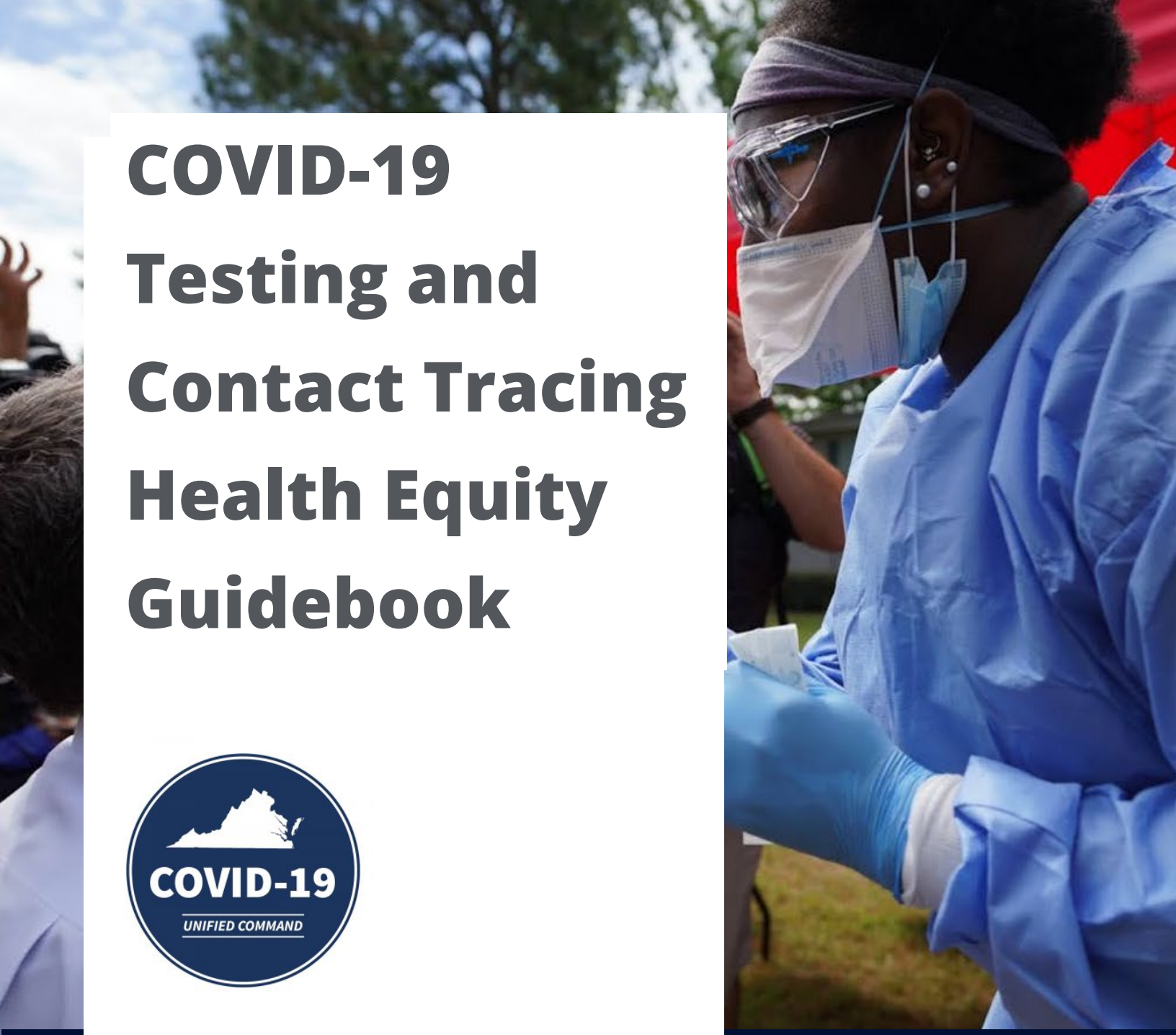

COVID-19 Testing and Contact Tracing Health Equity Guidebook

COVID-19
UNIFIED COMMAND

Last updated July 2020

Purpose

Applying a health equity lens to Virginia's COVID-19 response

Testing and contact tracing are critical components of managing and combatting the COVID-19 pandemic in Virginia. This Health Equity Guidebook provides guidance related to providing culturally appropriate community testing and contact tracing services in a manner that is inclusive of elevated-risk individuals and communities.

Providing accessible and free community testing services is vitally important in reaching individuals who are considered elevated-risk for COVID-19 infection and complications. If health districts and institutions take rapid action without specific consideration of equity in their planning, they are more likely to act on biases that reinforce, generate, and/or exacerbate inequities that negatively impact certain groups such as people of color, people with disabilities and communication barriers (LEP), the LGBTQIA+ community, and those living in rural communities. Providing services and messaging in socially and culturally competent ways will be critical in reaching communities during response efforts, and this Guidebook offers support in intentionally designing COVID-19 testing and contact tracing efforts that prioritize inclusion.

This Guidebook will be updated as public health knowledge increases and our understanding of COVID-19 advances with better and more complete data. This document will also be updated as new protocols are developed, including new guidance on vaccine distribution.

For continually updated information on COVID-19, please refer to the following sources:

- The **Virginia Department of Health/Coronavirus Webpage**[i]
- The **Centers for Disease Control and Prevention (CDC)**[ii]
- **CDC resources for people with disabilities**[iii]
- **CDC COVID 19 racial and equity minority group information**[iv]

Contributors

This Guidebook was created as a joint effort by members of:

- COVID-19 Unified Command Health Equity Working Group (HEWG)
- Access and Functional Needs Advisory Committee for the Virginia Department of Emergency Management
- Commonwealth of Virginia Equity Leadership Task Force
- Virginia Department of Health (VDH)
- Virginia Department of Emergency Management (VDEM)

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Understanding Key Populations

Virginia serves a diverse group of community members whose testing and contact tracing needs could vary

Two individuals protect themselves and others by wearing face masks to stay safe during the COVID-19 pandemic.

