



National
Urban League

COVID-19

COMMUNITIES OF COLOR NEEDS ASSESSMENT

The Association of Black Psychologists, Inc.
Blacks/Africanas

A PARTNERSHIP WITH
The Alliance for National Psychological Associations for Racial and Ethnic Equity



ABOUT THE NATIONAL URBAN LEAGUE

The National Urban League is a historic civil rights and urban advocacy organization. Driven to secure economic self-reliance, parity, power, and civil rights for our nation's marginalized populations, the National Urban League works towards economic empowerment and the elevation of the standard of living in historically underserved urban communities.

Founded in 1910 and headquartered in New York City, the National Urban League has improved the lives of more than two million people annually through direct service programs run by 90 local affiliates in 36 states and the District of Columbia. The National Urban League also conducts public policy research and advocacy work from its Washington, D.C. bureau.

The National Urban League is a BBB-accredited organization and has earned a 4-star rating from Charity Navigator, placing it in the top 10% of all U.S. charities for adhering to good governance, fiscal responsibility, and other best practices.

THE ASSOCIATION OF BLACK PSYCHOLOGISTS, INC.

(ABPsi) was founded in San Francisco in 1968 by Black Psychologists and students from across the country. For 53 years, ABPsi has led scientific and clinical practice communities in advancing Afrikan/Black psychology. Guided by the principle of self-determination, the founders established an autonomous organization, now composed of more than 1400 members, and began addressing the long-neglected mental health needs of the Black community, Black students, and mental health professionals. Their goal was to positively impact the mental health of the national Black community through planning, programs, services, training, and advocacy. ABPsi has been at the helm of debates and changes in the use of intelligence tests with Afrikan/Black populations; developed culturally competent interventions with Black HIV/AIDS populations; presented amicus briefs on numerous social justice issues; and offers a scholarly journal, *Journal of Black Psychology*, that highlights research on racial issues and Africana/Black populations. Amid the global COVID-19 pandemic, ABPsi was poised to continue this leadership through various activities, programs, and initiatives. This major multi-site needs assessment project complemented those efforts by exploring racial, ethnic, and cultural influences on the mental health of 2,480 Blacks/Africanas amid the COVID-19 and racial injustice pandemics in the United States. These findings are highlighted in a recent journal article (<https://onlinelibrary.wiley.com/doi/full/10.1002/jcop.22747>) and will appear in a special issue of the *Journal of Black Psychology*. For more information, consult the Association's website at www.abpsi.org.

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Introduction

The Association of Black Psychologists used a national mixed-methods sample (Qualtrics Survey Panel: N=2,480; Key Informant Interviews: N=31), of Black/Africana adults living in the United States in various regions and communities. The primary data collection locations included:

- Three metropolitan areas
 - Los Angeles, CA
 - Houston, TX
 - New Orleans, LA
- Two mid-sized cities
 - Detroit, MI
 - Washington DC/suburban & rural MD counties, and
- One rural area--The Mississippi Delta
- Statewide convenience samples in Florida, Georgia, and Ohio.

The assessment addressed the following question:

To what extent has the COVID-19 pandemic impacted Black/Africana adults (ages 18 and older), who live in the United States of America (USA), including their mental health?

Please see Appendix A for an overview of the sampling methodology.

The key findings are presented as follows:

1. Demographic information
2. Mental Health
3. Health
4. COVID-19 Vaccination Uptake/Intentions and Related Issues
5. Family and Child Life Changes
6. Social Determinants of Health

Key Findings

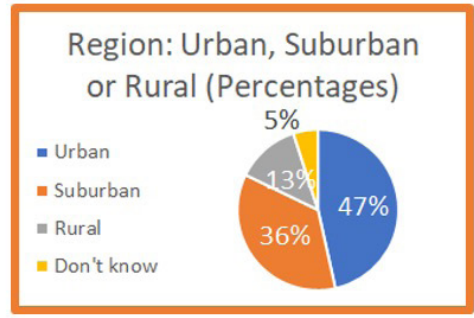
Demographics

Regional Composition. Survey respondents (N = 2,480) came from three metropolitan areas, two mid-sized cities, and the Rural Mississippi Delta. In addition, statewide convenience samples of Blacks were collected in Florida, Georgia, and Ohio. The majority of respondents were from Texas (27%), Georgia (17%), and California (15%). Nearly half (47%) lived in urban communities, while 36% lived in suburban communities, 13% in rural communities, and 5% did not know.



DEMOGRAPHICS: SURVEY RESPONDENTS (PERCENTAGES: STATES OF INTEREST AND TYPE OF REGION)

N=2480



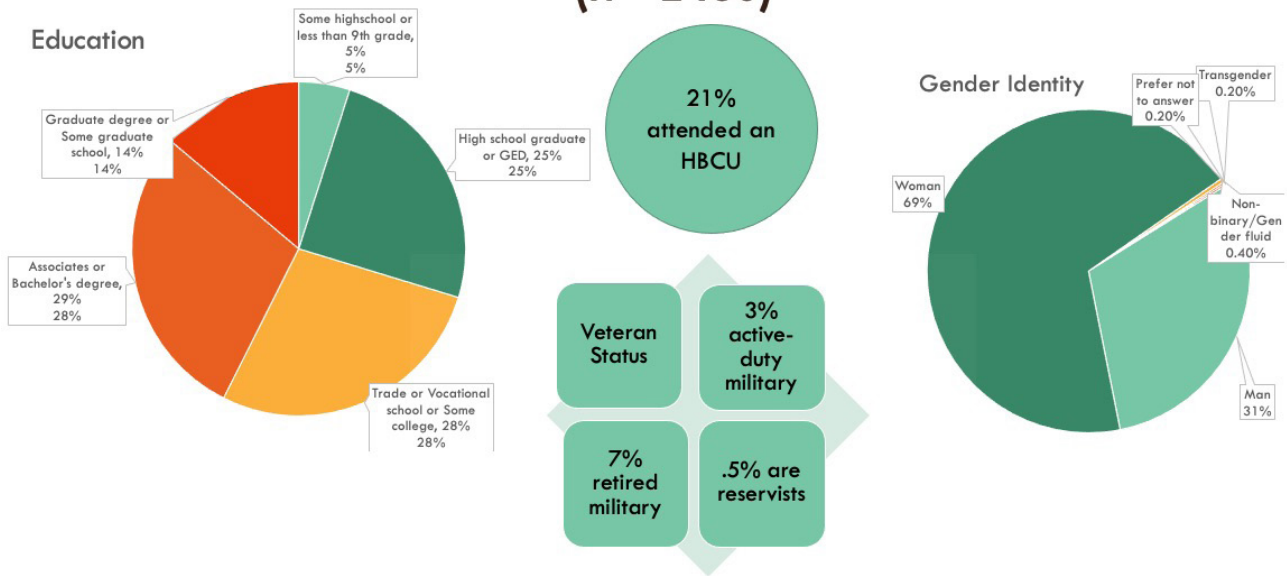
Education. A small percentage of Black respondents (5%) had some high school or less than a 9th grade education. One in four (25%) had received their high school diploma or equivalent, and 28% completed vocational/trade school or some college. Another 28% earned an associates or bachelor’s degree, and 14% completed some graduate school or earned a graduate degree. Of those who attended college, 21% went to a Historically Black College or University (HBCU), and 14% of these respondents held a graduate degree.

Veteran Status. One in 10 Black respondents (11%) were veterans, with 7% retired, 3% in active duty, and .05% reservists.

Gender Identity. Over two in three (69%) identified as female and 31% as male. Less than one percent were non-binary/gender fluid, transgender, or preferred not to answer.

DEMOGRAPHICS: EDUCATION/HBCU/GENDER/VETERAN STATUS

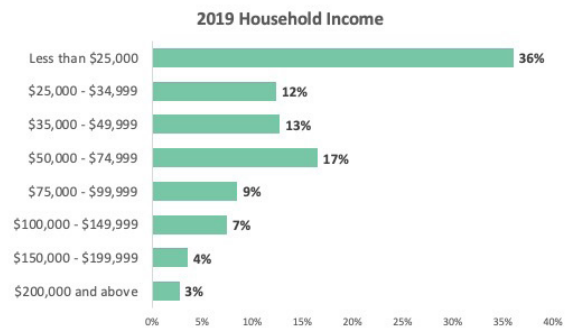
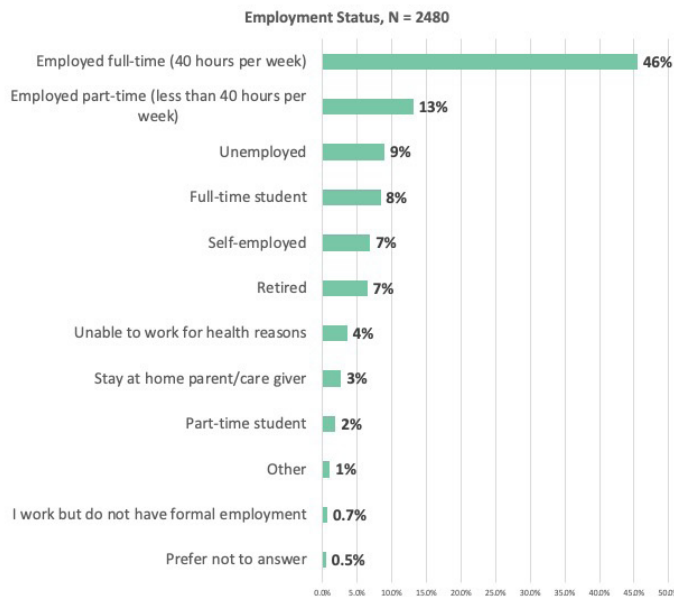
(N=2480)



Employment and Essential Worker Status. Almost half (46%) of the respondents were full time employees, while 13% were part-time employees, and 9% were unemployed. Of those employed, over one in two (56%) were essential workers and exempt from stay-at-home orders.

2019 Household Income. About 1 in 2 (48%) had a household income of less than \$35,000 in 2019, while 13% had an income of \$35,000-49,999, and 40% earned \$50,000 or higher.

DEMOGRAPHICS: EMPLOYMENT STATUS, INCOME, & ESSENTIAL WORKER STATUS (N=2480)



56% of those employed (n=1545) were essential workers (Exempt from stay-at-home orders or shelter in place and must report to work; e.g., health care, law enforcement, custodial staff, food and agriculture etc.)

Age. Close to half of Black respondents (45%) were 25 to 44 years of age, 28% were 18 to 24 years, 21% 45 to 64 years, and 6% 65 and older.

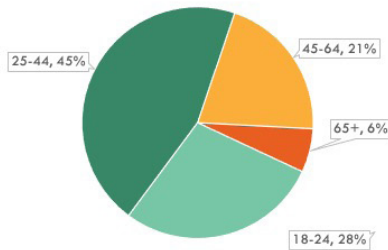
Marital/Partner Status. Over half (57%) of the respondents were single, with 30% married or in a domestic partnership.

Children Under 18 and Adults in Household. Close to half (46%) of the households had children 17 years and under, while 30% lived with both children 17 years and under and other adults.

Disability. A small percentage of respondents (5%) were diagnosed by a doctor as being limited in any way in any activities because of physical, mental, or emotional problems. Four percent required durable medical equipment such as insulin or glucose monitors, 2% oxygen devices, and 1% dialysis.

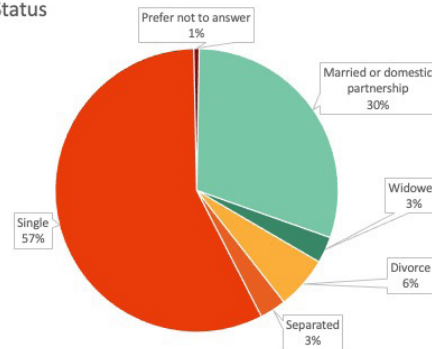
DEMOGRAPHICS: AGE, MARITAL STATUS, HOUSEHOLD COMPOSITION, AND DISABILITY AND DURABLE MEDICAL EQUIPMENT USE (N=2480)

Age

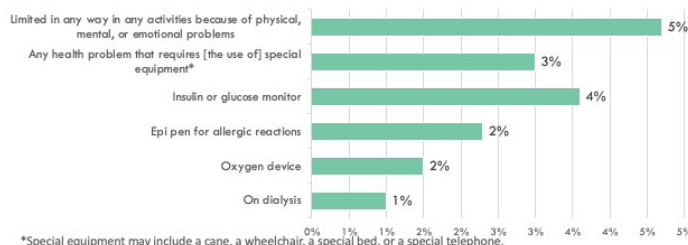


HOUSEHOLD COMPOSITION
 N=1790 (72%) live in households with others
 N= 748 (30%) are married/partnered
 N=1141 (46%) have children 17 and under in household

Marital Status



Disability and Durable Medical Equipment Use



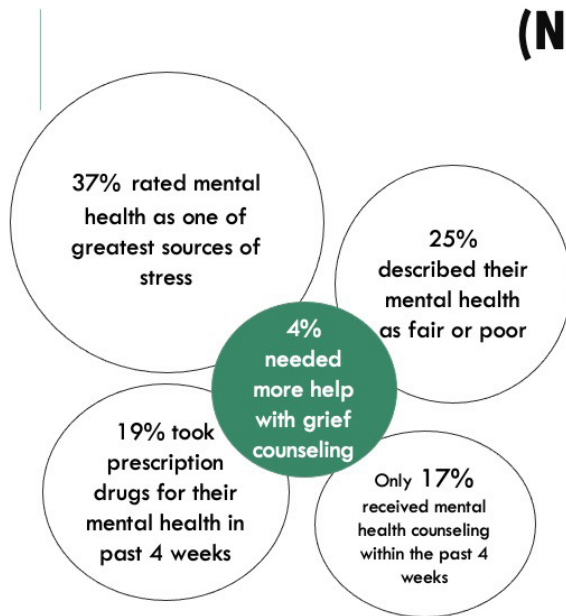
*Special equipment may include a cane, a wheelchair, a special bed, or a special telephone.

