



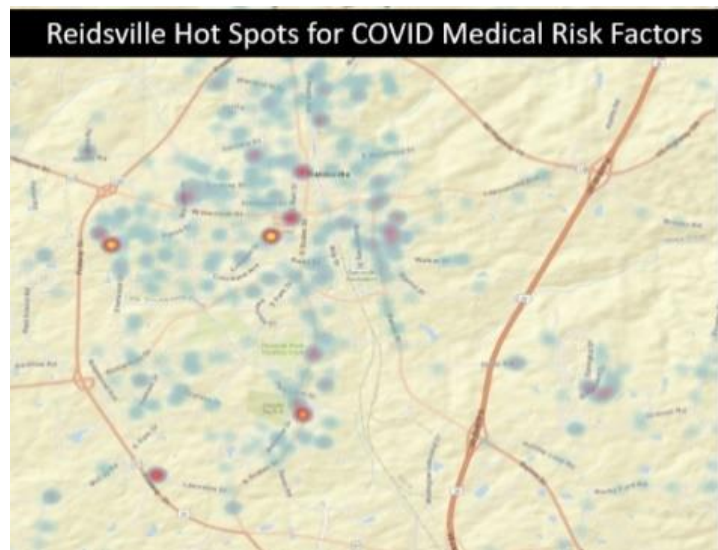
COVID-19 Community Testing in Historically Marginalized Populations: Best Practices

Why Test in the Community?

Communities with a concentration of historically marginalized populations exist throughout North Carolina. Well-established patterns of COVID-19 infection continue to demonstrate that Black/African American and LatinX/Hispanic populations are disparately impacted by the pandemic. Additionally, front line and essential workers, by nature of their jobs, experience higher rates of infection and ongoing exposure.

These areas appear to be at high-risk to develop and potentially transmit COVID-19 for many reasons, including close proximity of housing, challenges to practice social distancing, occupational exposure and barriers in transportation, as well as historical obstacles to access health care, a concentration of unmet health needs and chronic disease burden.

While there is probably not a wrong place to do community testing, there are certainly some locations with more potential to support and protect populations at higher risk of infection. As communities determine where to hold a testing event, a **Best Practice** is to use existing data sources to identify specific locations with a high concentration of low-income earners, subsidized housing, concentrations of multiple chronic illness, etc. Use the [NCDHHS Social Determinants of Health Interactive Map](#) to identify locations.



Example of a chronic disease hot spot map to guide testing site location

Creating the Community Testing Team

Community testing will be successful if championed by a leadership team that includes the local health department (LHD), and health care providers such as community health centers (also known as federally qualified health centers or FQHCs), hospitals, and private and hospital-based providers.

It is important to note that, for many people, their first experience with the public health system may be the testing event and creating an environment that instills confidence and inspires trust is crucial. It is essential that partners who are trusted within their communities are part of the leadership team, such as faith, community service organizations and other non-profit leaders.

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When identifying partners in the community, consider the following:

- **Testing** should be provided in a manner that connects those who do not have a medical home with a primary care provider. That is why it is important to engage the LHD, a community health center, a health care or hospital system, a rural health center, an urgent care facility, a free clinic or private primary care practices.
- **Contact tracing** is a disease-control measure used by state and local public health to identify close contacts who may have been exposed and/or may have the virus and be unaware. The North Carolina Department of Health and Human Services (NCDHHS) is working with local public health departments to increase capacity to provide additional outbreak control measures in response to COVID-19. This team includes staff with cultural competency training, skills in specialized languages and people connected to communities and individuals, especially with traditionally hard-to-reach populations
- **Access to medical care** for symptomatic patients at the testing site is important to provide. People in high-risk communities and those without a medical home or access to health care may present more ill than others. Having basic vital sign equipment including a pulse oximeter onsite is important. If possible, for immediate concerns provide an office visit onsite or through a telehealth connection at the testing location. Consider including safety-net primary care providers to provide services such as screening, information and follow-up appointments for chronic conditions that increase risk of severe complications and mortality from COVID-19. Include community health workers, promotor and outreach specialists to connect individuals to resources addressing social determinants of health through [NCCARE360](#).
- **Results management** is a shared responsibility among the medical provider, the local health department and the individual being tested. The ordering entity will provide test results to the person undergoing testing. Clinicians can use this as an opportunity to create a medical home relationship. Those testing positive may need follow-up care, and those testing negative may need additional guidance and support. Persons testing positive for COVID-19 will also be contacted for follow up by the LHD for support and contact tracing. (All positive results are required by North Carolina Communicable Disease law to be reported to the LHD.)
- **Housing, transportation and food assistance** for people under isolation or who test positive are important care links to provide at the testing site. North Carolina has received approval from the Federal Emergency Management Agency (FEMA) to provide [non-congregate housing alternatives](#), such as hotels, motels and dormitories, for North



Testing event in Chatham County involves the CST, LHD, FQHC, EM, DHHS, UNC Medical students and a local large employer.