The disparities in outcomes that have become evident as COVID-19 has spread across the United States have highlighted the inequities in our system that result from the intersection of race, ethnicity, and other socio-economic factors (often referred to as the "social determinants of health"). It is incumbent to understand and support the intentional inclusion of the needs of all individuals and communities so that our preparedness, mitigation, response, and recovery is more effective and equitable. This section of the Guidebook will help you understand the different groups that may be at heightened risk for COVID-19.

Equality ≠ Equity

This guidebook focuses on equity. While some might mistakenly confuse the two, it is important to understand that equality is not the same as equity. Equality is giving everyone the same amount of resources. Equity is what they need, when and how they need it. Health Equity is "when all people and communities have the opportunity to attain their full potential and the highest level of health."[v]

Elevated-Risk Populations

Initial statewide data suggest that the COVID-19 pandemic is disproportionately impacting some Virginians more than others. There are several populations at elevated risk:

- Communities of Color: Communities of color are identity-based communities that hold a primary identity that describes shared racial characteristics among community members. The term aims to define a characteristic of the community that its members share (such as being African American) that supports self-definition by community members, and that typically denotes a shared history and current/historic experiences of racism. Given that race is a socially defined construct, the definitions of these communities are dynamic and evolve across time.[vi]
- Older Adults: Adults who are 65 years and older
- People with Limited English Proficiency (LEP): People who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can have limited English proficiency, or "LEP." These individuals may be entitled to language assistance for a particular type of service, benefit, or encounter.[vii]
- People Adversely Impacted by Social Determinants of Health: Those who may experience disproportionately high impacts of housing, food, transportation, and employment insecurity. These individuals may also have higher rates of un-insurance and underinsurance and lack access to nutritious food and recreation areas.
- Medically Underserved Individuals: Areas/Populations designated by the Health Resources and Services Administration as having too few primary care providers, high infant mortality, high poverty, or a high elderly population.[viii]
- Individuals with Physical, Developmental, or Functional Disabilities: Disability is defined by the Americans with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.[ix]

- LGBTQIA+ Communities: Those who identify as Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersexed, Agender, Asexual, and/or Ally.

Barriers for Elevated-Risk Populations

People often face challenging obstacles and barriers when navigating their health concerns, and this can be particularly true for elevated-risk populations. Therefore procedures, operations, and/or communications that are designed and/or written by people who aren't actively and systematically considering the needs of people with different needs than their own can result in inequitable access and outcomes. Below we identify potential barriers people may face when trying to access testing or contact tracing services.

Health Literacy Barriers

Health literacy is a cognitive and social skill that determines the motivation and ability of individuals to gain access to, understand, and use health-related information.[x] According to the Centers for Disease Control and Prevention (CDC), 9 out of 10 adults in the U.S. struggle with understanding and using health information when it is unfamiliar, complex, or jargon-filled.[xi] Individuals with low health literacy can have trouble locating providers and services, filling out complex health forms, sharing details of their medical history to communicate underlying risk factors, effectively follow health instructions, and manage chronic health conditions. Health literacy barriers make it less likely that individuals can successfully understand the connection between risky behaviors and health, seek preventive care, and comply with instructions that help them stay well – creating a challenge when a community is trying to prevent the spread of a communicable disease.

Access and Functional Barriers

Several types of obstacles can increase the burden of receiving proper care for some individuals. When planning a COVID-19 testing effort, both the site location and site hours may pose a barrier to people looking to get a test. Physical, cognitive, developmental, and/or functional disabilities may also be a barrier to accessing testing services. Communication barriers can also limit access to information and services for people who are deaf, hard of hearing, and deafblind, blind, or visually impaired, people with limited English proficiency, as well as those with limited access to communications channels, such as the Internet. Transportation barriers may also pose challenges; people may be reluctant to use public transit, may not have the ability to drive, not have cars, or be otherwise unable to get to testing sites because of distance, physical barriers, or fear of walking in unsafe neighborhoods, or lack of accessible paths for walker, wheelchair, and cane use.

Socioeconomic Barriers

Socioeconomic barriers can pose serious challenges to providing equitable testing and contact tracing services in your district. Food and housing insecurity, or when people lack consistent access to enough food for an active, healthy life or lack consistent and safe housing/shelter, are economic barriers that can make it very challenging for people who test positive to self-quarantine.[xii] For those experiencing homelessness, a lack of consistent access to shelter and hygiene could mean that access to masks and hand sanitizer is extremely limited.[xiii] Recommendations from contact tracers to self-isolate may also be hard to follow for people experiencing food and housing insecurity. They may not have a safe place to self-isolate, and they may need to interact with others to secure food.

Many people with low socioeconomic status comprise the frontline of essential workers that have continued to work during the pandemic. Individuals may not have access to paid sick leave and may worry about lost wages both for the time spent getting tested, as well as the time spent away from work if they test positive. Parents/guardians may also feel they cannot attend a testing event if they can't find or pay for adequate childcare while they get tested. Many have family responsibilities that prevent isolation or quarantine.

Consider how testing and contact tracing procedures may need to accommodate individuals with a lack of permanent contact information; your operating procedures and information intake processes will need to ensure you can reach people even if they do not have an address, phone number, or email address they can give you (which they may not disclose or have for any number of reasons, including homelessness, fear of immigration retribution, and more). Some people may also provide an alias instead of their actual legal name which could make them reachable but not identifiable.

Economic issues to consider include misperceptions about cost and the need for insurance to get a test, as well as fear of medical costs associated with treating COVID-19 itself if an individual has a positive test result. These economic fears and misperceptions can cause people to avoid testing, and so outreach and communications must allay these fears.