Mental Health

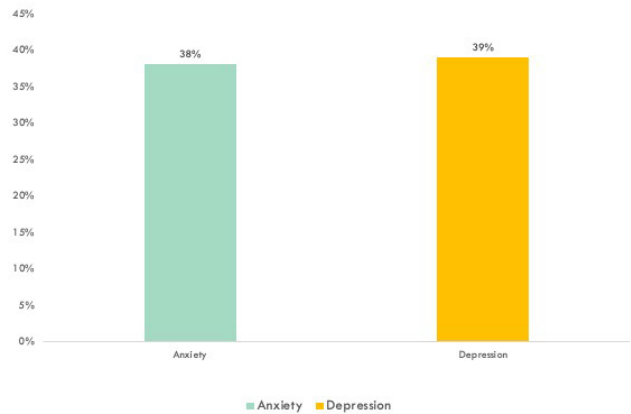
The findings suggest that mental health impacts from the COVID-19 pandemic have weighed heavily on Black communities.

- One in four (25%) described their mental health as fair or poor, while even more (37%) indicated that it was a source of stress.
- Over one in three reported clinical levels of anxiety (38%) or depressive symptoms (39%) that warranted further evaluation by a clinician or other health professional.
- Only 17% had received mental health counseling in the past 4 weeks (during the pandemic); slightly more respondents (19%) had taken prescription medications for their mental health in the past 4 weeks.

MENTAL HEALTH AMONG BLACKS DURING COVID-19 (N=2480)

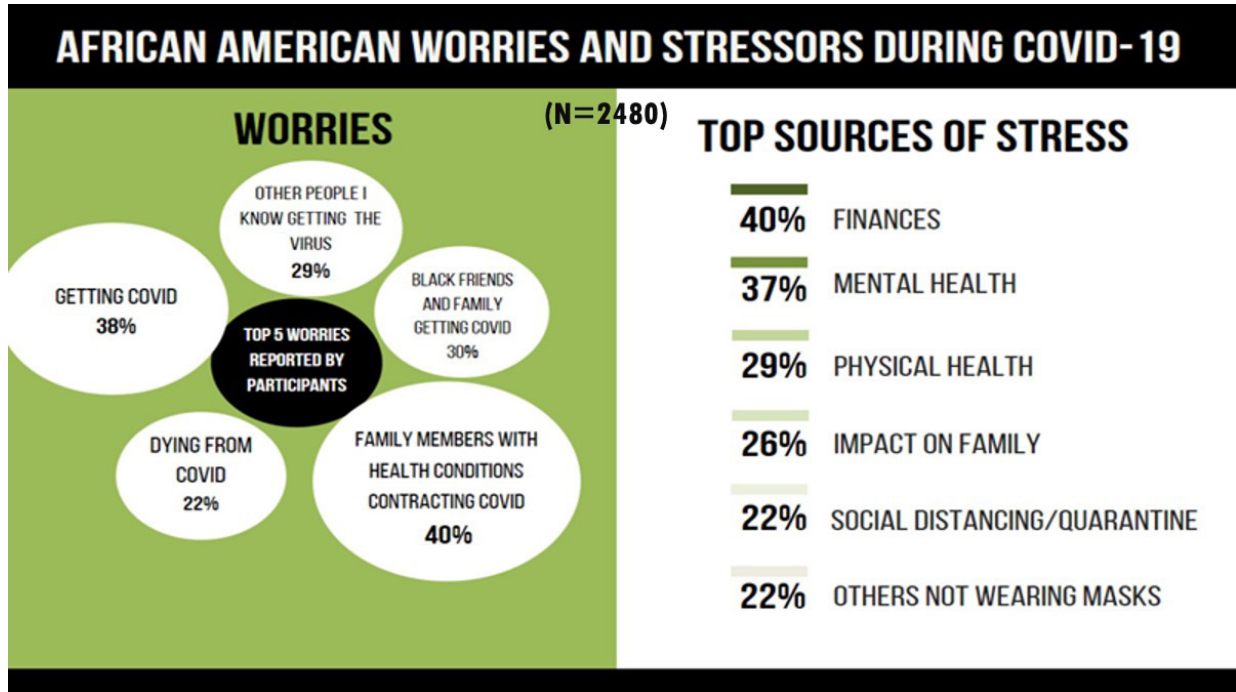


Almost two-fifths reported sufficient anxiety or depression to warrant further evaluation by a clinician or health professional



Findings based on scores in the clinical range on the PHQ-4. "For adults with scores of 3 or greater, further evaluation by a clinician or other health professional is generally recommended." (<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>)

Worries and Stressors. Black respondents worried that they or the people they care about might contract COVID-19. The number one worry (40%) was for family members with pre-existing health conditions, with nearly as many (38%) worried for themselves. Slightly fewer (30%) were worried about Black family members and friends, followed by other known people (29%). More concerning, over one in five (22%) worried about dying from COVID. To further add to their worries, respondents cited their finances (40%), mental health (37%), physical health (29%), and impact on family (26%) as their greatest sources of stress during the pandemic.



On a similar note, community voices uplifted the toll that grief and bereavement is having on Black families, after close family members, many of whom were essential workers, died from COVID-19. First responders have relied on grant funding to support training of peer support specialists to address grief and loss in the community.

MENTAL HEALTH: GRIEF AND LOSS

COVID-19 & Family Loss

"[A lady I know] went to Atlanta to go visit her husband's family, and while they were in Atlanta, his mother was a nurse and she came home, and all of them got covid. The father, the two kids love the whole house. She said they were so sick; they did not know what to do. Then her husband...got pneumonia, and she said one morning, he just woke up and he said, 'I can't breathe. Take me to emergency'. And she said he only lasted that day...he died while he was in Atlanta."

-California Retired Educator

Training Needs, Community Supports, and City's Fire Department Assets

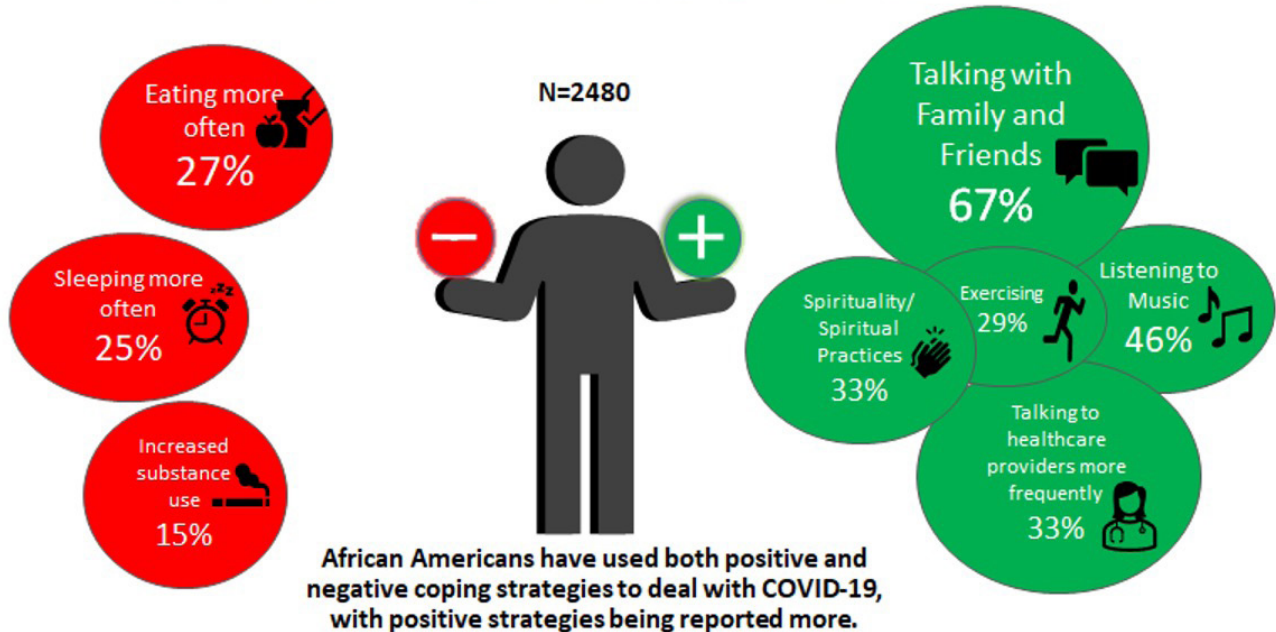
"[The city fire department] recently received a grant to train a peer support specialist to react to deaths among first responders or traumatic incidents and building resilience."

-City Fire Department First Responder

Coping Strategies. Black respondents used both positive and negative coping strategies to manage COVID-19-related stress, with higher use of positive versus negative strategies.

- Positive Coping: Two in three (67%) talked with family and friends, almost half (46%) listened to music, 33% talked to healthcare providers more frequently, 33% engaged in spirituality/used spiritual practices, and 29% exercised.
- Negative Coping: Over one in four (27%) ate or snacked more often and 25% slept/napped more often. A small percentage (15%) used substances such as alcohol (10%), tobacco/nicotine (7%), and marijuana (9%).

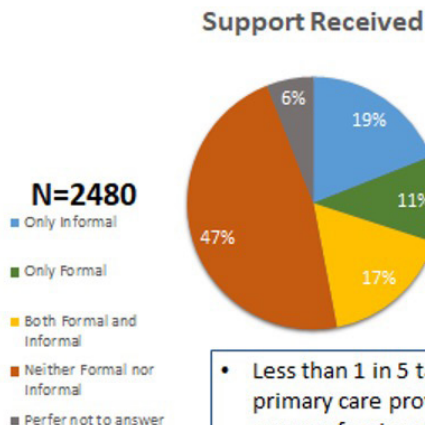
COVID-19 COPING STRATEGIES



Formal and Informal Support Received during COVID-19. Nearly half of Black respondents (47%) had not received any form of support—either formal (i.e., talking with or seeing their primary care provider or talking to a health care professional) or informal (i.e., hugs, calls, or visits from family or friends)—in the past month. More Blacks received informal social support (19%) compared to formal social support (11%). Less than one in five (17%) had received both types of support. Of those that received either or both types of support, most were satisfied with the support they received (73% for informal support and 70% for formal support). Over two in three (40%) Black respondents wanted more informal and formal social support in their lives.

Community voices (n=20) indicated a support paradox. That is, while there is a great need for access to formal and informal social supports for mental health needs, many community members do not seek out such supports and/or are challenged with accessing those resources. Even when services are available, the effects of mental health stigma or shame results in a reluctance to seek help. Key informants identified numerous resources/assets in the community that Black adults feel comfortable accessing (e.g., community-based organizations, faith-based organizations/ churches, trusted childcare centers, etc.). These community assets provided access to various basic needs and services such as vaccinations, childcare, health screenings, food options, shelter, and financial services.

Formal and Informal Support Received during COVID-19



Of those who received support, most were satisfied with the support they received.

