Community Impact Survey:

The Impact of COVID-19 in Chelsea

Prepared for La Colaborativa

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1. Executive Summary

A community impact survey was developed with the goal to assess the impact of COVID-19 on the Community of Chelsea, specifically among beneficiaries of services from La Colaborativa. The survey aimed to collect responses through online and in-person participation at the food pantry. However, changes in the way data were collected were necessary given the social realities and the pandemic. Online response rates were very low and resulted in high rates of survey error. In-person data collection at the food pantry was considered to be too risky for data collectors, as it put them in close contact with participants for approximately 15 minutes. Therefore, the majority of surveys were collected through phone banking using lists of members and beneficiaries from La Colaborativa. Phone calls were made after 2 pm until 8:30 pm during the week and on weekends. The phone surveys also generated participants to often tell their stories in more detail, adding to the qualitative understanding of the impact and response to the pandemic. Finally, 365 survey responses were collected.

Data analysis was done using the "R" statistical package. Frequencies and logistical regressions were modeled to understand both the impact of COVID-19 and identify predictors of certain outcomes related to beliefs and behavior around COVID-19, economic impact, and impact on mental health.

The most significant findings are listed below and detailed in the results section:

1. Almost half of participants did not complete a highschool degree.
2. Over half of participants stated low levels of English fluency.
3. 45% of participants lost their job and an additional 21% lost a significant amount of hours.
4. Over half (53%) of participants believe some form of conspiracy theory regarding COVID-19.
5. Women and adults between the ages of 31 and 40 are much more likely to believe conspiracy theories.
6. Among those who had not had a COVID-19 test, 73% stated that this was because they had not had symptoms and therefore did not consider it necessary. Only 1% of participants stated they were afraid of doing a COVID test because they might lose their

job and 9% stated they were afraid of going to the testing site or afraid of the pain of the test.

7. A quarter (25%) of respondents had tested positive for COVID-19, representing double the rate for Chelsea. This suggests that individuals who rely on services from La Colaborativa are twice as likely to have had COVID-19.

8. Those with very basic and basic English and essential workers were much more likely to have had COVID.

9. The vast majority (83%) of respondents had accessed food pantries of food delivery services because of the economic impact of COVID. The mean number of visits per week is 1.4.

10. One third (35%) of participants owe rent, and those who do not, stated that it was because any income or savings go towards paying rent. Participants stated that they rely on not having to buy food to be able to pay rent and are generally not paying bills.

11. Essential workers, those who owe 1 month of rent, and those who rely on a food pantry are much more likely to be depressed.

12. Young adults (18-30), those who speak basic English, and fluent English are much more likely to feel anxiety, along with those who owe rent , and those who rely on a food pantry are much more likely to suffer anxiety.

13. Participants who access therapy are much more likely to be young adults (18-30), people who have had COVID, and are more likely to owe rent.

These results offer insight into the impact of COVID-19 and offer suggestions as to how to best support the community. Action steps must be developed at a community level, taking into account the voices of those most affected to ensure they are relevant, useful and trustworthy.

2. Introduction:

One of the first requests of the Chelsea Collaborative was to develop a survey to understand the impact of COVID-19 on the community they serve. The survey's goal was to measure the economic and psycho-social impacts of COVID-19 on Chelsea's Latinx community. The target population was established as beneficiaries of services from La Colaborativa. The survey results would allow for generalizability among Chelsea residents who use or are likely to use social services. This cohort tends to have low socioeconomic status, predominantly Latinx, and low-wage workers who were likely impacted by job loss and other economic and social shocks due to the pandemic. A cross-sectional design was chosen to enable a quick turnaround of results, which could impact policy proposals and future work and funding priorities of La Colaborativa.

3. Developing the Survey

The survey design began on August 13 and was completed on August 28. The first step in the design included brainstorming with the Chelsea Collaborative staff all questions they were interested in exploring. This brainstorm session created 156 questions that were grouped into nine sections:
Demographic
Housing
Health
Employment
Perceptions and experience of COVID
Food security
Mental Health
Education
Qualitative questions

A preliminary survey was designed on a google form in English and Spanish to facilitate the survey testing during August. Testing involved sitting with members of the Chelsea Collaborative community and going through the questions for relevance, redundancy, and

importance. We eliminated the education and qualitative section through this process, eliminated questions that can be answered through public data, and questions that might generate fear or shame. The survey was tested with seven women and one man, of which only one individual provided feedback in English. By mid-August, the survey had been reduced to 45 questions that had been revised for language, relevance, and comprehension. Most questions had multiple choice answers.

The final distribution and of the survey included the following themes and distribution:
Eligibility and consent: 3
Demographic information: 6
Employment: 6
Health: 2
Perceptions and experience of COVID: 11
Food security: 4
Housing: 7
Mental Health: 5

IRB exemption was sought and approved following survey development. The survey was uploaded to Qualtrics and a link created for social media, texts, and email blasts. The final survey was launched on September 10.