Communication Barriers

Differences in the language spoken and understood are often another barrier experienced by underserved communities. Considering spoken and visual language barriers, as well as the need for interpreters, translators, and word-less infographics, it is imperative to providing equitable services and messaging. Allowing testing participants to bring direct

support providers (such as partners, interpreters, friends, and children, or service animals) with them may increase comfort and can be considered civil rights and ADA accommodations.[xiv] [xv] Reasonable exceptions to health and social distancing policies should be made to prevent rights violations. Language interpreting services should be offered and provided, a family or friend interpreting can increase miscommunication and misunderstandings.

Cultural Barriers

Community members may also have varying levels of comfortability with being tested due to cultural sensitivities. For example, someone feeling uncomfortable with wearing a facial covering, or may prefer to be tested by someone of the same gender (or feel uncomfortable being left alone with someone of another gender). Culture plays an important role in the understanding of health and disease, prevention protocols and use of tools, relationships between patients and healthcare providers, and the link of behavior and health outcomes.

Social Barriers

Beliefs about COVID-19 and its implications are wide-ranging and heavily impacted by media portrayals, news sources, and an individual's social network and community. Barriers that are likely to affect someone's desire to attend a testing event or engage with a contract tracer include distrust of the government (both as an entity as well as agents of the government, such as members of the National Guard), distrust of medical professionals and medical processes, and general skepticism about the severity of COVID-19 and the need for testing efforts. Fear that information could be used against those who participate in testing events or shared without consent (or that this information could lead to other government action such as deportation) can also be a social barrier, as well as misperceptions about the scarcity of available tests and whether they meet the criteria to be tested.

Additionally, LGBTQIA+ members of the community may feel stigmatized or fear harassment, which may prevent them from feeling welcomed at a testing event. They may also experience distrust of medical professionals and may lack access to paid leave programs that allow them to take time off to take care of sick partner or child. LGBTQIA+ community members could benefit from culturally competent care and social supports, and testing event organizers should be mindful of pronoun usage and ask participants to identify their preferences.

Planning a Testing Event

Location and testing format are important factors in reaching communities in need

Volunteers gather around testing event tents, preparing healthcare "grab bags" for community members to distribute during the event.

Designing an inclusive event that considers the needs of all Virginians is an intentional act. This section of the Guidebook will provide operational guidance for planning a testing event with health equity and accessibility as the central focus, reviewing how equity factors into the planning, logistics, and coordination for your testing event.

Determining Areas with Unmet Testing Need

It is important to balance the perceived need with actual need by taking an objective, data-driven approach to selecting communities most in need of testing and bilingual, culturally tailored contact-tracing services. An accompanying resource on the VDH Office of Health Equity website provides a searchable, filterable spreadsheet showing where in your community there are above-average populations of people who are low-income, Black or

African American, Hispanic or Latino, and/or with potentially elevated health risks due to COVID-19. We strongly encourage you to use this spreadsheet to confirm that you will most effectively and efficiently reach elevated-risk populations who could benefit the most from outreach and testing. We recommend that you use this tool to focus on areas with elevated-risk populations, using the provided demographic and socioeconomic data to understand what approaches and accommodations might be most suitable to tailor any testing events to the needs of specific communities.

Additionally, consider how to include individuals with a lack of permanent contact information or unstable housing (these groups are often underrepresented in available data). Your testing location, site operating procedures, and information intake processes will need to ensure you can reach these populations before and after the event (even if they do not have an address, phone number, or email address).[xvi]

Selecting a Testing Format

There are multiple testing formats to choose from when planning your testing event. Constraints including staffing and resource capacities, community geography, and resource capacity will play a role in selecting the best testing format to feasibly meet the needs of your community. The table below lists various types of testing formats.

Testing Type	Description
Drive-Thru	A testing service that allows participants to drive up in a vehicle and receive a nasopharyngeal swab test (staff approach the vehicle and participants should not exit their vehicle). Accommodations will need to be considered for persons who are in wheelchair vans to access testing (i.e., parking areas to disembark, or the need for staff to enter the vehicle to test the person based on their physical capabilities).
Walk-up	A testing service that allows participants to "walk-up" and receive a nasopharyngeal swab test in-person, often in a private or semi-private environment (i.e. inside portable tent enclosures or behind privacy screens)
Mobile Screening	A testing service that meets participants at the pre-determined location, providing the testing services often for a small window of time (not usually the entire day) before moving to another location

Door-to-Door	A testing service that meets participants at their homes or places of work, providing the nasopharyngeal swab test within a private space
Mixed Approach	A combination of any of the above options; you may consider having multiple testing formats on-site or alternating the type of format by day.

When selecting a method, consider what types of testing sites are already in operation in the vicinity of your neighborhood and whether any existing gaps could meet the needs of those without a car or have other transportation issues. Depending on the needs of the community, a mixed approach (having multiple options on-site or varying type by day) may also be best in reaching the greatest number of people.

