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

October 2020

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

Masks & PPE (Topic C): 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 Masks and PPE

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

Lack of access, availability, and cost

Individuals in all populations studied lack access to masks and PPE, both because they can be too expensive (particularly for low-income individuals) and because they are often not available in stores (BA, AS, RU, IR, HL, DI). Access is further limited by several factors, including: individuals may not know where to go to get these items (BA, RU), many individuals lack affordable transportation and are therefore limited in their ability to shop for these items (RU, IR), hoarding and price gouging raise prices further (BA, AS, DI), and supplies cannot be purchased with food stamps (RU). The supply of PPE is limited even for medical workers, caregivers, and in workplaces in general (AS, RU, IR, DI). Many community members do not know how to make masks or PPE (AS, DI) or do not have access to materials to do so (HL).

Racism and immigration dynamics

Mask wearing exposes some communities to particular risks due to racism (BA, AS, IR). Black people fear being perceived as criminals when wearing a mask, and the related possibility of police brutality; these fears are particularly acute for men (BA, IR). Asians and Asian Americans have been targeted in the U.S. due to perceptions that they are spreading COVID-19; mask-wearers in particular have been targeted, making individuals less willing to wear them (AS). In addition to directly limiting the use of masks, these barriers take an emotional toll (BA, AS, IR).

Cultural norms, values, and beliefs

Most of the populations studied highly value community connection, special events, and family support (BA, AS, RU, IR, HL). Wearing masks can be difficult when it is experienced as putting distance between people during family or community events, or while participating in religious services (BA, AS, RU, IR, HL). In rural communities, many individuals do not believe COVID-19 is real or could affect them personally, or that masks and PPE are effective; these beliefs are grounded in anti-science attitudes, conservative ideologies, and social pressures (RU). In some communities it may be difficult to make masks/PPE compatible with traditional cultural or religious garb; cultural barriers may particularly impede men from wearing masks or PPE (IR). Some fear being mocked for wearing PPE (HL). Some communities also value conservation and may re-use supplies until they are dirty (AS, BA).

Mistrust of government and healthcare systems

Mistrust of health advice from government and healthcare leaders stems from mistreatment of Black people and other minorities in the United States (BA, IR, HL). In rural communities, many individuals distrust protective advice from government leaders in general (RU).

Challenges related to work

Many members of all the populations studied must go to work, because they are essential workers and/or because they must provide for their families and maintain a basic income (BA, AS, RU, IR, HL, DI). Individuals' ability to protect themselves at work depends on their employers' policies and practices. Many work environments do not enforce mask-wearing guidelines, provide masks, or provide sufficient PPE for their employees (BA, AS, RU, IR, HL, DI). Migrant workers live in camps and close quarters without protective supplies (HL).

Gaps in education and health information

Community members often lack up-to-date health information relevant to COVID-19. This can impede the use of protective hygiene practices, including wearing masks and using appropriate PPE (BA, RU, HL, DI). Inconsistent messages about COVID-19 (who is vulnerable, how it is transmitted), masks, and PPE contribute to this problem (BA). Many individuals lack understanding of the severity and significance of COVID-19 (IR), or do not understand what PPE is, why it is necessary, when or how to use it, or how to clean it (BA, IR, DI). Witnessing many people not wearing masks undermines messages about their importance (BA), as does misinformation and inconsistent information (RU).

Language and literacy barriers

Information is often available only in English, making it inaccessible to those with limited English proficiency and/or literacy (AS, IR, HL). Low health literacy and low general education levels also limit the ability of some individuals to understand educational information about COVID-19, mask-wearing, and PPE (AS, RU, IR, HL, DI).

Caregiving

Wearing masks or PPE can be difficult and/or feel rude when individuals are serving as caregivers to children or other family members (BA, AS, RU, HL).

Other barriers – relevant to specific populations

- For those who have experienced trauma, mask-wearing can be a trigger (IR)
- Some experience sensations of discomfort wearing a mask, not liking how they look (BA, RU)
- PPE and masks are difficult to use for some people with disabilities, specifically deaf individuals or those unable to communicate without facial cues, those with motor issues that impede use, those who have trouble speaking or sensory issues, those with serious lung conditions and related physical impairments (DI)
- Masks aren't safe for some groups, and can become quickly wet for people with some disabilities (DI)

Commonly Proposed Solutions to Facilitate Use of Masks and PPE

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

Provide masks and PPE directly

Members of all the populations studied would benefit from free or low-cost provision of masks and PPE to individuals and households (BA, AS, RU, IR, HL, DI). Direct financial support would also help low-income individuals procure their own masks and PPE (BA, AS, RU, IR, HL, DI). In addition, it would help to increase the availability of masks and PPE at stores, work, and community sites (BA, AS, RU, IR, HL, DI). Public authorities should ensure that healthcare workers, in-home caregivers, and other appropriate workers have sufficient PPE (AS, RU, DI). Related steps that would help communities access masks and PPE include: providing N95 masks to those who work directly with the public; employing community members to make masks; making sure that masks are provided in culturally appropriate and attractive designs; and providing PPE for family members who need to isolate or self-quarantine (AS, RU, IR, DI).

Address racism, harassment, and violence

Addressing racism, harassment, and violence would help members of multiple studied populations feel safe utilizing masks and PPE as appropriate (BA, AS). This could include public officials condemning racist attacks and derogatory language (AS), prosecuting unnecessary calls to the police on Black people (BA), and reducing racial profiling (BA). Making mask use mandatory in public spaces would help community members feel safe using them (AS, RU).

Partner with trusted community members, leaders, and organizations

Educational messages, masks, and PPE should be provided by trusted community members and organizations (BA, AS, RU, IR, HL), and developed with community input (RU, IR, DI). Community health workers who look and speak like their communities can help distribute supplies and increase their use (BA, RU, IR, HL). Government and public health authorities need to earn the trust of community leaders and members (HL).

Increase, improve, and diversify education and information

Clear, comprehensible, and widespread education about the severity and real threat of COVID-19, the efficacy of mask-wearing and PPE, how to wear masks and use PPE, and where and how to obtain these resources would help all studied populations increase mask and PPE use (BA, AS, RU, IR, HL, DI). Educational materials should be available in multiple languages and comprehensible to those with low literacy or limited English proficiency (BA, IR, HL). Promptly translating messages from the Governor's office would be helpful (IR). Messaging should be culturally relevant and feature visual representations of diverse populations (BA, IR). Easy directions for making masks/PPE should also be made available (RU).

Improve employment policies

Public officials should ensure that workplaces are following state and public health guidelines with respect to use of masks and PPE (BA, IR). Workplace policies should encourage or require the use of masks, and employers should supply masks and PPE as needed for their employees (BA, RU, IR). Masks and PPE should be provided to all migrant camp workers (HL).

Directly address disability-specific challenges

Direct steps to address specific barriers to mask and PPE use would help people with disabilities in all communities (DI). This could include providing transparent masks for deaf individuals (and others for whom visual communication is essential) as well as workers with whom they interact regularly; providing less restrictive face coverings (shields).