with post-traumatic stress disorder (PTSD)-like experiences. Among Black and Asian respondents, those who reported discrimination during the pandemic were twice as likely to also report PTSD-like reactions that they attributed to the COVID-19 pandemic, compared to those who did not report discrimination. This builds on significant research on the lasting and cumulative impact of racial discrimination on mental health.

**American Indian/Alaska Native (AI/AN) respondents**

* AI/AN residents faced increased risk of COVID-19 exposure from working outside the home, and were less likely to have adequate employer protection for personal protective equipment (PPE) and other risk mitigation measures. Compared to White, non-Hispanic respondents, AI/AN respondents were more likely to report being extremely worried about getting COVID-19.
* 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, such as accessing face masks, medication and access to internet. Compared to White respondents, AI/AN respondents were more likely to have experienced job loss, concern for paying bills, and almost twice as likely to worry about obtaining groceries.
* COVID-19 has exacerbated the mental health needs of AI/AN groups. Compared to White non-Hispanic respondents, AI/AN respondents were more likely to report more frequent days of poor mental health, while also being more likely to experience delays in routine mental health care, and other kinds of medical care.
* The wide geographic spread of AI/AN residents - across more than 130 geographically and demographically diverse communities in Massachusetts - has made it challenging to identify and reach these residents. In these communities, AI/AN residents typically make up less than a fraction of a percent of the population overall, making purely geographic interventions less useful.

**Black respondents**

* The inequitable impacts from the pandemic on Black communities cannot be explained by socio-economics alone: Black respondents with graduate degrees were more likely to worry about expenses compared to White respondents with less than a bachelor's degree.
* Though 50% of Massachusetts parents were worried about expenses, Black parents were even more worried (74%) about expenses. 69% of Black respondents - parents or not - were worried about expenses.
* The history of redlining and housing segregation has caused Black people to be concentrated in areas where there has been disinvestment, discrimination, and disproportionate environmental impact but even within those communities, Black people still suffer disproportionally from the impact of COVID-19 compared to Whites.

**Asian Americans and Pacific Islanders (AAPI) respondents**

* Despite the common belief that the AAPI community is a monolith, the data shows us that the experiences of these individuals vary greatly, especially during the pandemic.
* Asians as a single group appear to do as well as White respondents. However, CCIS highlighted the wide socio-economic inequities among AAPI ethnicities. Each AAPI ethnic group faced its own set of unique but significant challenges during the pandemic.
* Cambodian residents, many of whom reside in Lowell and Lynn, are experiencing some of the worst inequities among all 50 ethnic groups captured on CCIS: 71% work outside the home, risking COVID-19 infection, and 1 in 5 suffered a recent job loss. Half of Cambodian respondents worried about food access, and were more likely to report poor mental health than other AAPI respondents.
* Vietnamese residents are experiencing significant economic hardship, including concerns about expenses, food insecurity, and concern about accessing medication. Half of Vietnamese respondents work outside the home, risking COVID-19 infection, and half are worried about food access like getting groceries. Two in three Vietnamese respondents worried about paying for expenses, and one in four worried about getting medication in the coming weeks.
* Koreans and Japanese experienced some of the highest rates of marijuana use and delayed medical care among all 50 CCIS ethnic groups.
* Asian Indians experienced the second highest rate of intimate partner violence during the pandemic among all 50 CCIS ethnic groups.

**Hispanic/Latinx respondents**

* More than half of Hispanic/Latinx workers worked outside the home, but were less likely to report receiving employer-provided protections, and less likely to have paid sick leave.
* The types of jobs Hispanic/Latinx respondents have put them at higher risk of getting COVID-19. Hispanic/Latinx residents are more than three times as likely to get infected with COVID and almost twice as likely to be hospitalized for COVID compared to White, non-Hispanic residents.
* More than half of Hispanic/Latinx healthcare workers work in community and social services, healthcare support, and office and administrative support occupations. Hispanic healthcare workers were significantly more likely to suffer poor mental health days in the past 30 days compared to white, non-Hispanic healthcare workers.
* Hispanic/Latinx parents - especially parents ages 25-34 - have been disproportionately impacted by the pandemic. Of Hispanic/Latinx parents: 31% reduced their hours or took leave from work to take care of their children; 75% reported being worried about any expenses; 57% reported being worried about housing expenses; 28% reported experiencing PTSD reactions during COVID-19. And 80% of Hispanic/Latinx parents ages 25-34 reported poor mental health days during the pandemic.

