

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>

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

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COVID-19 Contact Tracing (Topic E): 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 Contact Tracing

These categories represent the barriers that most commonly challenge the ability of key Ohio populations to utilize contact tracing as a public health strategy to prevent COVID-19 disease spread.

Racism and immigration dynamics

For several of the populations studied, discrimination and racism have led to a sense of fear that deters engagement with contact tracing and other COVID-19 protections (AS, BA, IR, HL). Asians are targeted for spreading COVID-19 and have experienced racial targeting and hate crimes (AS). Black and African American people have historically been mistreated during a crisis (BA). Many individuals fear being asked about immigration (AS, HL). There is significant fear among undocumented individuals of ICE involvement, immigration raids, imprisonment, or deportation if they engage, at all, in COVID-19 protections including contact tracing (AS, IR, HL, RU); individuals also fear exposing other families to immigration authorities or ICE (IR). Undocumented individuals may provide fake addresses (AS).

Mistrust of government, law enforcement, and healthcare systems

This history of racist public policy generates mistrust in the government (BA). Trust is foundational to providing personal information, especially to a stranger (BA, IR, RU). Many have concerns about privacy and how information will be used (BA, RU), distrust contact tracers or feel skeptical about their motives (HL, RU), and/or distrust the process of/science behind contact tracing (RU). Willingness to engage in contact tracing is impeded by personal and community histories of negative interactions with healthcare providers (HL), and fear of repercussions (BA, HL, IR, RU).

Language and communication barriers

Lack of information offered in appropriate languages limits understanding of the purpose of contact tracing and ability to engage in the process (AS, IR, HL). Interpreters and translation services are lacking in many situations, or not prompt if available (IR, HL). Low literacy or English proficiency impedes participation; some people may not answer their phones (IR, AS). Relying on family members and children may result in misinformation (AS, IR). Translation and interpretation provided through culturally incompetent services (including some for-profit services) may lead to confusion and misinterpretation (AS, IR). Language barriers cause fear (AS). Cognitive difficulties may prohibit a person from understanding the purpose of contact tracing, or being able to understand questions and provide answers (DI). Some may not be able to remember recent activities, impeding contact tracing (DI). Deaf/blind persons need touch to communicate, and this is essential for individuals with other disabilities as well (DI).

Housing & transportation challenges

Crowded, dense, or small housing units, densely populated neighborhoods, reliance on public transportation, homelessness and housing instability may make participating in naming recent contacts challenging (BA, IR).

Work-related challenges

Many individuals in the populations studied are employed in essential work positions which may involve close contact, little time off, contact with many unknown people (health workers (AS), first responders (AS), low-wage essential work (AS, IR)). Adequate social distancing is often impossible at work; this applies across a broad range of employment categories, both professional and working-class jobs (AS). Certain types of work and employers prevent working from home (AS). Low-income individuals often must work to support the household (AS, IR). Many worry about the impact on employment or job loss (BA, HL).

Insufficient and inappropriate education

Many individuals lack information about COVID-19 in general (AS, BA, DI), and have limited access to updated health information (BA). Members of many of the populations studied lack awareness that contact tracing exists, the purpose of contact tracing, or the importance of participating in contact tracing even when quarantining; this may be due to a lack of educational messaging or inconsistent and confusing messaging (AS, BA, DI, IR).

Lack of technology/technology limitations

Members of many of the populations studied lack access to cell phones, cell service, or digital communication devices and platforms, which limits participation in contact tracing (AS, BA, IR, DI, RU). Lack of Internet access is another substantial barrier (DI, RU). Amish people do not have phones or email (RU).