Choosing a Testing Location and Hours of Operation

Locations should be easily found on a map or GPS and should be large enough to accommodate the testing format selected, and might include community centers, churches, schools, parks, and other large spaces that are recognizable by community members. Working with a local public school, religious organization, or other location that already provides adequate accommodations for people with disabilities can be a good way to make sure you are providing an equitable testing environment that meets ADA requirements.[xvii]

Work in collaboration with diverse community groups, including faith-based organizations that serve and advocate for people from different cultures, races and ethnicities, limited English proficient individuals, and individuals with disabilities to identify accessible site locations and hours. These organizations can also help spread the word about your event (an example is provided from the **City of Norfolk** that asked community leaders to encourage testing via a YouTube video).[xviii]

Consider the following groups to coordinate with:

- Religious organizations including churches, mosques, temples, synagogues
- Local public schools and education partners
- Health Equity groups and those that work with medically vulnerable populations (such as people with respiratory preconditions, diabetes, or hypertension or those living in group or community-based housing settings)
- Community-based residential and group home providers
- Community-based organizations (such as Casa Virginia or Edu-Futuro serving Latinx in Northern Virginia)

- Ethnic or racial coalitions (such as the League of United Latin American Citizens)
- Government agencies and offices may know where local homeless populations are (including overlapping other feeding programs)
- Elected officials

As you narrow down possible sites to host the testing event, verify that your selected site would provide necessary accommodations for the following considerations:

- If the event is not door-to-door or mobile, how can you reach people who do not have reliable access to transportation? Is the site near a public transit stop? Will paratransit services pick up people and bring them to the site, free of charge? Will paratransit vehicles wait in line or do special accommodations need to be made?
- If the site is walkable to nearby neighborhoods, think about the different routes people may take. Could you strategically station friendly staff or volunteers to guide direct walkers on where to go? Are there any traffic intersections where people with mobility barriers or who are blind, or visually impaired may need accommodations?
- For those who will drive, is there sufficient parking, including accessible parking spaces? How must traffic be directed to ensure social distancing is maintained? What signage is need for traffic flow on streets or through the testing location or parking lot, and in what language(s)?
- Would your testing operation accommodate both people with traditional 9 am-5 pm work schedules as well as shift workers with non-traditional work schedules?

Seeking input directly from members of affected communities is important. Inclusive planning efforts will thoughtfully solicit input from individuals with varying access and functional needs to inform every aspect of the planning process. Representative input from communities (such as people with disabilities and people who are blind or deaf and hard of hearing) can help event organizers identify where modifications in operational approaches to make sure that testing efforts are equitable.[xix]

Requesting Support for District-based Testing

We highly recommend reaching out to private, public, and community partners who may be interested in and/or able to support the testing event. Support may include donated space to hold the event, medical and non-medical volunteers to help staff the testing event, and support from community groups for people with barriers can be crucial to ensuring your testing event is a success.

Thinking about and defining how you will measure success for the event can also help make sure all groups involved are working in coordination. Ideally, everyone who collaborated to put on the testing event will feel satisfied with their contribution and confident that they helped their community through their participation. Engaging community groups will help ensure the success of future events.

To request resources and support from the state, please email covid19pps@vdh.virginia.gov.

Partnering with Additional Organizations

Testing and culturally tailored contact-tracing events can be a good opportunity to identify and partner with other organizations providing support services during the pandemic. These might include other government departments or community groups that provide access benefits, services, and relevant information related to food, childcare, healthcare, housing, or unemployment insurance. If event partners are unable to send a representative to join the testing event, it may be helpful to list out available resources on a flyer or handout, to be distributed before or after the test is completed (see more on Communications before, during, and after the event **here**).

Developing Inclusive and Accessible Communications

Clear and succinct communications that are accessible and easily understood are key in preparing for a successful testing event

Dr. Janice Underwood holds a COVID-19 tip sheet during a presentation given at a local Richmond testing event.

Communications are used in every stage of running a successful COVID-19 testing and contact-tracing event. In this section of the Guidebook, we make recommendations for ensuring that public-facing communications in all forms are accessible.

General Guidance for Communications

As part of meeting ADA and civil rights obligations, all communications must meet certain standards to ensure that they are accessible and easy to understand. The need to make guidance clear and available to all only becomes more important in a state of emergency. When developing communications, please keep the following in mind:

- All information provided should be accessible for persons who are deaf or hard of hearing, and those who are blind and visually impaired. All printed informational materials should also be made available in the most commonly spoken languages, with cultural and linguistic competence.
    - Braille, audio messaging, American Sign Language, and written messaging formats may be needed.
    - Video Remote Interpreting (VRI), which is provided via an internet or cellular connection to a digital device, is an option for service delivery but is not always an appropriate accommodation. In-person interpretation services on-site may be needed.
    - Please note that "person-first" language is preferred. The terms "deaf and hard of hearing" or "people with hearing loss," "person who uses a wheelchair," "person who has autism," "person with an intellectual or developmental disability" should be used. The terms "hearing impaired," "disabled person," and "retarded" should not be used.
    - Ensure that phone resources are provided in commonly spoken languages. Phone numbers included in translated communications should allow the caller to speak to someone who uses their language.
    - It is key to consider the health literacy skills of targeted population groups. Different versions should be developed to address health literacy skill levels. Infographics are ideal.
- Federal law requires that all materials shared by any state agency, whether for training or informational purposes, internal or external use, should also be provided in accessible formats. Use large print, audio, and captioning when relevant (and **Section 508** compliance).[xx]
- Messaging should be made available in multiple formats and multiple languages. Consider how you can use television, radio, and social media advertising to reach all parts of your community.
- *All media content*, as well as any mobile apps that may be developed, should be checked for accessibility of use by persons with disabilities.
- Simplify messaging and make action items clear – when possible and appropriate, tailor messages and action items to your target audience(s).
- Ensure that plain language is used for all materials in all languages (for English, resources include **plainlanguage.gov** and the Readability test tool – see Appendix for link and description). When possible, avoid idioms and acronyms, and keep messaging short and clear.