Reluctance to Accept Resources
 "There's a stigma around being connected to resources and a stigma of wanting to accept resources.. There are those who are ashamed to accept resources."
 -Texas Resident and Licensed Professional Counselor

Need for better access to support
 "The community [is] having difficulty accessing resources for those impacted by COVID. While the church is distributing food boxes to the community, it doesn't feel like enough of an effort."
 - Mississippi Delta Region Health Advocate

- Less than 1 in 5 talked with/saw their primary care provider or talked to a health care professional

40% have wished they had more support during COVID, either informal or formal



COMMUNITY VOICES: INFORMAL SUPPORTS, FORMAL SUPPORTS, AND STIGMA

Training Needs, Community Supports, and Health Department Assets
 "No training. Anything or everything I get I get outside of the dept. I haven't or wasn't supported within the fire dept. luckily within my network, I have reached out to the health department, and they have been great in responding to emails and [allowing me] to be immersed in the work they do from infant and maternal mortality, COVID, community health workers that can be extremely huge within our community. The health department has been instrumental. They recently mentioned training related to infant mental health. Met a therapist the other day. Throughout the 180-year history there has been one person to serve the needs of a 1200-[PERSON] organization (CITY Fire Dept). They recently received a grant to train a peer support specialist to react to death among first responders or traumatic incidents and building resilience."
 -CITY First Responder

"A lot of your resources are in the church...And sometimes you get a lot of therapy from somebody who's in the church, you know somebody who has [gone] through something like that. For instance, when our church members lost their son and it was during covid, we had to figure out how are we going to minister to her and because she needed somebody to bridge the gap."
 - California Retired Educator

Reluctance to Seek Services
 "Many won't seek services, not even at the church screenings, because they are afraid of being stigmatized or negatively talked about within the community."
 Mississippi Delta Region Community Member and Health Advocate

Substance Use and Mental Health Workforce Needs
 "I would pray they would bring in more psychologists, doctors and people who would help on all levels...it would help [with] the alcoholism, drugs and depression. Once you fall in the slump you find something else. I find [this] most in young black men."
 -Louisiana Resident and Registered Nurse

Community Outreach (Formal Support)
 "The church is considered a pillar within the community - [it] provides health screenings, food options and donations, help with shelter for those without it, financial services, and encourages people to engage with public health campaigns like vaccinations."
 - Mississippi Delta Region Community Member and Health Advocate

Health

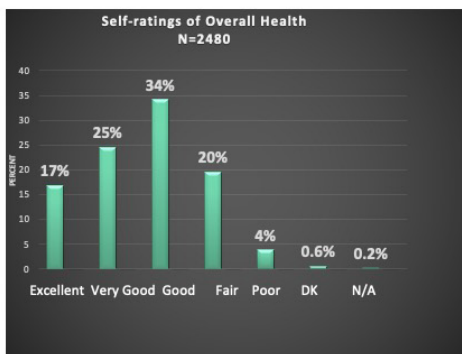
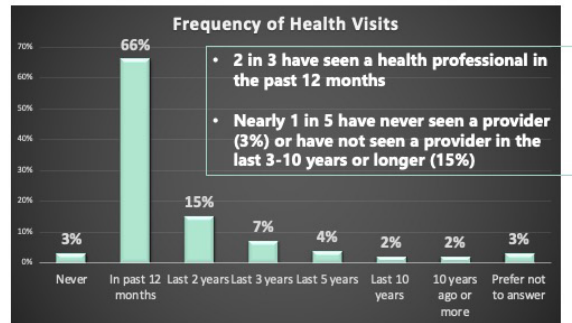
COVID-19 Health Risks, Self-Rated Health, and Health Visits. Black respondents reported the following underlying health conditions that increase risk for severe illness from COVID-19 infection: Hypertension (23%), Asthma (13%), Lung disease (11%), Heart attack (11%), Diabetes (10%), Obesity (8%), and Cancer active or in remission (6%). Most (75%) rated their overall health as excellent, very good or good. Two in three (66%) Black respondents had seen a health professional or medical provider in the past 12 months. A small percentage (15%) had not seen a provider in the past 3-10 years, while (3%) had not seen a health professional or provider at all. Sixteen percent needed help navigating health service systems, while 12% needed help with dental services systems (12%).

HEALTH: SELF-REPORTED OVERALL HEALTH, HEALTH CONDITIONS, HEALTH VISITS, & HELP NEEDED NAVIGATING SYSTEMS (N=2480)

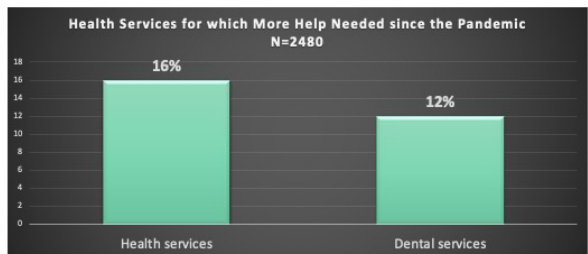
Primary Health Issues (n=2480):
 Hypertension (23%)
 Asthma (13%)
 Lung disease (11%)
 Heart attack (11%)
 Diabetes (10%)
 Obesity (8%)
 Cancer (6%)

Several persons reported underlying health risks for COVID-19

3 in 4 rated their Overall Health as Excellent, Very Good or Good



Several also reported that help is needed in navigating health services systems and dental services systems



Key informants (n=20) identified several needs related to healthcare and access in their community. The cost of healthcare is unaffordable for uninsured or underinsured individuals. In rural communities, access to nearby healthcare centers is limited, and facilities that exist are smaller in terms of capacity. Mental health facilities are available; however, mental health stigma served as a barrier with seeking mental health services.



COMMUNITY VOICES: Health Needs and Assets

Affordability

“There are a fair number of people who are un- or under-insured in the area, or who are unable to pay the copay or sliding fees associated with their coverage. Health care providers exist within the county, but community members consider them for smaller scale issues. Many in the community, including my family, will go the closest city in order to get more extensive or intensive care.”

- Mississippi Delta Region Health Advocate

Access/Infrastructure

“Health here is bad too. You just don’t have the tools you need to fully understand where your health lies....there may be a small hospital that can handle 30 people [but] we don’t have a large facility here. When dealing with the Black community, we don’t think we are ill until we are really ill.”

- Louisiana Resident/Healthcare Worker

Mental Health Accessibility

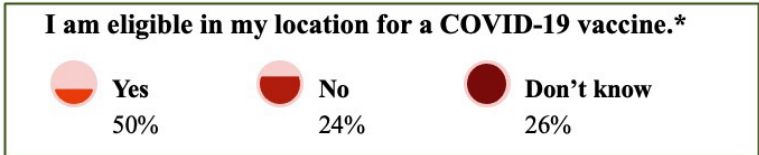
“I do believe that the services are accessible. However, because they’re still a stigma, a lot of times they don’t reach out and take advantage of those services because of the stigma. Once again, it’s a lot better, but we have a long ways to go on in the African-American community and with the regards to going out seeking mental health services, it’s better, but there’s... We have a long

COVID-19 Vaccine and Related Issues

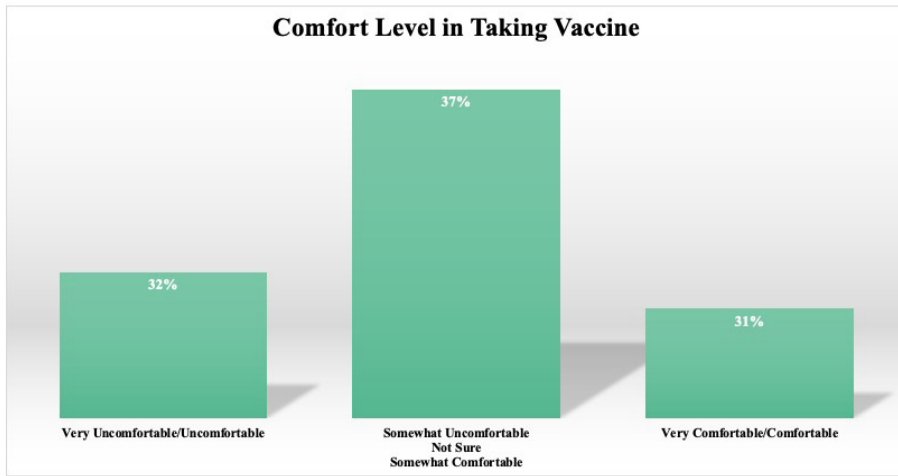
COVID-19 Eligibility and Vaccine Comfort-level. One in two Black respondents (50%) were eligible in their location for the vaccine, while nearly a quarter (24%) were not eligible. Twenty-six percent did not know their eligibility status. (Survey respondents completed the needs assessment prior to March 29th, before states broadened eligibility criteria for vaccination to include those who were younger than 65 or in non-essential jobs). Close to one-third (31%) were comfortable/very comfortable with taking the vaccine. Over two in three (69%) had some level of discomfort (somewhat to very uncomfortable) or were not sure about taking the vaccine.



COVID-19 Vaccine Eligibility and Comfort Level (N=2480)



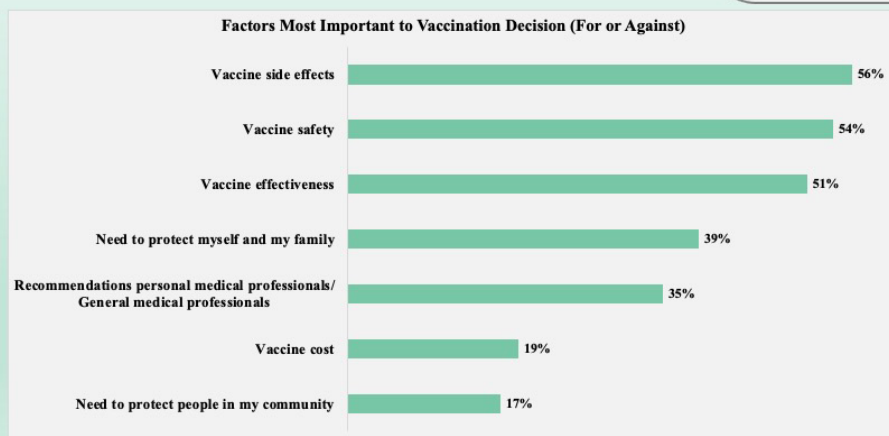
* As of March 29, 2021, prior to states' broadening eligibility criteria.



Factors That Influence Vaccination Decision-Making. Over half (56%) of Black respondents reported that vaccine side effects were the most important factor influencing their decision to vaccinate. This was followed by vaccine safety (54%) and vaccine effectiveness (51%). Other important factors included: the need to protect myself/family (39%), recommendations from personal or general medical practitioners (35%), the cost of the vaccine (19%), and the need to protect people in the community (17%). One key informant asserted the importance of messaging in the Black community (e.g., emphasize vaccine effectiveness over the historical health challenges of Black communities).

Factors Most Important to COVID-19 Vaccination Decision (For or Against) (N=2480)

NOTE: THESE DATA WERE COLLECTED PRIOR TO THE ANNOUNCEMENT OF THE PAUSE ON THE JOHNSON & JOHNSON VACCINE. - DC Government Official

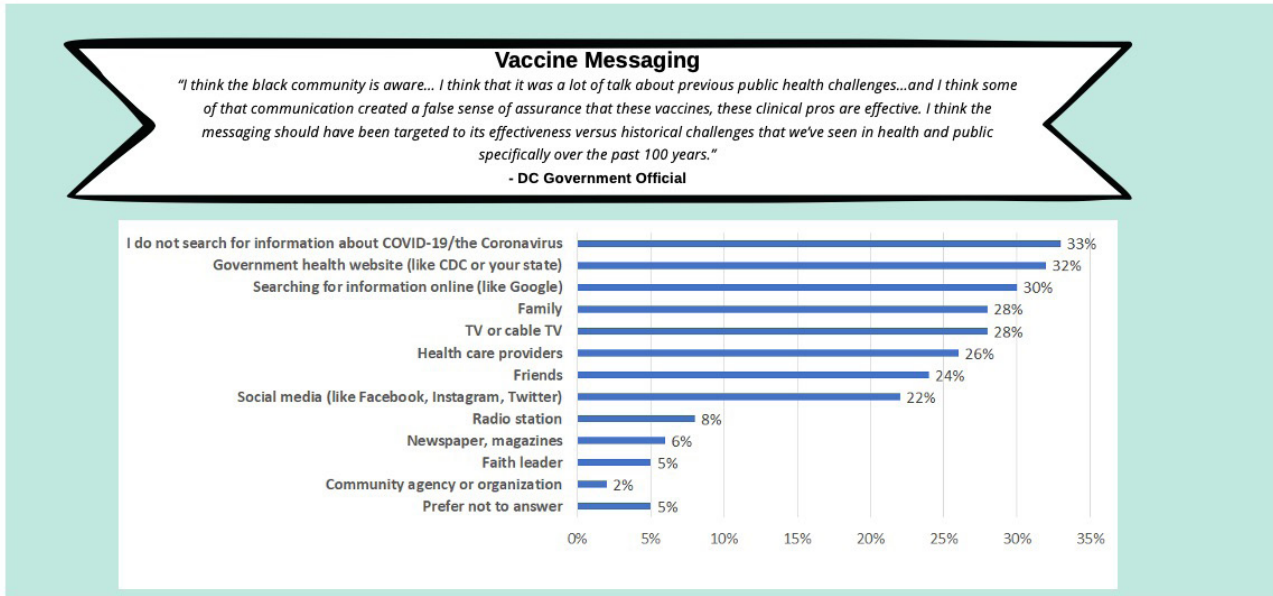


Vaccine Messaging
 “I think the black community is aware... I think that it was a lot of talk about previous public health challenges...and I think some of that communication created a false sense of assurance that these vaccines, these clinical pros are effective. I think the messaging should have been targeted to its effectiveness versus historical challenges that we’ve seen in health and public specifically over the past 100 years.”

10% or fewer reported other factors including religious beliefs/customs, recommendations of family and friends or religious & political leaders, seeing a famous person take the vaccine, or getting paid to take the vaccine.

