NRC-RIM
National Resource Center for
Refugees, Immigrants, and Migrants

COVID-19 Knowledge, Attitude & Practice (KAP) Survey

Summary Report

January 2021

Executive Summary

In the fall of 2020, the International Rescue Committee (IRC) designed and delivered a COVID-19 Knowledge, Attitude, and Practice (KAP) survey for its clients, which was conducted as part of all delivered services in six IRC offices over a six-week period (September 18 - October 30, 2020). This report summarizes key findings from the survey, which will inform IRC's efforts to create COVID-19 tools and resources through its participation in the National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) and other IRC programs.

Key Findings

- The survey had 352 respondents from 46 countries. The majority were 20-49 years old, and had arrived to the US within the last two years.
- 71% respondents said that they did not know or were unsure what contact tracing is.
- 26% respondents believed that contact tracers can ask for immigration status.
- 75-99% of respondents reported following COVID-19 prevention activities.
- 21% reported visiting friends, neighbors or relatives in their houses, and 19% said that they attend larger gatherings (of over 10 people).
- Overall, respondents had slightly more confidence in local health officials than the US government when it comes to handling the COVID-19 health crisis.
- A slight majority of respondents (51%) did not think they are at high risk for infection.
- A slight majority of respondents (51%) wanted to learn more information before getting a possible COVID-19 vaccine.
- In a number of cases, responses varied notably by length of time in the US, language or country of origin.
- Respondents who had been in the US for less than one year were the most likely or among the most likely to follow COVID-19 preventive behaviors in nearly all cases.
- The percentages of respondents who said that they knew what contact tracing is varied substantially by language, country of origin, and time in the US. Percentages were lower among individuals who had been in the US for three or more years.
- The groups with the lowest percentages of respondents who said that they would get a vaccine as soon as possible were Kiswahili speakers and people from DRC and Sudan.

Comparison with the General US Population

In collaboration between John Hopkins Bloomberg School of Public Health's Center for Communication Programs, the Massachusetts Institute of Technology, the World Health Organization, and Facebook's Data for Good, a KAP COVID-19 survey was conducted among the general US population[1]. Unlike the IRC's KAP survey, it was self-administered, only individuals over the age of 18 were able to participate, and it used a larger sample. The results from the November 2020 survey period were compared with the findings from the IRC's KAP survey, to explore any significant disparities between the responses of the two groups. However, it should be noted that the different timeframes and methodologies of the two studies do not allow for a perfect comparison. It was found that:

- **A higher percentage of the general US population would accept a COVID-19 vaccine if available (52%), compared to the percentage of IRC clients who stated that they would try to get the vaccine as soon as possible (28%)**.
- The two surveys produced similar results for questions that related to wearing face masks, washing hands, keeping distance from others, and knowledge of COVID-19 symptoms.

Key Take-Aways

- There is a need for more education around contact tracing and vaccines for RIM populations.
- More efforts to reduce the percentage of people attending larger gatherings are needed.
- There is a need for more outreach targeting individuals who have been in the US for longer.

IRC's Response to the Findings

- Videos have been created in a variety of languages explaining what contact tracing is, and what people will or will not be asked.
- The IRC is pursuing pathways to reach community members who have been in the US for longer periods of time.

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[1] https://ccp.jhu.edu/kap-covid/kap-covid-country-profiles-with-demographic-disaggregation/

- A suite of vaccine education materials has been planned, as well as additional focus groups and interviews focused on vaccine acceptance and understanding to track and evolve messaging.
- Using community members from major countries of origin, COVID-19 messaging is being adapted based on linguistic and cultural nuances.

Areas for Further Exploration

- Fear of stigma and discrimination towards those with COVID-19.
- Barriers to following prevention guidelines (e.g., housing situation, family/social support, workplace conditions, access to essential items).
- Barriers to healthcare access (e.g., COVID-19 testing, insurance, seeking care when sick).

Background & Methodology

Founded in 1933 at the request of Albert Einstein, the mission of the International Rescue Committee (IRC) is to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their future. Annually, it serves more than 48,000 individuals in the US with a range of immigration statuses, within a network of 25 offices across 15 states.

