COMMUNITY ASSESSMENT OF COVID-19 ELKHART COUNTY, IN

Assessment Period: July 6, 2022 to August 5, 2020
Released: October 9, 2020

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TABLE OF CONTENTS

Executive Summary

EXECUTIVE SUMMARY

In mid-June, Elkhart County, Indiana experienced a spike in the number of people with COVID-19 and testing positivity rate. The Indiana State Department of Health (ISDH) requested assistance from CDC to strengthen the COVID-19 response in Elkhart County. CDC deployed a multidisciplinary team composed of an epidemiologist, a behavioral scientist, and two community outreach specialists. A CDC GIS and Microbe Trace subject matter experts supported the team remotely from Atlanta, Georgia. The mission objectives of the community assessment were to assist Elkhart County Health Department (ECHD) with 1) processing and synthesizing epidemiologic data to identify trends in communities of interest; 2) enhancing case investigation and contact tracing procedures and options for people with COVID-19 referred to ECHD for wraparound services; and 3) supporting community outreach efforts and developing messages for Hispanic or Latino and Amish people.

The CDC team met with the ISDH, ECHD, and Elkhart County Emergency Management staff to discuss the mission and objectives, current situation, and outreach efforts implemented to decrease the number of people with COVID-19. We also met with Elkhart, Goshen, and Nappanee city mayors and Elkhart county commissioners to discuss the mission and objectives of the community assessment and to learn about their concerns related to COVID-19 in their communities.

Elkhart county represents 3% of the Indiana population, but accounts for 7.1% of people diagnosed with COVID-19. As of July 21, 2020, 4,144 Elkhart county residents have been diagnosed with COVID-19. Compared to Indiana, Elkhart county has higher percentages of people diagnosed with COVID-19 among males; all age groups, except those above 50 years of age; people who identify with more than one race; and people of Hispanic or Latino ethnicity. It is important to note that race and ethnicity were not recorded for a substantial percentage of people with COVID-19.

The CDC team conducted key informant interviews with members and leaders from the Hispanic or Latino and Amish communities, and employees and managers of recreational vehicle (RV) plants. We conducted the interviews to identify main challenges related to COVID-19 prevention and control and topics to emphasize to promote adherence to public health recommendations in the respective communities and workplaces.

Key observations from the interviews include:
- Members from the Amish community may not be using preventive measures (e.g. social distancing, mask wearing) consistently. Community-specific messages and strategies

should not be perceived as accusatory, stigmatizing, or blaming. Instead, messages should be empowering and include everyone in the solution.

- Leaders from the Hispanic or Latino community identified principal barriers to preventing viral spread. These were health disparities, migration status, comorbidities, working conditions, and the delay in receiving testing results. Culturally appropriate messages are critical to more effectively reach the members of the Hispanic or Latino community.

- Members of the Hispanic or Latino community expressed substantial challenges to practicing social distancing at home between family members. They are aware of the testing sites and know where they can go to get tested for COVID-19. It is important to explain the different types of testing and the purpose for each one.

- Senior executives from RV plants provided details on training, education, and communication for COVID-19 prevention at their companies. Executives shared a guidance document "playbook" that was developed for RV manufacturing plants. Executives made adjustments to ensure workers could practice appropriate health and safety behaviors at work. Executives also guaranteed paid sick leave to encourage those who were feeling sick to stay home without income loss. Given the limited number of RV plant employees the CDC team was able to contact, it may be necessary to continue to reach out to employees to gain a broader perspective of their experiences in the workplace.

The ISDH has a robust contact tracing database and process flow from the state to the county. The system is automated and flexible to adjust as contact tracing activities evolve with the pandemic.

Rapid control of the spread of COVID-19 will minimize morbidity, mortality, and the social and economic impact in Elkhart County. To accomplish this goal the CDC team provided specific recommendations in four focus areas:

Focus Area	Specific Recommendation
1. Data Collection, Analysis and Reporting	- Continue exploring options for improving the completeness of race and ethnicity data such as matching surveillance data with the state contact tracing database.

Focus Area	Specific Recommendation
	• Standardize the workplace variable in the surveillance system, then continue working on network analysis of cases, contacts, and place of employment. • Consider further advertising the Indiana COVID-19 Dashboard (which includes county-level information) or developing a one-page Elkhart County COVID-19 profile to disseminate regularly among elected officials and other stakeholders.
2. Community Outreach Efforts and Developing Messages Designed Specifically for Amish people and Separately for Hispanic or Latino people	• Integrate the Health Belief Model for COVID-19 educational messages among Elkhart County Amish and Hispanic or Latino people. • Establish a detailed communication plan, to provide the local health department, community organizations and partners the tools needed to present a coherent messaging strategy to effectively reach Amish and Hispanic or Latino people. *Amish People* • Coordinate with community partners to provide culturally appropriate communication and education using multiple channels and formats and repeatedly. • Tailor messages and communications strategies for Amish people to address a number of topics, including: 1) Seriousness of the COVID-19 infection, 2) Basic information about COVID-19 transmission and risks, symptom presentation, and risk of rapid transmission in smaller community, 3) Encourage prevention behaviors including social (physical) distancing, mask wearing, hand washing, cleaning and disinfecting, and avoiding close contact if someone is sick, including household members, 4) Address misconceptions circulating in the community by providing clear, factual, and positive messages to counter misinformation, and 5) Explain how to create a separate space and safely care for loved ones who are sick in their homes. • Ensure the following educational needs are met: 1) Increasing awareness of the modes of transmission of COVID-19, 2) Increasing awareness of COVID-19, including factors that increase risk, 3) Increasing awareness of how specific prevention behaviors decrease risk, and 4) Increasing acceptance of testing.

Focus Area	Specific Recommendation
	Hispanic or Latino People
	• Make sure educational messages include prevention methods against COVID-19, transmission methods, information about isolation and quarantine and their differences, the severity of the disease and documented consequences, the variety of tests available for COVID-19 and difference between viral or antibody tests, and on the status of the vaccine development. Messages should also address the misconceptions that exist about natural and alternative medicine as remedies to cure the illness. The lack of a cure for the virus should be emphasized. • Include a list of places available to receive healthcare services, as well as a list of testing sites for COVID-19 (with the type(s) of test offered and costs) on any educational material. Make sure to include information regarding whether testing sites require ID to receive these services. • Ensure messages are available in Spanish.
3. RV Manufacturing	• Consider reaching out to other employees to gain a broader perspective of their experiences in the workplace. • Consider requesting technical assistance from the National Institute for Occupational Safety and Health (NIOSH) to strengthen COVID-19 mitigation strategies in manufacturing facilities. • Consider direct training with employees on how to maintain social distance while conducting their specific job duties. • Establish environmental controls to reduce heat in the workplace.
4. Case Investigation and Contact Tracing	• Increase understanding and engage the community in cooperating with contact tracing. • Increase the number of Spanish speaking staff conducting case investigations and contact tracing as the disease burden is disproportionate among the Hispanic or Latino people. • Evaluate process and outcome metrics routinely to gain insight into successes, understand who may be lost to follow up, identify resource/training needs, quickly seize opportunities for improvement, and pivot more easily when/if new high-risk communities emerge. • Establish evaluation meetings with ISDH and ECHD leads to share program data, updates, best practices, and lessons learned. • Expand case investigation and contact tracing forms/scripts to:

Focus Area	Specific Recommendation
	i. Document multi-family, multi-generational, and high occupancy households and settings.
	ii. Document suspected community settings where people with COVID-19 may have been exposed and may have transmitted to others.
	iii. Notify residents of "hotspot" counties of county-specific wrap-around services as they become available (e.g., alternative housing for isolation, culturally and linguistically appropriate facilitation, care resource coordinators, food and pharmacy delivery, laundry services, and garbage removal).

SECTION A: BACKGROUND

County Highlights

Elkhart County is one of 92 counties in Indiana, is located the northern region, and shares a border with Michigan. The county is mostly rural farmland and includes three cities: Elkhart, Goshen, and Nappanee. Elkhart County is known as "The RV Capital of the World" as 80% of global recreational vehicle (RV) manufacturing occurs in this area. Farming also plays a big role in the local economy.

The US Census Bureau currently estimates the resident population at 206,341 and is 50.6% female and 49.4% male. The median household income is estimated at $55,399, with 11.5% living at or below poverty level. The racial makeup of the county is 89.5% White, 6.1% Black or African American, 1.2% Asian, 0.6% American Indian, 7.5% other races, and 2.5% two or more races. Persons of Hispanic or Latino ethnicity made up 16.8% of the population (https://www.census.gov/quickfacts/elkhartcountyindiana). In addition to race and ethnicity, the county has a sizable population of Amish people.

Mission and Objectives

In mid-June, Elkhart County experienced a spike in the number of people with COVID-19 and positivity rate, disproportionately affecting Hispanic or Latino people. County officials expressed concern that COVID-19 was spreading within the Amish people. Elkhart County had a peak of 112 people with COVID-19 in mid-June. With this increase, Elkhart County became one of the counties with the highest number of reported cases in the state, with an age-adjusted COVID-19 case rate of 2,165 per 100,000 population and a positivity rate of 13.4%, much higher than the state positivity rate of 8.9%.

The Indiana State Department of Health (ISDH) and the Elkhart County Health Department (ECHD) wanted to improve adherence to public health guidance and lower the incidence of COVID-19 in Hispanic or Latino and Amish people. To this end, ISDH requested assistance from CDC to strengthen the COVID-19 response in Elkhart County, Indiana.

As part of the public health response to COVID-19, CDC deployed a team to Elkhart County from July 6, 2020 to July 28, 2020 to:

1. Assist the local health department with processing and synthesizing epidemiologic data to identify trends in communities of interest;
2. Enhance local case investigation and contact tracing procedures and options for people with COVID-19 referred to ECHD for wraparound services; and
3. Support outreach and develop messaging for Hispanic or Latino and Amish people.

COVID-19 prevention efforts in the county include shelter in place, a mask mandate, and mask promotions by the ECHD. There have been several free mask giveaways and social media, radio, and television posts.

The Team

The CDC multidisciplinary team was composed of an epidemiologist, a behavioral scientist, and two community outreach subject matter experts (SMEs). Several CDC SMEs provided remote support including in GIS and MicrobeTrace. CDC worked closely with experts at the ISDH, ECHD, and the Elkhart County Emergency Management (ECEM) to complete this mission.

The CDC Team

- Denise Duran — Team Lead & Epidemiologist
- Shane Jack — Co-Team Lead & Behavioral Scientist
- Magan Pearson — Community Outreach SME
- Gisela Medina-Martinez — Community Outreach SME
- Shaiana Oliveira — GIS SME (remote support in Atlanta)
- Ellsworth Campbell — MicrobeTrace SME (remote support in Atlanta)

Indiana State Department of Health

- Pam Pontones — Deputy Health Commissioner & State Epidemiologist
- Erik Hawkins — Epidemiologist
- Chris Waldron — Epidemiologist
- Yenling Ho — Data Scientist
- Owen Boberg — Data Scientist
- Tara Morse — IT Director/Contact Tracing Project Manager
- Chelsey Miller — Pubic Health Intern

Elkhart County Health Department

- Lydia Mertz — Health Officer
- Gwen Jaegar — Nurse Manager
- Melanie Sizemore — Public Information Officer
- Mary Weber — Nurse Lead

Elkhart County Emergency Management

- Jennifer Tobey — Director

In-Brief Meeting with Indiana State Department of Health

On July 6th, Denise Duran and Shane Jack met with Pam Pontones, Eric Hawkins, and other ISDH staff. The purpose of the meeting was to discuss the current situation in Elkhart county and the mission and objectives of the community assessment. We discussed the following topics:

- COVID-19 data flow
- Centralized contact tracing system
- Progress made by Dr. Kristina Box (Indiana State Health Commissioner) to reach out to Amish bishops
- Challenges with outreach and education about COVID-19 among Hispanic or Latino and Amish people
- RV manufacturing and the Elkhart County Industrial Task Force
- State-supported testing sites
- Local family practice physicians working with the Amish people

In-Brief Meeting Elkhart County Health Department

On July 7, the CDC team met with ECDH staff, including Dr. Lydia Mertz (Health Officer), Melanie Sizemore (Public Information Officer), Gwen Jaegar (Nurse Manager), Mary Weber (Nurse Lead), and Jennifer Tobey (Director, ECEM). During the meeting, we reviewed the community assessment mission and objectives and the challenges of effective outreach to the Amish people. We discussed efforts made by Dr. Box to reach out Amish bishops. Also, we talked about available testing sites and issues related to visitation rights of family members when hospitalized for COVID-19. In addition, we discussed current efforts with the Hispanic or Latino people that have centered around communication with local partners (Goshen College and radio stations). ECDH staff mentioned they were working on alternative housing for isolation of persons diagnosed with COVID-19. We also discussed concerns among the elected officials and the newly formed Black or African American Pandemic Coalition. We discussed the RV manufacturing industries, work conditions (e.g., difficult for employees to wear masks and maintain social distance with the high summer temperature), and perception among employees that COVID-19 is spreading at work. At the request of the ECHD, we added RV manufacturing managers and employees to the key informant interviews to get more insight related to COVID-19 in that setting.

In-Brief Meeting Elkhart County Emergency Management

On July 7, the CDC team participated on the ECEM call to meet the team. The ECEM Director provided an overview of the activities planned for Elkhart County. The next day, the CDC team attended an in-person meeting with ECEM members. The main topic of discussion was the long delays (up to 10 days) to get testing results. We also reviewed and agreed on the list of leaders

from the Hispanic or Latino and Amish communities to invite to focus group discussions or key informant interviews. Also, we discussed the need to reach out to elective officials to learn about their concerns and needs. The ECEM Director and ECHD Public Health Officer agreed to coordinate these meetings.

SECTION B: EPIDEMIOLOGIC ANALYSES OF COVID-19 IN ELKHART COUNTY

Data Considerations

ISDH provided summary tables to characterize COVID-19 cases among persons of Hispanic or Latino ethnicity in Elkhart County.

