

Title: Gathering Data From Underrepresented Communities Requires Tailored Outreach: Lessons Learned From An Equity-Based Community Assessment of COVID-19 Response in Marin County, CA

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Problem Statement: Elevating perspectives from communities who bore the greatest impact of the COVID-19 pandemic is critical for improved local government response. Marin County, California, an affluent, predominantly non-Hispanic white suburban county with socioeconomic disparities varying by geography and race/ethnicity, piloted measures to supplement traditional sampling methods to improve participation from underrepresented communities.

Methods: Marin County Public Health (MCPH) adapted the Centers for Disease Control (CDC) Community Assessment for Public Health Emergency Response (CASPER) methodology to survey residents on their knowledge of COVID-19 information and available resources between June-October 2022. Four census tracts (CTs) in the lowest quartile of the Healthy Places Index (HPI), a measure of social vulnerability, were chosen in areas with high COVID-19 burden, while three CTs in the highest HPI quartiles were randomly selected to include perspectives from residents of higher socioeconomic levels. The survey was administered by MCPH staff through door-to-door canvassing, ensuring bilingual staff availability for low HPI CTs. Alternative strategies were piloted in the four low HPI CTs to build trust and acceptance. Strategies were chosen based on feedback from community partners in each area and were tailored to the needs of each community. Piloted outreach strategies included collaborating with community-based organizations to promote the survey, distributing informational flyers to houses selected for participation prior to in-person contact, employing a community partner known to residents to accompany MCPH staff in surveying, and identifying areas within each CT to survey, especially in our rural communities. Participants were offered a \$10 gift card and COVID-19 antigen tests as incentives. Success for our piloted strategies was determined through examining contact rates, number of surveys completed per staff hour, and racial/ethnic representation.

Results: MCPH staff approached 732 households and completed 252 interviews (contact rate 34%). Contact rates in low HPI census tracts (37%) were higher than those in high HPI CTs (31%). Compared to high HPI CTs, households in low HPI CTs were more likely to be non-white (67% vs 26%), particularly Hispanic/Latino/a (47% vs 12%) and non-Hispanic Black (7% vs 3%). In the CT known to have a high proportion of Spanish-speaking residents and bilingual staff conducted surveying, over 60% of surveys were completed in Spanish. In the CT where we engaged a community partner, we had 88% contact rate. In our rural CT, using paper surveys and identifying known community access-points resulted in a 39% contact rate. Completed surveys per staff hour was higher in the low HPI CTs compared to non-low HPI CTs (1.2 completed surveys per hour vs. 0.95).

Recommendations/Practical Applications/Future Goals: Our tailored approach to surveying low HPI CTs allowed for higher contact rate in these areas, greater representation of racial/ethnic groups, and more surveys completed per staff hour. Future directions for this work include disseminating the results to community partners, via presentations and town hall forums that further solicit feedback from community members that can be incorporated into future data collection efforts. Sharing data collection processes with other jurisdictions will enable others to elevate perspectives from historically underrepresented communities.