**Employment: Working outside the home**

* Throughout the pandemic, many essential workers in Massachusetts have had to leave home to do their jobs, putting them at increased risk of exposure to COVID-19. In the CCIS, working outside the home was more common among respondents who were Hispanic/Latinx, spoke a language other than English, were aged 65 years and older, male, asexual, had lower education attainment, had lower household income, and those with cognitive or self-care/independent-living disabilities​.
* Lack of workplace protections may contribute to COVID-19 disparities in Massachusetts. Occupation groups who are more likely to work outside the home and less likely to report access to key workplace COVID-19 protections or paid sick leave include: building and grounds cleaning and maintenance; food preparation/serving related; transportation and material moving; and personal care and services. Previous non-CCIS data ([Hawkins 2021](https://onlinelibrary.wiley.com/doi/pdf/10.1002/ajim.23227)) shows that these four groups all had higher than average age-adjusted death rates from COVID-19 in Massachusetts during March through July 2020.

**Disruptions to employment**

* Seven out of 10 workers experienced disruptions to their employment due to the pandemic, including 10% who lost their jobs, 14% reporting reduced hours or taking leave, and another 41% who reported changes to the nature of their work. This was especially true for respondents who were American Indian/Alaska Native, were of transgender experience, ​were non-binary gender, were bisexual/ pansexual, had lower educational attainment, or had lower annual household income.
* Needing to take care of children was a commonly reported reason for changes in employment status among parents, especially for those who were Hispanic/Latinx or Multiracial, spoke a language other than English, were younger, female or non-binary, questioning sexual orientation, bisexual/pansexual, queer​, parents of children with special healthcare needs​, had lower annual household income or lower educational attainment. ​ A third of parents who lost their jobs and 2 in 5 who reduced hours or took leave noted needing to take care of children as a reason.
* One in four workers lost their jobs, had to reduce their hours or took leave. These workers were more likely to report worrying about expenses like housing, debt, and childcare. They also reported more frequent days of poor mental health.

**Substance use**

* 2 out of 5 people who reported using substances in the last 30 days reported increased substance usage since the onset of the pandemic. Nearly half of respondents reported alcohol use, and of those, 38% reported increased use during the pandemic
* People using substances were more likely to report poor mental health, but delayed seeking mental health care.
* Respondents – particularly those using cocaine, heroin or other opioids – reported interest in accessing health services related to counseling, tobacco cessation, peer and recovery support.

**Youth and families**

* Massachusetts parents were 50% more likely than non-parents to worry about housing.
* Parents who were concerned about expenses or childcare were more likely to report poor mental health compared to parents who were not worried about expenses or childcare.
* These sub-groups of parents were more likely to report worrying about expenses, basic needs, and poor mental health: Non-binary, transgender, questioning, queer, and bisexual/pansexual, people of color, parents under the age of 35, and parents of children and youth with special healthcare needs.

# **Mental Health**

* Reports of poor mental health among our survey respondents was three times higher than in 2019 (2019 BRFSS), with a third of adults currently reporting poor mental health.
* People experiencing persistent poor mental health were 2-3 times more likely to experience significant barriers to accessing care, such as appointment delays/cancellations, concerns about contracting COVID-19, not having a private place for a telehealth appointment, cost/insurance coverage and lack of safe transportation.
* Assistance with tele-health barriers made up three of the top five resources that those with poor mental health requested.
* Requests for suicide prevention and crisis management resources were as high as 11% among certain subpopulations, and highest among transgender people, non-binary people, and people questioning their gender identity.
* People experiencing poor mental health are more likely to report having had a change in their work status because of childcare. Most people experiencing poor mental health are currently working.
* People experiencing poor mental health are also more likely to report being worried about basic needs like getting medication and paying bills. Nearly half of respondents worry about paying bills, and one in four worry specifically about paying housing-related bills. Some subpopulations are significantly less able to access essential things like food, masks, medication, and internet right now.
* While there has been an increase in people reporting poor mental health across all demographic groups, some populations are still significantly more likely to report poor mental health: Transgender people, non-binary people and those questioning their gender identity; LGBTQ+ community; people with disabilities; American Indian/Alaska Natives; Hispanic/Latinx community; people who identify as multi-racial; people between the ages of 25-44; people with lower income; and caregivers of adults with special needs.