ISDH staff analyzed data from ISDH's NEDSS Base System (NBS) as of July 25, 2020 of COVID-19 cases reported from 3/11/2020 to 7/21/2020 and provided output to CDC team. The CDC team extracted other data directly from the Indiana Data Hub.

The ISDH and CDC team analyzed data by:
- Demographics (age, sex, race/ethnicity)
- Geography
- Positivity rate

At ISDH's request, the analyses focused on the Hispanic or Latino people in Elkhart County. Although an in-depth analysis among Amish people was also needed, we were unable to conduct this analysis because the surveillance database does not capture religious affiliation.

Overview and Findings

We characterized the epidemiology and patterns of spread of COVID-19 in Elkhart County by looking at new (incidence) cases, deaths, positivity rate, spatial analysis, and network analysis.

New Cases

From March 11, 2020 to July 21, 2020, 58,639 new cases were reported statewide to the ISDH. Among these, 4,144 (7%) new cases were among residents of Elkhart County. Elkhart County represents 3% of the Indiana population, but accounted for 7% of the new COVID-19 cases. Compared to Indiana, Elkhart County had higher percentages of new cases among males; all age groups, except those above 50 years of age; people who identify with more than one race; and persons of Hispanic or Latino ethnicity. It is important to note that 64% of COVID-19 cases were recorded as unknown race or ethnicity (Table 1).

Table 1. COVID-19 cases for Indiana and Elkhart County— 3/11/2020-7/21/2020

Demographics	Indiana		Elkhart County	
	No.	%	No.	%
Total	58,639		4,144	
Sex				
Male	26,988	46.0	1,976	47.7
Female	30,680	52.3	2,050	49.5
Unknown	971	1.7	118	2.8
Age group, < 19 years				
0-4 (preschool)	534	0.9	117	2.8
5-10 (elementary school)	623	1.1	99	2.4
11-13 (middle school)	492	0.8	83	2.0
14-18 (high school)	1,905	3.2	222	5.4
Age group (all ages)				
0-19	4399	7.5	619	14.9
20-29	10,267	17.5	797	19.2
30-39	9,226	15.7	672	16.2
40-49	9,490	16.2	710	17.1
50-59	9,073	15.5	552	13.3
60-69	6,963	11.9	363	8.8
70-79	4,418	7.5	240	5.8
80+	4,763	8.1	189	4.6
Unknown	40	0.1	2	0.0
Race[1]				
White	20,117	34.3	984	23.8
Black or African American	5,023	8.6	132	3.2
Asian	684	1.2	9	0.2
Other	7,057	12.0	268	6.5
More than one race	562	1.0	120	2.9
Unknown	25,155	42.9	2,629	63.5
Ethnicity[1]				
Hispanic or Latino	6,489	11.1	717	17.3
Not Hispanic or Latino	19,934	34.0	691	16.7
Unknown	32,175	54.9	2,734	66.0

Data source: ISDH – NBS

[1] Does not add up to the total due to deduplication after initial analysis was conducted.

The highest number of daily cases (n=112) and 7-day average (n=78) were observed in mid-June. After the ECHD issued a mask mandate effective on 7/3/2020, there have been fluctuations in the number of new cases, but cases in July were lower than in June. This fluctuation can also result from a backlog in test processing. For the last day analyzed, July 21st, the 7-day average was 51 cases (Figure 1).

Figure 1. New COVID-19 cases and 7-day average
Elkhart County, Indiana- 3/11/2020-7/21/2020
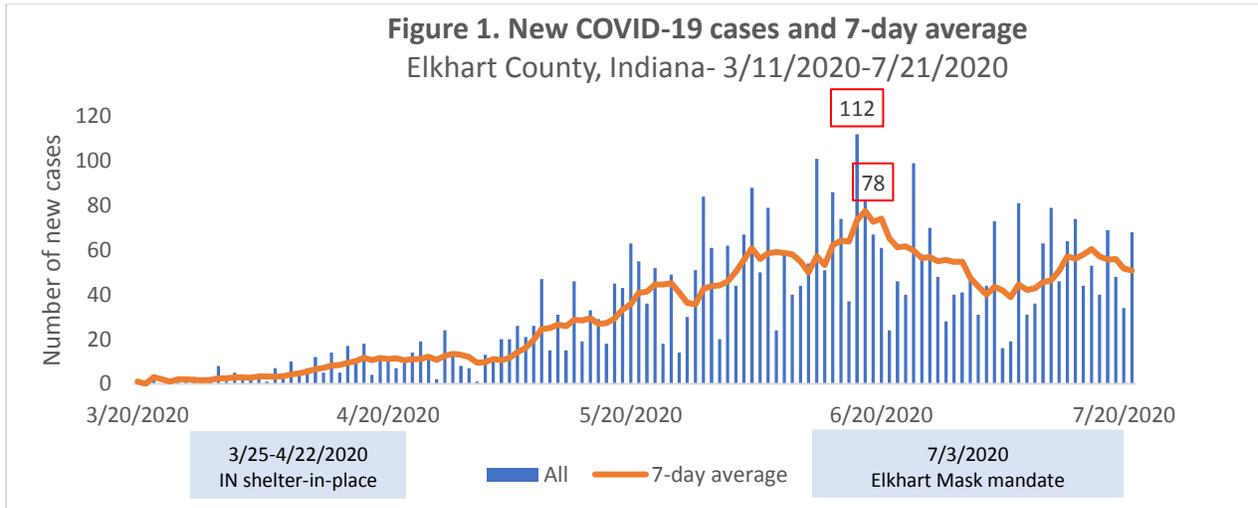
N=4,144
Data source: ISDH - NBS

Among people with known race (n=1,513), White people accounted for a total 984 (65%) and the number of people in this group in June and July was more than double the number reported in May. Black or African American people and people of other racial backgrounds also had a steady increase in the number of cases. Persons of Hispanic or Latino ethnicity accounted for 717 (51%) of the cases with known ethnicity (n= 1,408) and experienced a steady increase with the highest number of cases reported in July (Figure 2).

Figure 2. COVID-19 cases by race and ethnicity
Elkhart County, Indiana-- 3/11/2020-7/21/2020
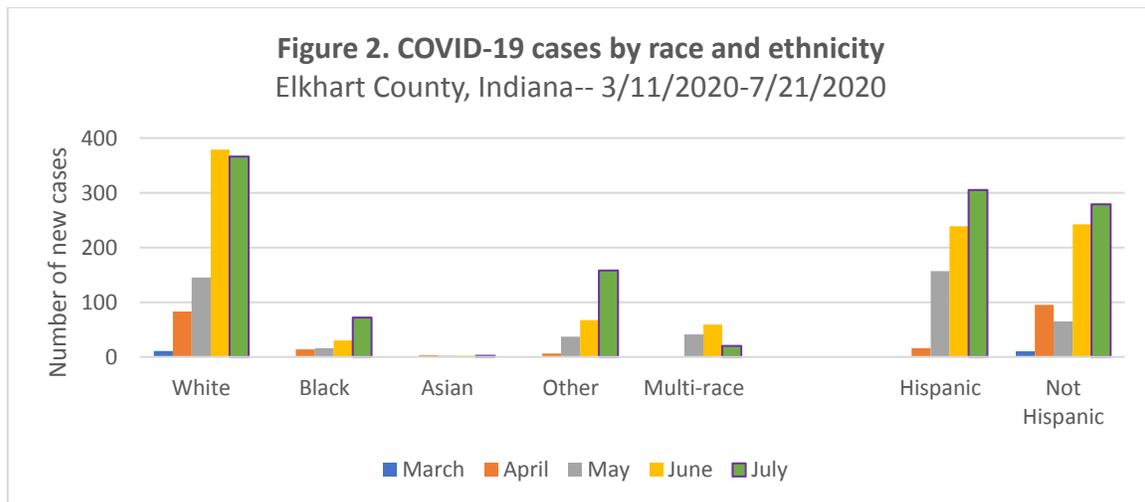
Data source: ISDH - NBS

Persons of Hispanic or Latino ethnicity have experienced COVID-19 disease burden disproportionate to their population size. Persons of Hispanic or Latino ethnicity represent 16.3% of the Elkhart County population and account for 50.9% of all reported cases with known ethnicity (n=1,408). The crude incidence rate among persons of Hispanic or Latino ethnicity was 2,140.2 (per 100,000) and this population experienced a steady increase in the number of new cases between March and July (Figure 3).

Cases among Hispanic or Latino and White people are predominantly in the 25-44 years age group. Cases appear to be evenly distributed between males and females in all ages and race/ethnicity groups. We were unable to present data on persons of Amish religion because the database does not collect religious affiliation. (Figure 3)

Figure 3. COVID-19 cases by sex, age group, and race/ethnicity Elkhart County, Indiana-- 3/11/2020-7/21/2020
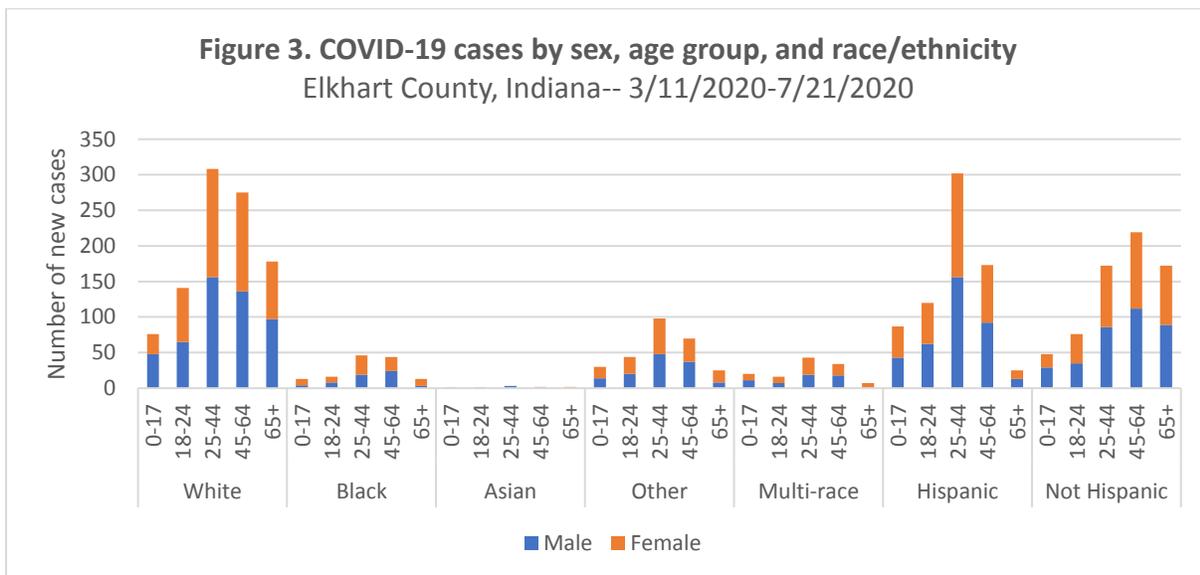
Data source: ISDH – NBS

N= 1,506 with known race, sex, and age

N= 1,394 with known ethnicity, sex, and age

Deaths

As of 7/21/2020, 70 COVID-19 deaths had been reported in Elkhart County. The majority were males (n=35, 50%) and aged 80+ years (n=44, 63%) (Figure 4).

Figure 4. COVID-19 deaths by sex and age group
Elkhart County, IN-- 3/11/2020-7/21/2020
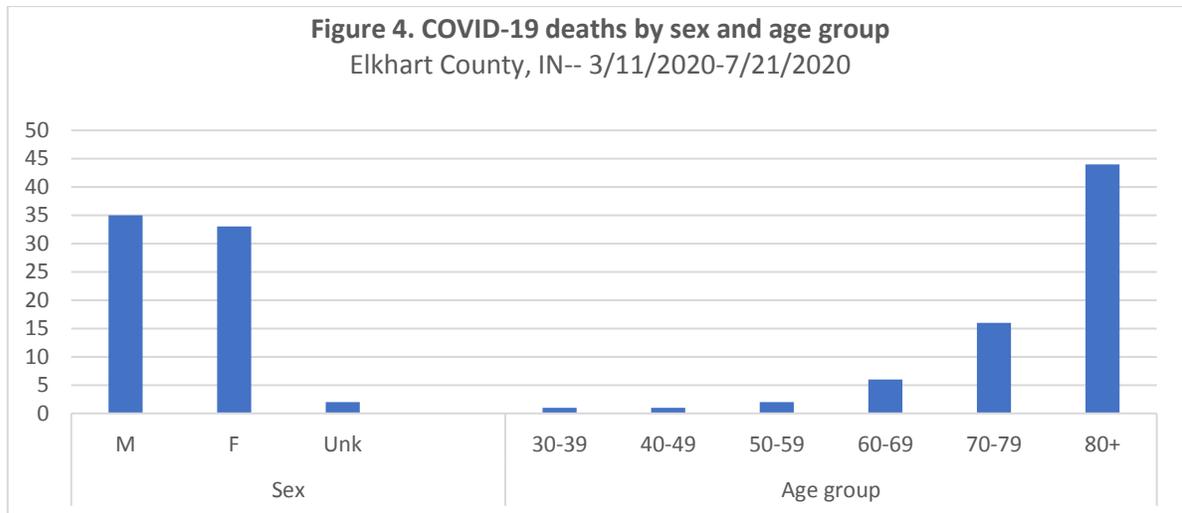
Data source: ISDH – NBS
N= 70

Positivity rate

Positivity rate is defined as the proportion of individuals who test positive among all persons tested for COVID-19 over a defined time period. The total positivity rate is the cumulative positivity rate, which includes all confirmed cases and all tested individuals over time. Elkhart County's total positivity rate for COVID-19 testing has remained relatively constant at 13% since mid-June, which is above the 9% state positivity rate (Figure 5).