The IRC chose to design and deliver a COVID-19 Knowledge, Attitude, and Practice (KAP) survey for its clients in the fall of 2020 to better inform its programming, including shaping the initial direction of tools and resources generated through its participation in the National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM). Six IRC offices conducted the survey as part of all delivered services for a six-week period (September 18 - October 30, 2020). To develop the survey, IRC's Research, Analysis and Learning team conducted a scan of existing KAP COVID-19 surveys from the literature. Selected questions were then adapted for length and language in consultation with NRC-RIM. IRC staff delivered the 10-15 minutes survey orally to clients (typically via Zoom or phone) and entered answers into SurveyMonkey. Bilingual staff or interpreters were used with all clients who were not fluent in English.

All questions in the survey were multiple choice, and the majority included an "unanswered" option. Given that the number of respondents who selected "unanswered" is in some cases an insightful finding in itself, the response percentages for each question have been calculated out of

the total number of individuals who selected any of the available responses, including the "unanswered" option. The number of survey participants who chose to "skip" each question has not been incorporated into the response percentages.

The findings from the survey have been disaggregated by respondents' length of time in the US, their country of origin, and the language which they speak most fluently. Only the six countries of origin and six languages with the highest numbers of respondents have been compared, given that smaller groups represented less than 5% of the total respondents. When interpreting these findings, it should be noted that the number of individuals in each group varies. In addition, a very small number of respondents did not specify their country of origin, most fluently spoken language, or length of time in the US.
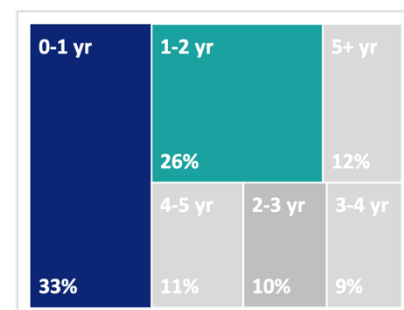
Results

1. General Demographics

Respondents originated from

58% of respondents arrived to the US within the last two years

This KAP survey had a total of 352 respondents originating from 46 different countries. Respondents were divided equally between male and female overall.
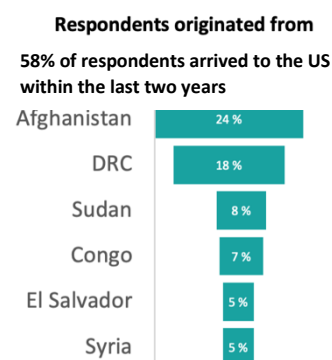
The most common countries of origin were Afghanistan (24%), DRC (18%), Sudan (8%), Congo (7%), El Salvador (5%), and Syria (5%). The most common languages most fluently spoken by respondents were Kiswahili (18%), Spanish (16%), Dari (13%), Arabic (12%), Farsi (7%), and French (5%).

Approximately 81% respondents were between the ages of 20 and 49. 33% of respondents had been in the US for less than one year, 26% for one to two years, 10% for two to three years, 9% for three to four years, 11% for four to five years, and 12% for five or more years.

2. Knowledge

A majority of respondents understood that the main clinical symptoms of COVID-19 are fever, fatigue, dry cough and body aches (83%). This was true across language groups, lengths of time in the US, and countries or origin. The countries of origin with the highest percentages of

people who understood the main clinical symptoms of COVID-19 were Syria (100%) and DRC (95%). The language group with the highest percentage was Kiswahili speakers (94%), and the group of people with the highest percentage when disaggregating by length of time in the US was individuals who had been in the country for one to two years (94%). Conversely, the language, country of origin, and length of time in the US with the lowest percentages of people who understood the main symptoms of COVID-19 were people from El Salvador (71%), Farsi speakers (74%), and people who had been in the US for four to five years (62%).

Eighty-six percent of respondents reported that COVID-19 is spread through respiratory droplets. Responses did not vary dramatically by language, country of origin, or time in the US. When disaggregating by country of origin, the percentages of people who reported that the virus spreads through respiratory droplets ranged from 82% for El Salvador to 96% for Congo. By time in the US, percentages ranged from 81% for three to four years in the country, to 91% for one to two and two to three years. By language, the group with lowest percentage was French speakers (78%), and the highest was Kiswahili speakers (94%).