Cultural norms, attitudes, practices

Asian cultures are oriented towards privacy, which can inhibit participation in contact tracing (AS). Some rural residents believe contact tracing cannot be done correctly (RU). There is considerable variation in community members' beliefs about contracting COVID-19—some do not think they are susceptible while others feel it is inevitable that they will contract COVID-19 no matter what because of high risk and pre-existing conditions (BA). Refugees who have survived other communicable diseases may feel that COVID-19 is unlikely to be a significant threat (IR). Some fear stigma or ostracization if suspected or diagnosed with COVID-19 (AS, HL). Some cultures have the mindset that healthcare is appropriate when sick, not as a preventative measure (HL). People in some communities do not like to be told what to do (RU) or don't want to "rat people out" in small towns where everyone knows everyone (RU).

Commonly Proposed Solutions to Facilitate Use of Contact Tracing

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

Partner with trusted community members and organizations, connect with community values

Partnering with community members, leaders, and culturally-specific organizations could improve use of contact tracing for all populations studied (AS, BA, DI, HL, IR, RU). Identify trusted community leaders who can help provide multilingual and community-tailored information and contact tracing services (AS, BA, HL, IR, RU). Use community health workers as a key link with communities (AS, IR, RU), and pay individuals who come from each community and speak the

native languages to work as contact tracers (DI, AS, HL, IR, RU). These steps could help create community buy-in for contact tracing (RU). Trusted community members who come from and look like the communities they serve can provide critical linkages between communities, information, and resources, and can include community leaders (BA, IR, HL, RU), religious leaders (BA, IR, HL, RU), and youth in the community (IR)). Train contact tracers in the needs of individuals with disabilities (DI). Relay information so that family members can talk to other family members, especially within multi-generational households (HL, RU).

Address language and communication barriers

Contact tracers must adapt to each person's mode of communication, and should use clear and simple language (AS, DI, IR). Hire multilingual, community-based contact tracers (AS, IR, HL). Offer culturally appropriate interpretation services when someone from the community is not available (AS, IR). Accommodate interpretation services and technologies (DI). Accommodate caregivers or assistants in contact tracing (DI). Promptly translate information from the Governor's office (IR). Make quality, face-to-face interpretation more widely available in contact tracing (IR, DI, RU). Contact tracers should plan for extra time and patience when interviewing individuals with disabilities (DI). Providing long-term English education will improve engagement with health information and health-promoting behavior in the long term (IR).

Create and improve multilingual, varied, culturally-appropriate COVID-related education

For all populations studied, it is important to explain how, why and when contact tracing is important, and to do this from the perspective of people within the community (AS, BA, DI, HL, IR, RU). Create visual aids for low literacy populations (IR). Create educational materials in multiple native languages of immigrant and refugee groups, including PSA (public service announcement) videos and commercials (HL, IR), social media content (HL, IR), radio broadcasts (HL), posters and signs at key community locations (HL), and mailed information (IR). Ensure caregivers have access to these educational resources (DI).

Emphasize privacy and confidentiality, and clarify how contact tracing information is used

Reassuring participants that information collected for contact tracing will be kept confidential, used only for that purpose, and not shared with other authorities would improve participation in contact tracing for several of the populations studied (RU, BA, HL, IR). Members of several of these populations distrust government and health authorities due to the history of racist mistreatment of minorities during health crises; these worries could be addressed by direct reassurance that contact tracing information will not be shared with other authorities (BA, HL, IR). This reassurance could also ease concerns about potential impacts on employment (BA), and about potential exposure to the police or immigration authorities/ICE (HL, IR).

Conduct in-person contact tracing in the home environment

For some of the populations studied, sending well-trained contact tracers to conduct these conversations at home would improve use of contact tracing (RU, BA, DI). This mode of delivery would allow individuals who do not have access to a landline, cell phone, and/or Internet to participate successfully in contact tracing (RU, BA). Seeing a contact tracer in person – particularly if that person is from one's own community – would help increase trust in the process and facilitate information sharing (RU, BA). For some individuals with disabilities, in-person conversations are critical to successful contact tracing because they allow the involvement of interpreters (DI). In addition, in-person contact tracing would allow contact to be made with people whose addresses but not phone numbers are known (BA).