Figure 5. Total positivity rate
Elkhart County and Indiana, 3/3/2020-7/31/2020
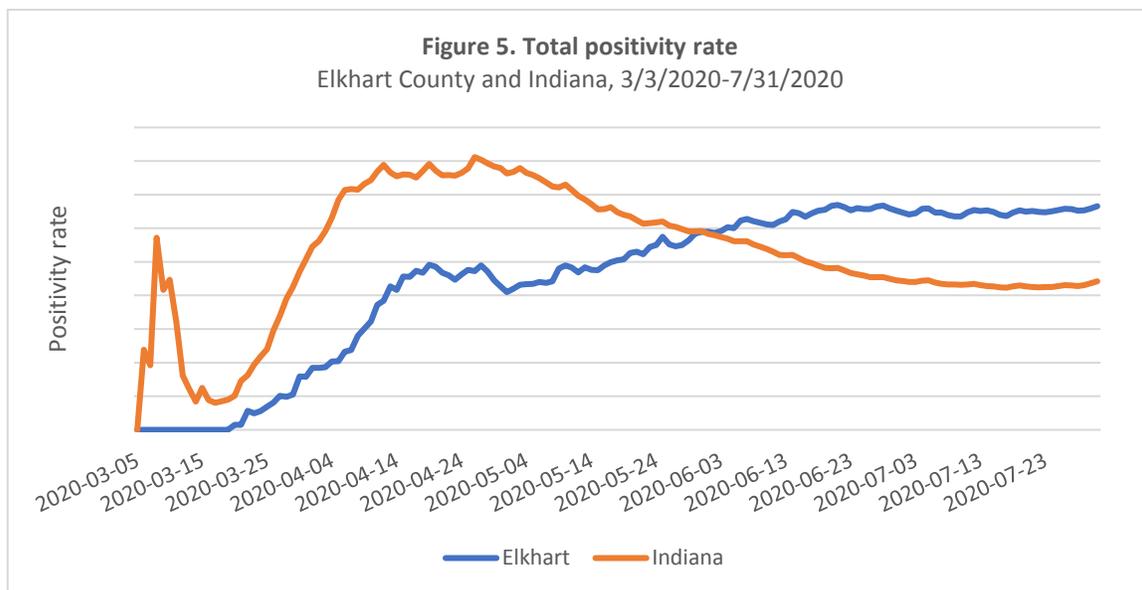
Data source: ISDH, FSSA

This graph shows the daily COVID-19 positive test rate and 7-day average for Elkhart County. The bars represent the daily positive test rate, which is the percentage of individuals who tested positive each day; the line is the 7-day positive test rate average. Elkhart County's positive COVID-19 test rate peaked in mid-April. In the month of July, the 7-day average positivity test rate ranged from 9.6% to 12.2%. The last 7-day average positive test rate on 7/20 showed a slight decrease (10.2%) (Figure 6).

Figure 6. COVID-19 positive test rates: Daily and 7-day average
Elkhart County, Indiana-- 3/3/2020 - 7/20/2020
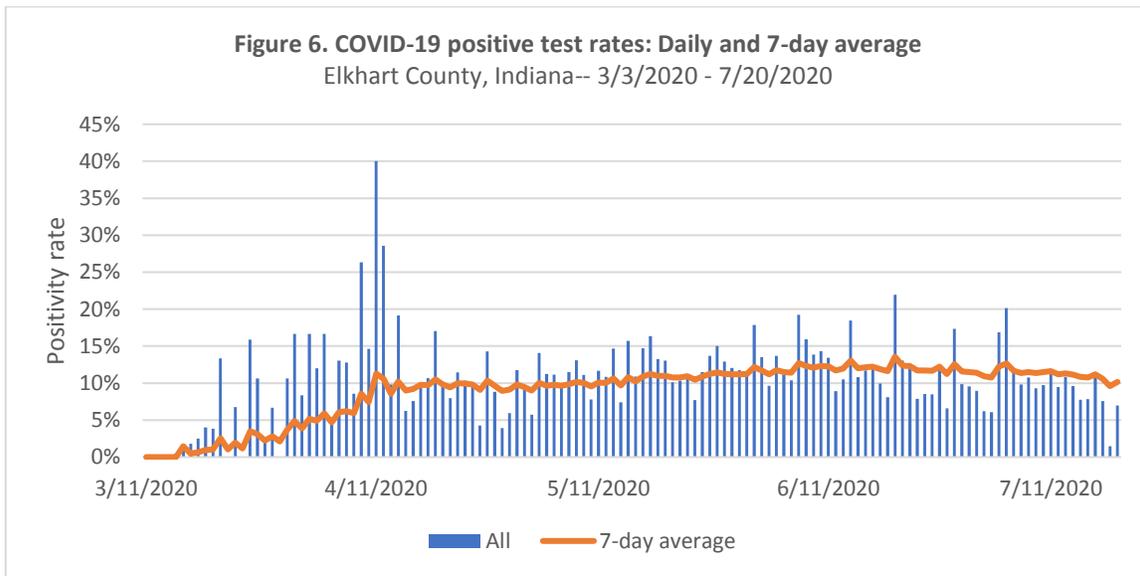
Data source: ISDH, FSSA

Spatial Analysis

The highest numbers of COVID-19 cases were in census tracts 2 and 5.01, located in Goshen City, and in census tracts 19.01 and 22, located in Elkhart City. Both Goshen and Elkhart are the most populous cities in the county. The highest number of cases within a census tract ranged from 176 to 283 COVID-19 cases. Of 4,144 total cases reported during this timeframe, only those with a street address (n=3,704, 89%) were included in the maps (Figure 7).

Figure 7. COVID-19 cases by census tract

Elkhart County, Indiana– 3/11/2020 – 7/21/2020
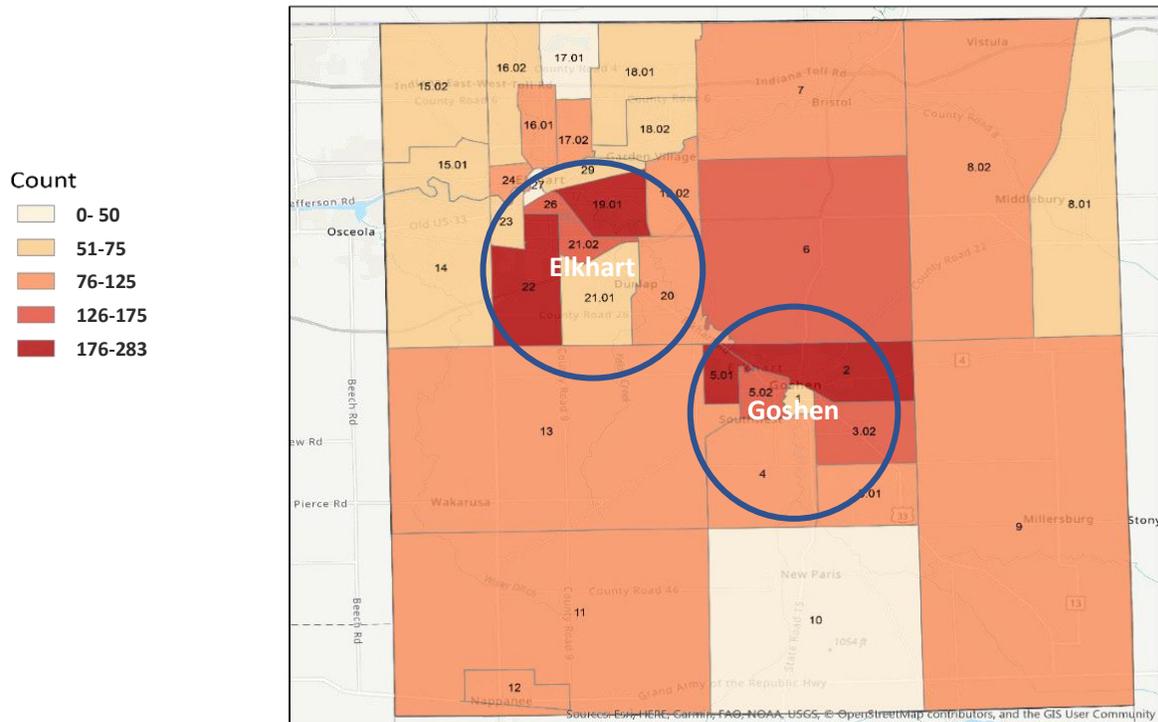
N= 3,704
Data source: ISDH - NBS

Census tracts with the highest incidence rates in Goshen City were 2, 3.01, 5.01, 5.02; and in Elkhart City were 19.01, 22, 23, and 26 (Figure 8).

Figure 8. COVID-19 incidence rate by census tract
Elkhart County, Indiana-- 3/11/2020-7/21/2020
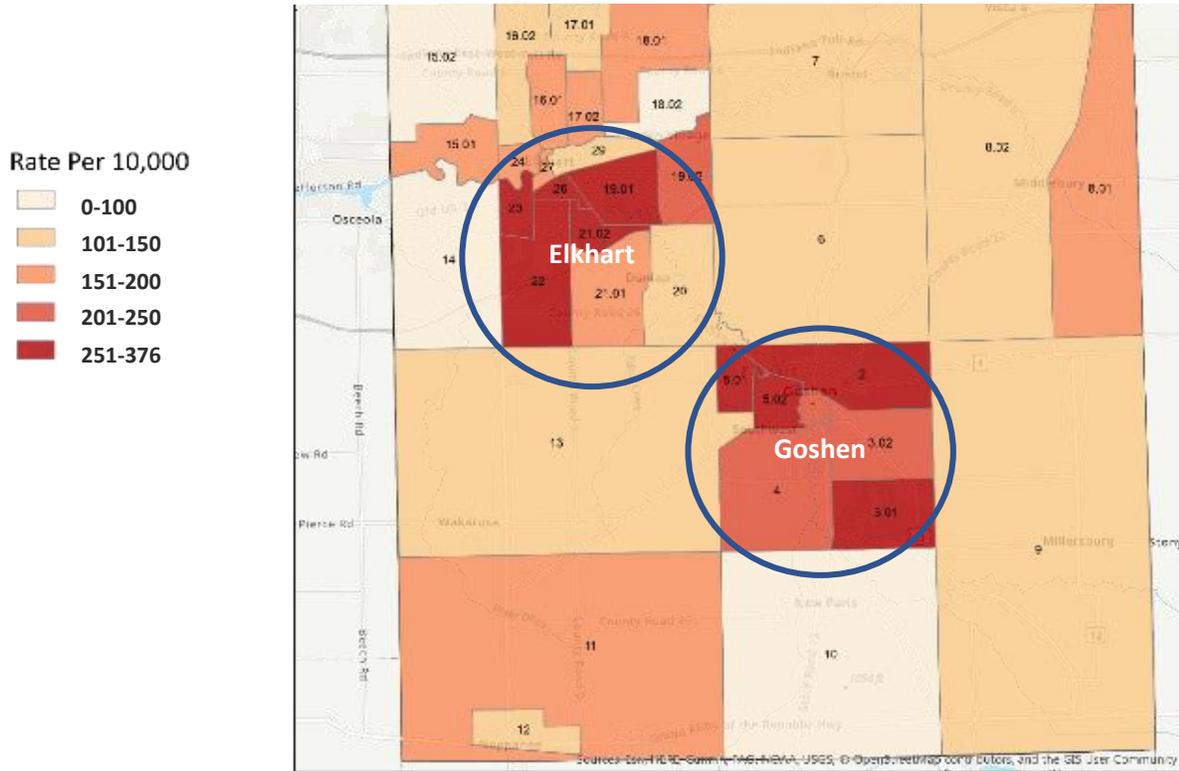
N= 3,704
Data source: ISDH - NBS

The figure below shows the COVID-19 case density in Elkhart County. Areas with the darkest purple indicate density of cases at approximately 173.52 per km2 (Figure 9).

Figure 9. COVID-19 case density
Elkhart County, Indiana—3/11/2020-7/21/2020

N= 3,704
Data source: ISDH - NBS

Network Analysis

The ISDH staff used MicrobeTrace software to discover and evaluate community, household, and occupational relationships among confirmed cases. Each dot represents a person who tested positive for COVID-19. The color of the line between points represents the relationship between the two diagnosed cases. 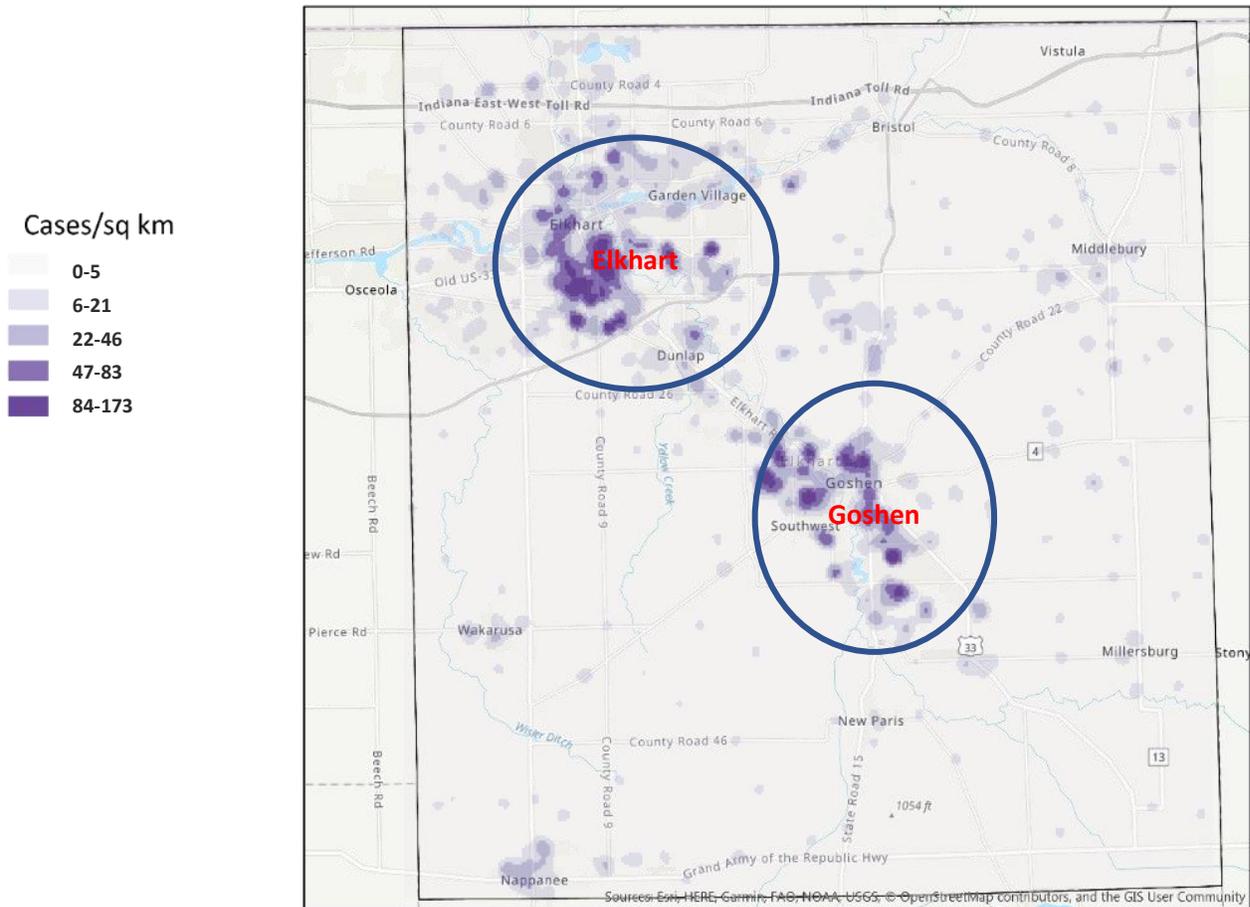These images included only cases that had a close contact who become a case. The contacts were identified using a combination of full name, age, home and mobile phone number, and address. Cases are represented as circular nodes in the network. Node sizes are scaled according to the number of named contacts in the entire data set. Named contacts (household, family, co-worker, and other) are represented as colored lines that connect the nodes."