However, 45% of respondents answered that people with COVID-19 can only infect others when they have a fever, while 40% answered that this is not true and 14% were unsure. There are some notable variations in the percentages of people who believed this to be true when comparing different language groups, countries of origin, and lengths of time in the US. The language with the highest percentage was Kiswahili (81%), which was significantly greater than the other language groups. These ranged from 24% for Arabic speakers to 44% for French speakers. Similarly, 76% of people who had been in the US for two to three years thought that people with COVID-19 can only infect others when they have a fever. This was also higher than other groups, which ranged from 27% for four to five years in the US, to 52% for one to two years. The two countries of origin with the highest percentages of individuals who reported that people can only infect others when they have a fever were DRC (73%) and Congo (61%). The lowest was Syria (25%).

Ninety percent of respondents answered that wearing a mask can prevent themselves and others from contracting COVID-19. Responses did not vary significantly by length of time in the US, but there were notable variations among different language groups and countries of origin. The country of origin with the lowest percentage of people who answered that wearing a mask can prevent themselves and others from getting COVID-19 was Syria (69%). This was lower than the other countries of origin. When asked if wearing a mask can prevent themselves from contracting the virus, percentages ranged from 88% of people from El Salvador to 100% of people from Sudan. When asked if wearing a mask can prevent others from contracting the virus, percentages

ranged from 87% of people from Congo to 100% of people from Sudan. Among language groups, Arabic speakers had the lowest percentages of people who stated that wearing a mask can prevent both themselves from getting COVID-19 (76%) and others from getting it (78%). All other language groups had over 87% of respondents report that wearing a mask prevents themselves and others from contracting the virus.

A strong majority of respondents (84%) responded that children and young adults can get COVID-19. There was only a slight variation in the percentage of respondents who reported this to be true when responses were disaggregated by length of time in the US. Figures ranged from 77% for one to two years in the country to 95% for five or more years. However, there were significant disparities among different language groups and countries of origin. Only 39% of people from Congo responded that children and young adults can get COVID-19. This was much lower than the other countries of origin, which ranged from 78% for people from Afghanistan to 100% for people from El Salvador. Similarly, only 57% of Farsi speakers reported children and young adults can get COVID-19, which was notably lower than the other language groups. These ranged from 73% for Kiswahili speakers to 100% for French speakers.

A strong majority of respondents (89%) answered that people should avoid crowded places and public transportation to prevent getting COVID-19. The percentage of people who gave this response did not vary significantly by length of time in the US. Differences among countries of origin were also small, ranging from 81% for Sudan to 94% for Afghanistan and Syria. By language, percentages ranged from 78% for French speakers to 96% for Spanish and Dari speakers.

A strong majority (94%) of respondents answered that people should self-isolate for 14 days if they have close contact with someone who has COVID-19. Responses did not vary dramatically by country of origin, language, or length of time in the US. The country of origin with highest percentage of people who gave this response was Syria (100%) and the lowest was Congo (88%). The language group with the highest percentage was Arabic (98%) and the lowest was French (89%). By length of time in the US, the groups with the highest percentage of people who gave this response were those who had been in the US for three to four years (97%) or one to two years (96%), while the lowest was five or more years (88%).
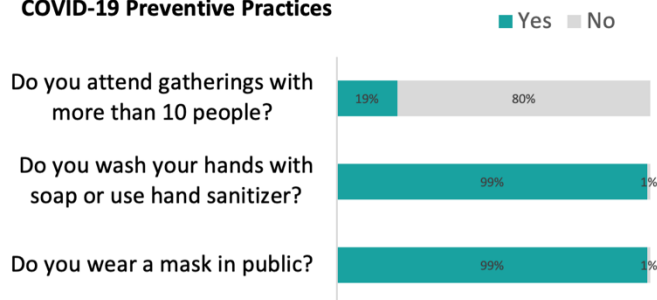
3. Behaviors[2]

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[2] Note that an "unsure" option was not offered for the survey questions discussed in this section.

Seventy-five to ninety-nine percent of respondents reported following COVID-19 preventive behaviors such as wearing face masks, handwashing, physical distancing, etc.

