

Rapid Community Case Studies: Five key lessons learned during COVID-19

PURPOSE

- In 2021-2022, Team N-Touch partnered with The Centers for Disease Control and Prevention (CDC) to:
- Test the Rapid Community Case Studies (RCCS) pilot approach by applying new and adapted data collection strategies to enhance real-time understanding of complex challenges vulnerable populations face (e.g. policy barriers) that limit the adoption of recommended COVID-19 mitigation practices and policies
 - Design and implement a research project to collect data that would inform the CDC COVID-19 response on priority interventions needed to reduce COVID-19 transmission for individuals at increased risk of death

OUTCOME

- The intent of this work is to:
- Inform how local and state policy get written or implemented
 - Develop communications to address increases in COVID-19 cases for marginalized population groups
 - Inform how to focus public health research and practice to address COVID-19 disparities
 - Address current and emergent CDC priorities focused on disproportionately affected populations during the COVID-19 pandemic

Five Key Lessons from Participating Communities



INSTITUTE FOR THE ADVANCEMENT OF MINORITY HEALTH (IAMH)

- Location: Mississippi (Hinds, Warren, Copiah Counties)
- Focus Population: Black/African American



FRIENDS OF REFUGEES (FOR)

- Location: Clarkston, GA
- Focus Population: Refugee community



Cross-Cutting Themes In Both Communities

We developed a conceptual (behavioral) framework for measuring community resilience across 14 key factors that covered social, political, community, neighborhood, economic, healthcare and public access. Here are our major findings across the two communities:



Community Impact:

Both communities experienced similar impacts of COVID-19, including food insecurity, job loss/reduced hours, lack of childcare, housing insecurity, challenges related to school closures and remote learning, and negative impacts on mental health.



Federal, State, and Local Policy Interventions:

In both communities federal, state and local policy interventions (e.g., expanded SNAP benefits, stimulus payments and child tax credits, rental and utility assistance) were helpful in easing COVID-19's economic impact; however, refugee community members faced greater difficulty in securing benefits, due to documentation and other requirements.



Community-serving Organizations:

Community-serving Organizations helped develop easy-to-read guidance in multiple languages and used trusted messengers to conduct frequent education and outreach efforts to help many community members overcome hesitancy and take the initial round of vaccines. These efforts were also pivotal in coordinating and establishing free and easily accessible stationary and mobile testing and vaccination sites.



Ongoing Need:

Both communities are currently have an ongoing need for clear, easy to understand, engaging information about vaccines and boosters that can reach audiences struggling with pandemic fatigue.



Mitigation Measures:

Mitigation measures such as masks and social distancing were readily adopted by both communities; however, there was a great deal of vaccine hesitancy driven by multiple factors including lack of consistent, easy to understand guidelines mistrust, social media fueled and mis-information and dis-information.

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Our Methodology

QUALITATIVE ANALYSIS

Design and Methodology

Community Selection

- Community candidates were identified by CDC.
- Team N-Touch recruited communities using approved communication protocol.

Data Collection

- Community-Serving Organization Leads from participating communities assisted with the identification of other peer organizations.
- Focus groups and interviews of mid-management staff and community members, were conducted.

Data Management

- Interviews were translated (as needed) and transcribed to facilitate data analysis.

Data Analysis

- A thematic analysis was conducted using ATLAS.ti.

Reporting

- Findings are reported by community.
- Cross-cutting themes were also be identified.

Limitations

- Focus groups and interviews are designed to provide rich, nuanced data that yielded insight about a topic of interest not generalizable results.

QUANTITATIVE ANALYSIS

Design and Methodology

Participant Selection

- Participants were conveniently sampled within the three communities.
- Data collectors affiliated with partnering community serving organizations administered the survey to community members in appropriate language as needed.

Data Collection

- The data was collected using an electronically administered survey and hard copies when necessary.

Data Management

- Our Project Management Team managed front-end translations. Back-end translations were completed by community-based data collectors and NBS Team members.

Statistical Methods

- Descriptive statistics and precision analytics were used to draw conclusions about the resilience of the community as a result of COVID-19 and provide insight into implications for COVID-19 and future public health emergencies.

Software

- KNIME, a data analytics tool, was used to gain insight.

Reporting

- Findings are reported in three formats:
- Aggregate results: Results of the group as a whole.
 - Community results: Results reported based on community responses.
 - Demographic results: Results reported based on specific population groups.

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