From July 1 to July 25 there were 12,092 new cases in Indiana. Twenty-eight percent (3,391) of the cases were identified as both a case and a close contact to a case. Most of the cases were found to have a household member or a family member living outside the household as the risk of infection (Figure 10).

Figure 10. Network analysis for Indiana
7/1/2020-7/25/2020
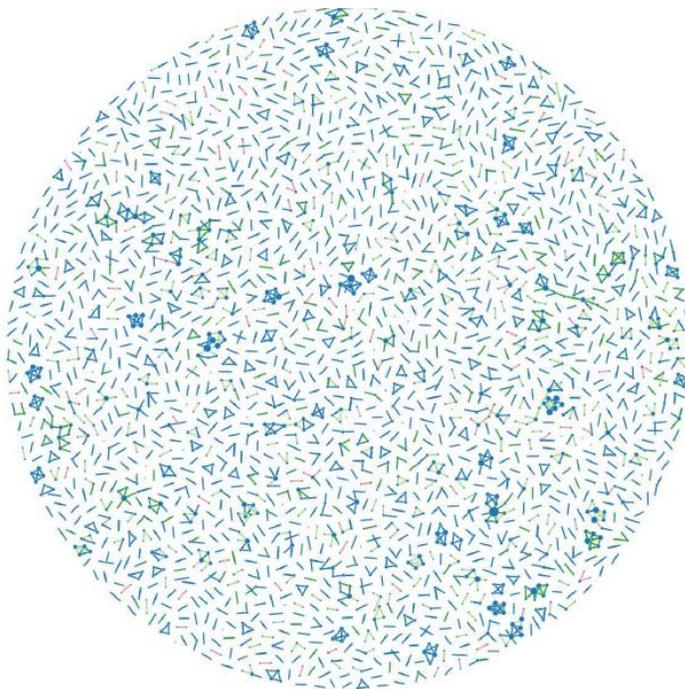
Link Relation	Count	Color
Household member	1,896	
Family member not living in same household	409	
Co-worker	88	
Other	349	

Data source: ISDH – Microsoft Dynamic

From the same time period there were 1,084 new cases in Elkhart County. Among the 1,084 cases, 257 (23.7%) of these cases had another case identified as a close contact. The image provided shows the network of COVID-19 spread among these 257 cases. Cases are represented as nodes and their sizes are scaled according to the number of named contacts in the entire data set, including those outside Elkhart County. Single nodes indicate that the individual case was listed as a close contact by a case outside of Elkhart county (Figure 11).

Figure 11. Network analysis for Elkhart County
7/1/2020-7/25/2020
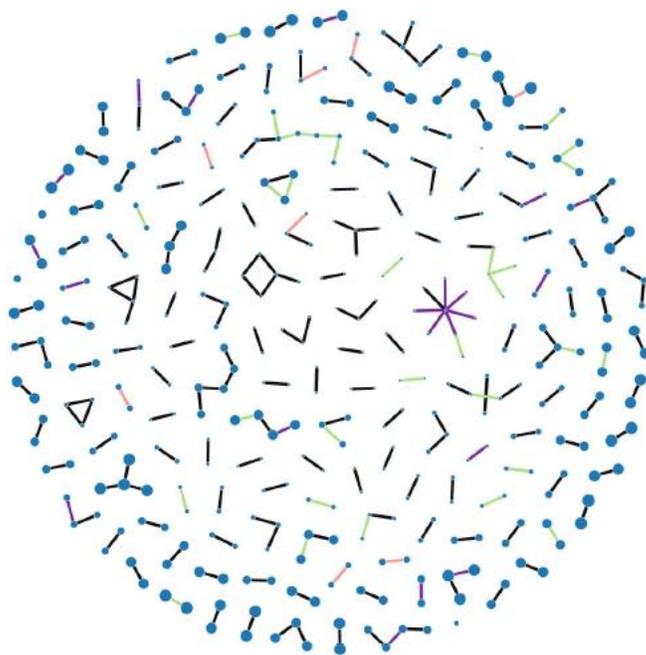
Link Relation	Count	Color
Household member	167	⬛
Family member not living in same household	32	🟩
Co-worker	8	🟧
Other	21	🟪

Data source: ISDH – Microsoft Dynamic

Industry

ISDH – Microsoft Dynamic database has information on COVID-19 cases and their contacts. It includes workplace information for the cases. We were not able to conduct network analysis focusing on place of employment because the workplace variable was not ready for analysis when this report was written. Workplace variable is difficult to clean and standardize because it is free-text field.

The ISDH's Elkhart County Industry Task Force provided a copy a report of cumulative COVID-19 cases by workplace diagnosed as of June 26, 2020. The report included a total of 367 confirmed COVID-19 cases diagnosed since the beginning of the epidemic. Most of the people with COVID-19 were male, White, Hispanic, aged 30-39 years, residents of Elkhart County, and employed by RV manufacturing. It is important to note that this table does not show information about the locations where persons are suspected to have become infected with COVID-19 because this information was not available. Also, we were unable to calculate the attack rate (number of employees with COVID-19 divided by the total number of employees) because the denominator was not submitted by all workplaces in the industry report sent to the ISDH's Elkhart County Industry Task Force (Table 2).

Table 2. Cumulative number of employees with COVID-19 as of June 26, 2020

Sex	No. (%)	Ethnicity	No. (%)	County of residence	No. (%)
Male	230 (63%)	Hispanic or Latino	209 (57%)	Elkhart	285 (78%)
Female	137 (37%)	Non- Hispanic or Latino	51 (14%)	Kosciusko	13 (4%)
Unknown	0 (0%)	Unknown	107 (29%)	Lagrange	2 (<1%)
				Marshall	20 (5%)
Race	**No. (%)**	**Age**	**No (%)**	Noble	27 (7%)
White	147 (40%)	15-19	10 (3%)	St. Joseph	18 (5%)
Black or African American	5 (1%)	20-29	88 (24%)	Steuben	1 (<1%)
Asian	2 (< 1%)	30-39	104 (28%)	Whitley	1 (<1%)
More than one race	10 (3%)	40-49	94 (27%)		
AI/AN	0 (0%)	50-59	51 (14%)	**Place of employment**	**No. (%)**
Other	73 (20%)	60-69	17 (5%)	RV manufacturing	295 (80%)
Unknown	130 (35%)	70+	3 (1%)	Other manufacturing	28 (8%)
				Meat processing	31 (8%)
				Other	13 (4%)

Limitations

ISDH - NBS is the database used to populate the Indiana COVID-19 Dashboard, which includes cases by demographics. These cases are reported by the laboratory or the hospital and most of the COVID-19 cases at the state-level and county-level do not have information on race or ethnicity, limiting the ability to identify racial and ethnic groups with the highest burden. Also, religious affiliation is not traditionally captured by surveillance databases, which impeded any analysis on COVID-19 among the Amish people. Another limitation was not having the workplace variable standardized and ready for analysis. We were unable to conduct network analysis focusing on place of employment.

Summary

Based on the data analysis conducted, we were unable to determine if the increase of COVID-19 cases is due to community and/or workplace spread. We could not draw a definitive conclusion. Therefore, we recommend that control measures and mitigation messages be disseminated among Elkhart residents to encourage prevention practices everywhere, rather than focusing on one location (e.g., workplace, home, or other gathering place).

SECTION C: QUALITATIVE INVESTIGATION: MEETINGS AND KEY INFORMANT INTERVIEWS

County Leader Meetings

This section includes a summary of topics discussed during meetings held with county leaders and staff. Elkhart County leaders play a critical role in effective local policy development and response to the COVID-19 pandemic. We met with city mayors, county commissioners, and representatives from Communication, Hospital Operations, School Board, City Operations, Places of Worship, Fire Department, Chamber of Commerce, Community Development, Treasurers, and Business. Attendees provided keen insight into the county's demographics, characteristics and unique factors that may contribute to the complexity of the substantial increase in the number of people with COVID-19.

City of Elkhart

Elkhart City has a population of 50,000, with Amish people residing in rural areas and the significant numbers of Hispanic or Latino and African American persons residing in urban areas. Elkhart County receives approximately 30,000-40,000 commuters that come into the county from neighboring counties for work and about 10,000-15,000 leave to work in other counties. While most cities were able to shelter in place and stay home at the start of pandemic, many citizens are "frontline workers" including those working in the RV industry and other industries and, thus, kept working. Some of these people work in hot environments where it may be

difficult to wear masks. In addition, there may be incentives to work quickly to complete several parts per day and may not miss work if sick due to a lack of sick leave days.

The mask mandate in Elkhart County began 6-8 weeks after it was instituted in the neighboring St. Joseph County. City officials mentioned that Elkhart County was slow to implement the ordinance and non-compliance persists. Local officials believe messages about mask wearing should come from the national level, rather than the state, cities or counties making local decisions.

Parents are concerned about COVID-19 exposure in school settings and students bringing the virus back home. City officials are concerned about people experiencing homelessness because of lack of shelter and their high risk of exposure in the community. City officials also mentioned the lack of appropriate influencers and the need to tailor prevention messages that are culturally appropriate for county residents. The city has implemented a communication campaign using their app, My Elkhart311, which allows push notifications for COVID-19 testing and mask messages.

The City of Elkhart has free testing sites that are run by state employees but are only open 8am-6pm on weekdays, with plans to continue operating until late July. The unavailability of free testing on evenings and weekends likely contributed to a lack of testing for the day shift working population. These free testing sites were conducting 150-200+ tests per week. There are example of long waits and long turnaround times for test results, which has created frustration. Other testing sites are charging up to $100 per test and might not be accessible to citizens who need a test but may not be able to afford one. Participants emphasized the lack of data on which communities were most affected and requested more specific data to know where to focus resources and how to tailor messages to the communities most heavily impacted by COVID-19.

City of Goshen

The City of Goshen has a population of 32,000, with 34% of the population identified as Hispanic or Latino people. The mayor's office has strong relationships with the Hispanic or Latino people and is aware they are facing specific concerns including issues related to immigration status, access to needed services, and high occupancy households. City-wide unemployment was 2.7% in Feb, 29.8% in April, and 11.7% in May. The county received $6.7 million from the CARES Act; however, Goshen City can only access a minimal amount. They plan to request more money for cities and local offices.

Goshen City implemented a mask mandate in early July, which evoked extreme reactions. The city held several mask giveaways and noticed more resistance to mask wearing among White persons aged approximately 45 to 64, adolescents and young adults, and Amish people. Participants mentioned that in neighboring St. Joseph County the number of people with

COVID-19 was lower and were more limited to adults aged 65 and older as a mask mandate was implemented much earlier. Local officials also emphasized the lack of data and requested demographic information to target messaging to heavily impacted communities. For COVID-19 prevention, the mayor's office invested in a city-wide mailer, "COVID-19 Maple City". The mailer is in both English/Spanish and provides information, resources, contacts, guidelines, and testing sites for citizens.

Testing sites run by the state were initially difficult to access because patients needed to have 2-3 symptoms to be tested. Currently, there are fewer restrictions resulting in testing more people. Other concerns include factories and businesses not fully utilizing the industrial hygienist experts provided by the state. Goshen has had enough ICU beds to accommodate the increased number of patients, however, local officials were concerned that decision makers may not take COVID-19 seriously until the number of open ICU beds declines. Of note, there are more hospitalized patients with COVID-19 in Elkhart County than all of Marion County (largest county by population in the state).

City of Nappanee

Nappanee City has a population of 6,800, half of which consists of Amish people. Nappanee has established a COVID-19 taskforce made up of medical doctors, first responders, emergency medical services, fire chiefs, police, social services, nonprofit organizations, places of worship, schools, and the library. The county commissioner and city mayor meet weekly to make data-driven decisions. They expressed the difficulty in getting timely, accurate, and complete data as well as challenges getting hospital data early in the pandemic. Having more data would help ensure testing is occurring among the right people and in the right places and to know where spread is happening to inform policy development. Complete, timely, and accurate data is needed to better understand the correlation between increased testing and hospitalizations. The delays, backlog, and long turnaround times for testing results has led to difficulties in timely contact tracing activities. Local health departments are getting help from the state with contact tracing.