Ninety-nine percent of respondents reported that they usually wear a face mask in public. 99% stated that they usually wash their hands with soap or use hand sanitizer more than three times per day. These figures did not differ significantly according to language, country of origin, or length of time in the US. Across all of these groups, the respondents with the lowest percentage of people who reported usually wearing a face mask in public were individuals who had been in the US for four to five years (92%), and the respondents with the lowest percentage of people who stated that they usually wash their hands or use hand sanitizer more than three times per day were people from El Salvador (94%).

COVID-19 Preventive Practices

Yes   No

Do you attend gatherings with more than 10 people? — 19% — 80%

Do you wash your hands with soap or use hand sanitizer? — 99% — 1%

Do you wear a mask in public? — 99% — 1%

Twenty-one percent did report visiting friends or relatives in their houses. The percentages did not vary greatly according to length of time in the US. The groups with the lowest proportion of people who said that they visited friends or relatives in their houses were people who had been in the country for two to three years (15%) and less than one year (16%), whereas the groups with the highest percentage were people who had been in the US for three to four years and five or more years (29%). However, percentages did differ greatly according to respondents' country of origin and language. The country of origin with the highest proportion of respondents who said that they visit friends or relatives in their houses was Syria (50%), while the lowest was Congo (0%). These were much higher and lower than the other countries' figures, which ranged from 15% for Sudan to 24% for El Salvador. Among language groups, the percentages of people who said they visit friends or relatives ranged from 9% for Spanish speakers to 50% for French speakers.

Nineteen percent of respondents reported that they attend larger gatherings (of over 10 people). This percentage did not vary dramatically by length of time in the US. Figures ranged from 15% among people who had been in the country for less than one year and five or more years, to 27% among people who had been in the country for three to four years. The country of origin with the highest percentage of people who said that they do attend gatherings was DRC (41%). This was much higher than the other countries, which ranged from 24% for El Salvador to 9% for Afghanistan. The language groups with the lowest percentages of people who said they attend

gatherings were Farsi (4%), Dari (9%) and Spanish (11%) speakers. The highest were French (33%) and Kiswahili (34%) speakers.

Eighty-five percent of respondents said that they usually avoid close contact with people who could be high risk for transmitting coronavirus. Among language groups, the percentages of people who said this ranged from 72% for French speakers to 98% for Dari speakers. When looking at length of time in the US, the highest percentage was 91% for people who had been in the country for two to three years, and the lowest was 78% for people who had been in the country for five or more years. The country of origin with the highest percentages was Congo (96%), and the lowest were Sudan (65%) and Syria (69%).

A majority of respondents (76%) stated that they stay home at all times. When disaggregating by time in the US, the group with the highest percentage of people who said they stayed at home at all times was those who had been in the US for less than one year (83%) and the lowest was people who had been in the US for five or more years (56%). Percentages also varied among different language groups. The lowest was Farsi (57%) and the highest was Kiswahili (89%). Additionally, only 66% of Afghans said they stay in their house at all times. Figures for the other countries of origin ranged between 81% for Sudan to 96% for Congo.

Eighty-seven percent of respondents answered that they are generally able to avoid having close contact (six feet) with people that they do not live with. Among language groups, the percentage of people who gave this response ranged from 83% for Arabic speakers to 95% for Dari speakers. Among countries of origin, percentages ranged from 69% for Syria to 95% for Afghanistan. Figures differed only very slightly by time in the US, with the exception of people who had been in the country for four to five years (76%). For the other groups, all percentages were 85% or above. Overall, 2% selected "unanswered" when asked if they are generally able to avoid having close contact with people they do not live with.

A large majority (92%) of respondents go out to shop for food and medicine. The percentages were high across languages, lengths of time in US and countries of origin. The only exception among the countries of origin was Sudan, which had only 69% of people report that they go out to shop for food and medicine. Figures for the other countries of origin ranged from 87% for Congo to 95% for Afghanistan and DRC. Among language groups, all percentages of people who said that they go out to shop for food and medicine were 91% or higher. When disaggregating by length of time in the US, the group with the lowest figure was people who had been in the US for less than one year (86%), and figures for all other groups were 93% or higher.