Carolinkians who are unable to safely isolate or quarantine at home—or who require social distancing as a preventive measure.

Resources can also be identified through [NCCARE360](#), a statewide tool to link people to resources, and 2-1-1. At a minimum, providing a brochure of community resources and contact information should be provided. The North Carolina Disaster Assistance (COVID-19) website lists [additional resources for individuals](#) and [FEMA funding for businesses and non-profits](#).

- **Anticipatory guidance and health education** should be provided onsite at the time of the testing. This should include guidance on how to manage symptoms, isolate, and protect household contacts as well as reviewing guidance following test results based on the reason for testing.
- **Media liaisons** on site can be helpful as often the local media becomes interested in the testing event, especially if publicity was effective in advance. Identifying one person at the site to monitor for and manage media requests is important. If media can be scheduled in advance to arrive and complete interviews before the event there is less concern of patient privacy compromise or creating discomfort for community members who would like to be tested.

Testing Guidance

Inevitably questions will arise about whether someone is eligible to be tested. With [guidance](#) released May 15, 2020, the following people could be considered for testing:

- Anyone with symptoms suggestive of COVID-19
- Anyone with close contacts with known positive cases, regardless of symptoms
- Regardless of symptoms, anyone at higher risk of exposure or at a higher risk for severe disease. Such patient populations are:
 - People who live in or have regular contact with high-risk settings (e.g., long-term care facility, homeless shelter, correctional facility, migrant farmworker camp)
 - People who are at high risk of severe illness (e.g., people over 65 years of age, people of any age with underlying health conditions)
 - People who come from historically marginalized populations
 - Health care workers or first responders (e.g., Emergency Medicaid Services (EMS), law enforcement, fire department, military)
 - Front-line and essential workers (e.g., grocery store clerks, gas station attendants) in settings where social distancing is difficult to maintain

Test Modality Considerations

Identifying the testing methodology to be used is important in community testing. The following should be included in deliberations:

- **Quality of the Test.** Ensuring use of a laboratory-approved test with high sensitivity and specificity is important to avoid false negative results. **Best Practice** for outpatient testing is the molecular (RT-PCR) nasopharyngeal swab. Nasal swabs are acceptable for sample

collection but may have a lower sensitivity than nasopharyngeal swabs. **The antibody test should not be used** to diagnose an active coronavirus infection. Likewise, the staff at the testing site should be adequately trained to collect the sample with the approved technique; poor sample collection can result in a false negative result.

- **Availability of the Test.** Ensure the testing site can receive adequate sample collection supplies to meet community need. Communicate with the lab at least one week in advance secure procurement of supplies. Additionally, if accessing testing supplies is difficult, communities can request supplies at the [state-maintained testing supply site](#).
- **Time to Result the Test.** Individuals with symptoms should isolate while waiting for their test results. Making sure the lab can turn around test results relatively quickly is important. Avoid tests that might have more than a three-day lag for test results.
- **Test Collection.** It is crucial to understand the type of swab to be used, the location of sample collection (e.g., oropharynx, nasopharynx), and the type of transport medium and transport conditions for quality assurance. The testing site needs to be capable of temperature-regulated storage and have a method for timely transportation to the lab facility to optimize sample validity.

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is needed for the staff collecting the samples and the people presenting for testing. It is a **Best Practice** to provide masks to everyone attending an event as many may not have access to them or understand why or how to use them. If the testing event partners with the National Guard Civil Support Team (CST), it will provide all PPE required for its teams to perform testing. Organizations should order PPE through their regular supply chains, if possible. Organizations can also request and access PPE through the [state-maintained PPE supply site](#).



Best Practice! Swag bags ideally contain a face mask and other helpful items like water bottles, basic first aid supplies, and education materials.

Organizational Considerations

When developing and organizing a rapid response, consider the following to avoid confusion:

- Ensure that all partners provide the same information and education in a manner that is understandable, and culturally and linguistically competent, including spoken and written languages at the literacy level that is appropriate for the community.
- Ensure that all partners allow for patient choice in the decision to complete testing or not without the presence or perception of influence.
- If the testing partner is not able to provide a direct link to a medical home, provide resources to connect patients to care.

- Be prepared to answer the following questions for people with positive results:
 - Who will be contacting patient with results?
 - What should patients do if symptoms worsen?
 - Is there housing adequate for isolation and quarantine for families who live in small or congested households or with a high-risk person?
 - I have a chronic condition and am at risk for severe complications of COVID-19, where can I go to receive ongoing health care?
- Be prepared to answer the following questions for people with negative results:
 - How will you guide who can return to work and when?
 - How will you help provide guidance to protect them from exposure in the future?