Local officials expressed concern about the health department not tailoring helpful and clarifying messages on COVID-19 for Amish people. The Amish communities are comprised of different districts that are headed by bishops. The district bishops' reactions to COVID-19 have a great influence on the community response. A news release from LaGrange County pointed to Amish social gatherings as contributing to the spread of the virus. The news release negatively impacted relationships and trust among the Amish people with public health officials and has made it difficult to reach them with prevention messages. Many Amish residents in the neighboring county (LaGrange) come to Elkhart County to be tested. In Nappanee, testing services is once per week and transportation may be an issue for Amish people.

There are several sensitivities to consider when working with Amish people including: trusted individuals and organizations, communication methods (voicemail system, face to face), approach to medicine (taking vitamins), technology use, celebrations and gatherings, preferred transportation mode (buggy), and use of social versus physical distancing language. Other concerns the city of Nappanee discussed included school reopening, weather and seasonal changes, the seasonal flu cycle, parties and gatherings among young adults, and cancelation of local festivals.

Elkhart County Commissioners

Elkhart County commissioners expressed concerns about contact tracing (including across state lines), the long and varied turnaround times for testing results, test result accuracy, missing demographic data for race/ethnicity and age (cases among persons 0-20 years of age are high), and commuters. Additional concerns included the need to develop specific messaging to reach Black or African American persons and youth age groups, and not messaging about school reopening.

Commissioners expressed the need for more information on the degree to which infection is occurring in social/cultural activities vs. working in plants/manufacturing. They also highlighted the importance of having CDC COVID-19 recommendations because public think recommendations are coming from local politicians.

Key Informant Interviews with Community Leaders and Members

This section presents a summary of public health priorities for the ECHD and the ISDH. Priorities are based on key informant interviews with leaders and members from the Hispanic or Latino community, leaders and members from the Amish community, and managers and employees from RV plants. This section includes the general themes present across the top ranked health issues. The next section is a summary of the main issues related to COVID-19, including a list of the issues which were ranked most frequently by key informants. Finally, we provide a summary of the strategies, barriers, and recommendations for consideration by local and state health officials.

Methods

The CDC team conducted key informant interviews to collect qualitative data information from Hispanic or Latino people, Amish people, and managers and employees from RV plants in Elkhart County, Indiana. The purpose of these interviews was to collect data from a wide range of individuals to assess knowledge about disease and individual and collective behaviors. These informants, with their knowledge and understanding of their community, provided insight related to the increase in COVID-19 cases in Elkhart County to identify recommendations for

solutions. To protect the confidentiality of respondents, we summarized the findings by the group-level only.

Sampling

The snowball sampling method was used for data collection. This consisted of two steps: 1) identify potential participants in the community and ask them to recruit other people, 2) ask those participants to recruit more participants. We aimed to conduct a total of 27-39 interviews: 4-6 leaders from the Hispanic or Latino community , 4-6 leaders from the Amish community, 8-10 members from the Hispanic or Latino community, 3-5 members from the Amish community, 4-6 RV plant managers, and 4-6 RV plant employees.

Leaders from the Hispanic or Latino community were the first participants to complete the interviews and were identified by the ECHD staff. After we completed the first interviews, more community leaders were identified to participate. Similarly, ECHD facilitated the identification of leaders in the Amish community, members of the Amish community, and the RV plant managers and workers. The CDC team conducted the interviews via telephone or face-to-face.

Data Collection Tools

A data collection tool was specifically developed for each of the six communities: leaders of the Amish community, members of the Amish community, leaders of the Hispanic or Latino community, members of the Hispanic or Latino community , RV plant managers, and RV plant employees. The data collection tools included questions addressing roles, perspectives, influence, knowledge and behaviors, partnerships, challenges, barriers, and communication resources for COVID-19.

A participant informed consent was added as part of the interview guide. The informed consent described the objectives of the interview and collected the participants' agreement to be interviewed. All informants were made aware that participation was voluntary and that anonymous responses would be shared with the ECHD and ISDH for further analysis and reporting (see Appendix 2 for list of questions).

Organizing Data Collection

To be systematic in organizing the data collection, we developed a data management tracking table in Microsoft Excel. The table provided options to collect interview dates, place, community groups interviewed, participants' age and gender, number of participants per interview, note takers, and the status of the interview. The interview table tracked the translations (from English to Spanish), transcribed notes, and status of the thematic analysis. The CDC team collected data and typed the notes into a computer and saved them electronically in CDC Microsoft Teams using the interview tool as the template. We used a

naming convention which included the state, community group, participants' initials and interview number. The Data Management Tracking Table allowed assignment of numbers to each interview completed in a chronological order. After completing an interview, each note taker reviewed their notes and transcribed them into the interview Guide. We translated from Spanish to English interviews conducted in Spanish.

Analysis

The CDC team performed manual coding to start the content analysis from the interviews. We assigned transcribed interviews by community group (Hispanic or Latino leaders, Hispanic or Latino members, Amish leaders, Amish members, RV managers and RV employees) to each CDC team member. An important aspect of this qualitative investigation was the use of data to identify differences in perceptions, experiences, behaviors, and preferences based on a range of factors such as gender, race and ethnicity, age, or other demographic characteristics or group identities. Therefore, the CDC team analyzed each group separately, and identified markers for each group and their characteristics of interest, which allowed extraction of responses for each community group.

We applied three steps while coding qualitative data from the interviews and while analyzing coded transcripts: 1) coded interview transcripts, 2) inter-coder reliability of coding, and 3) extracting coded text. The CDC team used the interview guide as a foundation for the thematic analysis. Also, we developed a theme table using the interview guide to translate textual questions into themes (variables). During the manual coding process, interviewers read transcribed interviews and manually extracted meaning and themes from the transcriptions. Then, we created theme tables for each community group to gather emerging themes. To preserve inter-coder reliability, another team member performed an independent thematic analysis for another assigned community group. Next, we merged their themes with the ones identified by the team member who previously did the first thematic analysis for that community.

We defined and used emerging themes to identify COVID-19 knowledge about preventive measures and behaviors, testing, barriers, and mechanisms to address them as recommendations. To protect confidentiality of respondents, we did not include quotations in this report.

Qualitative Analysis Findings

The section below describes some of the major themes that emerged from the key informant interviews. These findings are categorized by community group and organized into general observations, major themes, strengths, and barriers.

Leaders and Members from the Amish Community

Notable Background Information and Observations

The CDC team worked deliberately and sensitively with local leaders who had already established working relationships with the Amish people. The CDC team first reached out to community leaders to establish buy-in before contacting community members. Because the themes were almost identical across leaders and members, themes were consolidated and summarized.

Major Themes

<u>Theme 1: Variation in implementation of recommended health guidelines and difficulty practicing preventive action or behaviors</u>
Most respondents reported that they do not always follow COVID-19 preventive practices. Some participants reported having friends and family who always followed the guidance, other friends and family who never followed it, and others who were in the middle. Several also stated that it was difficult to practice preventive behaviors. Some expressed that cultural practices in the community prevent many from practicing preventive behaviors. Also, some respondents spoke about the challenge of the work environment as several members worked in factories and plants. Other participants expressed that they would likely not socially distance themselves from sick loved ones or from others if they were sick. They expressed the importance of family connections and would rather die around family in their home than be alone in the hospital.

<u>Theme 2: Distrust of government, health information, health care system, and media</u>
Most participants stated that they did not believe the media, the government, or the healthcare system were providing accurate and reliable information about COVID-19. Frequently, participants found it very hard to identify trusted individuals or organizations when asked. However, after multiple queries, some were able to report that they trust local doctors who they have a relationship with or someone who is from the local area. Some participants simply stated that they were "going to trust God".

<u>Theme 3: Limited knowledge and unanswered questions and rumors about COVID-19</u>
Amish participants reported a number of misconceptions about all aspects of transmission, prevention, testing, and treatment of COVID-19. Participants also expressed lack of information caused by inconsistent messages from authorities and changes in guidance. They described how the community gets most information from each other rather than from an outside source.

<u>Theme 4: Minimal concern about the impact of COVID-19</u>
Several members reported that they were not as concerned about the impact of COVID-19 in part because they did not feel that the virus was circulating or affecting their community like in other communities. Some reported believing that the community has built a herd immunity

towards the virus while others felt that even if they contracted COVID-19, they did not feel the consequences would be dire.

Theme 5: Belief that recommended prevention efforts do not work/are overstated

Several members interviewed believed that recommended prevention efforts do not work or are overstated, and they do not see the need of wearing masks to prevent COVID-19.

Theme 6: Sharing health information within community

When asked about the best way for officials to share health information in the community, participants reported that local sources are the best way for the community to receive information; many expressed that face-to-face communication is ideal because members could connect the information they are receiving with a particular person. They stated that this form of communication builds trust and will likely increase the community's acceptance and adherence to prevention practices.

Summary of Community Facilitators to COVID-19 Response
- The Amish people believe that the family and community are at the heart of their life and faith.
- They described the importance of fellowshipping together via weddings, funerals, and casually spending time with each other in their homes.
- They consider themselves great communicators, being able to pass along information and knowledge quickly via informal channels.
- They also discussed how they work together to help each other when they are in need.
- While many of them expressed distrust of the government, they also expressed a willingness to have open lines of communication between them and the local government to increase their understanding and awareness about COVID-19.

Summary of Community Barriers to COVID-19 Response
- Mistrust of all official systems, especially medical systems.
- Cultural practices that make recommendations hard to follow:
    - Large attendance at weddings and funerals, and large gatherings are common.
    - Place of worship services that include handshaking and kissing.
- Lack of information about testing processes, getting results and quarantine.
- General unwillingness to use alternate housing for isolation of people with COVID-19.
- Limited access to varying channels of communication: phones, television, internet, social media.

Summary

Members of the Amish community participating in the interviews openly shared their experiences and beliefs. From these interviews we learned that members may not be using preventive measures consistently across the community. Messages and communication strategies tailored to the preferences and needs of Amish people should address the following topics:

- Seriousness of the COVID-19 infection.
- Basic information about COVID-19 transmission and risks, symptom presentation, and the risk of rapid transmission in smaller communities.
- Importance of prevention behaviors including social (physical) distancing, mask wearing, hand washing, cleaning and disinfecting, and avoiding close contact if someone is sick (including household members).
- Misconception in the community.
- Information on how to appropriately and safely isolate and care for loved ones who are sick in their homes.

It is important that these messages and strategies do not come across as accusatory, stigmatizing or blaming. Instead messages should be empowering and ensure everyone feels included in the solution.

Encouraging community buy-in and local support for community level action to prevent the spread of disease will be important. The CDC team recommends to health officials to coordinate massage development with community leaders and share through their local channels of communication. Additionally, local sources need to deliver the messages to Amish people because they have or are currently building relationships and trust.

Dissemination of information via popular channels of communication (television, radio, internet, social media, phone) may not reach as quickly or evenly across the community due to limited access and use among Amish people. The CDC team recommends that local newspaper sources including the Goshen Times and their place of worship newspaper, Die Blatt, be heavily utilized. As much as possible, incorporating face-to-face meetings with leaders and members of the Amish community will be instrumental in increasing the receptivity of the messaging.

Leaders and Members from the Hispanic or Latino Community
Notable Background Information and Observations
The CDC team first reached leaders from the Hispanic or Latino community. These leaders were members of places of worship, non-profit organizations, and universities. Hispanic or Latino persons reported working in factory plants, construction, restaurants, schools, supermarkets and health centers.

Leaders from the Hispanic or Latino community
Major Themes
Theme 1: Financial issues
Participants expressed concern about Hispanic or Latino people's inability to be off work while sick or with symptoms because they need to pay bills. The main concern shared by participants was related to having to miss work due to being sick with COVID-19 and not having the means to provide for their family. The other concern mentioned by participants was the fear of infecting a loved one.

Theme 2: Language barriers
Community leaders expressed a need for educational and preventive material and community outreach strategies delivered in Spanish.

Theme 3: Lack of safe work conditions
Community leaders expressed that employers are not enforcing prevention measures at work. They were typically referencing the RV plants and facilities in the area.

Theme 4: Housing and quarantine
Community leaders expressed that some community members struggle to follow recommendations because many of them live in small houses with multiple family members limiting their ability to isolate if they get sick with COVID-19.

Theme 5: School re-opening
Community leaders expressed concerns about school reopening and the requirement to send children to school. They mentioned concerns about children getting sick and bringing the COVID-19 virus home.

Theme 6: Following COVID-19 Preventive Measures
Community leaders expressed the inability of some community members to follow preventive measures against COVID-19, specifically mask use.

Theme 7: Collaboration between government and factory plants
Community leaders believe government and factory plants can work together to share a common preventive message against COVID-19.

Theme 8: Food insecurity and poor nutrition
Several community leaders expressed their concern regarding the access to food that members of their community have in the middle of the pandemic and after losing their jobs.

Theme 9: Concerns about getting themselves and family members infected with COVID-19
Participants mentioned some individuals believe the virus is a myth and do not take it seriously.

Summary of Community Facilitators to COVID-19 Response
- Leaders from the Hispanic or Latino community were able to describe COVID-19 transmission methods, COVID-19 symptoms and preventive measures.
- Leaders have a vast knowledge of the Hispanic or Latino people's needs and how to reach them.
- Leaders represent an important piece in the community, especially during difficult times.

Summary of Community Barriers to COVID-19 Response
- Hispanic or Latino persons have less access to testing and less financial support for testing relative to other county residents. They are less able to receive care if they are sick due to a lack of insurance and costs. Undocumented migration status also contributes to those health disparities.
- There is a high prevalence of comorbidities among the Hispanic or Latino people, with certain underlying health conditions are at increased risk of severe illness from COVID-19.
- Working conditions and RV plant floor configuration force workers to work close to each other at the RV factories, and masks use is not mandatory at the workplace.
- Factory employers do not understand the meaning and differences of quarantine and isolation after being positive for COVID-19. Also, employers do not want to lose workers and do not want to shut down the plants if workers are isolated or quarantined.
- The delay in testing results is a considerable barrier. Results are taking more than a week to get back.