Fifty-six percent of respondents travel to and from work while 42% do not. 3% selected "unanswered". The percentage of people who said that they travel to and from work varied significantly by country of origin and language. The language groups with the highest percentages were French (78%) and Kiswahili (82%) speakers. These were much higher than the other language groups. The language group with the lowest percentage was Arabic speakers (34%). When looking at country of origin, the groups with the lowest percentages of people who travel to and from work were El Salvador (24%) and Syria (25%). The highest was DRC (81%), followed by Congo (71%), Sudan (50%), and Afghanistan (48%). By length of time in the US, the groups with the lowest percentage of people who travel to and from work were those who had been in the US for less than one year (40%) and three to four years (42%). There was not great variation among the other groups, which ranged from 57% for four to five years in the US and 71% for five years or more in the US.

4. Contact Tracing

Seventy-one percent of total respondents reported not knowing or being unsure about what contact tracing is. The percentage of people who said that they know what contact tracing is varied significantly by country of origin, language, and length of time in the US. Among the different countries of origin, DRC (57%) and El Salvador (41%) had the highest percentages. Congo (13%), Syria (19%), Afghanistan (22%) and Sudan (23%) had much lower percentages. When looking at time spent in the US, the group with the smallest proportion of respondents who said they know what contact tracing is was people who had been in the country for three or more years (13-24%), while the groups with the largest proportions were those who had been in the US for less than three years (31-41%). French was the language group with the highest percentage of people who said that they knew what contact tracing is (56%), and Arabic was the lowest (15%).

Forty-one percent of all respondents said that they would be able to speak to a contact tracer (CT) in English while 50% of respondents answered that they would not. 9% of respondents were unsure. The percentage of respondents who reported that they would be able to have a conversation with a CT in English varied greatly by country of origin, language, and length of time in the US. The country of origin with the highest percentage was Afghanistan (51%), while the lowest was Congo (8%). Among language groups, French speakers had the highest percentage (72%) and Spanish speakers had the lowest (16%). By length of time in the US, people who had been in the country for five or more years had the highest percentage (75%), while individuals who had been in the US for two to three years had the lowest (24%).

Twenty-six percent of respondents believed that contact tracers are allowed to ask for your immigration status, while 57% did not and 16% were unsure. There was significant variation among the different language groups and countries of origin in the percentages of people who believed that contact tracers can ask for their immigration status. The language groups with the highest proportion of people who believed this were Arabic speakers (41%) and Dari speakers (39%), and the group with the lowest was Farsi speakers (9%). Among the different countries of origin, individuals originating from El Salvador believed the most that contact tracers can ask for immigration status (41%), and those from the Congo (13%) believed this the least. The percentage of people who believed that contact tracers can ask for immigration status varied less dramatically according to length of time in the US. The group with the lowest proportion of people who believed this were those who had been in the US for two to three years (18%), and the groups with the highest proportions were those who had been in the US for less than one year and between three to four years (29%).
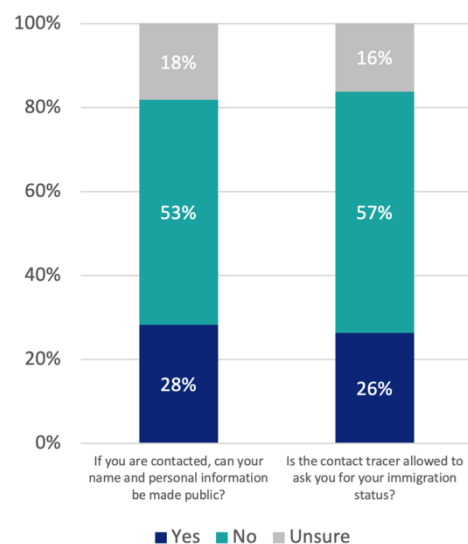
The overall figures for whether respondents believe that their name and personal information can be made public if they are contacted by a CT were similar. 28% of respondents said "Yes", 53% said "No", and 18% said "Unsure". The proportions of people who believed their name and personal information could be made public varied significantly by country of origin, length of time in the US, and language. Congo was the country that had the lowest percentage (13%), and El Salvador had the highest (59%). Other countries ranged from 23% for DRC to 39% for Afghanistan. When looking at length of time in the US, the percentages of people who believed this to be true ranged from 16% among respondents who had been in the country for one to two years, to 46% for people who had been in the country for four to five years. The language group with the lowest percentage of respondents who believed their name and information could be made public were French speakers (6%), and the highest were Arabic (37%) and Dari speakers (39%).