Pre-Event Communications

Establishing clear guidelines and communicating expectations before the testing event is key in keeping the testing event organized and well-attended. Consider the following:

- Create a Webpage: Centrally hosting key testing information online is an effective way to widely communicate location information, FAQS, and other pertinent content helpful for those interested in being tested. A web presence will allow organizers to update information efficiently. Connect with other area coordinators (if available) to request that your testing site be included on any other testing directories.
- Registration: Consider if participants should pre-register to be tested, and if so, how you will address people who arrive that did not pre-register. You should not deny testing services to people who did not pre-register, though you should communicate on a testing site website that those who are interested should make it a priority to register before arriving on-site. If you would like people to pre-register, provide non-digital methods of registration so regardless of whether people have access to the internet and a smartphone/computer, they can participate.
    - Accommodations: When people register to be tested (online or over the phone), they should be asked if they need any accommodations (they do not need to disclose why, and *they should not be asked what their disability is*) including language needs. Pronoun preferences should also be collected and respected. If possible, preserve these preferences with their profile so that accommodations can be made during and after the event.
    - Sharing Confirmation Details: If you require pre-registration, provide enrolled participants with a confirmation number and an email/text message. Include location directions and reminders of the time of the appointment.
- Timely Reminders: Communicating in advance of the day of the testing event can help people better prepare for their testing experience. The event organizers can consider sending reminder messages with instructions for what to do upon arrival, what to expect after the event, and more. If possible, consider sending automated bilingual voice reminder messages by phone for people who did not provide an email address nor consent for SMS messages.

Day-Of Communications

Prepare ahead of the event so that communications facilitate a smooth testing experience:

- Check-In/Walk-up Registration: When designing your check-in process, be mindful of intake questions and topics that people with low health literacy, older adults, or those

with cognitive challenges may need additional assistance. Registration personnel should know how to obtain accommodations and allow participants to bring their direct service providers if needed. As contact information is collected, have a process in place (that check-in staff are aware of) for people without permanent addresses, phone numbers, and/or email addresses. Be mindful of making sure people without permanent contact information do not feel uncomfortable or "called out" during this process.

- Signage: Provide clear signage that is easy-to-understand (using images where possible, so that cultural and access barriers are reduced). They should be available in multiple languages. Text should be large (12pt minimum) and in san serif fonts that are easy to read from a distance. Place signage on the ground to indicate social distancing protocols, to help people understand where they should stand.
- Health Educational Materials: As you finish testing someone, provide them with informational or educational literature tailored to different health literacy levels that helps them understand the next steps in the process. Literature should be available in the languages common to your population (at minimum the 5 most-used languages), and that there are options for people with visual barriers (signage can be made screen reader accessible). If desired, you can use this literature to provide the next step for people without contact information – such as a phone number with a unique identifier (i.e., case number) to obtain results of the test and number of days to wait before calling and asking for their results.

Post-Event Communications

Most COVID-19 tests take about 1-7 days to return with results (though this could vary). Regardless of test results, you should plan to send a follow-up communication, provided in the language most easily understood by the tested person. Positively tested individuals should also begin the contact tracing process (Guidebook section here).

- Follow-Up and Next Steps: If possible, consider creating a handout that recaps relevant next steps and **helps with interpreting test results** for participants (making this document available in common languages as well). Some tested individuals may forget how long they need to wait to hear back. For those who do not have permanent contact information, provide a call-back number for them to reach testing organizers to learn of their results. Specify when they should call if possible. It may also be helpful to provide a contact tracing overview so that participants know what to prepare for if they receive a positive result.

- Support Services Materials: As people leave the event, it may be beneficial to provide attendees with additional materials about local support services available to them (many of which are listed **here**).[xxi] Resources could include benefits, services, and relevant information related to food, childcare, healthcare, housing, unemployment insurance, organizations that can help to complete forms and navigate the system. It is important to remember that even if an individual does not test positively for COVID-19, they may still be experiencing mental stress and economic burdens given the larger impacts of the pandemic.

Communicating Test Results (usually 1-7 days after the testing event):

- Positive Results: Ensure that people who are communicating test results are aware of the barriers people may be facing and have strategies in place for ensuring everyone receives equitable communications (meaning that they receive the right type of communications for their specific needs). When communicating test results, make accommodations for those with LEP, low health literacy, and other access barriers. You should also provide support and the next steps for "wraparound services" when possible. If someone may have trouble adhering to a self-quarantine protocol due to economic barriers, have recommendations available to connect them to the services that can help them self-quarantine. Explaining the contact tracing process can be valuable at this time, both for those with positive results and those with negative results. Knowing what to expect helps all people feel more comfortable with the process, but especially helps elevated-risk populations with barriers.
- Negative Results: If a test returns negative, provide participants with other COVID-19 preventative health literature. Consider including attachments to any email or mailed notifications (such as infographics, tip sheets, or FAQs.) and links to the CDC website or the VDH Coronavirus webpage, to help people to continue taking preventative measures so that they remain healthy and uninfected, and to share this content with friends and family. Explain that a negative test result does not mean that you will not get sick; it merely tells us that you did not have COVID-19 at the time of testing.

Preparing Personnel

Comprehensively training staff and volunteers to work as a team to meet community needs and build trust is essential

A group of volunteers poses with a children's book promoting preventative measures to protect people from COVID-19.

Building your Team

Properly staffing your event is an important component of running a smooth testing operation. You may need both medical and non-medical volunteers to conduct activities such as testing services, bilingual call center operations, bilingual contact tracing, (in the most common languages needed). You may choose to advertise the need for volunteers on a website or through a flyer. In building a team, it is important to be mindful of having a diverse and representative group of volunteers to run your event, including identification of ideal locations for signage and checking for accessibility of the site. This may increase trust

and comfortability for community members who may feel nervous about getting tested. Recruit volunteers from directly selected neighborhoods when possible.

Provide personnel with training to ensure they know they must not discriminate (i.e. provide no or worse testing services) to members of the LGBTQIA+ community, immigrants and migrants, individuals with psychiatric or developmental disabilities or dementia, homeless and institutionalized individuals, and people of all faiths. Personnel should also receive training so that they do not separate people from their sources of support, such as direct support professionals (DSPs), service animals, durable medical equipment, or caregivers.

