

IRC Tucson Case Study: Mobile COVID-19 Testing

About IRC Tucson

The International Rescue Committee in Tucson opened in 1997, and has helped more than 3,200 refugees from more than 40 countries rebuild their lives in the U.S.

Key Partners

- [Pima County Health Department](#)
- [Arizona Department of Health Services](#)

Promising practices in COVID-19 mitigation and prevention efforts

Mobile testing

In September 2020, the IRC in Tucson and the Pima County Health Department (PCHD) received a grant from the Arizona Department of Health Services to pilot the “Mitigating the Impact of COVID-19 in Communities of Color” program, also known as MC³. The goal of the MC³ program is to reduce the disproportionate burden of COVID-19 among vulnerable populations through increased education and awareness, increased access to testing, and rapid response care coordination and case management services.

Through this program, the IRC and the PCHD have increased access to COVID-19 testing services by establishing mobile testing sites around Pima County. The program uses a combination of data and community engagement to prioritize and select sites in communities most impacted by COVID-19. The program prioritizes areas with the highest COVID cases and the highest Social Vulnerability Index scores, a measure that looks at housing instability, lack of access to transportation, educational attainment, poverty level, people with limited English proficiency, People of Color, and people with disabilities, following best practices from the Office of Minority Health.

Working with community leaders and the program’s Community Health Workers (CHWs), the MC³ program identifies places serving the refugee community and/or People of Color



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like community centers, apartment complexes, K-12 schools, grocery stores and faith-based centers for mobile testing sites that are easily accessible and convenient for members of these communities. The program provides free, walk-up only, no appointment needed mobile testing sites with no identification or insurance required. In addition, people tested receive a packet with 12 culturally and linguistically appropriate educational flyers (available in 8 languages) covering quarantine/isolation guidance, mask wearing, and contact tracing, among other topics. Materials have been tailored to include pictorial-based education, following best practices. MC³ conducted focus groups and developed “Get Tested. Protect Your Family” as its slogan and testing flyers featuring photos of refugee families getting tested for event promotion. COVID-themed coloring pages, crayons, and books in a variety of languages are also provided to children to engage the whole family. When supplies are available participants received optional flu vaccines, and a health kit with a face mask, hand sanitizer, water bottle, and thermometer.

The program is accessible to people who speak all languages since interpretation services via bilingual, bicultural staff and telephonic language lines are available. Sites prominently display IRC and the PCHD logos to build trust within the communities. To date, the MC³ program has tested 7538 people across 53 sites, in at least 17 different languages. 53% of people receiving testing identify as Latinx (compared to 38% of the county population), 27% White only, not Latinx (51% of the population), 5% as Black (compared to 4% of the county population), 3% as Asian (equivalent to the population), and 3% Indigenous (equivalent to the population).

IRC Tucson and PCHD hired bicultural CHWs, staff who are members of target communities themselves, who have undergone training in a variety of areas, including health equity, implicit bias, interpreter best practices, cultural awareness, etc. CHWs liaise with ethnic-based community organizations, RIM individuals, and target populations to disseminate information about testing and mobile sites, deliver food and hygiene supplies, and provide COVID educational guidance.

Supporting following COVID-19 guidelines through case management

Beyond testing, PCHD and the IRC are providing care coordination and case management services to people who test positive for COVID-19. The PCHD Care Resource Coordination team has made 9131 calls to date and delivered COVID-19 kits (hand sanitizer, masks, gloves, and a thermometer) to 989 households. Non-English and non-Spanish speakers who test positive for COVID-19 are referred to the IRC for additional case management services. IRC conducts a thorough intake to assess client needs and creates a unique service plan to help households/clients isolate and quarantine based on public health COVID guidelines. IRC applies for direct financial assistance, unemployment benefits,



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pandemic relief assistance, government benefits and medical insurance. IRC provides medical care coordination and ensures individuals have access to health care services after their isolation/quarantine period ends.

For those who have immediate needs, IRC has delivered food boxes and care packages. Many refugee and immigrant families face food insecurity due to a loss of income. The IRC has been connecting refugees to community food sources, such as free school meals and food pantries. For families unable to access those sources, staff have collected donations and purchased additional culturally appropriate food to deliver to them.

Partner Roles in Mobile Testing, Health Education and Care Resource Coordination/Case Management

Arizona Department of Health Services

- Grant funding and oversight

Pima County Health Department

- Provides any and all supplies and equipment needed (e.g., PPE, testing kits, disinfectant, tablets)
- Helps manage logistics of testing sites
- Supports staff's needs at the testing sites
- Recruits, hires and trains Community Health Workers (in conjunction with IRC)
- Co-creation, translation and distribution of culturally and linguistically appropriate materials around COVID-19 and testing (in conjunction with IRC)
- Provides SVI and hotspot data to prioritize mobile test sites
- Manages testing data and provides data summaries to host sites and monthly data reports to partners
- Trains and engages CHWs (in conjunction with IRC)
- Conducts outreach and engagement with communities to promote the event (in conjunction with IRC)

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- Recruits, hires and trains the diverse team of Community Health Workers from the community (in conjunction with PCHD)



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- Helps determine the locations for the mobile testing sites based on knowledge about RIM communities
- Provides logo and branding (which equates to trust from communities)
- Helps manage logistics of testing sites \
- Provides Community Health Workers to staff testing sites and conduct door-to-door neighborhood outreach for testing sites
- Connections and brokering relationships with areas to conduct testing (for example, apartment complexes)
- Co-creation, translation and distribution of culturally and linguistically appropriate materials around COVID-19 and testing (in conjunction with PCHD)
- Trains and engages CHWs (in conjunction with IRC)
- Conducts outreach and engagement with communities to promote the event (in conjunction with IRC)

Keys to Success and Overcoming Challenges

1. **Leverage CBOs:** for their knowledge of areas with dense populations of RIM communities, stores, ethnic-based community organizations, and faith centers; and for their connections and ability to advertise to RIM groups you are wanting to reach.
2. **Co-brand to build trust:** use CBO logos at mobile testing sites and on materials. This encourages RIM individuals to participate because they already have rapport with those CBOs and have previous experience with their services.
3. **Improve language access:** contract with CBO staff and interpreters to provide bicultural staff on site with multiple language capabilities and access to language lines.
4. **Make testing easy and unintrusive:** ensure that the testing sites are not only for those in cars by making them walk-up; that no appointments are necessary; and keep any information collected about individuals to a minimum and optional.
5. **Offer flu vaccines at testing sites:** during flu season, to build up trust within RIM communities of receiving vaccines from the health department and to encourage future COVID-19 vaccination efforts.
6. **Address Social Determinants of Health:** Health departments can partner with and/or provide warm hand-offs to CBO case management programs to provide social



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services such as food delivery, rental assistance, health care coordination, and referral to mental health teleservices to ensure that COVID-19 positive individuals can abide by isolation guidelines.

7. **Create culturally and linguistically appropriate, relevant communication materials:** use community leaders in pictorial-based educational materials; have CBOs help co-create culturally and linguistically appropriate materials.
8. **Center health equity:** Address upstream social determinants of health, such as providing housing, transportation, childcare, financial assistance, etc. resources during care coordination; Reduce siloes by collaborating to provide educational materials from other sections- eviction prevention, food security, etc.;
9. **Hire Community Health Workers:** CHWs build trust and liaise with communities. CHWs are from communities most impacted and speak a variety of languages.



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