5. Risk of Infection and ability to Self-Isolate

A slight majority of respondents (51%) stated that they do not believe that they are at high risk of contracting COVID-19. 36% stated that they believe they are at high risk, and 13% said that they were unsure. The countries of origin with the highest percentages of people who believed that they are at high risk were Syria (56%) and Congo (54%). The lowest was DCR (17%). By length time

in the US, the group with the lowest percentage was people who had been in the country for two to three years (15%). This was much lower than the other groups, which ranged from 35% to 40%. The language group with the lowest percentage of people who believed that they are at high risk was Kiswahili (19%), and the highest was Farsi (52%). Across all languages, countries of origin and lengths of time in the US, people who had been in the US for two to three years (74%) or were from the Democratic Republic of Congo (76%) were the most likely to believe they are not at high risk.

A strong majority (88%) of respondents stated that they would be able to stay home from work if they became sick. This was true across language groups, lengths of time in the US, and countries of origin. By length of time in the US, percentages ranged from 81% for four to five years, to 90% for one to two years or five years or more. Among language groups, they ranged from 83% for French speakers to 92% for Kiswahili speakers. When disaggregating by country of origin, the group with the highest percentage was Sudan (100%), and the group with the lowest was Afghanistan (83%). Additionally, 4% of all participants that responded to this question selected "unanswered". This was the highest percentage of total "unanswered" responses out of all survey questions.

A strong majority (92%) also reported that they would be able to self-isolate if they were to get COVID-19. The percentage of people who gave this response did not vary greatly according to participants' countries of origin, length of time in the US, or language. Among the different countries of origin, El Salvador had the smallest percentage of people who said that they would be able to self-isolate (88%), and Congo had the greatest (100%). By length of time in the US, the groups with the highest percentages of people who said that they would be able to self-isolate were those who had been in the country for less than three years (95-97%), and those with the lowest percentages had been in the US for three or more years (86-88%). Among the different language groups, French speakers had the lowest percentage (83%). Others ranged from 91% for Spanish and Dari speakers, to 100% for Farsi speakers.

6. Possible COVID-19 Vaccine, Trust and Confidence

When a vaccine becomes available, will you likely:

Just over half of respondents (51%) would wait to learn more before getting a vaccine for COVID-19. 28% would try to get a vaccine as soon as possible, 8% said they would not get a vaccine, and 13% were unsure. The country of origin with the greatest percentage of people who said that they would wait to learn more was DRC (77%). Those with the greatest percentages of people who said that they would not get a vaccine were Congo (21%) and Sudan (15%). The country of origin with the greatest percentage of people who said that they would try to get a vaccine as soon as possible was Congo (46%), while the smallest were DRC (6%) and Sudan (15%). Among the different language groups, Dari speakers had the greatest percentage of people who said that they would try to get a vaccine as soon as possible (39%), while Kiswahili speakers had the lowest (13%). The language group with the highest percentage of people who said that they would wait to learn more before getting a vaccine was also Kiswahili (69%). The percentages of people who said that they would not get a vaccine were very low across all language groups, however the group with the highest percentage was Kiswahili (10%). When looking at time spent in the US, the group with the highest percentage of people who would wait to learn more before getting a vaccine was people who had been in the US for two to three years (62%). The percentages of people who would not get a vaccine were very low across groups, but those with the highest were people who had been in the US for five or more years (13%) and for two to three years (12%). Respondents who had been in the US for three to four years had the highest percentage of people who would try to get a vaccine as soon as possible (39%), while people who had been in the US for two to three years (21%), four to five years (22%) had the lowest.
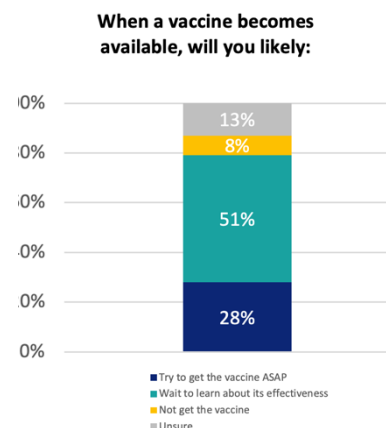
Seventy-one percent of respondents had confidence that COVID-19 will be successfully controlled, while 21% were unsure and 8% did not. The percentage of people who had confidence that the virus will be controlled varied notably by country of origin, language, and length of time in the US. The country of origin with the highest percentage was Congo (96%), and the lowest was Syria (50%). The language group with the lowest percent was Dari (57%), and the highest was Kiswahili (94%). When disaggregating by length of time in the US, the group with the highest percentage was people who had been in the country for one to two years (81%), and the groups with the lowest were people who had been in the US for four to five years (53%) and five or more years (56%). **Respondents who had been in the US for four or more years were therefore less likely to be confident that COVID-19 will be controlled.**