Summary
Leaders from the Hispanic or Latino community were able to identify the principal barriers to preventing viral spread within the Hispanic or Latino people (health disparities, migration status, comorbidities, working conditions and the delay in receiving testing results). Leaders

were unaware that county health officials were working on the availability of alternative housing for positive COVID-19 cases.

Cultural appropriateness of key messages is important for Hispanic or Latino people. Messages and communications for this community should be in Spanish and they should address the following topics:

- Information about COVID-19 and preventive measures. Update them as CDC guidelines are updated. Share them on Latino members Facebook pages, radio and places of worship.
- Availability of affordable testing sites and healthcare services for Hispanic or Latino people who are undocumented; testing should not require ID or identification forms. The approach should be sensitive and should make Hispanic or Latino people comfortable to participate regardless of their immigration status.
- Partnership between government institutions (health department, mayors) and community organizations, groups, and leaders to continue working on the needs of the community during the pandemic.
- Availability of free alternative housing for persons diagnosed with COVID-19. It is important to make sure there is messaging that alternative is housing is accessible regardless of immigration status.
- Enforcement of the mask mandate at all levels: factory plants, supermarkets, stores, restaurants, and schools.

Trusted organizations like radio stations, social media, online newspaper, places of worship, and Hispanic or Latino businesses were identified as good channels to share key messages about COVID-19. Facebook and Instagram social media platforms are key communication channels used by Hispanic or Latino people. Efforts are needed to bring together people of diverse racial and ethnic backgrounds to communicate and implement recommendations.

Members of Hispanic or Latino Community
Major Themes

Theme 1: Concern about getting themselves and family members infected with COVID-19

One of the biggest concerns brought by members of Hispanic or Latino communities was the possibility of infecting a family member or loved one. Desire to avoid infecting loved ones motivated them to use protective measures.

Theme 2: Distrust, disbelief and lack of urgency about COVID-19

Members of the Hispanic or Latino community expressed having colleagues or neighbors who do not believe in the virus or who minimize its seriousness. They also expressed that on occasions this causes them not to follow the recommended prevention measures.

Theme 3: Poor work conditions at factories
Several community members expressed fear of getting sick with COVID-19 due to a fear of losing their job.

Theme 4: High risk of getting infected at work

Community members expressed concerns about their job environment and how it could increase their risk of getting sick. They are aware that some tasks require them to be in close contact with coworkers, but they said that they must do it because they need the job.

Theme 5: Immigration status and racism

Most of the community members interviewed mentioned immigration status as an issue. A community member said he was verbally attacked for wearing a mask. Other community members said that "Whites" people attributed the disease transmission to "Hispanic or Latino" people in the county. Another issue they raised was that some community members avoid receiving certain medical services for fear of being identified as undocumented.

Themes 6: Difficult to maintain social distance

Community members expressed that social distancing is difficult in their workplaces and at home, but not if they are going to do shopping or other errands.

Theme 7: Inappropriate mask use
Multiple community members expressed concern about the misuse of the mask. They expressed the need for education on this matter.

Themes 8: Discomfort wearing the mask
Multiple community members expressed that wearing a mask at work is challenging because the work they do is hard or under high temperatures. But participants recognized that mask use is one of the most effective prevention measures.

Theme 9: Best channels to share health information
By consensus, community members expressed that the best channels to disseminate prevention messages are social media networks (e.g., Facebook and Instagram), radio, and through printed material distributed in places of worship.

<u>Theme 10: Resources delivered to the community</u>

Multiple members of the community listed helpful resources and intervention products offered by the health department and the mayors.

Summary of Community Facilitators to COVID-19 Response

- Strong community connection through social media using Facebook groups.
- Strong partnership between local organizations, places of worship, leaders, schools, and Goshen College.
- Awareness of prevention measures: handwashing, sanitizing, wearing masks, and maintaining six-foot distance.
- Mayors working on their community member's needs.
- Awareness of places offering free food.
- Members from the Hispanic or Latino community do not have a habit of sharing rides with coworkers or people outside of their immediate family.

Summary of Community Barriers to COVID-19 Response

- Immigration status is a barrier faced by Hispanic or Latino people. They were not using food banks due to the fear of being identified as undocumented and getting caught for deportation.
- Getting tested for COVID-19 is another barrier for Hispanic or Latino people who are undocumented. They avoid getting tested due to the fear of being identified as undocumented and getting deported.
- Multi-generational housing represents a barrier for Hispanic or Latino people. Many of them live in one or two bedrooms houses with multiple family members, making it difficult to quarantine or isolate if needed.
- Alternative housing is a challenge for Hispanic or Latino people as they prefer quarantining or isolating at home. They do not want to be at the hospital. However, if a free hotel stay is offered for isolation, some might consider the option.
- Social gatherings such as dance parties, "quinceañeras" birthdays, weddings and other family get togethers continue to represent a challenge for COVID-19 containment since social distance is minimal.

Summary

Members of the Hispanic or Latino community expressed that it is nearly impossible to practice social distancing at home between family members and they were not aware of the availability of alternative housing for isolation. Not a single member of the community reported instances in the past two months where they went hungry for more than 2 days, despite a hesitancy to

visit food banks. They know where they can go to get tested for COVID-19. However, it is important to provide information about the different types of testing and the purpose for each one.

Tailored messages and communications strategies for Hispanic or Latino people should be in Spanish and they should address the following topics:
- Seriousness of the COVID-19 infection.
- COVID-19 preventive measures at work.
- COVID-19 preventive measures at home.
- Value of social distancing and the importance of avoiding social gatherings such as dance parties, weddings, and family get togethers.
- Alternative housing to isolate positive COVID-19 cases (without asking for ID).
- Information about different kinds of COVID-19 tests and each test's purposes.

RV Manufacturing Managers and Employees
Notable Background Information and Observations

After the team's initial meetings with ISDH and ECHD, the health departments expressed a need to better understand preventive behaviors within the RV manufacturing plants. The CDC team expanded its key informant interviews to reach managers and employees. The goal was to gather information on education and training efforts, sick leave policies, and any issues or concerns about working in RV plants. Due to time constraints, we did not conduct site visits to the plants.

A meeting with RV CEOs and managers from different local RV plants took place prior to conducting the interviews. They provided an overview of what the RV manufacturing companies have done during the pandemic to prevent and control spread of COVID-19 among employers and employees. RV CEOs came together to develop the "Return to Work Playbook". During the shutdown, RV managers ensured disinfection of all areas in the plants and PPE procurement in preparation of reopening. Currently, they do daily self-reported health screenings and temperature checks.

Contacting RV employees was challenging. Several employees were concerned with ensuring the interview was anonymous and would not be traced back to them, for fear of reprisal. Others would initially agree to participate in the interview but would then not respond to calls, voicemails, or text messages from the CDC team.

RV Manufacturing Managers

Major Themes

Theme 1: Training and Education

The RV managers explained detailed training, education, and communications for COVID-19 prevention activities that include a guidance document entitled "Return to Work Playbook: An interactive guide for COVID-19 pandemic and response North American Operations", created by Thor Industries. The Playbook is written for all team members who physically work in offices, plants, from home or on the road, as well as for guests who visit the facilities.

Theme 2: Health and Safety Practices

RV managers expressed several adjustments that were made to the worksite to make it easy for workers to uphold health and safety practices.

Theme 3: Sick Leave Policy

RV managers emphasized to their employees guaranteed paid sick leave to encourage those who are feeling sick to stay home without fear of loss of income.

Theme 4: Dissemination of Information

Managers reported that health and safety information is disseminated in Spanish and English in various forms including in socially distanced in-person meetings, videos, strategically placed signs, SharePoint, emails, and text messages.

Theme 5: Confirmed Cases of COVID-19

RV managers acknowledged and reported confirmed cases of COVID among workers.

Theme 6: Policy Implementation and Adherence

RV managers expressed that implementing policies and ensuring adherence is challenging because of the changing prevention guidance.

Theme 7: Culture and Demographics

RV managers believe that cultural and demographic characteristics influence prevention behaviors in RV facilities.

Summary of Community Facilitators to COVID-19 Response
- Managers sent prevention messages in Spanish and English in the form of emails, signage, texts, SharePoint, literature and human resource communications.
- Managers made adjustments, such as reconfiguring common areas and lunchrooms to promote social distancing.
- Placed handwashing stations more conveniently, provided free PPE to employees, and implemented routine disinfecting and cleaning procedures.
- Plants managers demonstrated flexibility by suspending the leave point system to allow employees paid sick leave for COVID-19 related illnesses.
- Managers of different RV manufacturing companies collaborated to ensure they were implementing similar policies and procedures. Managers also amenable future communication and evaluation efforts with the local health department and CDC.

Summary of Community Barriers to COVID-19 Response
- Consistent adherence to health and safety guidelines due to rapidly changing prevention guidance from health officials.

Summary

RV senior executives provided details on training, education, and communications for COVID-19 prevention at their companies including a guidance document "playbook". Plan administrators made adjustments to ensure ease and accessibility for workers to uphold health and safety practices at work. Managers emphasized guaranteed paid sick leave and encouraged those who are feeling sick to stay home without income loss. Health and safety information was disseminated widely in Spanish and English in various forms including in socially distanced in-person meetings, videos, strategically placed signs, SharePoint sites, emails and text messages. Managers reported confirmed cases of COVID-19 among workers and expressed that implementing policies and ensuring adherence is challenging because of the rapidly changing and at times inconsistent information. Culture and demographics influence individual prevention behaviors.

RV Manufacturing Employees
Major Themes
Theme 1: Variation and difficulty observing prevention practices

There were mixed feelings between the interviewed employees about COVID-19 preventive measures taken at work. Some reported that employees follow the prevention measures suggested, but others reported that they are not following them at their workplace. Most of the employees reported that plant management made masks, hand sanitizer, and hand washing stations accessible to them. Several employees reported that it is easy to wash hands,

but difficult to consistently and appropriately wear masks due to high temperatures in the workplace. Additionally, employees reported that plant management does not mandate mask use, except in times when employees cannot keep 6 feet away from others.

Theme 2: Sick Leave Policy
Employees expressed that once management identified employees who have symptoms of COVID-19 or were exposed to someone who was sick, they were sent home for 14 days and were paid for those days.

Theme 3: Exposure to and risk of contracting COVID-19
By consensus, all interviewed RV plant employees consider themselves at high risk of getting infected on the job. Most of the RV workers interviewed expressed that their work responsibilities put them at higher risk of getting infected with COVID-19. This was particularly true during the final RV assembly process, where several employees work together inside the RV in close proximity. However, RV employees agreed that they could contract COVID-19 anywhere, not just at the worksite.

Summary of Community Facilitators to COVID-19 Response
- Participants expressed that they were getting paid sick leave and did not fear losing their jobs.
- Most of the employees reported that the plant management made masks, hand sanitizer, and hand washing stations accessible to them.

Summary of Community Barriers to COVID-19 Response
- Reluctance to speak about experiences at the plants and the policies implemented for COVID-19 for fear of reprisal from workplace.
- The fast-paced production assembly environment makes mask wearing and social distancing difficult.

Summary
Given the limited number of employees the CDC team was able to contact, it may be necessary to continue to reach out to other employees to gain a broader perspective of their experiences in the workplace.
Walk-through of the manufacturing facilities was beyond the scope of this mission's objectives. However, direct observation of facilities is an important step in assessing infection and control measures in manufacturing facilities. Several CDC resources can help get a better picture of what's happening in the plant, including the Manufacturing Facility

Assessment checklist and the Manufacturing Assessment Tool. Collaborating with a subject matter expert in occupational safety and health in completing this step is recommended. If realistic and achievable, plant managers should consider direct training with employees on how to maintain social distance while conducting their specific job duties.

SECTION D: CASE INVESTIGATION AND CONTACT TRACING

Case investigation and contact tracing are core disease control measures employed by local and state health departments as a strategy for preventing further spread of COVID-19. Due to the highly infectious nature of COVID-19, it is critical for local and state health departments to quickly reach a high percentage of positive cases. Successful case investigation allows for the collection of critical information about a person diagnosed with COVID-19, and potentially exposed contacts, while providing support, and referrals to additional resources in the community. Identifying contacts and ensuring they do not interact with others is critical to protect communities. If communities are unable to effectively isolate patients and ensure contacts can separate themselves from others, rapid community spread of COVID-19 is likely to increase to the point that strict mitigation strategies will again be needed to contain the virus.

In early March 2020, Elkhart County had the first COVID-19 cases. The large number of cases was overwhelming for ECHD. Contact tracing staff worked diligently to achieve same day contact, identify as many contacts as possible, and conduct investigations in the patient's preferred language (often Spanish). In response to the increasing number of cases in many county health departments, ISDH established a centralized contact tracing call center to handle the growing case load. The ECHD would then contact only those unreachable after 3 state level attempts (considered lost to follow up) so that they had capacity to continue other disease investigations (STD, TB, HIV).

Most laboratories report COVID-19 cases electronically to the ISDH's NEDSS Base System (NBS). ISDH staff transfer confirmed cases from the NBS to a secure MS Dynamics (MSD) platform and refresh MSD twice a day with new cases. Basic patient information (name, DOB, address, phone number) from confirmed cases is available in the secure MSD platform to call center agents that begin case investigation and contact tracing. The call center has 650 remote agents that call each case twice in the first 24 hours (in the morning and afternoon) and a third call is made the next day. The call comes from a 1-833 number and when needed 3rd party translation services are available. In addition, as soon as a record is transferred into MSD, the system immediately sends a text message to any phone number associated with the case. At the end of Day 1, if the contact tracing staff is unable to reach the persons by phone, they send a letter to the documented address of the person. After 3 attempts via phone, a mailed letter, and a text message, the centralized contact tracing call center considers the case as lost to follow up (LTFU) and marks the case as LTFU. Then, the call center makes the case available on the Microsoft Power BI platform for the ECHD to follow up. ECHD staff then make 3 more attempts to reach the person.

