

More than two-thirds of Michiganders are willing to participate in COVID-19 contact tracing

By Karin Teske, MPH; John Tsirigotis, MA; Melissa Riba, MS; Jodyn Platt, MPH, PhD; Marianne Udow-Phillips, MHSA¹

Without a vaccine or cure, reducing the incidence of COVID-19, and reducing deaths from COVID-19, requires core public health measures—including physical distancing, hand washing, and masks—along with the essential practices of testing and contact tracing.

How willing are Michiganders to engage in contact tracing? In late May the Center for Health and Research Transformation (CHRT) and the Department of Learning Health Sciences (LHS) at the University of Michigan asked Michiganders about their willingness to participate in contact tracing and their level of trust regarding the use of their personal health information. This brief explores those questions, including regional and demographic differences in the openness of Michiganders to this vital public health measure.²

Key findings

- More than two-thirds of respondents reported that they would be comfortable participating in at least one contact tracing effort, including sharing personal information, sharing contacts, or reporting symptoms to local or state health departments.
- Black respondents reported a greater willingness to participate in contact tracing than white respondents or other respondents of color. Black respondents were, however, less likely to trust that their health care providers would protect their privacy and personal information.

Contact tracing

Effective contact tracing requires that a certain amount of personal information must be shared with health officials who use this data to trace and locate people who may have been exposed to COVID-19. Respondents across Michigan have different levels of comfort with these efforts, but overall 69 percent of respondents were willing to participate in at least one contact tracing effort (Figure 1).

Respondents were most comfortable reporting contacts (59 percent) to their state or local health department, slightly less comfortable sharing additional personal information (53 percent), and less willing to share symptoms with their state or local health department using technology (47 percent) (Figure 2).

¹ See additional acknowledgments on page five.

² Analysis is based on a late May survey commissioned by CHRT and LHS, where a representative sample of 1,000 Michiganders provided information about their sources of COVID-19 information, which sources of information they trusted most, and which sources of information they trusted least. See survey methodology at chrt.org/cover-michigan-survey/methodology.