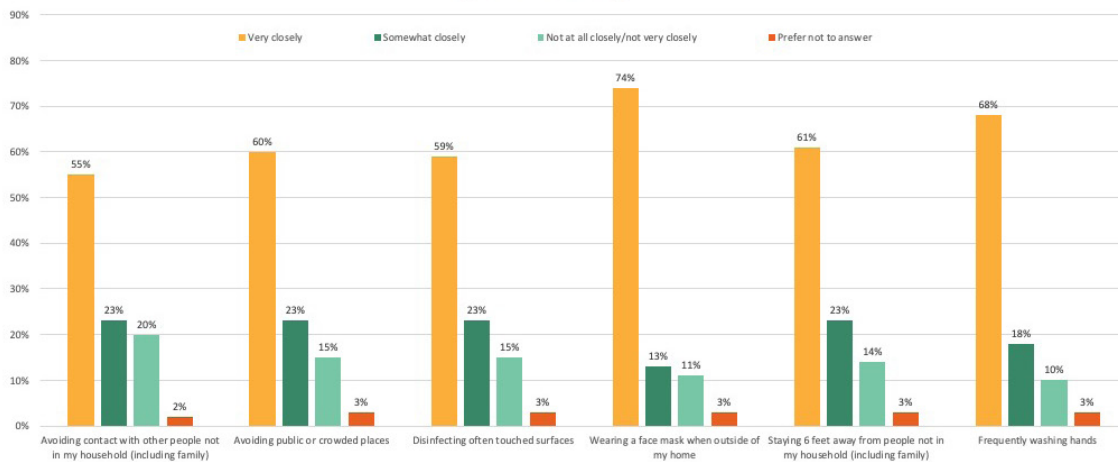
Sources of COVID-related Information. Nearly one-third obtained COVID-19 related information from the following sources: government health websites (32%), online searches (30%), family (28%), and TV/Cable TV (28%). One-third (33%) did not search for information at all. Less than 10% received information from media outlets such as radio (8%) and newspaper (6%).

SOURCES OF COVID-RELATED INFORMATION (N=2480)



COVID-19 Safety Practices (Past Week). Nearly three in four wore a face mask when outside of their home (74%). This was followed by: frequently washing hands (68%), social distancing (61%), avoiding public or crowded spaces (60%). Most concerning, 10 to 20% of respondents did not follow COVID-19 safety practices (not very closely or not at all) within the past week,. Community voices highlighted that during the early phases of COVID-19 in 2020, Black communities were unaware of what was happening with the virus. Proactive education was limited, and, in some communities, activities were still taking place as usual because people did not know how the virus was spreading. Once more information emerged regarding the disparities in deaths among Black communities, more efforts to increase social distancing and masking emerged. Key informants expressed the need for more education from credible sources around COVID-19 safety practices to prevent the spread of the virus.

COVID-19 SAFETY PRACTICES FOLLOWED IN THE PAST WEEK (N=2480)



10 – 20% reported not following recommendations (light green/ 3rd bar)

COMMUNITY VOICES: COVID-19 Practices and Behaviors

COVID-19 Practices and Behaviors
“Awareness, knowledge about what COVID-19 is, how it is spread, precautionary measures. A lot of myth busters need to happen about how you actually contract COVID-19 and the actual symptoms. A lot of parents go by social media and that’s not necessarily a good thing. The info may not come from a knowledgeable source. People wear masks incorrectly. They don’t have masks on their younger children. They don’t have their nose covered.”
-Detroit Educator

COVID-19 Practices and Behaviors
“There was very little proactive education about the virus in the community. The Health Department put up a few flyers about masking and what COVID-19 was. Churches were still holding services even after individuals in the community were exposed because they didn’t know that people were even being exposed.”
-Mississippi Delta Region Health Advocate

COVID-19 Practices and Behaviors
“When the community saw that Black adults were dying from the virus, the community became increasingly educated about COVID-19’s disparate impact on the Black community. This caused an increase in masking and social distancing measures within the Black community.”
-Houston Policy Organization Leader



Family and Child Life Changes

Family Changes: Relationship Quality during the Pandemic. The effects of the COVID-19 pandemic impacted the family both positively and negatively.

- Positive Changes:
 - Over one in three (37%) improved relationships with family and friends.
 - Over half (52%) of the married/partnered respondents increased quality time spent with their spouse/partner, while 31% improved quality time with other adults in the home.
- Negative Changes:
 - Among married/partnered respondents, 14% reported increased levels of verbal conflict in the home with their spouse/partner; and 5% reported physical conflict with their spouse/partner.
 - Among those who lived with other adults, 12% reported verbal conflict with other adults in the home; and 6% reported physical conflict with another adult in the home.

FAMILY CHANGES DURING PANDEMIC: IMPROVED RELATIONSHIPS AND QUALITY TIME, BUT INCREASED CONFLICT WITH SPOUSE/PARTNER AND OTHER ADULTS IN THE HOME
 {N = 748 participants with spouses/partners} {N = 1790 participants living with other adults in the home}

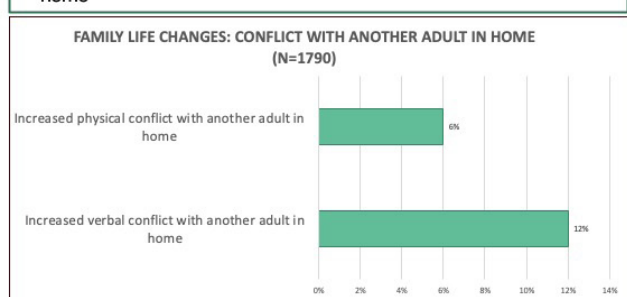
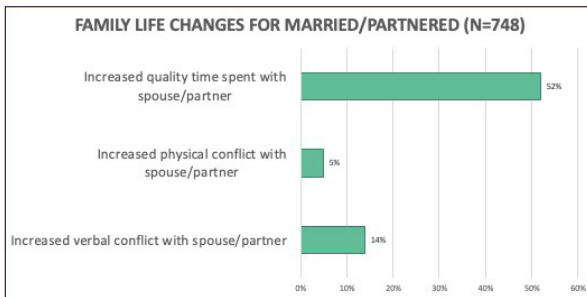
Family life changes in the home were mixed. Over one-third (37%) showed improved relationships with family and friends (N=2480). However, there were several who reported increased conflict with spouses/partners or other adults in the home.

Relationships with spouse/partner
 Among respondents who were **married/partnered** (N=748),

- 52% increased quality time spent with their spouse/partner
- 14% reported increased verbal conflict with their spouse/partner
- 6% reported increased physical conflict with their spouse/partner.

Relationships with another adult in the home
 Among respondents who **lived with another adult in the home** (N=1790):

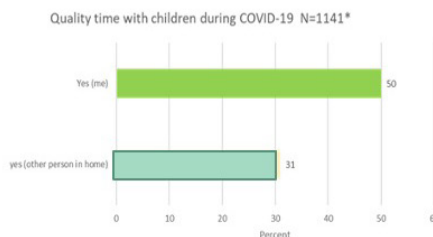
- 12% reported increased verbal conflict with another adult in the home
- 5% reported increased physical conflict with another adult in the home



Family Changes: Parenting and Child Behaviors. Half (50%) of Black respondents reported that they or another person in the home (31%) spent quality time with their children under 18. However, parenting challenges were identified across the sample with the greatest parenting/child impacts being: increased child behavioral/emotional problems and increased child sleep difficulties or nightmares. One community voice indicated that children were also dealing with the loss of family members in ways that have impacted their way of life, including schooling, and parents have had to deal with the toll that COVID-19 has had on their minor children’s mental and emotional health.

Family Changes: Increased Quality Time with Children, More Parent Conflict/Harsher Discipline with Child, Physical Conflict among Children, and Child Behavioral/Emotional Problems during COVID-19 (N = 1141)

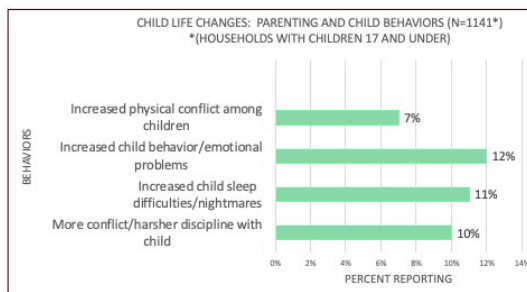
- Half reported more quality time spent with their children
 - 31% reported others in the home spent more quality time with children
- However, children appear to be at greater risk than pre-COVID with respect to
- harsher discipline or conflicts with parents
 - physical conflicts with other children
 - sleep difficulties/nightmares, and
 - behavioral/emotional problems



COVID-19 & Children's Emotional Status

'She said, 'I'm gonna send [my son] back to school.But he doesn't wanna go.' I said, You know what? You should listen to what he says. I said, because he's probably having some mental, emotional insecurities that need to be addressed, and you kind of force that on him because he's dealing with the loss of his father. He had to come back to L[os] A[ngeles] and try to resume his [life]. Well, I say, don't feel bad about it. ... We didn't really build any remorse behind it. The fact that when you kind of know your kids and you know the temperaments of your kids or whatever it is, then that is a big factor....And sometimes we miss it.'

-California Retired Educator

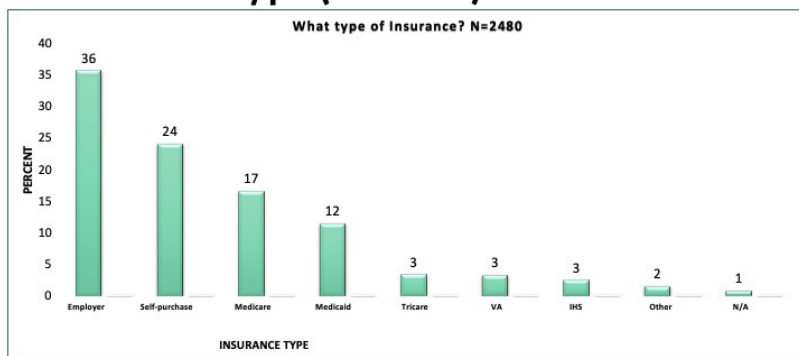
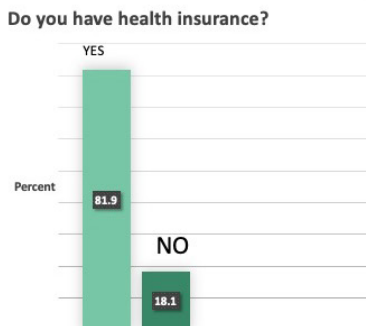


*N=1141; number of respondents who indicated having children aged 17 or younger in the households

Social Determinants of Health

Insurance Access and Type. Most (82%) had health insurance: 36% had employer insurance; 24% self-purchased; 17% had Medicare; 12% had Medicaid.

Insurance Access and Type (N=2480)

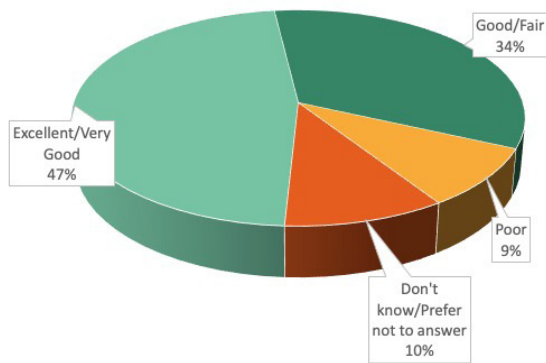


- 1 in 3 were insured through their employer (36%)
- 1 in 4 received Medicaid (24%)
- Nearly 1 in 5 self-purchased (17%)
- Just over 1 in 10 received Medicare (12%)
- All other types were reported by only a few (3% or less)-- (Tricare, Veteran's Administration Health Care [VA], Indian Health Service, and other)

Safety Characteristics in the Workplace and Employer’s Supports. About half (47%) rated their workplace safety characteristics and employer’s supports as excellent or very good; while over one in three (34%) rated the responses as good to fair (34%). Only 9% rated their employer response as poor. However, most Black respondents did not receive safety resources or supports from their employer to help them adjust to the “new normal.” Only 1 in 4 (28%) allowed social distancing, while 21% provided PPE (masks, gowns, gloves, hand sanitizer, etc.). Less than 1 in 5 worked from home (19%), received communication of a COVID-19 pandemic plan (17%), or had paid sick leave (14%) or Flex hours (13%). Very few (7%) had paid family leave.

Safety Characteristics in the Workplace and Employer’s Supports (N=2480)

Rating of Employer's Response to COVID



Employer provided supports and benefits

- 28% allowed for social distancing
- 21% provided PPE (masks, gowns, gloves, hand sanitizer, etc.)
- 19% worked from home
- 17% received communication of a COVID plan
- 14% had paid sick leave
- 13% had Flex hours
- 7% had paid family leave to care for a family member

Education & Technology. One in five children could not attend school during the COVID-19 pandemic. Thirteen percent of adults were concerned about their children falling behind in school. Among participants' greatest sources of stress were COVID-19's effects on their children (17%) and problems accessing the Internet and technology (6%). Nine percent of adults enrolled in school could not attend school for weeks or had to withdraw completely. One community voice expressed that the loss of students during the COVID-19 pandemic has impacted schools. Many students have stopped showing up to classes since the pandemic began and some are referred to as "ghost students."

