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

COVID-19 Testing (Topic D): 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 COVID-19 Testing

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

Limited availability, access, and cost

In general, the availability of COVID-19 testing is very limited (BA, HL, AS, RU, DI). Testing is particularly unavailable in the neighborhoods where our studied populations live, and in their local clinics (BA, IR, HL, RU). Rural populations also mentioned long waits for testing and results (RU). Testing is generally available without a doctor's referral, which is very difficult to get for those who don't have a source of healthcare (BA, HL, AS); this problem is exacerbated for those without health insurance and/or sufficient income to pay out-of-pocket (HL, AS). Testing is mostly available only through major healthcare providers, who will only test their own patients, and to whom some don't have access (IR, HL). Some respondents (BA in particular) noted being limited by the fact that medical professionals often refuse to test or recommend testing even when a patient has symptoms.

Lack of transportation

Many members of our studied populations do not have regular access to personal transportation, and public transportation often doesn't go to the locations where testing is available (BU, HL, AS, RU, DI). Drive-through testing is not usable for those who don't have a car (IR).

Limited information and limiting beliefs

Many respondents don't have accurate information about who can be tested and where to go (BA, IR, HL, RU); misinformation also exists in some communities (IR). Information about testing is also inconsistent, changes frequently, and can be confusing (BA, RU, DI). Rural residents may be particularly confused about what test results mean, may hold anti-science and conservative beliefs that stand in the way of testing, and may not believe that tests results are reliable (RU).

Racism and mistrust of public authorities and healthcare systems

The abusive history of experimental testing on minority and poor Americans, and the generally poor treatment of Black and African Americans by healthcare institutions, are significant barriers for some populations (BA, IR). Asians have experienced discrimination and been targeted specifically for "spreading COVID-19" and therefore avoid testing (AS). Some communities distrust government authorities in general, fearing that individuals who come in for testing might be reported to law enforcement or ICE, and/or face deportation (IR, AS), and that these consequences might extend to family and community members as well (IR). Some communities particularly distrust advice from government leaders (RU), worry that privacy and confidentiality will not be maintained (RU, DI), and/or fear the repercussions of a positive test (RU).

Language barriers

Information about testing is often available only in English even though many communities need to receive it in other languages (IR, HL, AS). Testing sites lack translation services and support for patients not proficient in English (IR, HL, AS, DI).

Stigma and fear

Some individuals fear the test itself (BA, IR, RU), or experience testing/COVID-19 stigma in their communities (IR).

Other barriers – relevant to specific populations

- Reluctance to test because it could mean losing work (AS)
- Some have resistant reactions that impede testing (DI)

Commonly Proposed Solutions to Facilitate Use of COVID-19 Testing

These categories represent our respondents' commonly proposed solutions to the barriers that impede use of COVID-19 testing by Ohio populations.

Improve availability of – and access to – COVID-19 testing

All communities studied would benefit from improved availability of COVID-19 testing (BA, HR, IR, AS, RU, DI), which should include loosening the criteria for testing in general (RU), allowing testing without a doctor's order (IR), and ensuring that both essential workers and family members of diagnosed individuals (AS) are able to be tested. Testing should be provided for free at community sites or through free clinics (BA, HL, IR, AS, RU, DI). Testing access could be improved by offering it at trusted community sites (e.g.: churches and community organizations), at work, and in mobile-van, walk-through, and drive-through sites (BA, HL, AS, RU, DI). Less expensive health insurance (AS, IR, DI) and testing in migrant health centers (HL) would help as well. Free transportation to testing would also remove important geographic access barriers (BA, IR, AS, RU).

Provide more information and education

Information about testing for the public should include why it is important, how it works, whether it hurts, and where to get a test (IR, RU, AS). Educational materials should be developed in multiple languages, and should be culturally relevant, include lots of visuals representing diverse communities (BA, IR). Many methods can be used to distribute this information, including webinars, video events, social media, posters and flyers available in community sites, and mailings. Testing staff should be educated about particular needs relevant to patients with disabilities (DI).

Partner with communities

Partnering with community members, leaders, and organizations can help improve use of COVID-19 testing for most of the communities studied (BA, HL, IR, AS, RU). Trusted community leaders, faith leaders, individuals hired from communities, local youth, and community organizations can help deliver educational information to these communities (BA, HL, IR, AS, RU). Community-based testing sites should be located where people are already comfortable going: churches, community events, grocery stores, and worship locations (BA, IR, RU, HL, AS). Trusted members and leaders of community should be involved in decision-making and help to shape policy.

Address language barriers

This includes providing educational information in multiple languages, and preferably in multiple dialects of Spanish (HL, IR, AS). Testing sites should have staff who speak multiple languages (HL, IR, AS).

Address immigration-related concerns

Public policies should ensure that getting tested or treated for COVID-19 will not involve any involvement of law enforcement or ICE, and will not affect immigration cases (HL, IR).

Ensure linkage to healthcare

Clear plans to ensure that individuals who test positive for COVID-19 can access medical treatment should be made and publicized (BA, AS).

Other recommendations - relevant to specific populations

- State, local, and OSU leaders should publicly condemn racism and anti-Asian violence (AS)
- Ensure – and publicize - the confidentiality of COVID-19 tests and results (RU)
- Testing sites should be aware of special needs associated with patients with disabilities, and allow trusted companions to accompany them for testing (DI)