**Ability to mitigate risk**

* Many people are unable to social distance at work and while procuring basic needs in their neighborhoods.​Individuals who are the most worried about becoming infected with COVID-19, are also the least able to maintain 6 ft. distance from others especially when in retail/grocery stores and at work.
* People who cannot work from home lack essential protections and ability to social distance at work.​ People who were less likely ​to be provided by their employers with ​PPE and social distancing ​as forms of protection include: ​Individuals with lower educational attainment and income​, those with disabilities,​ persons of color,​those who speak a language other than English.​
* Only half of respondents working outside of the home reported ever being tested for COVID-19; but were more than twice as likely to have tested positive than those working from home.​

**Access to testing**

* People who struggled to practice social distancing were less likely to have a work from home option and were less likely to get tested. ​People who do not work from home were also twice as likely to test positive.
* 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.​
* These groups were more likely to report not getting tested because they didn’t know where to go, suggesting that current communication and dissemination channels may not be effective at reaching them: transgender community, males and non-binary people and those questioning their gender identity, LGBTQ+ community, people with disabilities, American Indian/Alaska Natives, people who identify as multiracial, Asians, people with lower income, people who speak languages other than English.

**Access to healthcare**

* The pandemic has substantially impacted normal healthcare operations, put stress on healthcare capacity, and has disrupted healthcare capacity even for people who normally face few barriers to care. It has also impacted people’s ability and willingness to access critical and essential healthcare services. Concerns were felt most acutely by populations who already faced healthcare barriers prior to the pandemic, and who also have the highest rates of delayed urgent care now.
* Although 60% of respondents who needed care were could access it via tele-health, technology-related barriers remain a challenge for certain populations.

**Social determinants of health**

* Regular income is critical to afford essential medication, food, and health services, but some populations have been hit harder by employment-related changes than others. **​**Expenses that respondents were concerned about paying included housing, utilities, debt, vehicle expenses, and insurance.
* Females were twice as likely as males, and Hispanic adults almost twice as likely as White Non-Hispanic adults to change the status or nature of their employment to take care of children.​
* ​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.​ More than 1 in 4 (28%) respondents worried about getting food or groceries in the coming weeks.
* 1 in 5 respondents worried that they would be required to move out of their home in the next few months.

**Vaccine implications**

* Current communication and dissemination channels may not be effective at reaching populations such as: the transgender community, males and non-binary people and those questioning their gender identity, LGBTQ+ community, people with disabilities, American Indian/Alaska Natives, people who identify as multiracial, Asians, people with lower income, people who speak languages other than English.
* This suggests the need to adjust media strategies, translations, and tailored community engagement for vaccine-related communications to better reach these communities.

**How is DPH addressing these findings?**

* Staff are reviewing the findings and identifying the actions that are needed to address them. Findings are also being shared with sister agencies and with external partners through the Health Equity Advisory Group.

**What can others do to address the findings?**

* Develop strategies to address compounding risks for COVID-19 spread, for people who encounter multiple environmental barriers to social distancing.
* Improve access to PPE and implement social distancing and other protective practices such as safety training, ventilation and sanitation in workplaces.
* Increase opportunities for working from home, particularly when employees feel unwell.
* Increase short-term and long-term support to expand access to healthcare, including through tele-health and behavioral health coverage.
* Communicate clearly about the importance of accessing routine and emergency health care.
* Communicate clearly about testing information, sites, and opportunities, and provide more testing opportunities for those who cannot work from home.