EDUCATION & TECHNOLOGY (N=2480)

- 1 in 5 children could not go to school during the COVID-19 Pandemic
- 13% of People have been concerned about their children falling behind in school
- 17% report COVID-19's impact on their children as a great source of stress
- 9% of adults could not attend school for weeks or had to withdraw all together

"[There've] been ghost children. Some kids just stopped showing up once the pandemic began" – Professor at a Louisiana university (HBCU)

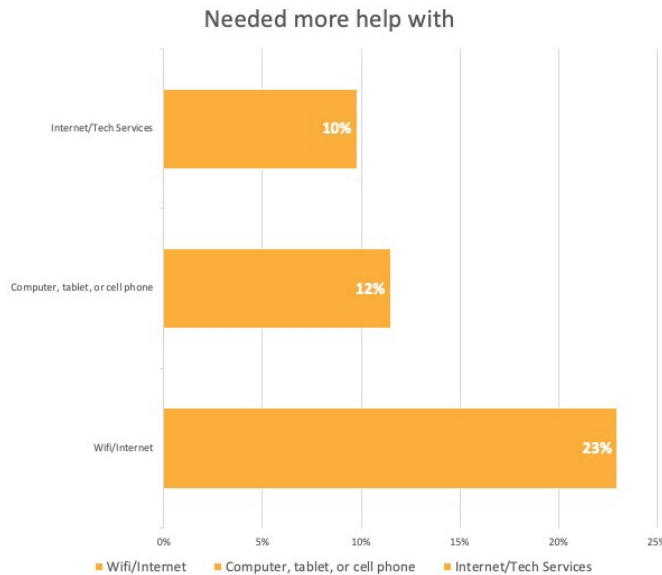


6% of respondents reported access to internet and technology as a great source of stress.



Technology Access Needs during COVID-19. Close to 1 in 4 (23%) had a Wi-fi/Internet need, with one in ten reporting a need for computer/tablet/cell phone equipment (12%) and Internet/technology support services (10%). Learning for children from socioeconomically disadvantaged backgrounds has been difficult due to the lack of stable internet connections and technology resources to complete their schoolwork.

TECHNOLOGY ACCESS NEEDS DURING COVID-19 (N=2480)



As many as 1 in 4 need more help with Wi-Fi/internet connectivity

About 1 in 10 needed help with:

- Computer, tablet, or cell phone equipment
- Internet/Technology support services

Digital Divide

“The kids that come from the harshest areas are having the biggest challenges. Kids tend to go online with their smart devices, and they might not have stable internet at home. We have had a lot of challenges in education with basic needs.”

– Louisiana Higher Ed Administrator

Education Access and Quality. Community voices uplifted that schools in Black communities were underperforming and under-resourced before the pandemic and continued to struggle even more so during the pandemic. Schools are challenged with providing remote instruction and are facing widespread teacher shortages. Students have fallen behind since distance learning due to a lack of access to technology or stable internet sources. Community faith-based organizations have stepped in to help close the gap. On top of parents having to navigate distance learning for their children during the COVID-19 pandemic, they must also navigate “the talk” with their children about race, racism, and police violence.

COMMUNITY VOICES: EDUCATION ACCESS & QUALITY

- Underperforming/under resourced schools
- Digital divide/lack of access to technology
- School teacher shortages
- Lack of legislative support for schools
- School as a community resource (childcare and meals)
- Social support environment

Youth

“The youth, I find that they are not where they should be as far as maturity. Their parents who have been in that industry for a while will tell their kids you can do this and be ok. You do have the kids that leave and go to college and are successful, but the majority don’t go that route. They don’t think that education is important. People leave and come back, and they are proud of them because that is not common here.”

-Louisiana Native and Nurse Practitioner

Distance Learning

“There are certainly a number of students that have fallen behind because of the need to do distance learning. All children won’t be able to do distance learning. If the parent can’t help their kids, it’s difficult. It’s difficult if you have literacy [issues]. Not to mention those that have jobs that they must go to work for. How do you manage that especially for those aged 7 and under?”

- DC Health Advocate

Education Resources

“Lack of access to technology (digital divide). There were youth that attended church every Sunday, and when COVID happened there were students that did not have computers or received computers from the schools but did not have internet. So those kids that we have not seen it bothered us. We did outreach with them and went to their houses to see how we could help them. I knew that they were kids who had difficulties. I already knew they had difficulties with school and to ensure that they were getting something.”

-California Retired Educator

Children and Race

“...America. All the anti-black racism and anti Asian racism. Those who had exposure to previous challenges are probably doing better than those who’ve had less exposure. They have learned to cope with the challenges. I think kids are starting to ask questions about what’s happening to people. Parents are starting to have more explicit conversations about these things...(Killing of black and brown men). Not just New Orleans but what’s happening in the world around us.”

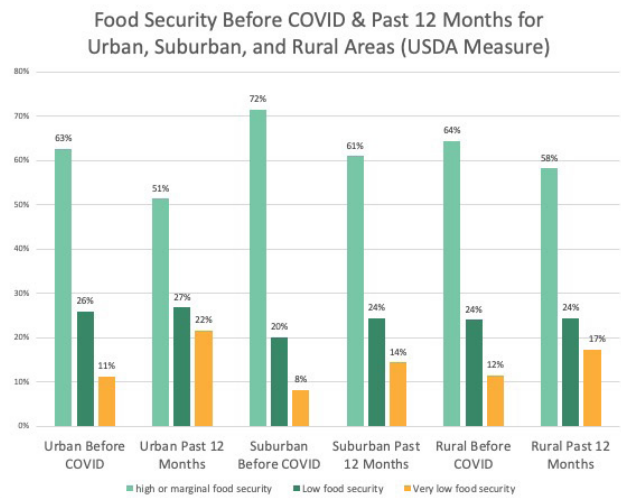
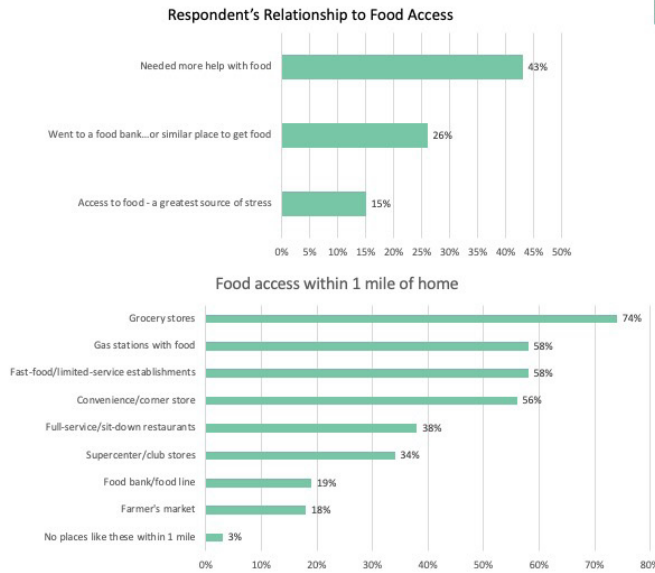
-Louisiana Native and Higher Ed Administrator

Food Security. Various indicators were evident of poor access to quality affordable foods for Black respondents. One in four (26%) did not live within a mile of a grocery store; and over three in four (81%) did not live within a mile of a food bank or the like. In contrast, over one in two lived within 1 mile of a gas station with food (58%), fast food/limited-service establishments (58%), and convenience/corner stores (56%). Close to half (43%) needed help with obtaining food during the pandemic (43%), while one in four (26%) had gone to a food banks (or similar place) to get food. Food access was evident across all geographic areas (urban, suburban, rural). High or marginal food security decreased during COVID (that is, food security rates were higher before COVID than in the past 12 months during the pandemic).



Food Security (N=2480)

- 1 of 4 do not live **within a mile of a grocery store**
- Over 3 in 4 do not live **within a mile of a food bank** or the like
- In all geographic areas (urban, suburban, rural), high or marginal food security rates were **higher before COVID** than in the past 12 months



Food Swamps and Deserts. Community voices and other data sources indicated that certain Black neighborhoods with low-income populations do not have access to grocery stores close to their homes. For those with transportation issues, accessing large grocery stores with healthy food options is a challenge. When healthy food options are available, they are costly/inaccessible for those without means. Community organizations are working to educate people about healthy living and nutrition and teach youth to grow their healthy foods.

COMMUNITY VOICES: FOOD INSECURITY

Community organizations are working to provide education around healthy living, healthy foods, and some have engaged in teaching the youth to grow their own healthy foods.

Food Swamps and Deserts

"[There are] certain areas of the city that tend to [have] higher low-income populations where you don't have as many large grocery stores. You have small grocery stores associated with black neighborhoods... People have to travel a long ways to get to affordable grocery stores. They just go to corner stores or [get] fast food."

- **Louisiana Resident and Higher Education Administrator**



Access to Healthy Foods

"Farmer's markets exist in the town, but people can't get to them because they are too far (no transportation), and they are too expensive. [The markets] don't take food vouchers because they don't want to deal with the red tape, so those who use them can't access these foods."

- **Mississippi Delta Region Resident and Health Organization Leader**

Housing Stability. Close to one in two (45%) Black respondents were housed either in rental property (45%), and 43% in their own home. However, nearly one-fourth (23%) needed help with housing. Twelve percent worried they would lose their home or get evicted because of problems paying mortgage or rent, while 7% indicated this was their greatest source of stress. One in ten (11%) worried about where their family would stay during a disaster such as a storm, flood, or wildfire.

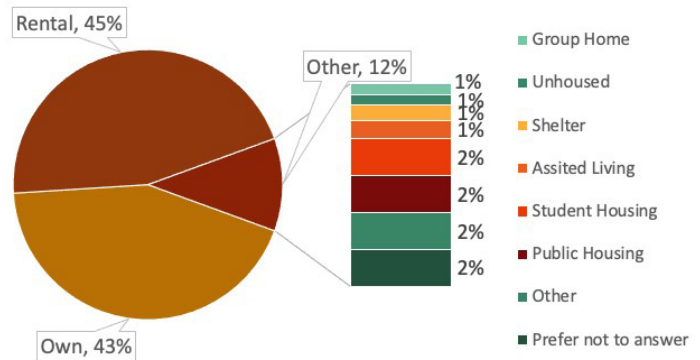
Community voices confirmed these concerns. Key informants indicated that Black communities have experienced challenges with unstable housing conditions, displacement within the community, high taxes, and loss of wealth through homeownership.



HOUSING STABILITY (N=2480)

- 45% rented and 43% own their home
- 23% needed more help with housing
- 12% were worried they would lose their home or get evicted because of problems paying mortgage or rent

- 7% greatest source of stress was their concern about being evicted because of inability to pay rent or mortgage
- 11% were worried about where their family would stay during (storm, flood, wildfire, etc.) – disaster preparedness



COMMUNITY VOICES: HOUSING STABILITY

Primary Issues

- Housing affordability
- Housing insecurity
- Poor housing conditions
- Eviction issues due to non-rent payments

Housing Debt Forgiveness

“There are certainly those that want to cancel rent. Once they lift that it will last 6 month after the public health emergency ended. It’s going to need to last at least two years. The city will begin to gain its footing financially. 2.3 billion is nothing to sneeze out. They can forgive housing debt so there won’t be evictions.”

-DC Health Advocate

Poor Housing Conditions

“We have housing that when I say it’s unstable, it’s also old...We have a number of public housing communities that are in desperate need of repair.”

- DC Community Health Advocate



Housing & Wealth

“[They] run black people out to get their homes...Taxes [are] too high... Detroit has a cascade of problems that are grounded in loss of what wealth we had through home ownership.”

- Detroit Higher Education Administrator

Transportation. One in five (22%) did not have access to reliable transportation; 21% needed help with transportation; and 16% reported transportation concerns (going to work, to the hospital, grocery shopping) as their greatest source of stress. Even though some respondents owned a car, 14% of them indicated that they cannot always count on that car for transportation.

Key informants indicated that transportation is an issue in rural and urban areas, and public transportation options are lacking.

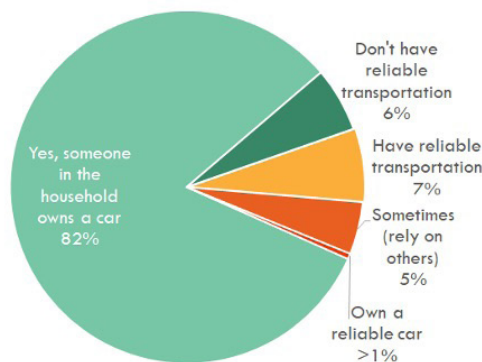
TRANSPORTATION (N=2480)

“Detroit has about 28% of households that have no access to a car. Worst public transportation system. Have to travel for hours to get to suburbs for job.”