4. Data Collection

The target population was beneficiaries of Chelsea Collaborative's COVID-19 assistance programs including Collaborative membership, food pantry services, and eviction mitigation services. The survey was administered through multiple means including social media and email blasts sent to collaborative members and followers, through directly targeting individuals in the food and diaper pantry lines at La Colaborativa and phone banking. Phone banking was conducted during October and the first week of November and was the most successful method of survey recruitment. Calls were made to previous Collaborative members as well as beneficiaries of COVID related services from La Colaborativa. No incentive was provided for participation.

5. Data Analysis

The final dataset of 448 responses was downloaded from Qualtrics in excel form and cleaned. Incomplete surveys and surveys where consent was not affirmed or where the respondent was a minor were deleted. A final data set of 365 responses was initially analyzed to determine frequencies and means for each question. These were shared with staff with La Colaborativa and the Department of Urban Planning for Chelsea in order to generate inferential questions to guide logistic regression analysis.

A second level of analysis involved re-coding the dataset for importation into the "R" statistical package. The dataset was analyzed in "R" guided by inferential questions generated through community-led conversations.

Due to the nature of the dataset, three different statistical tests were conducted on the dataset. Chi-square tests were conducted In order to understand the association between outcomes and a specific demographic variable such as sex, education level, level of English and job type.

Multiple regression was conducted on multiple variables to determine the relationship between several variables and a selected outcome variable. For those outcomes that were significant at a p-value below 0.05, Pearson correlations were drawn to establish odds ratios.

Finally, and in accordance with the mixed methods approach, qualitative analysis was conducted on two aspects of the qualitative survey: beliefs about conspiracy theories regarding COVID and beliefs about whether anything good has come out of the pandemic. Although both of these questions were designed to be close-ended, it was determined that the richness and variety of responses called for thematic analysis.

In the case of conspiracy theories, participants were offered five options response:
1. I don´t believe COVID exists, I think it is a hoax
2. I think COVID was designed by humans
3. I think it is a story for pharmaceutical companies to make money
4. I think it is a strategy to influence the elections
5. I think that because of COVID they will implant a chip in our bodies to extract personal information

These responses were selected from conversations with the staff at La Colaborativa on beliefs and "*dichos" (sayings)* heard about COVID among the Chelsea community. Although quantitative analysis was performed on these variables, additional thematic analysis was performed to better understand the meaning of these assumptions.

The final question in the survey asked participants to reflect on one good thing that the pandemic had brought to their lives. It was determined that the subjective nature of this question called for thematic analysis.

6. Results

Demographic information

The average age of participants was 41. The majority of participants were women (81%) and 19% were men. This skewed percentage favoring women highlights previous assumptions described in the qualitative section that women are often the decision makers in Latinx families and usually take on the task of ensuring family subsistence. The average number of children in this cohort was 2.4, although it is important to note that over 20% had four children or more. Ninety-eight percent identified as Latinx, one participant was Native American, one identified as Black, five as white and 85% answered the survey in Spanish.

Almost half (47%) did not complete a highschool degree, and four percent of the cohort had received no education. Thirty six percent had completed high-school and thirteen percent had completed a degree above highschool. The low level of education of this cohort is important when considering access to information, technology and jobs. In addition, over half of participants stated low levels of English fluency, with 17% stating no English, and 28% stating basic and very basic levels. Health and COVID information must therefore be accessible in Spanish, mostly in oral format or at a 6th grade reading level for it to be relevant to the Chelsea community.

Level of Education
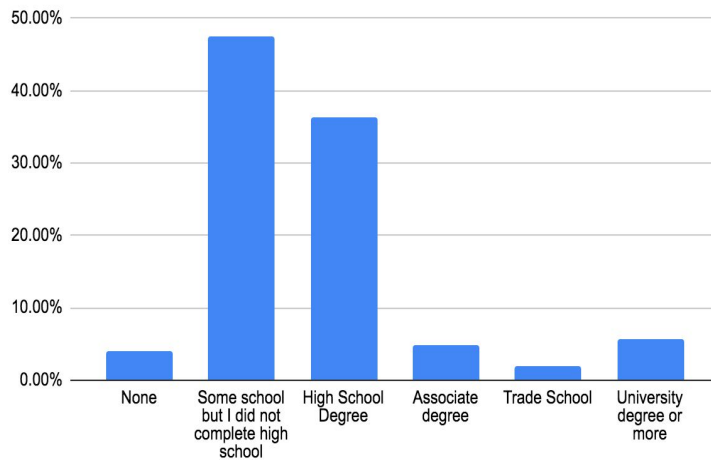

Fluency in English
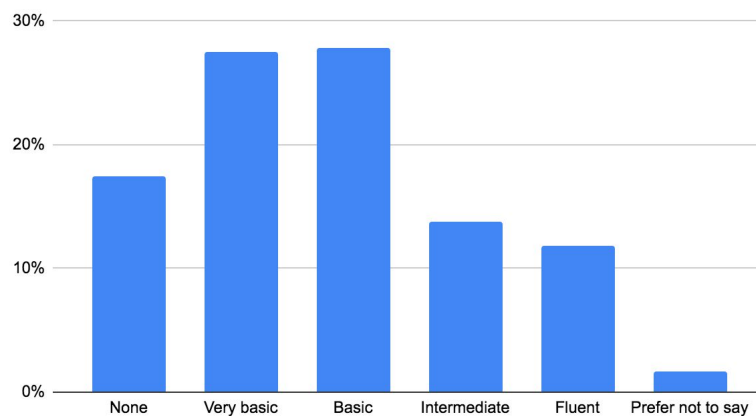
Employment

Over half of participants had a full time job before COVID (51%) and 17% had no job before COVID. Most of the unemployed before COVID were women who opted to stay home to take care of their children or had had a baby in the previous year.

