

# PERCEPTIONS OF CONTACT TRACING AMONG SAN DIEGO LATINOS



The Chicano  
Federation

## EXECUTIVE SUMMARY

With technical support from the University of California, San Diego, the Chicano Federation conducted qualitative interviews with 37 members of the San Diego Latino community.

Interviewees were asked their perceptions of contact tracing, barriers and facilitators to T3 participation, and perceived community needs related to T3.

Our key findings include:

1. Language is a key barrier to participation in and knowledge of contact tracing. In addition to a clear preference for Spanish-speaking case investigators and contact tracers, participants described a lack of Spanish-language outreach leading to a lack of understanding about the overall T3 process across the County.
2. Privacy concerns are paramount – many informants expressed concern for undocumented index cases and/or contacts and their networks. Additionally, several interviewees described potential socio- cultural reservations with sharing personal information, especially among community elders.
3. Community members face multiple practical aspects to effective isolation beyond access to housing/hotel rooms. For example, if one individual supports an entire household and is unable to work remotely, then isolating from work for 14 days or more presents a severe economic challenge. There is also a gendered nature to isolation – many female interviewees described engaging in a wide range of care work within the home. This unpaid work needs to be considered and supported if a caregiver must isolate.

Based on these findings, we recommend:

1. Develop outreach efforts that are linguistically and culturally tailored to Spanish speaking communities and targeted to high-incidence areas.
2. Acknowledge privacy concerns and be transparent about how data is protected.
3. Provide support that addresses structural barriers to safe isolation.
4. Build on community strengths to develop T3 redundancies and ensure the highest-risk networks are protected.

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## BACKGROUND

The coronavirus pandemic has not impacted communities equally. As of September 15, 2020 – 43,181 San Diegans have been diagnosed with COVID-19. Latino residents make up nearly two-thirds of those cases.

The County's T3 strategy has emphasized the importance of testing, tracing, and treatment (isolation) to mitigate and contain the pandemic. It is important that these T3 efforts are appropriately tailored to the community that is bearing the brunt of the disease.

The Chicano Federation, with technical support from the University of California, San Diego, conducted open-ended qualitative interviews with 37 respondents from across the County. Interviews were conducted in Spanish and English by bilingual interviewers.

## FINDINGS

Several core ideas came up repeatedly across all interviews:

### Language considerations

Nearly every person we spoke with named language as the primary barrier to testing and contact tracing efforts. Several interviewees expressed concern about non-English speaking resident's ability or desire to participate in contact tracing or case investigation calls. Spanish-language outreach efforts do not appear to have diffused widely amongst the community, none of the individuals we interviewed had seen COVID-19 educational outreach messages in Spanish media. Moreover, participants emphasized the need to use accessible language in both Spanish and English outreach efforts, citing concerns that COVID-19 prevention and testing information was not accessible to individuals with less formal education.

### Privacy concerns

Many interviewees expressed concerns about the potential impact testing and/or contact tracing might have on immigration status. Interviewees were uncertain if individuals who were undocumented would be willing to participate in contact tracing, or if cases who had been in contact with undocumented residents would be willing to name these individuals as part of the case investigation process.

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## Testing

Some respondents expressed testing hesitancy due to the potential costs of the test, lack of health insurance to cover the test and treatment if necessary, and the financial implications of a positive result that could put them out of work.

## Isolation barriers

Interviewees described a variety of structural barriers to their ability to isolate safely if diagnosed with COVID-19. Many households are supported by a single income and female interviewees in particular described the large amount of care work that they are responsible for each day.

## Social responsibility

Respondents felt strongly about their social responsibility to protect their family and community. Despite the valid concerns that were raised about testing and contact tracing, community members recognize that getting tested and participating in contact tracing were actionable steps they could take to protect themselves and their families.

## **RECOMMENDATIONS**

Linguistic and culturally tailored outreach to Spanish speaking communities and high-incidence areas is key. While translation is available for individuals contacted by case investigators and contact tracers, educational outreach regarding testing access and COVID-19 prevention strategies likely needs to be significantly bolstered. Given that case rates are highest in zip codes across southern San Diego county, which are home to many Spanish speaking households, targeting and tailoring health and T3 education outreach to these specific areas is likely to provide the highest benefit.

Outreach efforts must be transparent and proactive about data privacy concerns. Fears that data could be shared with immigration and customs enforcement are very real. It is probable that this has led to a situation where individuals who are undocumented or living in households with mixed documentation status are systematically less likely to access testing, participate in contact tracing, and/or be named as contacts by an index case.

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Barriers to isolation are structural and will require structural solutions. Many households are supported by a single income. Asking the sole wage-earner in a household to isolate could very likely precipitate a major financial crisis for an entire family. It is particularly important to plan for this eventuality given that individuals who work outside the home are at higher risk of COVID-19 exposure and infection. In other words, *for many households the person who is at the highest risk of COVID-19 infection is also the least likely to be able to isolate safely.*

Moreover, female respondents reported engaging in a large amount of unpaid care work throughout the day – cooking, cleaning, supervising children, supporting distance learning, etc. It is unclear who would do this care work if the person previously responsible had to isolate, or if families would be able to redistribute tasks in a way that minimized household exposure.

To promote safe isolation, more support for households as well as individuals is necessary. While individuals may need access to safe hotel rooms, the households they support or care for will likely also need more tangible support such as food, rent relief, and additional educational supports for children whose caregiver must isolate.

Build on community strengths. Across all interviews, study participants strongly endorsed the need for community responsibility and care. Campaigns that build on this pervasive sense of social responsibility will likely be well received. For example, emphasizing the importance of learning one's status to protect family and friends, or participating in contact tracing to ensure contacts have the opportunity to stop outbreaks before they grow. Given the potential for systematic under-tracing in undocumented communities, educational efforts on the definition of exposures and close contacts may be one key way to support informal contact tracing within high-risk networks that are less likely to access T3 services.