-Detroit Higher Education Administrator

- 22% of the sample do not have access to reliable transportation
- 21% needed help with transportation
- 16% reported transportation concerns (going to work, to the hospital, grocery shopping) as their greatest source of stress
- 14% of those who own a car cannot always count on that car for transportation

Access to Reliable Transportation



Needs and Assets Related to the Environment. Some key informants believed exposure to unsafe environmental air conditions in Black communities has contributed to health issues such as cancer and respiratory diseases such as asthma among children. Flood mitigation is needed in some communities to preserve housing in flood-prone areas.

COMMUNITY VOICES: NEEDS AND ASSETS RELATED TO THE ENVIRONMENT

Environmental Issues

Environment and Health
“This area has a large population impacted by cancer. It is our number one issue.... The cancer is because of we are in the middle of a chemical...they call it ‘cancer alley’.”
 -Louisiana Resident and Healthcare Worker

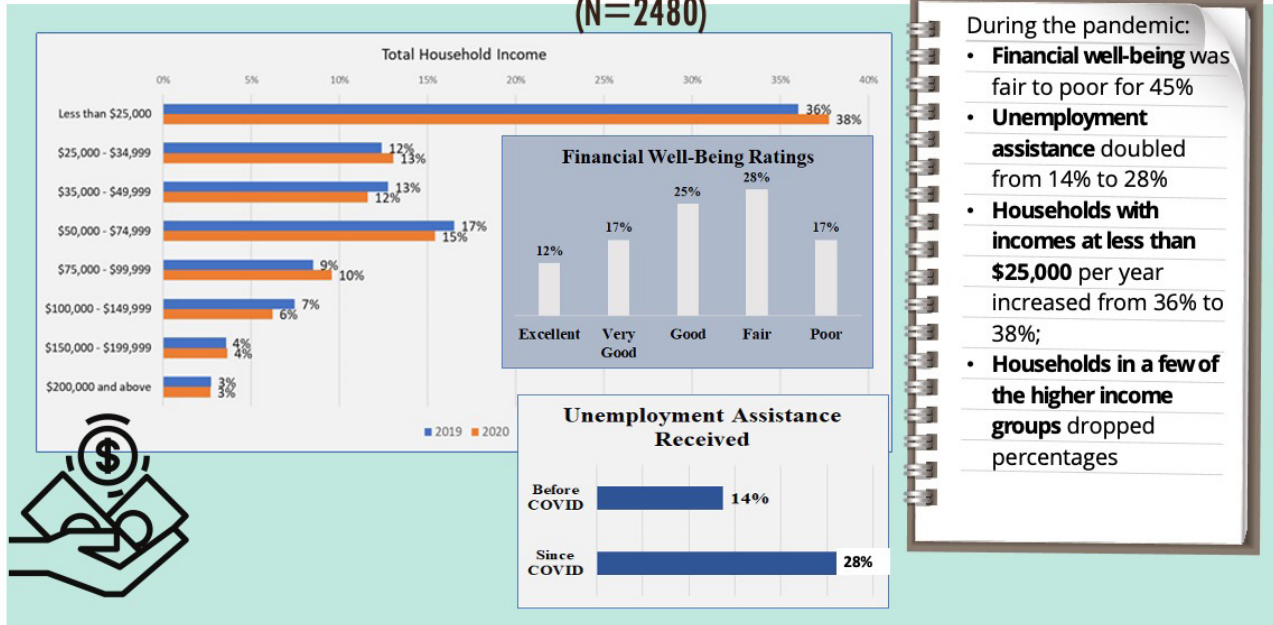
Environment
“Flood mitigation is a problem in Houston.”
 - Texas Policy Organization Representative

Environmental Issues
“Detroit is one of the places where prostate cancer is the highest. That may or may not be connected to industrial exposure. [We have a] high percentage of children with asthma...the marathon refinery area is one of those places. [We’re] fraught by environmental causes.”
 -Detroit Higher Education Administrator

Economic Stability: Household Income Change, Unemployment Assistance Change, & Financial Well-being. During the pandemic: financial well-being was fair to poor for 45% of the respondents; and unemployment assistance doubled from 14% to 28%. Households with incomes at less than \$25,000 per year increased slightly from 36% to 38%; while the percentage of households in the higher income groups dropped.

ECONOMIC STABILITY : HOUSEHOLD INCOME CHANGE, UNEMPLOYMENT ASSISTANCE CHANGE, & FINANCIAL WELL-BEING

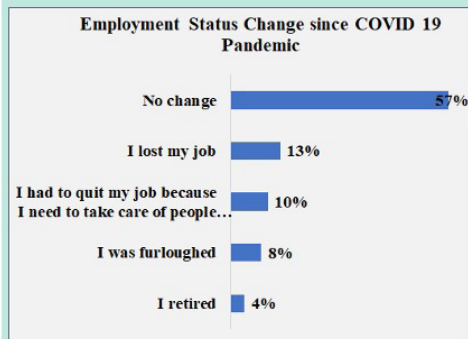
(N=2480)



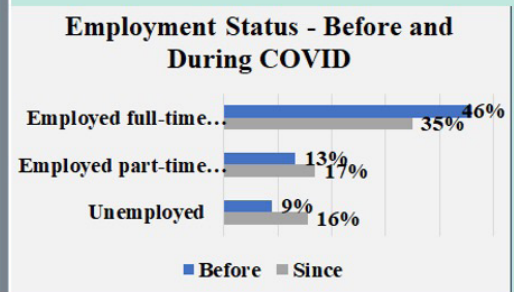
Employment Status Change since COVID-19 Pandemic. Over half (57%) had no change in employment since the COVID-19 pandemic. Close to one in three (31%) had some type of employment status change: 13% lost their jobs, 10% quit their job to take care of others, and 8% were furloughed. Full-time employment decreased 11% (before COVID 46% vs during COVID 35%). Unemployment increased from 9% before COVID-19 to 16% during. However, part-time employment increased a small degree (before COVID 13% vs during COVID 16%). Key informants expressed a loss of industry jobs in rural areas has affected employment or access to well-paying careers for members of these communities resulting in high unemployment rates, fewer industry jobs or well-paying positions in rural areas, housing instability, food security issues, and a high cost of living. Opportunities for youth are limited because of underperforming schools that can provide the needed skills for employment at well-paying jobs or the absence of industry jobs in the area.

ECONOMIC STABILITY : EMPLOYMENT STATUS BEFORE AND DURING PANDEMIC (N=2480)


Loss of industry jobs, small business failures, and restaurant closings have contributed to decreases in full-time employment and increases in part-time employment and unemployment status.



Loss of Industry Jobs
"Many members of the community are from lower socioeconomic status; there used to be two factories in the general area that offered individuals good paying salaries, but one (manufactured appliances) moved their business to another locale in order to cut their overhead / salary costs. There are no longer enough jobs to go around for those in the community who are seeking employment."
-Mississippi Delta Region Health Advocate



COMMUNITY VOICES: ECONOMIC STABILITY



ECONOMIC STABILITY THEMES


- High levels of poverty
- High unemployment rates
- Fewer industry jobs or well-paying positions
- Housing instability
- Food insecurity
- High cost of living

Youth Employment Options

"The youth, I find that they are not where they should be as far as maturity. Their parents who have been in that industry for a while will tell their kids you can do this and be ok. You do have the kids that leave and go to college and are successful, but the majority don't go that route. They don't think that education is important. People leave and come back, and they are proud of them because that is not common here...."

"A lot of kids find themselves in a slump, and there are not a lot of jobs. There are chemical plant jobs and sugar cane jobs. When people leave and go to college and come back and can't find a job they end up with those types of jobs. Some pay well and some don't."

-Louisiana Native and Nurse Practitioner




Unemployment and Income Challenges. One key informant asserted those with higher incomes have a better chance at sustaining themselves than those with lower incomes. Because of the pandemic, many Black people working in the service industry lost their jobs, creating additional hardships.

COMMUNITY VOICES: ECONOMIC STABILITY

Unemployment

"We had a low number of jobs here already and it has dropped tremendously. A lot of small businesses had to shut down. Those small jobs that had some people working--they are not working. I find the job situation here is pretty bad." – Louisiana Healthcare Worker



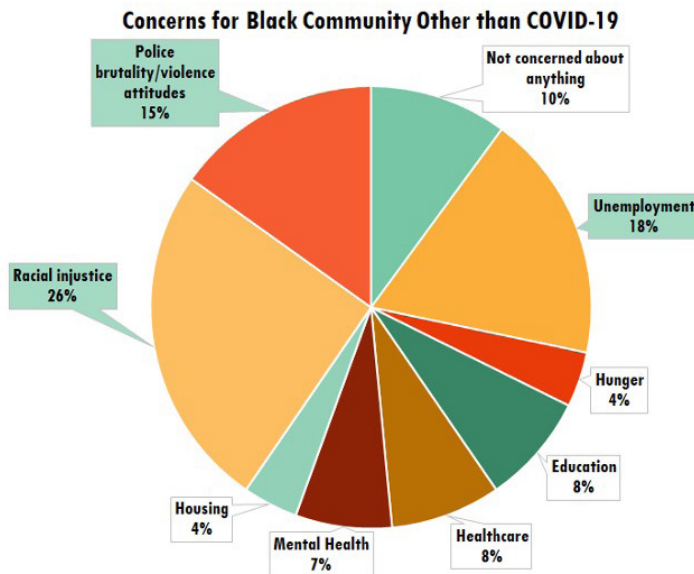
Income Challenges

"Depending on where you work you can sustain yourself if you have more money; for others from lower income backgrounds, it's not possible."

– Texas Community Health Worker

Black Community Concerns. Although respondents expressed varying concerns about the social determinants of health, two of the top three reported concerns were racial injustice (26%) and concerns about police brutality and violent attitudes (15%).

BLACK COMMUNITY CONCERNS (N=2480)



The Top 3 Concerns were:

- Racial Injustice
- Unemployment
- Police Brutality/Violence Attitudes

The Intersection of Race-Related Factors and COVID-19

The Intersection of Race and COVID-19. Nearly one-fourth (22%) expressed worry about being Black and contracting COVID-19. Almost one-third (30%) worried about their Black friends and family members dying or contracting COVID-19. A few Black respondents (9%) felt as though they were unfairly denied services for testing and treatment for COVID-19; 62% of these respondents felt as though it was based on their race or ethnicity.

THE INTERSECTION OF RACE AND COVID-19 (N=2480)

- 22% OF PARTICIPANTS WORRY ABOUT BEING BLACK AND GETTING COVID -19**
- 9% FELT THEY WERE UNFAIRLY DENIED SERVICES FOR TESTING OR TREATMENT OF COVID-19 RELATED SYMPTOMS. OF THESE, 62% FELT IT WAS BASED ON THEIR RACE/ETHNICITY.**
- 30% OF PARTICIPANTS WORRY ABOUT BLACK FRIENDS AND FAMILY GETTING COVID-19**

Perceptions of Race-based Police Violence and COVID-19 as Personal Health Threat. Three questions from the AP/NORC Poll were used to gather respondents’ perceptions of police violence. Responses revealed the following.

Deadly Force. About 90% felt police were more likely to use deadly force against a Black person. Ten percent reported race is not a factor in using deadly violence, while 2% reported police would be more likely to use deadly force against White people.

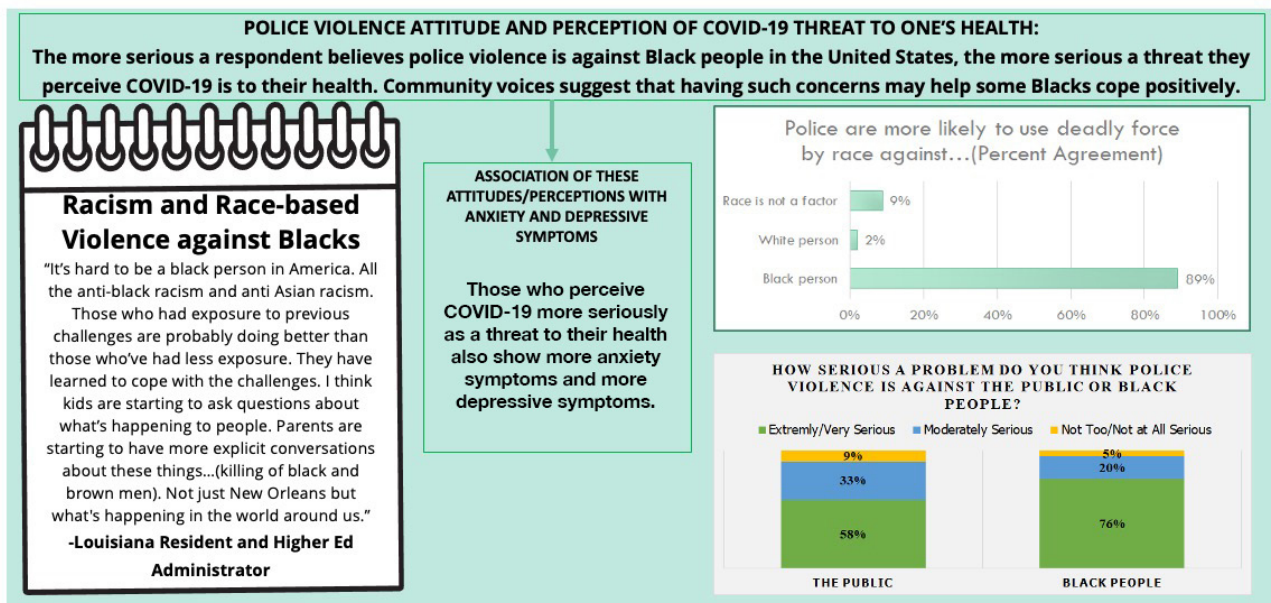
Police Violence Against the Black People and the Public. A majority (76%) reported that police violence against Black people is *extremely serious* or *very serious*. Nearly 60% reported police violence against the public is *extremely serious* or *very serious*. One in five people and about one in three people reported police violence was *moderately serious* against Black people and the public, respectively. Less than 10% reported police violence was *not too serious* or *not at all serious* for Black people or the public.