COVID has profoundly impacted employment, with 45% of participants losing their jobs. Only 2% of participants gained hours since COVID and 31% did not lose their job or hours. The economic implications of 66% of a population losing income are serious and are well above national estimates of Latinx job loss.

Employment prior to COVID
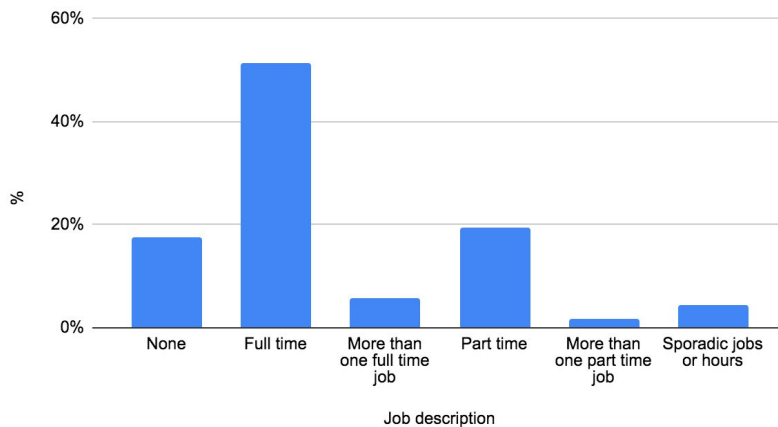
Transportation

Prior to COVID, participants relied mostly on public transportation to get to work, either the train (10%), bus (16%) or a combination of both (15%). Cars were used by 34% of participants and 9% bike or walked

Over a third of participants (39%) changed their mode of transportation because of COVID, mostly due to job loss and staying at home. Some participants mentioned avoiding public transportation since job loss because of a need to save money. Of the 137 participants who stated changing mode of transportation because of COVID, 74 (56%) are now staying at home. It is important to note that participants stated they changed mode of transportation because of unemployment, not because they were afraid of getting COVID in public transportation.

Percentage of hours lost due to COVID
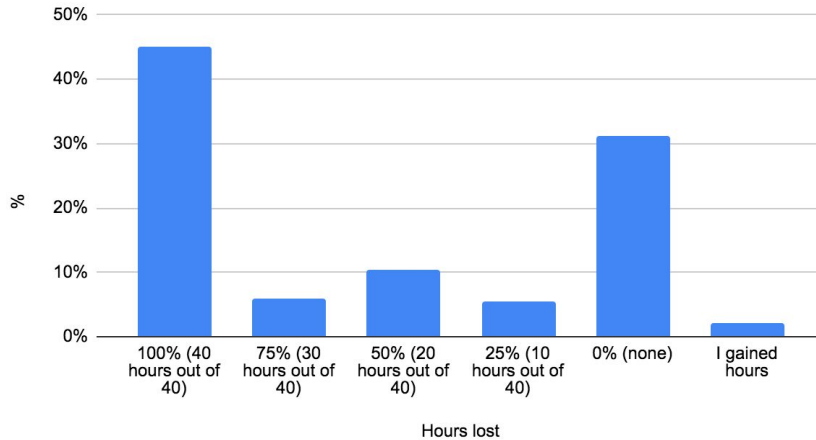
Health

A quarter of the cohort (26%) reported at least one underlying health problem. Among them, over half reported a Non-Communicable disease (20%), followed by six percent stating mental health issues. Other health issues reported included infectious diseases and immune system compromise. Sixteen individuals (16%) reported having underlying health problems in more than one category.

Underlying health problems
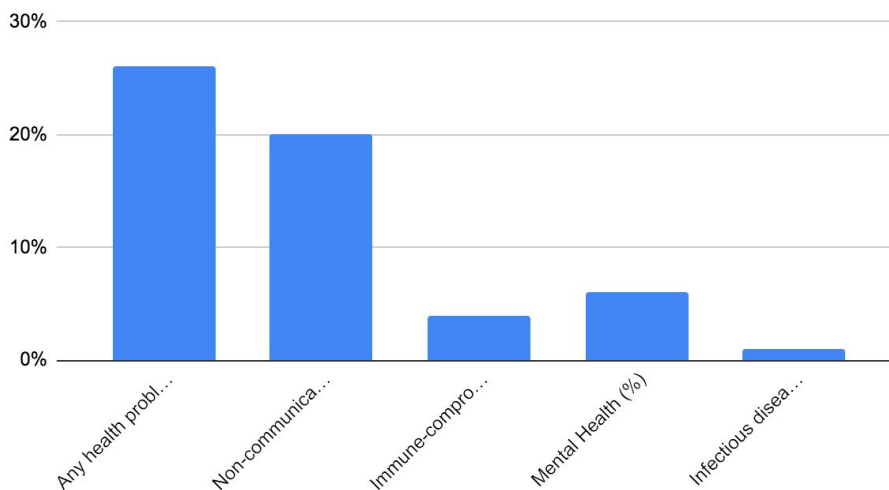
Although the majority of participants have public health insurance (MassHealth or Medicare) (69%), nine percent lack health insurance. MassHealth provides limited coverage for undocumented folks, therefore it is important to target this population to ensure full coverage.