For June 2020, efforts at the state level yielded 77% success rate in reaching confirmed positive cases. On average, each case named 3.4 close contacts. Of the 3.4 close contacts named, ECHD staff reached 56% for further follow up. At the county level, staff call the remaining LTFU cases once a day for 3 consecutive days. The Elkhart county staff call from a 574 number and have bilingual staff on site. The case is considered *truly* LTFU after the third day of attempts by Elkhart County staff. The state and Elkhart County collaborative effort results in a weekly average of 14% *truly* LTFU. Working together, the state and Elkhart County complete case investigations and contact tracing for 86% of all confirmed positive cases in Elkhart County.
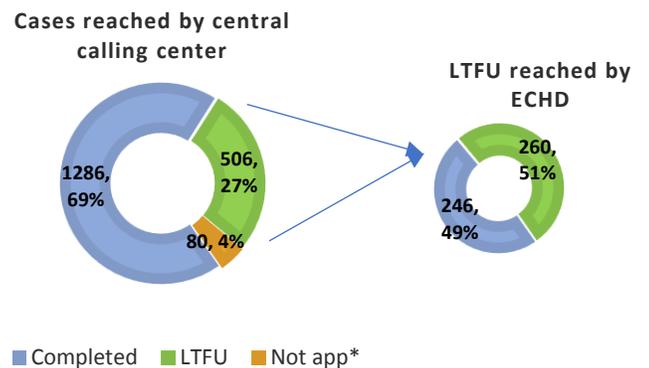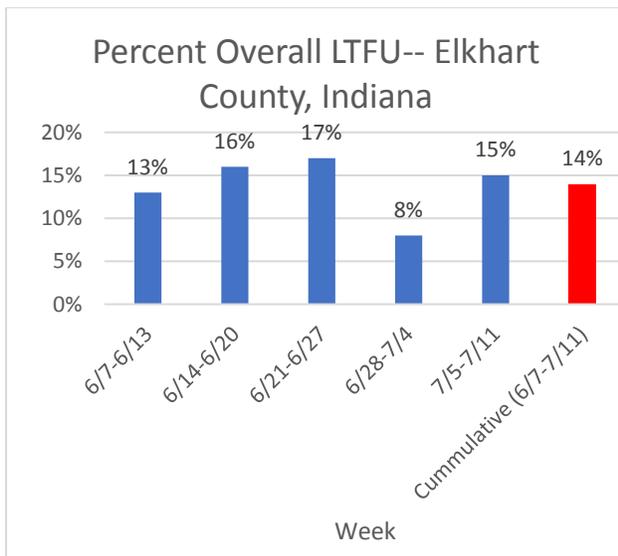
Plans to enhance contact tracing at the state level centralized call center include receiving positive antigen test results that will be considered as "probable" cases and investigated using the same protocol as molecular confirmed cases. The call center will have Spanish language staff making calls, when available, in place of some of the 3rd party translation services. Additionally, mailings and text message communication will be available in Spanish. The case investigation form will be updated to capture attendance at events where the case could have been exposed, as well as public settings they visited while contagious and potentially exposed others (e.g. places of worship, social event, large gathering, recreational activity). The ISDH and ECHD is exploring ways to engage hotspot county residents with wraparound services specific to that county (i.e. alternative housing for isolation, food security options, Spanish language health promoters, and facilitated handoff to any resources/education that are culturally appropriate).

To increase success in reaching close contacts of confirmed cases, communication with the public is critical. Engagement of the public with case investigators and contact tracers must be widely accepted in order to protect friends, family, and community members from future potential infections. Key public officials and community leaders need to be engaged and supportive of case investigation and contact tracing efforts. Elkhart county communities need awareness of case investigation and contact tracing as well as the need for contacts to separate (quarantine) themselves from others who are not exposed. Community members need to be empowered and understand their role in prevention by following public health guidance to "Answer the Call"

Summary

The ISDH has a robust contact tracing database and process flow from the state to the county. The system is automated and flexible to adjust as contact tracing activities evolve with the pandemic; however, it is critical for ISDH to increase understanding of and community engagement in contact tracing as a critical component to stop the spread.

SECTION E: RECOMMENDATIONS

There is widespread community transmission of COVID-19 in Elkhart County. The findings suggest that occupational, household, and community interactions are likely contributing to propagating the virus.

Rapid control of the spread of COVID-19 will minimize morbidity, mortality, and the social and economic impact in Elkhart County. To accomplish this goal the CDC team provided specific recommendations in the following focus areas:

1. Enhance data collection, analysis, and reporting for COVID-19
2. Tailor COVID-19 communication and messages for Hispanic or Latino and Amish people
3. Continue assessment of RV manufacturing plants
4. Enhance case investigation and contact tracing

Summary of Recommendations

Enhance data collection, analysis and reporting for COVID-19

- Continue exploring options for improving the completeness of race and ethnicity data such as matching surveillance data with the state contact tracing database.
- Standardize the workplace variable in the surveillance system, then continue working on network analysis of cases, contacts, and place of employment.
- Consider further advertising the Indiana COVID-19 Dashboard (which includes county-level information) or developing a one-page Elkhart County COVID-19 profile to disseminate regularly among elected officials and other stakeholders.

Tailor COVID-19 communication messages for Amish and Hispanic or Latino people

- Integrate the Health Belief Model for COVID-19 educational messages among Elkhart County Amish and Hispanic or Latino people.
- Establish a detailed communication plan, to provide the local health department, community organizations and partners the tools needed to present a coherent messaging strategy to effectively reach Amish and Hispanic or Latino people.

Amish People

- Coordinate with community partners to provide culturally appropriate communication and education using multiple channels and formats and repeatedly.
- Tailor messages and communications strategies for Amish people to address a number of topics, including: 1) Seriousness of the COVID-19 infection, 2) Basic information about COVID-19 transmission and risks, symptom presentation, and risk of rapid transmission

in smaller community, 3) Encourage prevention behaviors including social (physical) distancing, mask wearing, hand washing, cleaning and disinfecting, and avoiding close contact if someone is sick, including household members, 4) Address misconceptions circulating in the community by providing clear, factual, and positive messages to counter misinformation, and 5) Explain how to create a separate space and safely care for loved ones who are sick in their homes.

- Ensure the following educational needs are met: 1) Increasing awareness of the modes of transmission of COVID-19, 2) Increasing awareness of COVID-19, including factors that increase risk, 3) Increasing awareness of how specific prevention behaviors decrease risk, and 4) Increasing acceptance of testing.

Hispanic or Latino People
- Make sure educational messages include prevention methods against COVID-19, transmission methods, information about isolation and quarantine and their differences, the severity of the disease and documented consequences, the variety of tests available for COVID-19 and difference between viral or antibody tests, and on the status of the vaccine development. Messages should also address the misconceptions that exist about natural and alternative medicine as remedies to cure the illness. The lack of a cure for the virus should be emphasized.
- Include a list of places available to receive healthcare services, as well as a list of testing sites for COVID-19 (with the type(s) of test offered and costs) on any educational material. Make sure to include information regarding whether testing sites require ID to receive these services.
- Ensure messages are available in Spanish.

Continue Assessment of RV Manufacturing Plants
- Consider reaching out to other employees to gain a broader perspective of their experiences in the workplace.
- Consider requesting technical assistance from the National Institute for Occupational Safety and Health (NIOSH) to strengthen COVID-19 mitigation strategies in manufacturing facilities.
- Consider direct training with employees on how to maintain social distance while conducting their specific job duties.
- Establish environmental controls to reduce heat in the workplace.

Enhance Case Investigation and Contact Tracing
- Increase understanding and engage the community in cooperating with contact tracing.
- Increase the number of Spanish speaking staff conducting case investigations and contact tracing as the disease burden is disproportionate among the Hispanic or Latino people.
- Evaluate process and outcome metrics routinely to gain insight into successes, understand who may be lost to follow up, identify resource/training needs, quickly seize

opportunities for improvement, and pivot more easily when/if new high-risk communities emerge.

- Establish evaluation meetings with ISDH and ECHD leads to share program data, updates, best practices, and lessons learned.
- Expand case investigation and contact tracing forms/scripts to:
    i.   Document multi-family, multi-generational, and high occupancy households and settings.
    ii.   Document suspected community settings where people with COVID-19 may have been exposed and may have transmitted to others.
    iii. Notify residents of "hotspot" counties of county-specific wrap-around services as they become available (e.g., alternative housing for isolation, culturally and linguistically appropriate facilitation, care resource coordinators, food and pharmacy delivery, laundry services, and garbage removal).

SECTION F: APPENDICES

Appendix 1: Key informant consent form and interview guides

A. Informed Consent Script

Good morning/afternoon,

Thank you for taking the time to speak with us today about coronavirus or COVID-19.

My name is [NAME] and I am joined by [NAME], who will be taking notes during our discussion.

- This interview is an effort by the Indiana State Department of Health, the Elkhart County Health Department and the Centers for Disease Control and Prevention (CDC).
- The purpose of this interview is to learn more about factors that may be contributing to the increased number of people affected by COVID-19 in Elkhart County.
- The information that you will be sharing with us will be used to develop messaging to increase acceptance and adherence to current prevention and control recommendations among community members, so that new cases of COVID-19 can be prevented.
- Your answers are <u>confidential</u>. All information collected from these interviews will be stored securely and be kept confidential. None of the comments you make during today's discussion will be linked with <u>your name or workplace</u> in any way.
- We will ask you to share your thoughts, experiences, and ideas. Your input is very important to us. There are no right or wrong answers to any of our questions. We encourage you to speak openly and honestly.
- Please note, your participation in this interview is totally voluntary. If there is a question you are not comfortable answering, tell me you do not wish to answer, and we will move to the next question. You can also end the interview at any time.
- If one of my questions is unclear, please stop me and I'll ask it a different way.
- We will write down your answers on our interview form.
- Your answers will be entered into a database that will <u>not</u> include your name or anything else to identify you so that your answers will be anonymous.
- The interview will take approximately 30-45 minutes to complete. The exact time required will depend on your answers and if you would like to provide some answers in greater detail.
- There are no direct benefits to you for taking part in this interview, but the information you provide will allow us to gain insights for how we prevent further spread of COVID-19 in Elkhart County.

Before we move forward, do you have any questions about the interview or the information I have provided up to this point?

Do you agree to be interviewed?

B. List of questions from key informant interviews

Leaders from the Hispanic or Latino and Amish Communities

- What is your role and title within your community?
- Can you describe your overall responsibilities within your community?
- From your perspective, what are the pressing issues and concerns among your community members regarding COVID-19, if any?
- In your opinion, what are the best ways to bring different organizations and community members together to prevent the spread of COVID-19?
- Please briefly describe what you know and have heard about COVID-19.
- How do you think COVID-19 spreads?
- How do you think you could get COVID-19?
- What are your main concerns about COVID-19?
- What do you think is causing cases of COVID-19 in your community?
- What is the attitude in general in your community about COVID -19?
- How do your religious beliefs impact your feelings/behaviors related to COVID-19? *(Amish only)*
- What do you think is the general attitude of "the English" about COVID -19?   *(Amish only)*
- Do "the English" think getting infected with COVID-19 is a serious issue? Do they think it is serious situation? Why or why not? *(Amish only)*
- What similarities or differences do you see between your community and the English as it related to COVID-19? *(Amish only)*
- Do community members think getting infected with COVID-19 is a serious issue? Do they think it is serious situation?
- Have you dealt with a COVID-19 positive case from your community?
- If someone tests positive for COVID-19 how do you manage that? Do you know what to do?
- Does your community know that there is alternative housing for people infected with COVID to be isolated?
- What do you think is the best way to share information about alternative housing with your community?
- What are things people in the community can do to protect themselves from becoming sick with COVID-19?
- Are people in your community doing these things? Why or why not?
- What if any, existing efforts, organizations, or agencies are you familiar with that are working to prevent the spread of COVID-19 within your community?

- What resources does your community have to prevent the spread of COVID-19?
- What resources does your community need to prevent the spread of COVID-19?
- Are there any community partners or organizations that you would like to collaborate with to help prevent the spread of COVID-19 within your community?
- How would you advise community members to address challenges they are experiencing related to the spread COVID-19?
- Have you shared COVID-19-related health information with members in your community? If yes, what have you shared and which types of COVID-19-related communication have been successful with members within your community? If no, can you share some reasons why not?
- What do you think is the best way to share COVID-19-related health information with members in your community?
- Are there other community leaders that you think we should talk to? If so, what would be the best way to get in touch with them?
- That completes the interview. Do you have any questions or comments?

Members from the Hispanic or Latino and Amish Communities

- To begin, could you briefly describe where you live and who you live with?
- Could you describe your role in your home and your daily activities?
- Do you work outside of your household? Where do you work and what do you do?
- Do any family members work outside of your household? If so, where do they work and what do they do?
- Who is responsible for activities like grocery shopping, doctor's appointments, and picking up other household items for the family?
- What types of transportation do you and your family members use to go shopping, get to work, and visit family or community members?
- Please briefly describe what you know and have heard about COVID-19.
- How do you think COVID-19 spreads?
- How do you think you could get COVID-19?
- What are your main concerns about COVID-19?
- What do you think is causing cases of COVID-19 in your community?
- How do your religious beliefs impact your feelings/behaviors related to COVID-19? *(Amish only)*
- What do you think is the general attitude of "the English" about COVID -19?   *(Amish only)*
- Do "the English" think getting infected with COVID-19 is a serious issue? Do they think it is serious situation? Why or why not? *(Amish only)*
- What similarities or differences do you see between your community and the English as it related to COVID-19? *(Amish only)*
- What are things people in the community can do to protect themselves from becoming sick with COVID-19?