A point person (or point people) should be identified for addressing special needs which may require someone with specific or specialized training. If someone is deaf or hard of hearing, has certain medical conditions, or has other barriers, all team members should know who to that individual needs to be connected to and how to connect them (e.g. should they guide them over to the designated person or area, what is known as a "warm hand-off").

Personal Protective Equipment (PPE) for Personnel

Staff will be interacting with many potentially infected individuals. Keeping your team protected from the virus is a top priority. How staff look can make a large impact on the comfort level of people seeking testing services. When possible, consider asking all staff and volunteers to wear plain clothes (i.e. not uniforms) and/or medical smocks to reduce potential alarm. Consider having clear masks available for testing team staff and volunteers who are working with people who are deaf or hard of hearing. Clear masks allow people who read lips the ability to see the lips of the person communicating with them.

Executing a Testing Event

Designing an accessible and inclusive space is important in helping people feel safe and prepared for their testing experience

A volunteer conducts a nasal swab test for Dr. Janice Underwood and Governor Northam at a testing site.

Both physical and functional accessibility is important to meet the needs of the populations who will be availing themselves of your testing event. This section of the guidebook will help you think through what barriers might physically hinder someone's ability to get a test at your event, as well as what functional barriers (perhaps due to low health literacy or cognitive disability) may keep someone from getting tested.

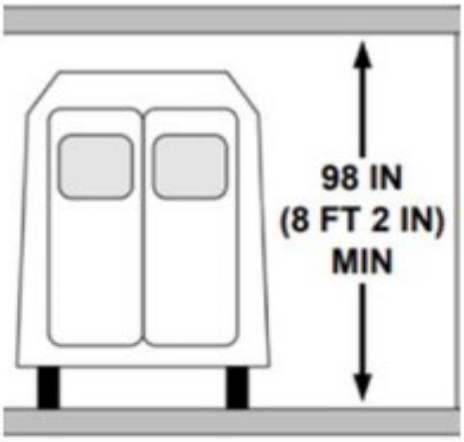
Testing Site Layout

First and foremost, ensure that the testing site itself is ADA compliant with navigable pathways and appropriate surface grade/roughness. You'll also want to provide clear signage and directions so that it is clear how test-seekers should move. Think about how

people will experience the event, from the check-in process through to completion, and reference the diagrams provided by The ADA National Network.[xxii] Conduct a dry run a day or two ahead of time with representatives of community groups on hand to point out barriers you may not have considered. Doing this ahead of time allows you to identify solutions that advance equity and effectiveness.

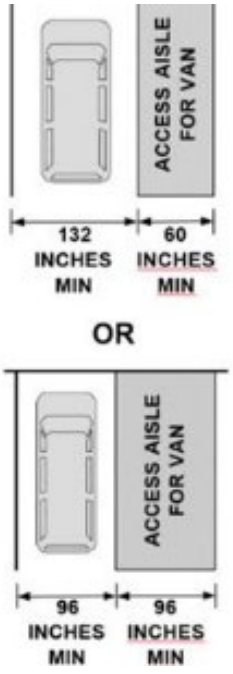
Wheelchair Access at Drive-Thru Testing Sites

- Minimum clearance for wheelchair-accessible vans is 8 feet, 2 inches high



Wheelchair Access at Drive-Thru Testing Sites

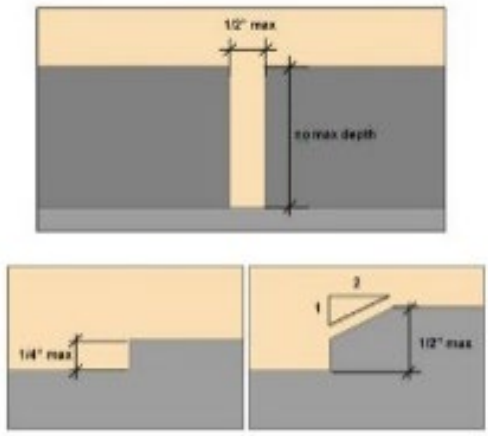
- Wheelchair users need access aisle alongside vehicle if exiting the vehicle is required



Offer opportunities to shelter in the event of inclement weather (including heat), as well as places for people with fragile health to sit and rest if they are waiting. Water should be made available and signage should be placed to indicate where service animals can relieve themselves. Drive-thru operations help minimize interaction and comfortable in their

vehicles. This is beneficial for most but can make it hard for people without vehicles or who are concerned about the economic or environmental impacts of keeping a vehicle running to be able to advance in line and keep the interior at a comfortable temperature.

Provide an option for people to walk-up and get services (with wheel-chair accessibility), even at drive-thru testing events. Provide opportunities for persons who cannot stand for long periods to avail themselves of seating or advance to the front of the line. Refer to the following diagrams provided by The ADA National Network.[xxiii]

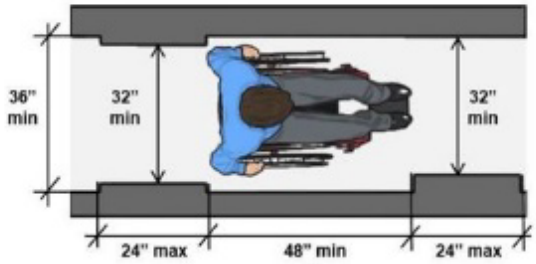


Basic Characteristic of Accessible Routes

- Walking surfaces should be free from gaps greater than ½ inch
- Vertical changes in level cannot be greater than ¼ inch.
- Vertical changes in level up to ½ inch should be beveled at 1:2.

Basic Characteristic of Accessible Routes

- Pathways should be 36 inches wide except at doors and for short distances, when it can be narrower (32 inches).



Providing Accommodations

Appoint a member of your team to help facilitate the testing experience for those with any listed or declared accommodations (this could be related to language, functional, or access needs). Provide this information to check-in staff who can help triage participants to the right people to receive those accommodations. When possible, have these resources available throughout the entirety of the testing process.