Beliefs about COVID

The vast majority (96%) of survey participants stated they feel they have sufficient information to protect themselves from COVID. In phone interviews, participants would list these to demonstrate knowledge, "Wash your hands, stay socially distant, avoid crowds, always wear a mask, use the hand gel, don´t go outside". These responses demonstrated that on the whole participants are aware of how to avoid the spread of COVID regardless of education and English fluency levels.

The survey sought to explore conspiracy theories or ideas around the development and progression of the pandemic that may affect how health information is perceived. The response options related to ideas that Chelsea residents had heard mentioned "they say". It was unclear who "they" is, but in phone conversations, many of the responses were "that is what they say". While the majority believe that COVID is an infectious virus, four percent still believe it is a hoax and do not believe in its existence. Over a third (36%) of participants believe COVID was designed in a lab by humans. Participants explained that it was designed in a lab but "got out of researchers control" when it was released into the world. Several participants explained that most, if not all viruses are designed in labs and then escape and infect the world. Several older people explained that it was specifically designed to eliminate the high numbers of older people because they are very costly to the system.

Another 31% believe that pharmaceutical companies are benefiting financially from COVID, and many stated that they will continue to benefit once the vaccine is released. Several participants explained that the reason vaccine development has occurred so quickly is because pharma companies already have the "code" to the virus, because they developed it themselves, making it very easy then to solve the vaccine problem. A quarter (25%) believe COVID was used by politicians to influence the election and 12 per cent believe that the COVID vaccine will have a chip that will be implanted into our bodies to extract our personal information. Over half of all participants (53%) believe at least one conspiracy theory about COVID.

A logistic regression model was designed to better understand predictors of conspiracy theories around COVID. Exposures included gender, sex, education and English levels, underlying health issues, type of insurance, employement pre and post COVID and total household members. Women were much more likely to believe conspiracy theories on COVID (p=0.03) as well as people aged 31-40 (p=0.01).

Beliefs about COVID
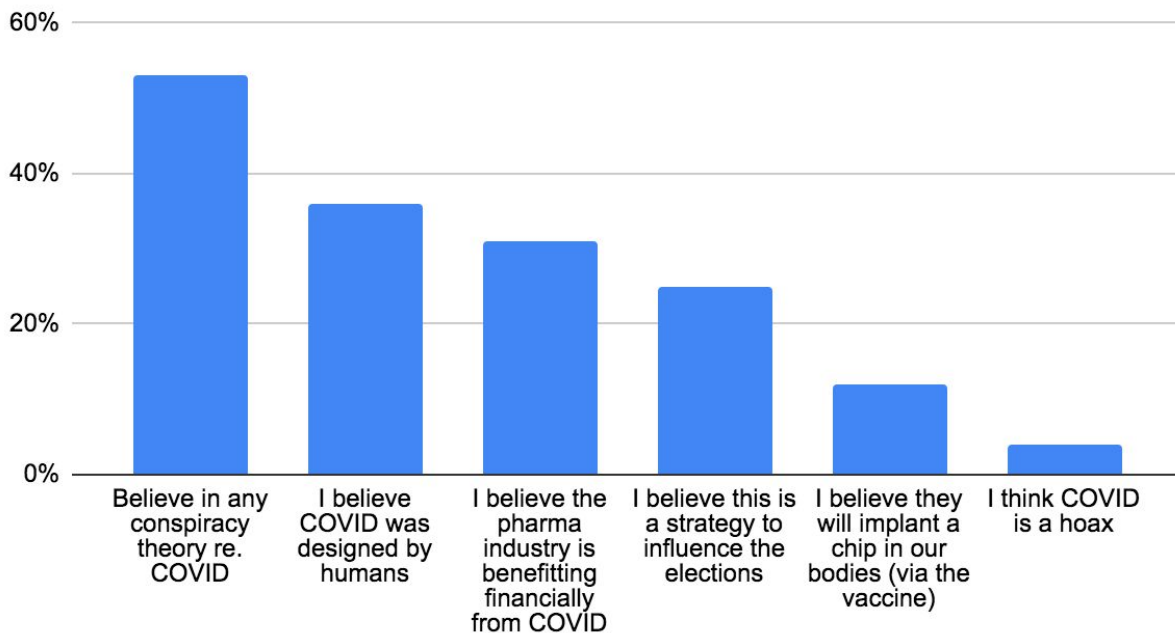
COVID

The majority (58%) of participants had done at least one COVID test. Among those who had not done a COVID test, 73% stated that they did not feel the need to because they did not have symptoms. Although public health messaging has focused on targeting testing at those with symptoms, the data analysis for Chelsea revealed that 35% of COVID positive patients were asymptomatic. Therefore, once again it is important to highlight messaging around frequent testing among high incidence communities, such as Chelsea. Only 1% of participants stated

they were afraid of doing a COVID test because they might lose their job and 9% stated they were afraid of going to the testing site or afraid of the pain of the test.