- Are people in your community doing these things? Why or why not?
- What do you think about your risk of getting COVID-19 from a community member, family member, or co-workers? Do you think it's low, medium, or high risk?
- What do you think about your risk of getting seriously ill from COVID-19?
- If you or someone in your family or community gets sick from COVID-19, what do you do?
- What is the general attitude of about COVID-19 in your community?
- Do you think COVID-19 it is a serious situation? Why or why not?
- Do you think it is not a big deal if you get it? Why or why not?
- In your community is it hard to wear a mask? If yes, what makes it hard? If no, what makes it easy?
- In the community is it hard to perform physical distancing or stay at least 6 feet away from others? If yes, what makes it hard? If no, what makes it easy?
- Do you know where you can go for a COVID-19 test?
- Have you been tested? If yes, was it easy or difficult to get?
- If someone tests positive for COVID-19 in your family, what do you do?
- Do you know that there is alternative housing for people with COVID-19 to be isolated?
- What do you think is the best way to get make sure your community knows about availability of alternative housing for people with COVID-19?
- What if any, existing efforts, organizations, or agencies are you familiar with that are working to prevent the spread of COVID-19 within your community?
- What resources does your community have to prevent COVID-19? What resources does your community need to prevent COVID-19?
- What resources do you have to prevent COVID-19? What resources do you need to prevent COVID-19?
- How would you advise community members to address challenges they are experiencing related to COVID-19 spread?
- Are there any people living in your household with any of the following health conditions? (i.e, Diabetes, Obesity, Heart disease, Cancer, High blood pressure, Asthma, Other)
- If you were diagnosed with COVID-19, would you be able to maintain 6 feet of distance from other persons in the home?
- If you were diagnosed with COVID-19, and were given the option of isolating yourself outside of the home to prevent transmission to other members of the household, would you take that option? If no, why not? If no, what would make it possible to allow you to isolate in a location outside the home?
- If you share a ride either in a bus, van, sports utility vehicle, truck, or car, is the ride longer than 15 minutes?
- Are you able to physically distance yourself from other people in the same vehicle for example, one person in the front the other person in the back?

- Do you typically wear a mask that covers your nose and mouth while in the vehicle? If no, why not?
- How do you get food for your family during the COVID-19 pandemic?
- How would you get food for your family if you or someone in your home is ill with COVID-19?
- Describe any instances in the past two months where you or your family members went hungry for more than 2 days.
- Do you know of any places where you can get free food items in the community? If yes, where do you go to get free food to feed your family?
- Where are you getting COVID-19 health information?
- What channels (social media, radio, newspaper, friends, place of worship, doctor, community leader) of information do you trust to receive COVID-19 health information? Why do you trust this/these channel/s?
- What actions have community leaders taken to help you and your family during the COVID-19 pandemic?
- Which community leaders do you trust for information about COVID-19?
- Are there other community members that you think we should talk to? If so, what would be the best way to get in touch with them?
- That completes the interview. Do you have any questions or comments?

RV Manufacturing Managers
- What is your job title?
- What part of the company/work site do you work in?
- What are the company strategies/policies for preventing and reducing person-to- person transmission of COVID-19?
- What have you done, or can do, to ensure employees are on board with company strategies for preventing and reducing person-to-person transmission of COVID-19?
- What health and safety information have you provided to employees about what they can do to prevent and reduce person-to-person transmission of COVID-19
- How do you share health information with your employees? Is this information available in languages represented by employees *(e.g. offered in Spanish)* and in appropriate literacy levels for understanding?
- In the past, which types/modes of health communication have been successful with employees at your company?
- While they are here at work are your employees able to… Wash their hands? Use hand sanitizer? Wear masks? Keep social distance (maintain 6ft distance from others)? On a scale from 1-5, 1= being very difficult to 5 being very easy, in your opinion how easy or difficult is it to: Wash their hands? Why do you say it is [state their response choice] to wash their hands? Use hand sanitizer? Why do you say it is [state their response choice] to use hand sanitizer? Wear masks? Why do you say it is [state their response choice] to wear

masks? Keep social distance (maintain 6ft distance from others? Why do you say it is [state their response choice] to keep social distance?

- Have you had any cases of COVID-19 in this company/ worksite?
- If/when an employee has gotten sick, how does the company handle these situations?
- Have you heard from your employees that they got infected with COVID-19 from working at this company/worksite?
- Have you heard from your employees that they got infected with COVID-19 from the community?
- Have you heard of any employees "blaming" other employees for infections of COVID-19 in the workplace? If yes, please describe.
- In your opinion, what types of jobs/assignments place some employees at higher risk than others for COVID-19 infection? Why do you think these jobs/assignments would place employees at higher risk? Can you tell me about your company's policies around sick leave? How has this been communicated to workers?
- Are there concerns between plant/corporate leadership and employees regarding COVID-19? If so, describe.
- What have you heard either formally or informally from employees related to what you have done or should be doing to prevent and control the transmission of COVID-19 in the workplace?
- What does community mean to you? Who do you consider a part of your community?
- What do you think continues to contribute to the increasing COVID-19 cases in this Elkhart county?
- What challenges have you had related to COVID-19 in your workplace? That completes the interview. Do you have any questions or comments?

RV Manufacturing Employees

- What is your job title?
- What part of the company/work site do you work in?
- Are you paid hourly or by piece completed?
- Briefly describe what you know and have heard about COVID-19.
- What are the symptoms of the COVID-19?
- How do you think COVID-19 spreads / How do you think you could get COVID-19?
- What do you think you can do to protect yourself against COVID-19?
- What do you think you can do to protect yourself against COVID-19?
- What are your main concerns about COVID-19?
- What types of transportation do you typically use to get to and from work?
- If you typically commute to and from work in a van, sports utility vehicle, truck, or car, how many persons typically travel in this vehicle with you?
- If you share a ride either in a bus, van, sports utility vehicle, truck, or car is the ride longer than 15 minutes?
- If you share a ride either in a bus, van, sports utility vehicle, truck, or car, are you able to physically distance yourself by 6 or more feet from other people in the same vehicle?

- Do you typically wear a cloth mask that covers your nose and mouth while in the vehicle?
- What do you think about your risk of getting COVID-19 from a co-worker versus from someone in the community or a family member?
- Do you think it could happen, it is likely to happen, or it is very likely to happen to you?
- Do you feel that your current job duties put you at higher risk than others for COVID-19 infection? If so, why?
- What challenges have you had related to COVID-19 in your workplace, if any?
- Are you aware of any cases of COVID-19 at the workplace?
- Have you heard from your coworkers that they got infected with COVID-19 from working here?
- What do you think is causing cases of COVID-19 at work?
- Have you heard from your coworkers that they got infected with COVID-19 from the community?
- What are things people at your job can do to protect themselves from becoming sick with COVID-19?
- Are people at your job doing these things? Why or why not?
- At work, what actions have you taken to protect yourself and co-workers from COVID-19? What was hard to do? What was easy to do?
- On a scale from 1-5, 1= being very difficult to 5 being very easy, in your opinion how easy or difficult is it to: Wash their hands? Why do you say it is [state their response choice] to wash their hands? Use hand sanitizer? Why do you say it is [state their response choice] to use hand sanitizer? Wear masks? Why do you say it is [state their response choice] to wear masks? Keep social distance (maintain 6ft distance from others? Why do you say it is [state their response choice] to keep social distance?
- What actions has your workplace taken to protect workers?
- If you or a co-worker gets sick at work, how does the company you work for handle these situations?
- Have you heard of any employees "blaming" other employees for infections of COVID-19 in the workplace?
- That completes the interview. Do you have any questions or comments?

Appendix 2: Applying the Health Belief Model for COVID-19 educational messages among the Amish and Hispanic or Latino people in Elkhart, Indiana

The COVID-19 pandemic has resulted in a global public health crisis that has affected all aspects of daily life. This pandemic disrupted employment and its environment in many ways, impacted the way we socialize, and has worsened the existing health inequalities and prevention services among vulnerable community groups. the Health Belief Model (HBM) can inform messages about prevention and containment https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/behavioralchangetheories2.html.

The Health Belief Model can be used as a framework to design a health education – health behavior changes intervention and can be used to create educational materials and health messages against COVID-19. The following are the principal constructs of the HBM: *perceived susceptibility*, *perceived severity*, *perceived barriers* and *perceived benefits*. Perceived susceptibility refers to a person's belief in the likelihood of contracting the disease, while perceived severity refers to a person's belief that contracting the disease may result in severe health consequences. The perceived benefits involve the beliefs of individuals in the value of adhering to preventive measures, whereas perceived barriers refer to the belief in the limitations to carry out the recommended preventive measures. These constructs come with prompts-to-action and self-efficacy. The construct of self-efficacy refers to someone's confidence to perform the preventive measures. The prompts-to-action construct refers to anything that promote or trigger interest in performing the prevention measures. The prompt could take the form of a message on a poster or brochure, social media posts and radio messages. The Health Belief Model can be applied to COVID-19 containment; it could refer to a step by step approach to gain confidence to practice the recommended prevention measures against the illness.

Table 1: COVID-19 Messages for the Amish people based on Health Belief Model (HBM)

Constructs	Belief	Message examples to address construct among the Amish people	Distribution Channel
Perceived susceptibility	Belief that they will not contract COVID-19	Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have experienced mild to severe respiratory illness, including fever, cough and shortness of breath. The virus that causes COVID-19 is a novel (new) coronavirus. It is not the same as other types of coronaviruses that commonly circulate among people and cause mild illness, like the common cold.	Community Doctors well recognized within the Amish people

One-on-one contact through community outreach is important. |

	Belief that COVID-19 is not a serious health problem	Everyone is at risk for getting COVID-19 if they are exposed to the virus. Some people are more likely than others to become severely ill, which means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die. We learn more about COVID-19 every day, and as more information becomes available, CDC and the HD will continue to update and share information about the risk for severe illness.	Printed materials delivered by regular mail.
Perceived severity			
Perceived barriers	Hard to maintain social distance	(Consider use the term physical distance instead of social distance.) Large events and mass gatherings can contribute to the spread of COVID-19 via travelers who attend these events and introduce the virus to new communities. Consider limiting or postponing large nonessential gatherings.	
	Hesitant to be tested	Develop educational materials explaining the testing differences and the purpose of each of them: CDC Guideline: Overview of testing for SARS-COV-2	
Perceived benefits	Belief that following the preventive measures will help reduce the spread of the virus, which in turn will reduce the risk of getting COVID-19	• Wipe down everything touched in places of worships, such as door handles, pew tops and railings with cleaning products. • Avoid hugs and handshakes. Just wave or bow. • Encourage people to wash their hands. • Consider posting reminders throughout places of worship and the community. • Make hand sanitizers available throughout the places of worship. • Discourage panic and fear. • Encourage congregation members to seek information only from reliable sources such as the CDC and the Indiana State Department of Health.	

Table 2: COVID-19 examples for the Hispanic or Latino people based on the Health Belief Model (HBM)

Construct	Belief	Message examples to address construct among the Hispanic or Latino people	Distribution Channel
Perceived susceptibility	Belief that COVID-19 does not exist Belief that they will not contract COVID-19	"El COVID-19 es un problema serio en nuestra comunidad. Todos, desde jóvenes hasta personas mayores, pueden contraerlo. Protegerte a ti mismo puede proteger a los demás."	Printed materials in places of worship and coalitions, schools and Goshen College Facebook groups like _Boletin Informativo Michiana_
Perceived severity	Belief that COVID-19 is not a serious health problem	"El COVID-19 es una enfermedad nueva y se cuenta con información limitada acerca de los factores de riesgo de enfermarse gravemente. Sin embargo, se ha observado que los adultos mayores y las personas de cualquier edad que tienen condiciones preexistentes tienen mayor riesgo de enfermarse gravemente a causa del COVID-19."	Facebook pages from the place of worship Hispanic or Latino radio stations
Perceived barrier	Hard to maintain social distance	"El distanciamiento social es una de las mejores herramientas para evitar exponerse al COVID-19. Para ayudar a controlar la propagación del virus, ten en cuenta los momentos claves donde debes practicar el distanciamiento social: - Dentro de tu casa si hay alguien enfermo - Fuera de tu casa cuando estés cerca de personas que no vivan contigo - Si tienes mayor riesgo de enfermarte gravemente por el COVID-19 Si fuera difícil mantener el distanciamiento social, usa un cubre bocas o mascarilla cuando salgas y estés cerca de otras personas."	
Perceived benefits	Belief that following the preventive measures will help reduce the spread of the virus, which in turn will reduce	#ElCOVIDSeDetieneConmigo # Hashtag) Para desacelerar la propagación del coronavirus, todos debemos continuar asumiendo nuestra responsabilidad personal de protegernos a nosotros y a nuestros seres queridos. Con tan solo llevar acciones sencillas como utilizar tapabocas, mantener distanciamiento social y lavarnos las manos	

	the risk of getting COVID-19	frecuentemente podemos hacer una gran diferencia."	

References for the targeting messages: CDC Social Media Toolkit

https://www.cdc.gov/coronavirus/2019-ncov/communication/social-media-toolkit.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-criteria.html

Appendix 3: Case investigation and contact tracing resources

    i.   Case Investigation and Contact Tracing: Part of a Multipronged Approach to Fight COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html

    ii.   Interim Guidance on Developing a COVID-19 Case Investigation & Contact Tracing Plan https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html

    iii.   Health Department Checklist: Developing a Case Investigation & Contact Tracing Plan https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/health-department-checklist-final.pdf

    iv.   Interim COVID-19 Contact Tracing Communications Toolkit for Health Departments https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing-comms.html

    v.   Kit de herramientas provisional para las comunicaciones relativas al rastreo de contactos del COVID-19 para departamentos de salud

    vi.   Key Information to Collect During a Case Interview https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/keyinfo.html

    vii.   Evaluating Case Investigation and Contact Tracing Success https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/evaluating-success.html

    viii.   COVID-19 Sample Training Plans for Contact Tracers, Case Investigators, and Supervisors https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/index.html

    ix.   COVIDTracer: A tool designed to aid public health officials in planning and preparing for contact tracing of COVID-19 cases https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/COVIDTracer.html

    x.   Contact Tracing: Using Digital Tools https://www.cdc.gov/coronavirus/2019-ncov/downloads/digital-contact-tracing.pdf