

COVID RAPID RESPONSE SURVEY FINDINGS

THE EFFECT OF NETWORK COVID-19 EXPERIENCES ON HEALTH PERCEPTIONS AND BEHAVIORS

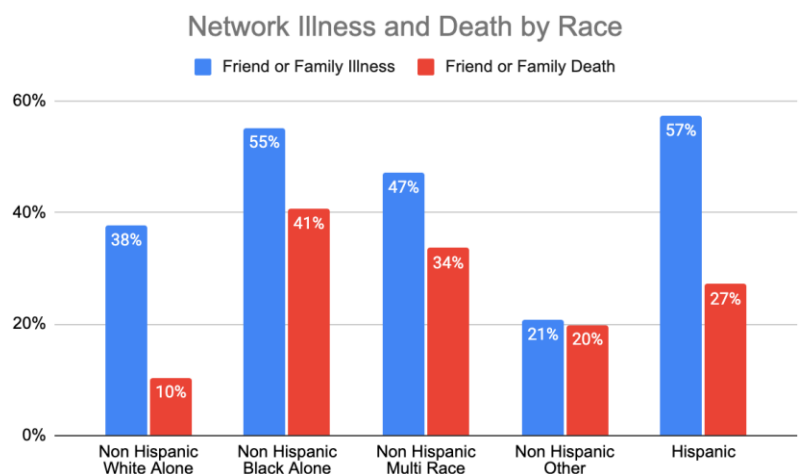
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In Spring 2020, DMACS invited 1,880 panelists to participate in rapid response surveys about how Detroiters are being affected by the COVID-19 pandemic. Between March and October, five surveys were fielded to better understand how the pandemic has shaped Detroit residents’ health, behaviors, employment, and financial conditions. Results have been weighted to reflect the population of the City of Detroit. See [full results from DMACS surveys here](#).

The United States COVID-19 pandemic has disproportionately affected communities of color. One well-known statistic from the CDC early on in the pandemic revealed that African Americans comprised 40% of COVID-19-related deaths in Michigan despite making up only 14% of the population. According to the Detroit Health Department’s most recent data, African Americans account for 62% of all COVID-19 cases and 83% of COVID-19 deaths. In light of these disparate outcomes, this brief examines how self-reported health behaviors associated with preventing the spread of COVID-19 vary among people who have had someone in their social network, e.g., a friend or a family member, get sick or die from COVID-19.

Network COVID-19 Experiences by Race/Ethnicity

According to the July DMACS survey, Non-Hispanic Black Detroiters are 2.5 times more likely to know of a family member or friend that has become ill with COVID-19 than Non-Hispanic white Detroiters ($p < 0.05$). Moreover, they are 7.9 times more likely to know of a family member/friend who has died ($p < 0.001$). Similarly, Hispanic Detroiters are 2.3 times more likely to know of a family member/friend ill than Non-Hispanic white Detroiters ($p < 0.05$).



These disparities become more pronounced when controlling for income and education. When controlling for these variables, non-Hispanic Black Detroiters are almost *nine* times more likely to know of a family member or friend who has died from COVID-19 than non-Hispanic white Detroiters ($p < 0.001$). When controlling for education and income, Hispanics are 5.2 times more likely to know of a family member or friend who has died from COVID-19 than white Detroiters ($p < 0.01$). Similarly, those who report their race as "Other" are 7.0 times more likely to know of a family member or friend who has died from COVID-19 than white Detroiters ($p < 0.01$).

Network COVID-19 Experiences and Perceived Risk

Perceived Severity

Detroiters who report having a family member or friend who died from COVID-19 are 3.8 times more likely to report the pandemic as a “serious” or “very serious” issue for their community than those who did not. 72% of Detroiters who had a family member or friend die from COVID-19 considered the virus a “very serious” problem for their community compared to 65% of those who have not had a friend or family member die.

Detroiters who report having a family member or friend who died from COVID-19 were also 1.7 times more likely to report the pandemic as a serious or very serious issue for themselves. An estimated 82% of Detroiters who had a family member or friend die from COVID-19 considered the virus a “very serious” issue for their community compared to 69% of those who did not have a friend or family member die.

Perception of Safety

When asked to rate their perceived risk of contracting COVID-19, those who have a family member or friend who had been sick with COVID-19 or died due to COVID-19 were significantly more likely to give themselves a higher risk score. Almost 12% of Detroiters who had someone in their social network get sick or die considered their risk of getting COVID-19 60% or higher, compared to 6% of Detroiters without a COVID-19 case in their social network.

Additionally, the July DMACS survey asked several questions regarding participant perceived safety of several behaviors including: grocery shopping, attending gatherings of more than 10 people, going to the hospital or doctor, dining in at restaurants, eating take-out meals from restaurants, handling packages that have been delivered, visiting other people’s homes, playing on playground equipment, and going outside to walk, hike or exercise. There were no significant differences between the safety ratings of these behaviors among those who did and did not have someone in their social network get sick or die. This suggests that while individuals who have had a case of COVID-19 in their social networks are more likely to consider themselves at risk for COVID-19, they are not more concerned about these particular behaviors than the general population.

Network COVID-19 Experience and Health Behaviors

Testing

The July DMACS survey found that about 13% of Detroiters report knowing that they have been exposed to someone who had COVID-19. However, of that 13%, a little less than half (48.9%) have been tested for COVID-19. Those who have a personal connection to someone who has either gotten sick or died are more likely to seek testing. Among Detroiters who have been exposed to COVID-19, those who have had a family member get sick or die from COVID-19 are almost 2 times as likely to get tested even when controlling for race, age, education, and health insurance status.

Mask Wearing

As has been previously reported in our DMACS [Health Behaviors brief](#), Black Detroit residents were earlier adopters of mask wearing. In the first month of the pandemic, 59% of Black residents wore masks compared to 38% of white residents and 35% of Hispanic residents. This difference was no longer apparent by early May and widespread mask use continued through the summer. Similarly, individuals who had a COVID-19-related death in their networks were marginally more likely to report “always” wearing a mask.

Accessing Medical or Dental Care

Individuals who had a COVID-19 case in their social network were significantly more likely to delay medical treatment for dental or medical care than those who had not. Specifically, about 60% of individuals with a COVID-19 case in their social network reported delaying treatment due to the pandemic, with 44% delaying treatment for an ongoing condition and an additional 15% delaying care for a new condition. Conversely, only 40% of individuals who did not have a COVID-19 case in their network reported delaying treatment, with 32% delaying for ongoing conditions and 15% delaying for a new condition.

Have you delayed medical or dental care due to the pandemic?