Providing Culturally Tailored Contact Tracing

Expanding outreach and support services to those in contact with positive-testing individuals is central to reducing community spread

A volunteer conducts follow-up activities after completing a COVID-19 test with Governor Northam.

Testing and bilingual contact tracing go hand-in-hand in tracking and controlling the spread of COVID-19 in Virginia. Contacting those who may have been in contact with a positive-testing individual is important in curbing the continued spread of the virus. Since some tests do not immediately provide a result while the tested person is still on-site, having a reliable communications apparatus ready-to-go once results are processed is very important in providing timely and actionable information to those who may have been exposed. This section of the Guidebook provides an overview of post-testing bilingual contact tracing and makes recommendations for how to ensure that all positive-testing individuals receive the right services they need and that outreach to those impacted is clear and equitable.

Contact tracing involves finding people who may have been exposed to an illness and providing guidance to prevent them from spreading it.[xxiv] Contact tracing is not a new tool and public health professionals have used it to track the spread of other contagious diseases. Though many new mobile applications are in development to accelerate and streamline the contact tracing process, they are not necessary for providing quality and effective contact tracing. If your team is using an app or other technological tool, understand that all participants may not be comfortable with their information being logged or their locations being tracked within a software. "Manual" or phone-based contact tracing is a suitable option that can work very well.

The CDC has provided many helpful resources that can help mobilize your contact-tracing effort, including training plans and curriculums.[xxv] We encourage you to frequently check for updated guidance.

Building Trust within Communities

Building public trust is essential in building an effective culturally tailored contact tracing operation that can efficiently and persuasively reach people who could have been at risk for exposure. It is important to note that many people may be wary of seeing an unknown phone number call their phone. Some marginalized communities may be skeptical of the healthcare system in general, so providing a safe, private, and confidential experience is important in building and sustaining trust/cooperation from community members. Avoiding terms like "agent" or "official" can help build comfortability and identifying public health professionals directly from the community may help make your contact tracing program seem less intimidating.[xxvi]

All contact tracing conversations are voluntary and confidential. Though interviewers will ask for date of birth, address, race, and ethnicity, the interviewer should never ask for social security number, immigration status, or financial information. Participants should be reminded that information collected during interviews is used only by public health agencies and is protected in a secure system (and that interviewers operate under strict confidentiality rules). Remember to inform participants – both positively tested individuals and those they may have been in contact with - that protecting confidentiality means that names or medical records are never shared without approval (and cannot be shared with other people such as family members, roommates, or neighbors).

Focusing the conversation on unmet or under-met needs could also help individuals feeling alarmed to better understand what their next steps should be. Jargon-free language and patience in answering questions may also prove to help increase understanding (VDH has a list of **contact tracing FAQs** for the public that could serve as a helpful reference for contact tracers and call recipients).[xxvii] Avoid tech-heavy solutions that rely on a steady internet connection or the requirement for a smartphone if possible (this may be very effective in privileged communities, but not in all underserved areas).

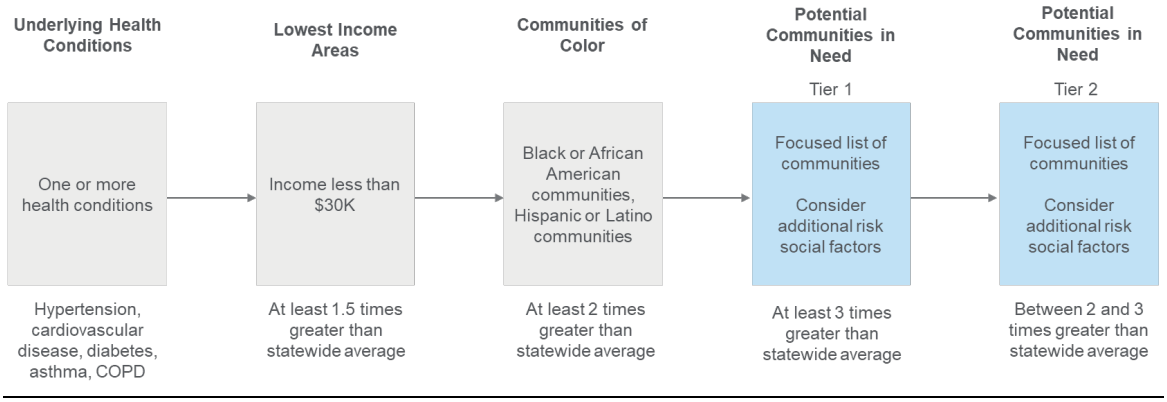
Appendix

Additional support resources

Local food bank resources are available on-site as a support service for those getting testing.

Communities in Need Spreadsheet

Using data powered by the Health360 dataset developed by Deloitte, our team analyzed potential communities in need by identifying areas where groups of individuals with underlying health conditions overlapped with low-income areas and communities of color within those areas. The data was viewed from several perspectives, resulting in the linked spreadsheet document hosted on the VDH Office of Health Equity website that identifies Virginia communities in need.



Contracting Interpretation Services

Spoken language interpreters commonly facilitate communication with people with Limited English Proficiency (LEP) during States of Emergency. Spoken language access for people with LEP is required by Title VI of the Civil Rights Act of 1964. Spoken language interpreters can work remotely or onsite and may be obtained through service contracts with state agencies but are not coordinated through VDH. Written content may be translated from English into a spoken language other than English, and it is recommended that emergency -related information is translated into multiple foreign languages common to the impacted area. Contact your procurement/fiscal agent to find out which spoken language services vendors are available to your agency.

Regional Coordinators

Regional testing coordinators are supporting each health region. Contact covid19pps@vdh.virginia.gov for more information or any additional questions.