Community Testing ABCs

Advance Planning

Perhaps the most important part of a successful mass testing is the coordination and clear identification of all partners early in the process. A site visit in advance of testing provides the ability to plan for missing requirements, such as water, Wi-Fi and shelter.

Access

Accessing Wi-Fi can be crucial for the medical partner to register patients, whether through expanded network near the testing spot or adequately powered hotspot. It is a **Best Practice** for patients to be entered into the electronic health record to optimize data collection for ongoing follow up.

Best Testing Sites

Hosting a testing site that allows people to drive through is a **Best Practice**; minimizing concerns related to social distancing and optimizing staff safety. It is crucial to engage in safety measures to direct cars in a pattern to decrease risk of accidents; likewise, even with drive-thru testing sites, the ability to walk up should be honored. Some testing venues, particularly those embedded in public housing communities, may be able to only physically accommodate walk-up testing. Creating lines and 6-foot distance marks using heavy tape or traffic cones is important to increase social distancing.



Drive-thru testing provides the least exposure to the testing team.

Basic Needs

Staff at testing sites may be exposed to the elements for long periods depending on the length of time the event is scheduled. There are certain basic needs that should be attended to thoughtfully, to include at a minimum:

- Toilet facilities (portable rentals if indoor facility is not close)
- Handwashing facilities (portable station if indoor facility is not close)
- Eating location with seats and cover away from testing or patient locations
- Shelter in the form of several secure, heavy-duty tents to endure heavy wind, rain and sun; cover the medical team, health department educators, testers, etc., and their electronics; and provide adequate space to social distance
- Basic beverage and food provision (consider coffee/pastries at start up, bottled water all day, lunch delivered to site)

Clear Identification of Testing Site Staff

Team members need to be easily and clearly identified. Without a standardized identification (could be as simple as a colored sticky name tag on the chest), it is difficult to tell who is there to be tested and who is a volunteer since everyone has different face coverings. Clear identification keeps the environment safe for privacy (if not well identified, others can access areas intended only for staff) and makes it easy for people presenting for testing to know who can answer their questions. One thing to consider is that depending on the community you are testing, fear of authorities may deter people from coming to a testing event. Avoiding highly uniformed staff and wearing more casual street clothes creates a safer-feeling environment at times.



This team makes it clear by their yellow gowns and shields that they are testing site staff. This site provides regular testing and a link to primary care when needed.

Clear Incident Command on the Ground

Identify the Incident Commander of the operation before the event begins. This individual should be empowered to make critical decisions in the moment, such as those related to testing parameters, complications in logistics, conflicts and environmental threats. This person should have the contact information of the executive leaders from each organization participating in the testing event and feel comfortable reaching out immediately for support if needed. Finally, this person needs to make themselves known and available for the entire testing event.

Community Engagement and Promotion

Advanced planning also allows the team to provide promotional material and communication to alert the community about the event. Local media outlets are often willing to assist in promoting an event; additionally, bringing in non-medical partners to volunteer at the event can lead to great attendance and engagement. It is important to provide in advance clearly defined roles for volunteers, schedules, written instructions for safety and a designated point of contact (such as the Incident Commander) to address questions.

Need Help?

If a community is having difficulty executing a community testing event, NCDHHS is willing to help connect and direct a testing strategy, as well as making connections to forge partnership at the local level. Failure to manage an outbreak in the most efficient manner will have significant negative consequences for all involved, so timely partnership is crucial. For answers to questions about COVID-19 resources, visit the [North Carolina COVID-19 Information Hub](#).

Links to Resources in this Best Practices Guide

COVID-19 Provider Guidance (May 15, 2020)

files.nc.gov/ncdhhs/documents/files/covid-19/COVID-19-Provider-Guidance-Final.pdf

FEMA non-congregate housing alternatives

covid19.ncdhhs.gov/information/housing-sheltering/non-congregate-sheltering

NCCARE360

nccare360.org

Social Determinants of Health Interactive Map

nc.maps.arcgis.com/apps/MapSeries/index.html?appid=def612b7025b44eaa1e0d7af43f4702b

State and federal resources for individuals

nc.gov/agencies/volunteer/disaster-assistance-covid-19#individuals

State and federal resources for businesses and non-profits (includes FEMA)

nc.gov/agencies/volunteer/disaster-assistance-covid-19#businesses---nonprofits

North Carolina COVID-19 Information Hub

nc.gov/covid19

State-maintained Personal Protective Equipment Supply Site

covid19.ncdhhs.gov/information/health-care/requesting-ppe

State-maintained testing supply site

covid19.ncdhhs.gov/information/health-care/requesting-specimen-testing-supplies