Police Violence Attitudes and COVID-19-related Attitudes. The association between attitudes toward race-based police violence and one’s perception of the threat of COVID-19 to their health was statistically significant. The more serious a respondent believes police violence is against Black people in the United States, the more serious a threat they perceive COVID-19 is to their health (see Appendix E for statistical analysis)

Police Attitudes, Perceptions of COVID-19 as a Health Threat, and Mental Health. A significant positive association was found between concerns about police violence/COVID-19 as a threat to one’s health with symptoms of anxiety and depression. Specifically, those who had high levels of concerns with police violence against Blacks and perceived COVID-19 as a serious threat to their health also had higher levels of anxiety and depressive symptoms (see Appendix E for statistical analyses).

Community Voices. One community voice expressed that racism in America has taken a toll on people of all ages, including children who have begun to question what’s happening in the world around them. Talking about such concerns was suggested as a protective effect for some in the Black community—that is, it may shield them from the adverse impacts of pandemic stress. However, the findings just presented offer another picture of the potential for these conversations to result in adverse impacts on mental health.

INTERSECTIONS WITH RACE: ATTITUDE TOWARDS RACE-BASED POLICE VIOLENCE AND PERCEPTION OF COVID-19 AS THREAT TO ONE’S HEALTH (N=2480)



Cultural Significance, Summary of Findings, and Policy Recommendations

Cultural Significance. The ABPsi COVID-19 Needs Assessment Project identified multiple ways in which the pandemic has adversely impacted Black adults, couples, children, and families. Most significant is the exposure of structural and systemic racism which is manifested in health, mental health, social, and economic disparities and dramatically revealed in these findings. It is not possible to separate the impact of the ongoing racial pandemic from the impact of COVID-19. Consequently, in addition to querying the effects of COVID-19, we have also examined the intersection of this syndemic. Importantly, although Blacks live in communities that face a huge challenge in recovering from the pandemic (and in circumstances that exacerbate these impacts), there are fortunately many cultural assets that can be mobilized to mitigate these challenges. The findings, implications, and policy recommendations that follow are aimed at addressing these issues and leveraging community assets in culturally-appropriate and accountable ways.



CULTURAL SIGNIFICANCE

- ABPsi's COVID-19 Needs Assessment Project identified multiple ways in which the pandemic has adversely impacted adults, couples, children, and families of Black/Afrikan ancestry living in the United States. Most significant is the exposure of structural and systemic racism which is manifested in health, mental health, social, and economic disparities and dramatically revealed in these findings. It is not possible to separate the impact of the ongoing racial injustice pandemic from the impact of COVID-19.
- Consequently, in addition to querying the effects of COVID-19, we have also examined the intersection of this syndemic. Importantly, although Blacks live in communities that face a huge task in recovering from the pandemic and in circumstances that exacerbate these impacts, there are fortunately cultural and other assets that also were identified in this assessment that can be mobilized to confront these challenges. The findings, implications, and policy recommendations that follow are aimed at addressing these issues and leveraging community assets in culturally-appropriate and accountable ways.

Key Findings and Policy Recommendations

These key findings and policy recommendations are organized by the main domains included in the project and followed by findings for the social determinants of health that were of interest in this project. The main findings and recommendations are presented for COVID-19 factors, Mental Health, Health, Family and Child Life Changes, and the Intersections of Race-related Factors and COVID-19. All of the areas in this set are considered priority areas for the ABPsi. The secondary domains relative to the social determinants of health follow this set and include Food Security, Environmental Issues, Education and Technology, Employment Stability, and Housing Stability. This latter set is in no priority order; however, the ABPsi recognizes their significance in efforts to achieve equitable health and mental health care and outcomes. Key findings (preceded by radial points) are presented for each domain and followed by the policy recommendations (preceded by “R” and a number).

Main Findings and Recommendations

COVID-19 Vaccine Uptake, Intentions, and Hesitancy

- As of completion of this survey (March 29, 2021), few had been vaccinated; one-third did not plan to get vaccinated; and over half indicated they were unlikely to have their children vaccinated, when it became available.
- For over half of the respondents, the top three decision factors were the vaccine’s side effects, safety, and effectiveness.

R1. Enhance community-based organizations’ (CBOs’) vaccine-messaging capacity: Funding is needed to support CBOs that are located in the Black community and culturally positioned to develop and deliver effective messaging about vaccine safety/effectiveness and vaccination access.

R2. Evaluate the effectiveness of messaging about vaccines: Additional research is needed to develop and test the effectiveness of messaging for different age groups and other segments within the Black community about the vaccine’s side effects, safety, and effectiveness.

TOPICAL AREA

COVID-19 Vaccine Uptake, Intentions, & Hesitancy



KEY FINDINGS

- At the time of this survey (as of March 29, 2021)
 - few had been vaccinated
 - one-third did not plan to get vaccinated, and
 - over half indicated they were unlikely to get their children vaccinated, when it becomes available.
- For over half, the top three decision factors were vaccine side effects, vaccine safety, and vaccine effectiveness.

POLICY RECOMMENDATIONS

R1: Enhance CBOs’ vaccine-messaging capacity: Funding is needed to support community-based organizations (CBOs) that are located in the Black community and culturally positioned to develop and deliver effective messaging about the vaccine (its side effects, safety, effectiveness) and vaccination access.

R2: Evaluate the effectiveness of messaging about vaccines: Additional research is needed to develop and test the effectiveness of messaging for different age groups and other segments within the Black community about the vaccine’s side effects, safety, and effectiveness.

Mental Health

- Many reported anxiety and depressive symptoms high enough to warrant further assessment and potential treatment.
- Mental health services appeared especially scarce in rural areas.
- Informal support (e.g., talking with friends and family, quality time spent with family and children) was a primary source of support
- Respondents endorsed more positive than negative coping strategies.
- Positive coping strategies included talking to family and friends, listening to music, talking to health care providers, and spirituality/spiritual practices.
- Negative coping strategies included eating more, sleeping more and substance use.

R1. Mobilize culturally-accountable, trained mental health professionals: Develop a partnership between professional associations such as the Association of Black Psychologists, National Black Social Workers, and National Black Child Development Institute to provide services to individuals, families, children, workplaces, faith-based and community-based organizations, and schools in Black communities.

R2. Provide mental health services in neutral settings: Fund multisector partnerships connecting mental health providers to community health centers, behavioral health agencies, health insurers, businesses, housing authorities, schools, youth-serving organizations, faith-based institutions, and criminal justice systems to increase access options that minimize perceived stigma in seeking services.

R3. Increase access to mental health services: Provide funding to connect potential partners with existing mental health service systems and telehealth capacity (e.g., health departments, HBCUs, mental health professional associations) to rural areas and other communities in need of increasing access to culturally-accountable mental health services. Also, provide incentives for mental health providers to practice in rural areas.

R4. Create healthy workplace and educational settings: Provide funding to public schools, Historically Black Colleges and Universities (HBCUs), businesses with at least 50 employees, corporations, state and federal agencies, and other workplace settings to offer comprehensive prevention-oriented programs as an integral part of the employment activities for employees or school activities for students at all levels. All employees/students would be encouraged to participate--creating healthy workplaces and educational settings.

R5. Increase research on culturally-specific interventions: Support more mental and behavioral health research by Black researchers aimed at identifying culturally appropriate individual-level and culturally-accountable systems-level strategies for effectively managing stressors for adults, couples, children, and families related to the syndemic that intersects COVID-19 with racial injustices.

R6. Provide funding to informal support networks: Funding is needed to provide community-initiated/led peer education and support services that provide increased access and culturally-responsive services in the Black community.

R7. Provide funding to develop culturally-responsive, community-based peer-to-peer training programs: Provide grants to professional associations, community-based organizations, educational institutions, and businesses that are culturally-accountable to train community-based and faith-based organizations in the provision of culturally-responsive peer support services within their communities.

R8. Increase the number of culturally-accountable providers serving Black individuals/families/communities: Provide grants to private practitioners and community-based organizations that offer culturally-accountable mental health and substance use prevention, treatment and care services to low-income persons and families at no cost or reduced cost and to those who have mental health insurance.

R9. Strengthen local mental health infrastructure: Provide funding to counties to establish community-based peer support services that are culturally responsive and accessible in all under-resourced areas.

TOPICAL AREA

Mental Health



KEY FINDINGS

- Many reported anxiety and depressive symptoms high enough to warrant further assessment and potential treatment.
- Mental health services appear especially scarce in rural areas.
- Informal support (e.g., talking with friends and family, quality time spent with family and children) is a primary source of support). Some key informants expressed that some see seeking mental health services as stigmatizing.
- Respondents endorsed more positive than negative coping strategies:
 - Positive coping strategies included talking to family and friends, listening to music, talking to health care providers, and spirituality/spiritual practices.
 - Negative coping strategies included eating more, sleeping more and substance use.

POLICY RECOMMENDATIONS

R1: Mobilize culturally-accountable, trained mental health professionals: Develop a partnership between professional associations such as the Association of Black Psychologists, National Black Social Workers, and National Black Child Development Institute to provide services to individuals, families, children, workplaces, faith-based and community-based organizations, and schools in Black communities.

R2: Provide mental health services in neutral settings: Fund multisector partnerships connecting mental health providers to community health centers, behavioral health agencies, health insurers, businesses, housing authorities, schools, youth-serving organizations, faith-based institutions, and criminal justice systems to increase access options that minimize perceived stigma in seeking services.

R3: Increase access to mental health services: Provide funding to connect potential partners with existing mental health service systems and telehealth capacity (e.g., health departments, HBCUs, mental health professional associations) to rural areas and other communities in need of increasing access to culturally-accountable mental health services. Also, provide incentives for mental health providers to practice in rural areas.

CONTINUED

TOPICAL AREA

Mental Health Cont'd



POLICY RECOMMENDATIONS CONTINUED

R4: Create healthy workplace and educational settings: Provide funding to public schools, Historically Black Colleges and Universities (HBCUs), businesses with at least 50 employees, corporations, state and federal agencies, and workplace settings to offer comprehensive prevention-oriented programs as an integral part of the employment activities for employees or school activities for students at all levels. All employees/students would be encouraged to participate--creating healthy workplaces and educational settings.

R5: Increase research on culturally-specific interventions: Support more mental and behavioral health research by Black/Africana researchers aimed at identifying culturally appropriate individual-level and culturally-accountable systems-level strategies for effectively managing stressors for adults, couples, children, and families related to the syndemic that intersects COVID-19 with racial injustices.

R6: Provide funding to informal support networks: Funding is needed to provide community-initiated/led peer education and support services that provide increased access and culturally-responsive services in the Black community.

R7: Provide funding to develop culturally-responsive, community-based peer-to-peer training programs: Provide grants to professional associations, community-based organizations, educational institutions, and businesses that are culturally-accountable to train community-based and faith-based organizations in the provision of culturally-responsive peer support services within their communities.

R8: Increase the numbers of culturally-accountable providers serving Black individuals/families/communities: Provide grants to private practitioners and community-based organizations that offer culturally-accountable mental health and substance use prevention, treatment and care services to low-income persons and families at no cost or reduced cost and to those who have mental health insurance.

R9: Strengthen local mental health infrastructure: Provide funding to counties to establish community-based peer support services that are culturally responsive and accessible in all under-resourced areas.

Health

- Barriers to accessing health care during the pandemic were related to factors such as
 - adults’ loss of employer-based insurance
 - youth’s loss of parental insurance, and
 - limited availability to sources of free or low-cost care and treatment.
- However, more research is needed to identify and characterize the range of barriers that contribute to this situation.

R1. Expand government-supported health insurance and medical care options, such as free clinics, to support people who lost insurance during the pandemic or who never had health insurance.

R2. Standardize the provision of annual physicals, mental health screenings, dental examinations, and eye examinations implemented in the context of educational, community and private settings in which youth are served.

R3. Prioritize the funding of research designed to identify individual and structural barriers to accessing medical care related to the pandemic.

R4. Provide funding to support the implementation of research-supported culturally appropriate strategies that reduce individual and structural barriers to health services. For example, funds could be available to incentivize cities and counties to develop and expand public transportation options in rural, suburban and urban areas to increase access to health care services.