Figure 1

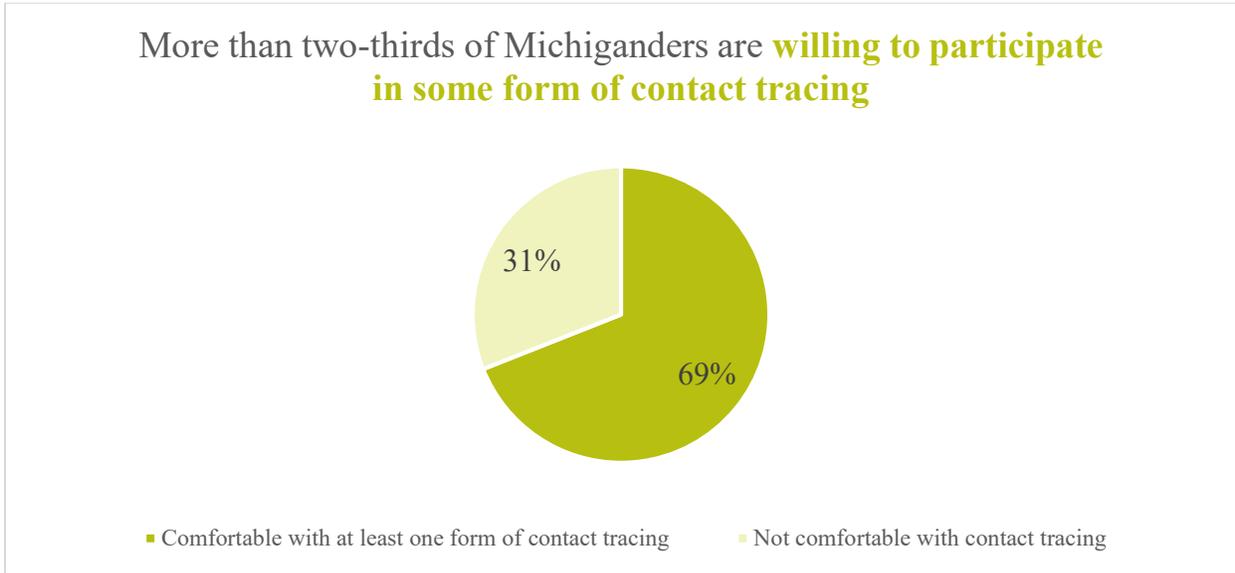
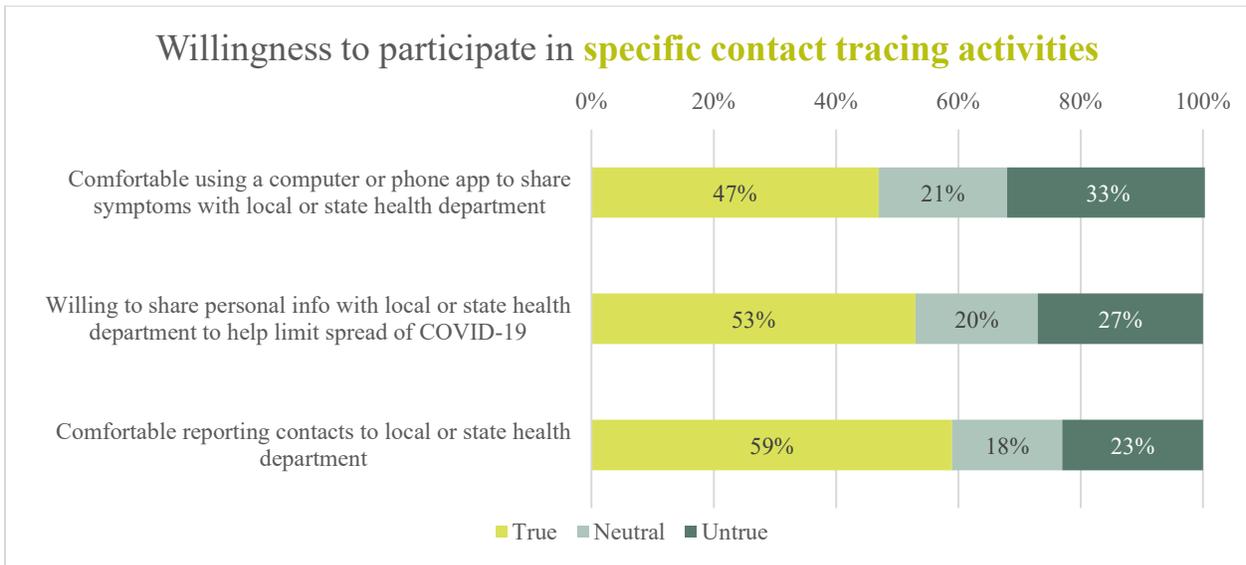


Figure 2

Respondents are willing to engage in some contact tracing activities more than others.