Number of COVID tests done per person
73% of people said they have not done a test because they do not have symtoms
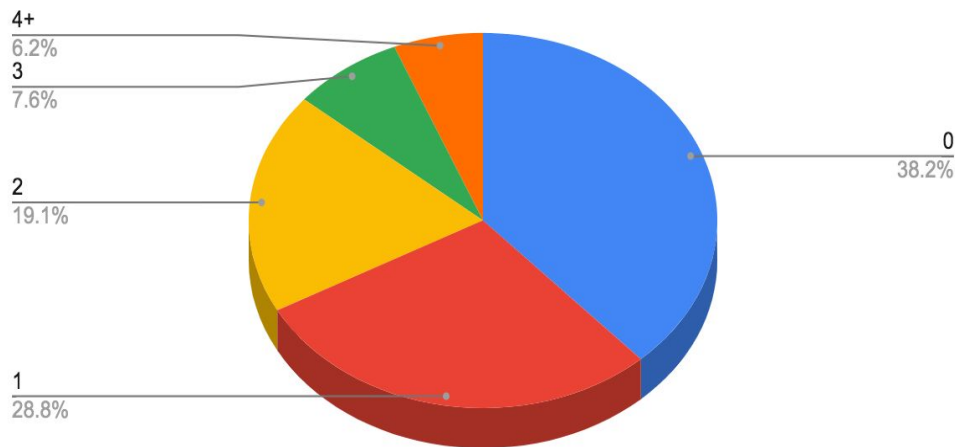
A quarter (25%) of respondents had COVID, which is over double the official rate for Chelsea (12%), reflecting that beneficiaries of La Colaborativa are twice as likely to get COVID as the general population. Among those who had had COVID, a third (33%) stated having felt discriminated against because of it. A quarter (23%) of participants had taken care of someone with COVID. Only 6% stated they were unable to take care of someone with COVID who lived in their household and had to leave them by themselves.

The second logistic regression model aimed to determine predictors of getting a COVID test. The model included getting a COVID test as an outcome and the following variables: gender, age, education, level of English, underlying health issues, type of insurance, employment pre-COVID, unemployment, belief in conspiracy theories and the total number living in the household. After controlling for these variables, it was determined that Those with a university degree were slightly less likely to get a COVID test (p=0.06). Those who lost 25% of hours were much less likely to get a COVID test (p=0.003).

The third model aimed to assess predictors of getting COVID among this cohort. After controlling for sex, age, education and English levels, being an essential worker, health history, type of insurance, employment pre and post COVID, belief in COVID conspiracy theories and total number of household members, the following predictors were determined. Those with very basic and basic English were much more likely to have had COVID (p=0.05, 0.01). Essential workers were much more likely to have had COVID (p=0.03). Those who were unemployed before COVID were much more likely to have had COVID (p=0.02). Those who lost 25% of hours were more likely to have had COVID (p=0.02).

Food and Housing Security

The vast majority (83%) of respondents had accessed food pantries of food delivery services because of the economic impact of COVID. Participants visit La Colaborativa (45%), Salvation Army (25%), City of Chelsea (12%), Churches (8%) and other organizations. Two-thirds of participants visit a food pantry once a week, but another third visit two or more times. Multiple visits reflect both large families and social networks within families that are described in the qualitative analysis. The mean number of visits per week is 1.4.

Food pantries were described as essential to enabling participants to pay rent. Two thirds (65%) of participants do not owe any months of rent, and many stated that it was because any income or savings go towards paying rent. Some participants described using all of their savings to pay rent and are unsure as to how they will pay in the upcoming months. Other participants described having just paid off a backlog of months because of a new job. Some participants explained that only one member of the family had a job and all that money went towards rent, while the others distributed chores, including visiting food pantries. Ten percent of participants stated owing three or more months of rent, leading to extremely high levels of distress.

A fourth logistic regression was designed to assess predictors of food pantry use. Variables assessed in this model included gender, age, level of education and English, being an essential worker, health history, type of insurance, unemployment status, home ownership, number of people in the home, and months owed for rent. It was determined that those with public insurance (p=0.04) as well as those who were unemployed before COVID began are much more likely to need a food pantry. Those who have not lost job hours because of COVID were much more likely to need a food pantry (p=0.03). Those who stay with friends and family instead

of renting or owning a home are much more likely to need a food pantry (p=0.01). Finally, those who owe 1 month of rent are much more likely to need a food pantry (p=0.04).

