Ohio's COVID-19 Populations Needs Assessment

Minimizing the Disparate Impact of the Pandemic and Building Foundations for Health Equity

This document contains excerpts from the full report, which can be found here:
https://go.osu.edu/inequitable-burdens-covid-19

THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH

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Findings Relevant to the CDC's Public Health Strategies to Combat COVID-19

Social Distancing (Topic B): Integrated Findings Across Population Groups

In the findings below, key Ohio population groups that repeatedly mentioned each item are indicated by the following abbreviations:

BA: Black and African American **AS:** Asian and Asian American **RU:** Rural

HL: Latino and Hispanic **IR:** Immigrant & Refugee **DI:** Living with Disabilities

Key Barriers to Using Social Distancing

These categories represent the barriers that most commonly challenge the ability of key Ohio populations to utilize social distancing as a public health strategy to help minimize the impact of COVID-19.

Housing challenges

For many individuals in all the populations studied, housing conditions make social distancing difficult (BA, AS, RU, IR, HL, DI). Many live in crowded situations, which often house many individuals, multiple families, and multiple generations (BA, AS, RU, IR, HL, DI). Many also live in densely populated neighborhoods or congregate housing arrangements - such as apartments, halfway houses, prisons, shelters, migrant camps, and public housing (BA, AS, RU, HL, DI). Low-income, immigrant, and refugee individuals frequently live in very close quarters where social distancing is not possible (BA, AS, RU, IR, HL).

Work-related challenges

Within all the populations studied, many individuals must go to work to provide for their families and maintain a basic income (BA, AS, RU, IR, HL, DI). Many are employed as essential, service, and/or healthcare workers and are frequently required to be in close contact with other workers, customers, and/or the public (BA, AS, RU, IR, HL, DI). Allowing, encouraging, or requiring social distancing is up to workplaces and supervisors (BA, AS, RU, IR, HL, DI).

Cultural norms, values, and beliefs

For many of the populations studied, cultural norms and values prioritize close connection of families and communities (BA, AS, IR, HL). These forms of connection include maintaining in-person contact, social support through physical touching, and attendance at large-group social events and religious services where social distancing is difficult (BA, RU, IR, HL). Social distancing may create feelings of isolation, trigger stigma, and/or challenge individuals' mental health (AS, IR, RU, HL). Some individuals (particularly men) may fear looking weak if they practice social distancing (BA). Many members of rural communities resist social distancing because they do not believe COVID-19 is real or will affect them personally, do not believe social distancing is necessary unless individuals are sick, have anti-science and anti-government attitudes, and/or experience social pressures to reject public health advice (RU).

Lack of personal transportation

Within each of the populations studied, many individuals lack personal transportation (BA, AS, RU, IR, HL, DI). They therefore rely on public transportation and shared vehicles to get to work and move around the community; these methods of transportation impede the use of social distancing (BA, AS, RU, IR, HL, DI).

Lack of health information and limiting health beliefs

Many members of all the communities studied lack up-to-date health information relevant to COVID-19, resulting in lack of comprehension of when social distancing is needed and why it is important (BA, AS, RU, IR, HL, DI). Some individuals do not take the virus seriously (BA, RU) or believe they will contract it regardless of what they do (BA). Social distancing is further undermined by witnessing many people not respecting social distancing (BA, RU), by being exposed to misinformation and false news (AS, RU, IR), when community or religious leaders do not respect the need for social distancing (RU), and when information does not come from trusted, local sources (RU).

Language and cultural barriers to education

Information related to COVID-19 and social distancing is often available only in English, which severely limits its usefulness for individuals with limited English proficiency and literacy (IR, HL). In addition, education is often presented in ways that are not culturally appropriate (IR, HL).

Caregiving needs and responsibilities

Many members of the studied populations are caregivers to children, elderly individuals, or other family members, which makes social distancing difficult (BA, RU, IR). Many individuals with disabilities require close contact with caregivers and rely on them to follow protective guidelines (DI).

Lack of technology

Lack of access to smart phones, computers, Internet, broadband, and WiFi limits the ability of many individuals to utilize remote and virtual substitutes for normal activities (such as work, church, and medical appointments) (BA, DI).

Other barriers - relevant to specific populations

- Some individuals need to access social service agencies and other venues where social distancing is not in place (BA)

- Adequate social distance can be hard to judge (RU)

- Refugees who have survived other communicable diseases may feel COVID-19 is unlikely to be a threat (IR)

Commonly Proposed Solutions to Facilitate Use of Social Distancing

These categories represent our respondents' commonly proposed solutions to the barriers that impede use of social distancing by Ohio populations.

Provide direct supports to communities and families

In all the populations studied, alleviating poverty and providing direct financial supports (food, supplies, income) could improve individuals' ability to control the circumstances in which they work and spend time, and therefore to use social distancing and other protective measures (BA, AS, RU, IR, HL, DI). Offering new housing options – for free or at low cost – could offer individuals and families more space to allow distance between them (BA, RU, IR, HL, DI). Pauses in rent, utilities and other major expenses could help as well (BA, IR).

Increase and improve COVID-related education

High-quality education and information could increase the use of social distancing by several of the populations studied (BA, AS, RU, IR, DI). These educational efforts should cover topics such as the severity and real threat of COVID-19, the importance of social distancing, methods of social distancing within the home, and creative ideas for staying connected while distancing (BA, AS, IR, DI); other helpful topics would include how to stay on course for the long term (BA) and the fact that social distancing is not meant to limit anyone's rights (RU). Educational messages should be comprehensible by individuals with low education levels or low health literacy, and presented with lots of visual aids (BA, RU). Interpretation for individuals with disabilities should be provided (DI). Messaging should be presented in culturally-relevant ways and represent diverse populations (BA, IR). Direct efforts should be made to dispel false information and misinformation (IR).

Address language barriers

Educational information should be provided in multiple languages and dialects appropriate for local populations (IR, HL). Updates and advice from the Governor's office should be translated promptly (IR). Individuals can be hired to translate or provide education in the languages of their communities (HL). General provision of English education would also help alleviate health-related language barriers in the long term (IR).

Enforce public and workplace policies

Ensuring that workplaces follow state and public health guidelines would help many individuals practice social distancing (BA, IR). This would include requiring and enforcing social distancing within businesses and organizations for both employees and customers (BA, IR). Making it mandatory for employers to allow employees to work from home without fear of retaliation or job loss would also facilitate social distancing (RU, IR). Social distancing guidelines should also be made mandatory in public spaces (AS). Large community events should be limited (RU). Stricter policies that keep businesses closed and require individuals to stay at home should stay in place until the state is truly ready to re-open safely (BA).

Partner with community organizations, leaders, and members

Outreach and education should be offered by, and facilitated through, trusted members and leaders of communities (IR, HL), and through community-based organizations (HL). Individuals who come from and look like the communities they serve can help disseminate information and build trust in public health interventions (IR, HL). In some cases, public health authorities must first earn the trust of community leaders (HL).

Improve access to technology

Improving free or low-cost access to technology would allow more individuals to use virtual and remote options for work, church, healthcare, and other social interaction (RU). Interpretive technologies would also increase access to information for individuals with disabilities (DI).

Improve transportation options

Creating public transportation options that allow for social distancing, and/ or offering vouchers or financial support could help individuals practice social distancing (BA).