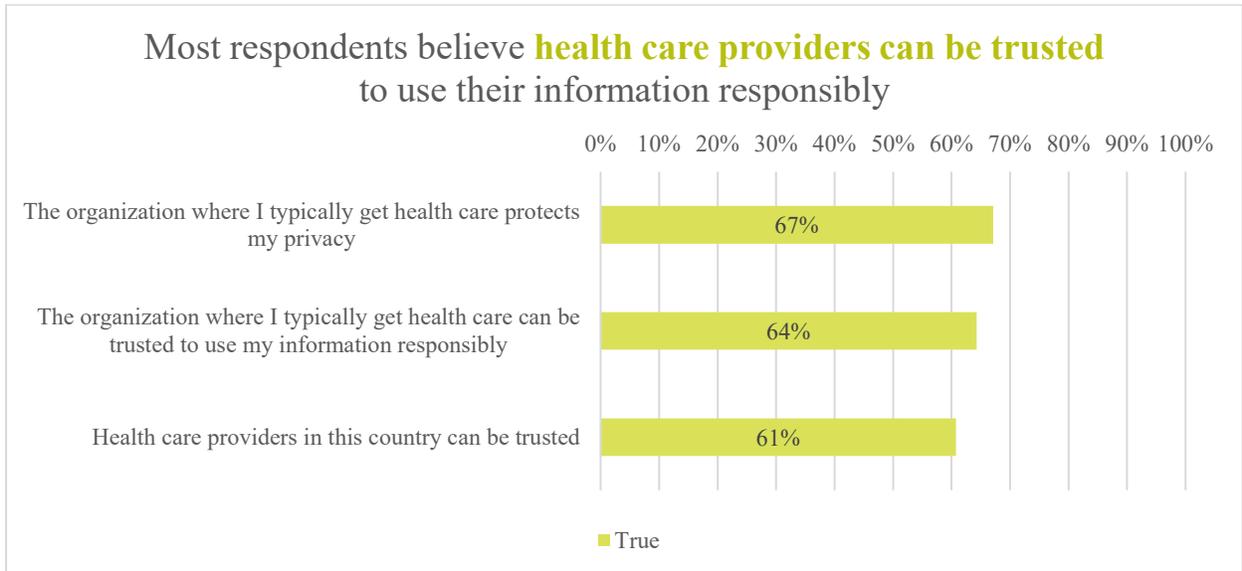
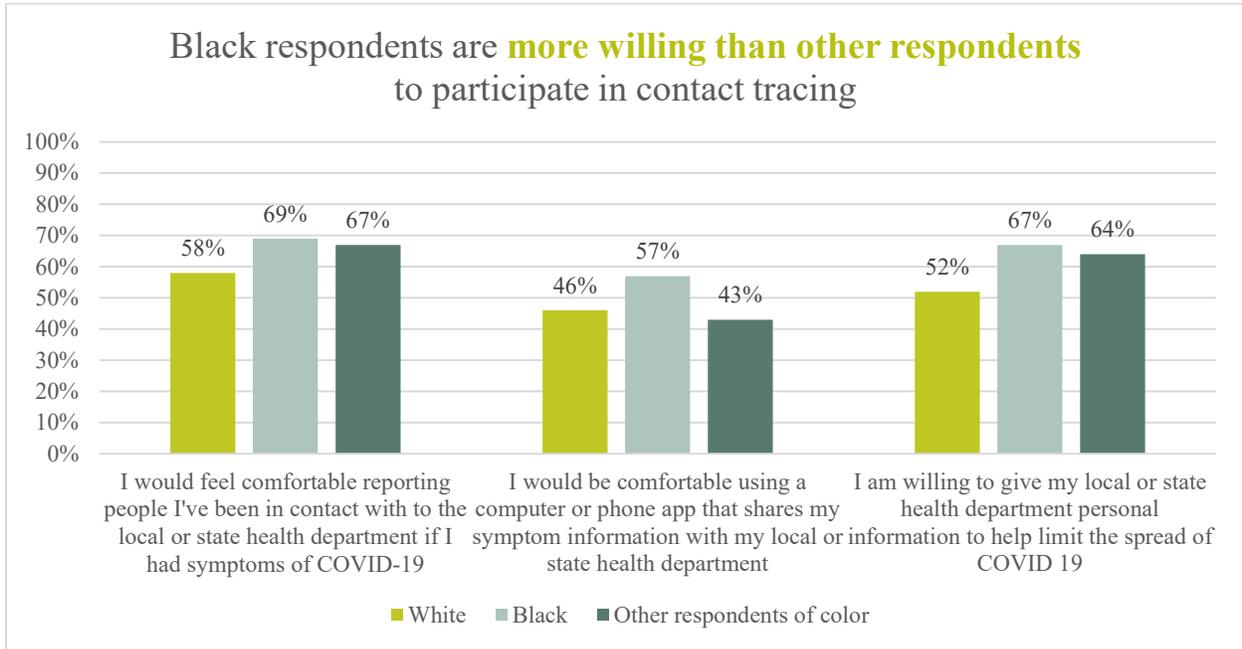


While more than half of respondents overall reported that they would be willing to share personal information with their health department to slow the spread of COVID-19, there are differences by race.

A higher proportion of Black respondents would be willing to share personal information, symptoms, and contacts compared to white respondents or other respondents of color (Figure 3).