Index of Additional Resources

Resource Name	Description	Location
Communication Accessibility Guidance for State Agencies	Key guidance on the provision of information to people who are deaf, hard of hearing, deafblind, blind, and visually impaired	**Web Presentation**
Narrative for Communication Accessibility Guidance for State Agencies	Accompanying narrative to the Web Presentation above	**DOC**

Communication Accessibility During a State of Emergency	Key guidance on communicating information about COVID-19 to people who are deaf, hard of hearing, deafblind, LEP, blind, and visually impaired	**PDF**
Just in Time Training-Health Equity in Disaster Response and Recovery	Guidance on how to center health equity before, during, and after a disaster	**PPT**
Narrative – Health Equity Presentation	Accompanying narrative to the PowerPoint above	**DOC**
Health Equity Definitions	Words and definitions to help you build your Health Equity vocabulary	**URL**
Checklist for Plain Language	Official checklist for making sure your document meets plain language standards (with definitions for the standards)	URL
Checklist for Language Accessibility	State of Colorado's checklist for ensuring COVID-19 communications are accessible	PDF
Framing Data to Advance Equity	State of Colorado's resource for data staff to understand how to frame data to tell the full story and advance equity	PDF
Honoring All Languages to Advance Equity	State of Colorado's resource with tips on creating multilingual spaces that promote language justice while engaging communities	**PDF**
Using Communications to Advance Equity	State of Colorado's tool to help identify ways to embed equity and inclusion into communications strategies	PDF
16 Key Considerations for Drive-Through or Mobile Testing	Association of State and Territorial Health Officials (ASHTO) Blog Post	**URL**
How to Address COVID-19 in Communities of Color	Association of State and Territorial Health Officials (ASHTO) Blog Post	**URL**

COVID-19 Fact Sheets and Materials in 35 languages - freely available for download and distribution without copyright restrictions	COVID-19 Educational materials created in collaboration with Harvard Health Publishing, reviewed and vetted by physicians and medical school faculty members at the Harvard hospitals.	**URL**
Discussion of health literacy as barrier to managing COVID-19	Summary of online COVID-19 / health literacy online briefing sponsored by the National Academies of Sciences, Engineering, and Medicine - includes recommendations based on best practices across the country	**URL**
Readability Test Tool	The Readability Test Tool provides a quick and easy way to test the readability of your work. It is the most flexible readability software for assessing readability formulas.	**URL**
Health Literacy Solutions Center – Coronavirus Resource Library	Collection of resources that explain things in plain language and that help to break down this complex topic	**URL**
World Health Organization Western Pacific Region COVID-19 Infographics	A large collection of infographics for COVID-19 information and recommendations (all in English but with easy-to-understand images)	**URL**
Healthwise COVID-19 Infographics	A collection of infographics about COVID-19 (all in English with more words than the World Health Organization ones)	**URL**
Accessible Tool for Checking Risk Factors for COVID-19	Tool vetted by the National Federation of the Blind to be accessible for people who are blind to be able to check their COVID-19 risk factors	**URL**
Tips and Tools for Reaching Limited English Proficient Communities in Emergency	Guidance produced by the Department of Justice's Civil Rights Division (particularly for emergency responses)	**URL**

Preparedness, Response, and Recovery		
Access and Functional Needs Resource Guide	A compilation of resources to assist in public health preparedness planning for individuals with disabilities and others with access and functional needs	**URL**

Endnotes and References

[i] https://www.vdh.virginia.gov/coronavirus/prevention-tips/contact-tracing/
[ii] https://www.cdc.gov/
[iii] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html
[iv] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html
[v] https://www.governor.virginia.gov/media/governorvirginiagov/dei/documents/Commonwealth-of-Virginia-Equity-Leadership-Task-Force_Website-information2.pdf
[vi] https://www.governor.virginia.gov/diversity/equity-leadership-taskforce/
[vii] https://www.lep.gov/sites/lep/files/resources/lepbrochure.pdf
[viii] https://bhw.hrsa.gov/shortage-designation/muap
[ix]https://www.ada.gov/ada_intro.htm#:~:text=To%20be%20protected%20by%20the,as%20having%20such%20an%20impairment
[x] https://www.who.int/healthpromotion/health-literacy/en/
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[xii] https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools/
[xiii] https://nhchc.org/wp-content/uploads/2020/04/NHCHC_Unsheltered-Homelessness_Final.pdf
[xiv] https://www.hhs.gov/sites/default/files/lep-bulletin-5-15-2020-english.pdf
[xv] https://www.hhs.gov/about/news/2020/06/09/ocr-resolves-complaints-after-state-connecticut-private-hospital-safeguard-rights-persons.html
[xvi] https://publichealth.berkeley.edu/wp-content/uploads/2020/05/For-the-Good-of-Us-All-Report-update.pdf
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[xviii] https://www.youtube.com/watch?v=d0ukatn74EA
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[xxiv] https://www.vdh.virginia.gov/coronavirus/prevention-tips/contact-tracing/#:~:text=Contact%20tracing%20involves%20finding%20people,prevent%20them%20from%20spreading%20it.&text=The%20Virginia%20Department%20of%20Health%20(VDH)%20has%20been%20working%20hard,of%20the%20COVID%2D19%20response.
[xxv] https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing-resources.html
[xxvi] https://www.theverge.com/2020/6/10/21285166/contact-tracing-community-partnerships-trust-coronavirus
[xxvii] https://www.vdh.virginia.gov/coronavirus/prevention-tips/contact-tracing/#:~:text=Contact%20tracing%20involves%20finding%20people,prevent%20them%20from%20spreading%20it.&text=The%20Virginia%20Department%20of%20Health%20(VDH)%20has%20been%20working%20hard,of%20the%20COVID%2D19%20response.