Overall, 63% of respondents said that they believe the US government is handling the pandemic well, while 18% did not and 19% were unsure. Across countries of origin, the majority believed that the government is handling the COVID-19 crisis well, although there were some disparities among different groups. Respondents from the Congo (88%) and Syria (88%) were most likely to believe this, while the country with the smallest percentage of people who believed this was Afghanistan (55%). The percentages of people who believed that the government is managing the crisis well also varied by length of time in the US, ranging from 74% among people who had been in the country for less than one year to 32% for people who had been in the US for five or more years. 51% of respondents who have been in the US for five or more years do not believe that the government is handling the pandemic well. Responses varied greatly among different language groups. Farsi speakers had the lowest percentage of people who felt that the government is managing the crisis well (43%), while Kiswahili had the highest (85%).

A majority of respondents (73%) believe their local health officials are handling the COVID-19 health crisis well. This was true across countries of origin and lengths of time in the US. The country with the highest percentage of people who said that they believed their local health officials are managing the crisis well was Syria (94%). The lowest were Sudan (62%), El Salvador (65%), and Afghanistan (66%). By length of time in the US, the groups with the highest percentages of people who believed that local health officials are handling the pandemic well were people who had been in the US for one to two years (82%), three to four years (81%), and two to three years (79%). The lowest percentage was among people who had been in the country for four or more years (61%). **Respondents who had been in the US for four or more years were therefore less likely to think that local health officials are handling the pandemic well.** Among the different language groups, only Farsi speakers had a minority of people report that felt their local health officials were managing the crisis well (48%). The language group with the highest percentage of people who believed this were Kiswahili speakers (95%). Others ranged from 73% to 78%. Overall, 17% of respondents said that they were unsure if local health officials were handling the COVID-19 health crisis well.

7. Technology & Social Media

Of the 352 respondents who completed the KAP survey, 55% (or 195 individuals) agreed to complete additional questions on digital literacy. **A majority of these respondents, 83%, have internet access at home, while 17% do not.** Only 36% of respondents from El Salvador had internet access at home. This was much lower than the other countries of origin, which ranged from 72% for Sudanese respondents to 93% for Afghan respondents. Similarly, only 57% of Spanish speakers reported having internet access at home. This was much lower than the other

language groups, which varied from 96% for Dari speakers, to 83% for Arabic and Farsi speakers. Percentages varied less dramatically according to length of time in the US. Individuals who had been in the country for five or more years had the highest percentage of respondents reporting that they had internet access at home (92%), while people who had been in the country for three to four years (77%), less than one year (78%) and two to three years (79%) had the lowest.

A majority of those without internet access at home use cell phone data. 99% of respondents have cell phones and 66% have a computer at home. Across all language groups, lengths of time in the US, and countries of origin, the most common device that respondents reported having at home was a cell phone, and the second most common was a computer. The most popular social networking platforms were WhatsApp (78%), Facebook (64%) and Messenger (57%). These three platforms were most popular across countries of origin, lengths of time in the US and languages.

8. Comparison with General US Population

A KAP COVID-19 survey was carried out in collaboration between John Hopkins Bloomberg School of Public Health's Center for Communication Programs, the Massachusetts Institute of Technology, the World Health Organization, and Facebook's Data for Good[3]. Countries were selected for participation only where samples representing a range of national characteristics were plausible. Unlike the IRC's KAP survey, it was self-administered and only individuals over the age of 18 were able to participate. A total of 3,995 people in the US participated in the survey in November 2020, although the survey was designed in such a way that not all participants were asked to respond to every question. Statistics were weighted using sampling weights.