Predictors of owing rent were assessed through a fifth logistic regression model. In this case, age, level of education and english, being an essential worker, job status before COVID, unemployment, total number of people in the home, and food pantry access were assessed as potential exposures. It was determined that those who owe rent are much more likely to have not entered or finished highschool (p=0.01, 0.02). Those who lost 50% of job hours are much more likely to owe rent (p=0.04). Those who rely on a food pantry are much more likely to owe rent (p=0.002).

The majority of participants rent their home (68%) or a room (18%). Five percent stated they live with friends or family and although some participants explained that this was due to COVID, it was not the majority. Only 9% of participants own their own home, reflecting the low levels of wealth accumulation among this cohort, especially given that 62% of Massachusetts residents own their own home (US Census).

Participants who owe months of rent
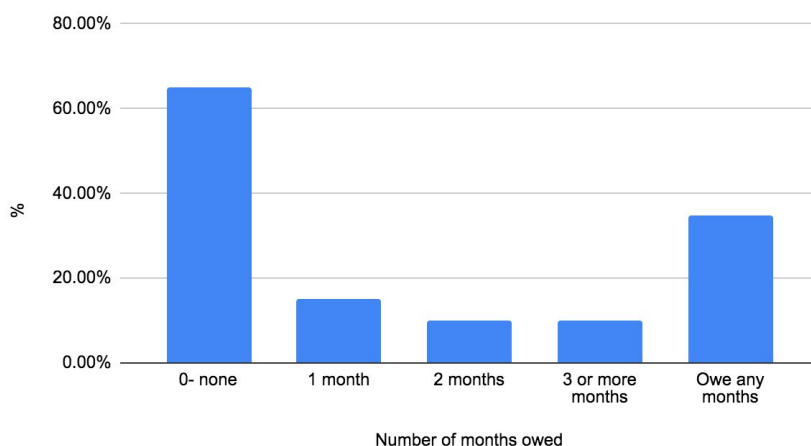
Mental Health and Wellbeing

Mental health has been impacted by the profound social and economic shocks of the pandemic. The extremely high rates of job and income loss, reliance on social protection measures such
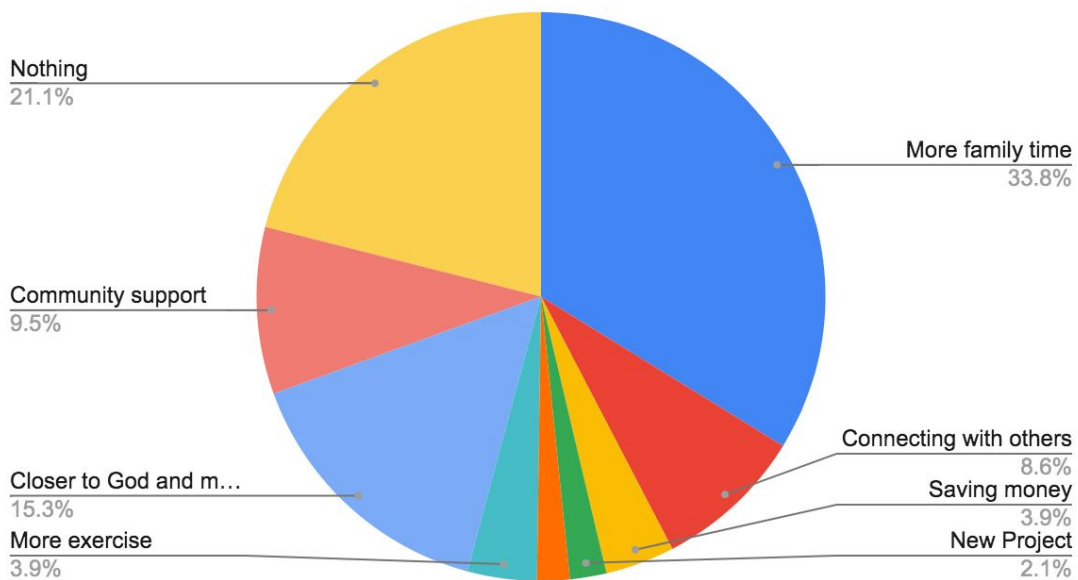
as food donations and navigating complex online application forms are stressful and humiliating. Although Latinos are proud and resilient, the ongoing and interminable nature of the pandemic and moreso, its economic catastrophe have impacted everyone´s mental health in some way or another. Two thirds of respondents stated that since COVID they have felt more depressed and more anxious. At the same time, the majority of respondents also stated not resorting to smoking, drinking or drugs to manage their mental health. Many stated that they were Christian, and therefore no one at home had "vices", which could be a protective factor among this cohort both against substance use and domestic violence. Only 6 percent of participants stated that violence at home had increased during the pandemic.