TOPICAL AREA

Health



KEY FINDINGS

- **Barriers to accessing medical care during the pandemic were related to such factors as**
 - **adults’ loss of employer-based insurance**
 - **youth’s loss of access due to parental loss of coverage**
 - **limited availability to sources of free or low-cost care and treatment.**
- **However, more research is needed to identify and characterize the range of barriers that contribute to this situation.**

POLICY RECOMMENDATIONS

- R1: Expand government-supported health insurance and medical care options, such as free clinics, to support people who lost insurance during the pandemic or who never had health insurance.
- R2: Standardize the provision of annual physicals, mental health screenings, dental examinations, and eye examinations implemented in the context of educational, community and private settings in which youth are served.
- R3: Prioritize the funding of research designed to identify individual and structural barriers to accessing health care related to the pandemic.
- R4: Provide funding to support the implementation of research-supported, culturally appropriate strategies that reduce individual and structural barriers to health services. For example, funds could be available to incentivize cities and counties to develop and expand public and private (e.g., mobile van units) transportation options in rural, suburban and urban areas to increase access to health care services.

Family and Child Life Changes

- Respondents reported that the pandemic had both positive and negative effects on family life:
 - Respondents reported more quality time spent with the family.
 - However, some participants reported increased verbal conflict in the home with their own spouses/partners and between other adults with their spouses/partners.
 - Physical conflict with spouse/partner was reported to a lesser extent than verbal conflict for themselves or for another in the home with their spouse/partner.
 - Harsher discipline and more conflict with children were also reported.
- Community voices indicated that survivors of domestic violence have been trapped with their abusers during the stay-at-home and work-at-home orders.
- Organizations have limited access to help survivors remove themselves from the abusive environment.

R1. Fund community-based and faith-based organizations to establish culturally-centered parent training, marriage preparation, conflict resolution training and programs, and support groups for children, adolescents, and adults, and provide incentives for participation.

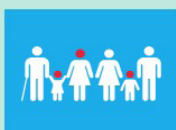
R2. Fund and establish safe/transitional housing for survivors of domestic violence and their children in rural, suburban, and urban areas and provide comprehensive, culturally-specific health, mental health, social and educational services in these facilities.

R3. Offer grants to HBCUs, colleges, and universities; professional associations, and related groups to provide culturally-grounded training to laypersons in areas of child development, parenting, healthy communication, and conflict resolution, and encourage agencies to hire persons with this training.

R4. Encourage local governments to fund neighborhoods and rural community groups to create and disseminate information about health and mental health services: Provide funds for public service announcements on TV, radio, billboards, the Internet and social media, implementation of town hall meetings, and other strategies.

TOPICAL AREA

Family and Child Life Changes



KEY FINDINGS

- Respondents reported that the pandemic had positive and negative effects on family life, including:
 - More quality time spent with the family, but
 - Increased verbal conflict with spouses/partners and between other adults, and
 - Harsher child discipline.
- Physical conflict with spouse/partner and between children was reported, but to a lesser extent than verbal conflict for themselves or another in the home with their spouse/partner.
- Community voices indicated that survivors of domestic violence have been trapped with their abusers during the stay-at-home and work-at-home orders.
- Organizations have limited access to help survivors of intimate partner violence remove themselves from the abusive environment.

POLICY RECOMMENDATIONS

- R1: Fund community-based and faith-based organizations to establish culturally-centered parent training, marriage preparation, conflict resolution training and programs, and support groups for children, adolescents, and adults; and provide incentives for participation.
- R2: Fund and establish safe/transitional housing for survivors of domestic violence and their children in rural, suburban, and urban areas and provide comprehensive, culturally-specific health, mental health, social and educational services in these facilities.
- R3: Offer grants to HBCUs, other colleges and universities, professional associations, and related groups to provide culturally-grounded training to laypersons in areas of child development, parenting, healthy communication, and conflict resolution; and encourage and incentivize agencies to hire persons with this training.
- R4: Encourage local governments to fund neighborhoods and rural community groups to create and disseminate information about health and mental health services.
- R5: Provide funds for public service announcements on TV, radio, billboards, the Internet and social media, implementation of town hall meetings, and other strategies.

Race-based Intersections with COVID-19: Perceptions of Police Violence and COVID-19’s Threat to Health

- People who were concerned about police violence were also more likely to have concerns about threat of COVID-19 to their health.
- People with both pandemic concerns were more likely to have symptoms of anxiety and depression.

R1. Provide funding to Black researchers to examine how both direct and vicarious exposure to police violence intersect during the COVID-19 pandemic to negatively impact mental and physical health.

R2. Provide support for culturally accountable mental and physical health services that address the potential negative impact of direct and vicarious (e.g., broadcast, print and social media) exposure to police violence.

R3. Address the unique needs of youth and adults by establishing comprehensive community centers or other safe places in low-income/high violence areas as well as rural areas providing an array of educational, occupational, recreational, and cultural activities that allow youth and adults a release from the emotional burden of witnessing or directly experiencing violence

TOPICAL AREA

Race-based intersections with COVID-19: Perceptions of Police Violence and COVID-19’s threat to health



KEY FINDINGS

- People who were concerned about police violence were also more likely to have concerns about the threat of COVID-19 to their health (i.e., the more serious a respondent believes police violence is against Black people in the United States, the more serious a threat they perceive COVID-19 is to their health).
- Higher rates of concerns for both were associated with increased anxiety and depressive symptoms.
- Although concerning, some community voices indicated that being concerned about these issues could be positive coping for Blacks in their community who are experiencing pandemic stress.

POLICY RECOMMENDATIONS

- R1:** Provide funding to Black/Africana researchers to examine how both direct and vicarious exposure to police violence intersect during the COVID-19 pandemic to negatively impact mental and physical health.
- R2:** Provide support for culturally accountable mental and physical health services that address the potential negative impact of direct and vicarious (e.g., broadcast, print and social media) exposure to police violence).
- R3:** Address the unique needs of youth and adults by establishing comprehensive community centers or other safe places in low-income/high violence areas as well as rural areas providing an array of educational, occupational, recreational, and cultural activities that allow youth and adults a release from the emotional burden of witnessing or directly experiencing police violence, other violence, and other sources of stress.

Social Determinants of Health Findings and Recommendations


Food Security

- Over half of the respondents indicated that they experienced situations that indicate low **food security** during the pandemic including
 - not having enough money to buy food
 - not having enough food to last, or
 - visiting a food pantry in the community.
- Some people did not use the existing programs because of stigma.
- Food swamps and food deserts abound in urban and rural areas.

R1: Provide additional government-assisted programs to enhance existing programs and increase resources for and access to affordable healthy foods in non-stigmatizing ways.

R2: Increase funding for farm-to-table or small-farm-to-grocer projects in rural areas as well as gardener-to-table and small-farm-to-grocer partnerships in urban communities to provide abundant, healthy food choices.

R3: Provide alternative options that maximize food access for those who might perceive current options as stigmatizing (e.g., standing in lines at food banks). For example, funding could be provided to schools or community-based organizations in low-income communities to establish cafeterias that provide free or low-cost meals in schools or community centers.

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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">TOPICAL AREA</p> <p style="font-size: 2em; font-weight: bold;">Food Security</p>  | KEY FINDINGS | POLICY RECOMMENDATIONS |
| | <ul style="list-style-type: none"> • Food security was lower during the pandemic than pre-COVID. • Over half indicated that they experienced food insecurity during the pandemic including not having enough money to buy food, not having enough food to last, or visiting a food pantry in the community. • Some people did not use the existing food programs because of stigma. • Food swamps and food deserts abound in urban and rural areas. | <p>R1: Provide additional government-assisted programs to enhance existing programs and increase resources for and access to affordable healthy foods in non-stigmatizing ways.</p> <p>R2: Increase funding for farm-to-table projects in rural areas and gardener-to-table and small farm-to-small grocer partnerships in urban/suburban communities to provide abundant, healthy food choices.</p> <p>R3: Provide alternative options that maximize food access for those who might perceive current options as stigmatizing (e.g., standing in lines at food banks).</p> |

Environmental Issues

- In key informant interviews, community members voiced their concern about the increased risk of asthma, cancer and other chronic conditions due to exposure to hazardous waste and air pollutants from industries that locate in Black communities, particularly in rural areas. One community member also voiced concern for flooding hazards.
- These environmental hazards pose additional risks for the morbidities associated with COVID-19. Policies are needed to eliminate these environmental inequities.

R1. Support the establishment of advocacy training initiatives in marginalized communities by community-based organizations to empower community residents in developing strategies to influence governmental agencies and elected officials (e.g., implement zoning laws that prohibit industries from building near and, if already, there, emitting toxins near residential areas; implement revised disaster preparedness and emergency response plans amid the pandemic).

R2. Require governmental agencies to strictly enforce adherence to existing policies that promote clean/green environments and restrict toxic emissions and dumping of hazardous waste in residential areas. Environmental justice legislation has been previously introduced and needs to be re-introduced to ensure that toxic waste cleanups are implemented in communities of color and a moratorium is placed on the permitting of new toxic chemical facilities in communities of color.

TOPICAL AREA

Environmental Issues



KEY FINDINGS

- In key informant interviews, community members voiced their concern about the increased risk of asthma, cancer, and other chronic conditions due to exposure to hazardous waste and air pollutants from industries that locate in Black communities, particularly in rural areas.
- In one community, concern was raised over flood mitigation.
- These environmental hazards pose additional risks for the morbidities associated with COVID-19.
- Policies are needed to eliminate these environmental inequities.

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Education and Technology

- Schools found it challenging to provide distance learning to students during the pandemic. According to our findings, 1 in 5 children could not go to school during the pandemic.
- A contributing factor to this may have been limited access across households to the technology or broadband resources required for learning.
- It is important to note that 6% reported access to the Internet and technology as a great source of stress. As many as one in four needed more help with Wi-fi connectivity, digital devices, and Internet technology/support.


R1. Increase funding investments in broadband infrastructure to support rural areas and underserved areas in urban cities with limited access to broadband connectivity. Consideration should be given to disparities that may be prevalent based on education, income, and race regarding access and affordability. Policymakers should consider expanding opportunities for cities to provide broadband networks.

R2. Invest funding in initiatives that provide devices for children to participate in remote learning. Encourage partnerships between education institutions and technology providers to increase access to technical devices for students, specifically Black students in underperforming and under-resourced schools.

R3. Incentivize employers of essential workers to provide childcare support to their employees and educational support to the children of their employees.

TOPICAL AREA

Education and Technology



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R3: Incentivize employers of essential workers to provide childcare support to their employees and educational support to the children of their employees.


Employment Stability

- The percentage of respondents employed full-time decreased during the COVID-19 pandemic.
- The rates of those receiving unemployment assistance doubled.

R1. Increase funding for 21st century job training programs and make them accessible to Black people in all regions of the country (urban, rural, and suburban).

R2. Incentivize states to increase the amount of and length of time for unemployment benefits; and reduce barriers (e.g., internet applications only) to accessing unemployment benefits.

TOPICAL AREA

| | KEY FINDINGS | POLICY RECOMMENDATIONS |
|---|---|---|
| <p>Employment Stability</p>  | <ul style="list-style-type: none"> • The percentage of respondents employed full-time decreased during the COVID-19 pandemic. • The rates of those receiving unemployment assistance doubled. | <p>R1: Increase funding for 21st century job training programs and make them accessible to Black/Africana people in all regions of the country (urban, rural, and suburban).</p> <p>R2: Incentivize states to increase the amount of and length of time for unemployment benefits; and reduce barriers (e.g., the Internet-only application process) to accessing unemployment benefits.</p> |

Housing Stability

- Several respondents expressed worry or concern about evictions or not being able to pay rent or mortgage.
- Community voices indicated that some local policies encouraged foreclosures or evictions, despite federal policies that put a moratorium on these actions.
- The homeless are at particular risk for contracting COVID-19 because they do not have transitional housing or other sheltered places to stay physically distanced and quarantined.
- Existing programs can only serve about half of those they served pre-COVID due to COVID restrictions.

R1. Fund more transitional housing programs for the homeless that provide additional beds and comprehensive health, mental health, and supportive services.

R2. Fund programs that implement housing payment forgiveness for those experiencing financial hardship through a joint application and approval process that make payments to the mortgage company or homeowner on the applicant's behalf.

TOPICAL AREA

Housing Stability



KEY FINDINGS

- Several respondents expressed worry or concern about evictions or not being able to pay rent or mortgage.
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Split Second Foundation
Sustainable Community Farms
The National Coalition of 100 Black Women, Inc., Los Angeles Chapter
Trinity AME Church – Gonzales, LA
Tunica 10 Point Coalition, Inc.

Few events have shaped American history and our national perspective on racial inequity as profoundly as the grief, community distress and economic devastation brought about by the COVID-19 pandemic.

The pandemic unmasked the stark racial inequities in our economic, health care, education and other systems and institutions — a reality of inequities to which we can not and must not return.

-- Marc H. Morial



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