In order to explore any significant disparities between the COVID-19-related knowledge, attitudes and practices of the population surveyed by the IRC and the general US population, the results of the two surveys were compared. However, it should be noted that the different sample sizes, survey designs, and timeframes used by the two studies do not allow for a perfect comparison.

It was found that **a higher percentage of the general US population would accept a COVID-19 vaccine if available (52%), compared to the percentage of IRC clients who stated that they would try to get the vaccine as soon as possible (28%).** However, the two surveys had similar results for questions around wearing face masks, washing hands, keeping distance from others,

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[3] https://ccp.jhu.edu/kap-covid/kap-covid-country-profiles-with-demographic-disaggregation/

and knowledge of COVID-19 symptoms. The larger KAP study found that 89% of people washed their hands with soap or disinfectants regularly in the past week in order to prevent COVID-19, whereas 99% of IRC survey respondents said that they usually wash their hands with soap or use hand sanitizer more than three times per day. Similarly, 91% wore a facemask in the past week to prevent COVID-19, compared to 99% of IRC survey respondents who said that they usually wear a face mask in public. The larger study also found that 82% of people stayed at least one meter from others when in public during the past week to prevent COVID-19, whereas 87% of IRC respondents said that they are generally able to avoid having close contact (six feet) with people that they do not live with. Additionally, it found that 77% know three or more symptoms of COVID-19, compared to 83% of IRC survey respondents who understood that the main clinical symptoms of COVID-19 are fever, fatigue, dry cough, and body aches.

9. Conclusion and Areas for Further Exploration

Overall, most respondents reported that they did not know what contact tracing is, and just over a quarter believe that contact tracers can ask for immigration status and make their name and personal information public. A vast majority of clients reported following COVID-19 prevention activities and understood the main clinical symptoms of COVID-19. Although only a small majority felt they are at high risk for infection, roughly 20% reported that they do visit friends/relatives in their houses or attend larger gatherings. Respondents had slightly more confidence in local health officials than the US government when it comes to handling the COVID-19 health crisis, and most answered that they would wait to learn more before getting a COVID-19 vaccine. However, it should be noted that this survey was administered before any vaccines were approved in the US, and that vaccine acceptance may therefore have changed since.

In a number of cases, responses varied notably by length of time in the US, language or country of origin. The percentages of respondents who said that they knew what contact tracing is, for example, were lower among individuals who had been in the US for more than three years. These percentages also varied by language and country of origin. Similarly, respondents who had been in the country for less than one year were the most likely or among the most likely to follow COVID-19 preventive behaviors in nearly all cases.

Importantly, social desirability bias may have impacted results, with respondents answering that they are following COVID-19 prevention activities and would be able to stay home from work to self-isolate because they know those are the expected answers, rather than because they truly do or could practice them. Rewording some questions in order to approach them from a different

angle, for example, asking if self-isolating would greatly affect them or not, may be an alternative way to assess respondents. The ways in which interpreters or bilingual staff translated words such as "contact tracer" may have also impacted results, and this be should be explored.

Other potential areas of exploration include questions around: fear of stigma and discrimination towards those with COVID-19; barriers to following prevention guidelines (e.g., housing situation, family/social support, workplace conditions, access to essential items); barriers to healthcare access (e.g., COVID-19 testing, insurance, seeking care when sick).

10. Conclusion and Areas for Further Exploration

These findings led the IRC to initially focus in particular on creating videos in a variety of languages featuring RIM community members explaining what contact tracing is, and what people will or will not be asked. The IRC is also pursuing pathways for reaching community members who have been in the US longer periods of time, particularly through mapping and mobilizing community networks. Additionally, a suite of vaccine education materials is planned, as well as additional focus groups and interviews focused on vaccine acceptance and understanding in order to track and evolve this messaging over time. Finally, IRC is utilizing community members from major countries of origin to adapt COVID-19 messaging based on linguistic and cultural nuances.