In order to better understand exposures that are impacting depression and anxiety, logistic regression models were designed assessing the impact of age, level of education and English, being an essential worker, belief in conspiracy theories, have tested positive for COVID, total household members, home ownership, months owed of rent and reliance on a food pantry. Essential workers (p=0.05), those who owe 1 month of rent (p=0.00), and those who rely on a food pantry (p=0.05) are much more likely to be depressed. In terms of anxiety, young adults (18-30) (p=0.03), those who speak basic English (p=0.01), and fluent English (p=0.00) are much more likely to have stated feeling this way. Part-time pre-COVID employees (p=0.02), those who owe 1 month (p=0.00) and 3 months (p=0.02) of rent , and those who rely on a food pantry (p=0.01) are much more likely to suffer anxiety. It was also found that younger adults (18-30) (p=0.00), people who have had COVID (p=0.01), and those who owe 1 (p=0.00) and 2 (p=0.01) months of rent are much more likely to be in therapy.

The last question in the survey asked respondents to identify one good thing that has come out of the pandemic. A third (34%) of respondents stated joy in spending more time with their family. Some participants explained that "in the US one is constantly running from job to job, and now we could finally all be together". Fifteen percent stated they used the pandemic as an opportunity to get closer to God, or to take better care of themselves. Almost 10% stated a sense of pride and relief for being part of a community that has provided residents with a lot of support. Some respondents stated being extremely grateful for being in Chelsea because in the home countries the governments are not helping people with food and rent. Just over 21% of respondents stated clearly that nothing good had come out of this pandemic, that there was too much suffering and too much loss.

Question	Every day	Often	Once in a while	Never
More depressed	15%	20%	36%	29%
More anxiety	20%	19%	29%	33%
Smoke, drink or do drugs more than usual	2%	2%	3%	94%
Someone I live with smokes, drinks or does drugs more than usual	3%	1%	2%	93%

Has COVID brought you anything good?

Nothing
21.1%

Community support
9.5%

Closer to God and m…
15.3%

More exercise
3.9%

More family time
33.8%

Connecting with others
8.6%

Saving money
3.9%

New Project
2.1%

Summary results:

	Overall
n	365
User Language is Spanish (%)	311 (85.2)
Age (%)	
18-30	108 (30.5)
31-40	82 (23.2)
41-50	82 (23.2)
51-60	57 (16.1)
61-74	22 (6.2)
Over 75	3 (0.8)
Female (%)	287 (81.1)
Num. of Children (mean (SD))	2.37 (1.37)
Latino (%)	346 (97.7)
Education (%)	
None	14 (4.0)
Some school but I did not complete high school	169 (47.7)
High School Degree	127 (35.9)
Trade School	7 (2.0)
Associate degree	17 (4.8)
University degree or more	20 (5.6)
Level of English (%)	

None	61 (17.2)
Very basic	98 (27.7)
Basic	99 (28.0)
Intermediate	48 (13.6)
Fluent	42 (11.9)
Prefer not to say	6 (1.7)
Employment preCOVID (%)	
Yes, Full time	179 (51.4)
Yes, More than one full time job	20 (5.7)
Yes, Part time	68 (19.5)
Yes, More than one part time job	6 (1.7)
Yes, Sporadic jobs or hours	15 (4.3)
No	60 (17.2)
Unemployment postCOVID (%)	
100% (40 hours out of 40)	157 (45.1)
75% (30 hours out of 40)	21 (6.0)
50% (20 hours out of 40)	37 (10.6)
25% (10 hours out of 40)	19 (5.5)
0% (none)	109 (31.3)
I gained hours	5 (1.4)
Transport preCOVID (%)	
Private transportation (taxi, my own car, with a friend)	119 (34.2)
Subway or train	37 (10.6)
Bus	54 (15.5)
Subway and bus	51 (14.7)

I worked from home	50 (14.4)
Bike or walk	31 (8.9)
Company pickup van	6 (1.7)
Changed means of transport (%)	135 (38.8)
Current means of transport (%)	
Private transportation (taxi, my own car, with a friend)	31 (23.3)
Subway or train	4 (3.0)
Bus	7 (5.3)
Subway and bus	4 (3.0)
I worked from home	74 (55.6)
Bike or walk	10 (7.5)
Company pickup van	3 (2.3)
Essentialworker (%)	102 (29.5)
Underlying Health problems (%)	94 (25.8)
Non-communicable diseases (%)	71 (19.5)
Immune-compromised (%)	13 (3.6)
Mental Health (%)	21 (5.8)
Infectious disease (%)	3 (0.8)
Insurance (%)	
Private	74 (21.6)
Public	236 (69.0)
None	32 (9.4)
I don´t have enough information to protect mysef from COVID	15 (4.4)

Believe in any conspiracy theory re. COVID	184 (52.6)
I believe COVID was designed by humans	122 (35.8)
I believe the pharma industry is benefiting financially from COVID	105 (30.9)
I believe this is a strategy to influence the elections	86 (25.4)
I believe they will implant a chip in our bodies (via the vaccine)	43 (12.4)
I think COVID is a hoax	12 (3.5)
COVIDTest times (%)	
0	129 (38.1)
1	98 (28.9)
2	65 (19.2)
3	26 (7.7)
4	21 (6.2)
COVID positive (%)	84 (24.8)
I felt discriminated because I had COVID	28 (33.3)
Did you have to take care of anyone with COVID?	
No someone else took care of them / I didn't have to take care of anyone	212 (67.1)
No, I left them by themselves	20 (6.3)
Yes but it did not affect my pay	40 (12.7)
Yes and I lost pay	44 (13.9)

Regularly visit Food Pantry (%)	280 (82.6)
Average weekly visits to Pantry (mean (SD))	1.40 (0.72)
Housing (%)	
I own my own home	29 (8.6)
I stay with friends or family	16 (4.7)
I rent a home or apartment	230 (68.2)
I rent a room	60 (17.8)
I do not have a stable housing situation at the moment	2 (0.6)
Average number of adults in household (mean(SD))	3.02 (1.38)
Average number of children in household (mean (SD))	1.73 (1.37)
Average total household (mean (SD))	4.75 (1.82)
Months owed on rent (%)	
0	217 (65.0)
1	50 (15.0)
2	33 (9.9)
3	34 (10.2)
Have been threatened with eviction (%)	24 (7.2)
Fear impending eviction (%)	90 (26.9)
Have been evicted (%)	6 (1.8)
Have sought help to prevent eviction (%)	40 (12.0)
Depression (%)	

Never	96 (29.1)
Once in a while	119 (36.1)
Often	65 (19.7)
Every day	50 (15.2)
Anxiety (%)	
Never	107 (32.4)
Once in a while	95 (28.8)
Often	63 (19.1)
Every day	65 (19.7)
Substance Use (%)	
Never	310 (93.9)
Once in a while	10 (3.0)
Often	5 (1.5)
Every day	5 (1.5)
Substance use in my home (%)	
Never	308 (93.3)
Once in a while	8 (2.4)
Often	3 (0.9)
Every day	11 (3.3)
In therapy (%)	52 (15.8)
Increased violence = 1 (%)	24 (8.5)

7. Conclusions and implications

The survey results provide an important landscape to understand the reality of the population that was affected by COVID-19 in Chelsea and the profound impact on their wellbeing. Implications of these findings should guide programming and funding in the next year.

Programming should be developed at a community level to ensure acceptance and relevance among beneficiaries. Public health programming, messaging and planning in Chelsea should consider the following implications:

Demographics:

- Women are the main caretakers and decisions makers among this cohort. Public Health programs should target them and consider their realities in terms of time, access, childcare and gender identities.
- Public health messaging should be oral and visual in simple Spanish. Leaflets with written instructions are difficult to understand among this population.

Economic Impact:

- The economic impact of COVID-19 on this population has been devastating, therefore, social protection measures must continue throughout 2021 and include food, rental and utility assistance.
- Families have had to bystep other expenses such as utilities, transportation, clothing purchase, and any purchase that is not a basic need. Social protection measures must be expanded to consider complete wellbeing and safety of families.
- Online and paper application forms are complicated and difficult to navigate within this cohort. Families require simple instructions that explain application and acceptance processes for social protection measures. Community Health Workers, Social Workers or any skilled individual who can help them with applications will significantly impact their ability to access these measures.
- Public Charge is a real deterrent to accessing social protection benefits. Families are confused about which are relevant, and may fear applying for any benefit out of fear of retaliation in their immigration process.

COVID-19 prevention

- Although most feel informed about how to prevent COVID-19, individuals are using a symptom-based framework to determine their risk of COVID. Previous studies determined that 30% of positive individuals in Chelsea are asymptomatic, therefore messaging around real risk is important.
- Fear of the pain of testing is real and a deterrent. Implementing self-testing in Chelsea will help improve the perception of the testing process and may increase levels.
- There is a lot of confusion about the role of pharmaceutical companies in designing, spreading and protecting us from COVID. Tapping into gossip and information networks

to clarify theories related to vaccines will be helpful in improving correct information about COVID-19.

Mental Health

- COVID-19 response must include culturally appropriate and accessible attention to mental healthcare. Therapy is not appropriate or accessible to many participants. Therefore, researching collective forms of grieving, healing and support will be essential to navigating the rest of the pandemic and transitioning to a post-vaccine world.
- Individuals have found solace in connecting with their families, God, church communities and themselves. The majority of participants have found a reflective meaning in the lockdown and have found this a source of strength. Facilitating connection through free city-wide Wifi, access to collective (but small) online meetings and other safe practices will give families much needed strength.
- Church communities have provided a space for meaning-making, strength and purpose during this time. Replicating these models, working more closely with the spiritual community and focusing COVID-19 resilience on togetherness and collective strength is much needed by these families.

In conclusion, this survey reminds us that basic needs, belonging and self-realization must coexist in public health and city planning. While ensuring access to basic needs (housing, food, utilities) is critical, it is not enough. Individuals require a sense of belonging to a community and seek a higher purpose in their lives. Participants of this survey are proud of living in Chelsea, feel blessed by the kindness and support they have received from La Colaborativa, the city and their neighbors and friends. At the same time, they are frustrated with having lost their jobs, are scared for their children's wellbeing and development and want to continue being active, useful and participating members of society. Recovery programming therefore must address issues of self-realization including English classes, GRE classes, job skills, parenting among others. It is our hope that the results of this survey will inform the next steps in supporting the Chelsea community in recovery and resilience from COVID-19.