Regional variations were less pronounced, though generally those in Detroit and Southeast Michigan were slightly more willing to participate in each effort compared to respondents statewide.³

Figure 3



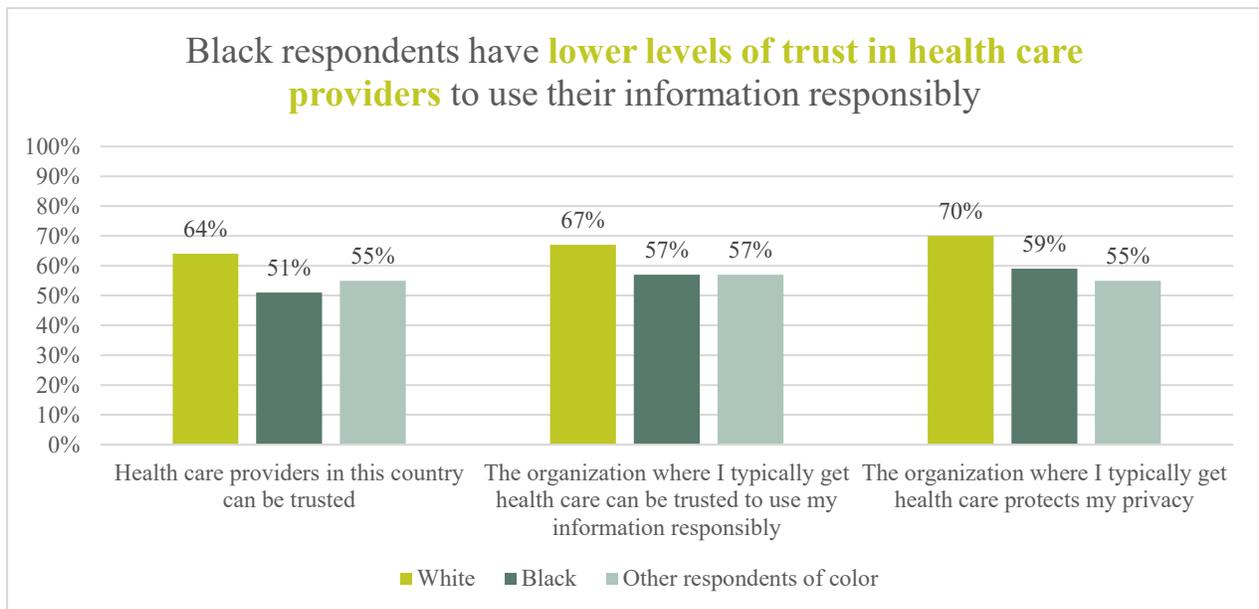
³ Comfort in reporting contacts: Michigan 59%, SE Michigan 65%, Detroit 59%. Comfort in reporting symptoms using computer or phone app: Michigan 47%, SE Michigan 52%; Detroit 56%. Willing to share personal information with health department: Michigan 53%, SE Michigan 58%, Detroit 63%.

Despite overall trust, there are differences in trust by race (Figure 4).

Black respondents are less likely to express trust in health care providers overall (50 percent) compared to white respondents (64 percent) or other respondents of color (55 percent).

Both Black respondents and other respondents of color are less likely than white respondents to trust their own health care provider’s ability to protect their information and privacy.

Figure 4



About half of respondents (46 percent) worry that their private health information could be used against them.⁴ Those who are concerned that their health information could be used against them report less willingness to participate in at least one of any of the three contact tracing activities (63 percent), compared to those who don’t report worry (84 percent) (Figure 5).⁵

⁴ Statement read: “I worry that private information about my health could be used against me.” Forty-six percent of respondents indicated “very true,” true,” or “somewhat true.” Twenty-five percent responded “neutral.” Twenty-nine percent responded “untrue,” “somewhat untrue,” or “not at all true.”

⁵ Correlations between “I worry about information being used against me” and any contact tracing variable were significant at $p < .01$. Pearson correlation coefficient was $-.18$.

Figure 5



Conclusion

Public willingness to participate in COVID-19 contact tracing is high. However, about half of respondents are concerned that their private health information could be used against them, which may be a barrier to sharing contact tracing information with local and state health departments.

Black respondents are more willing to participate in contact tracing, but at the same time are particularly concerned about private health information being protected and used responsibly. Health care providers and organizations will need to be particularly attentive in establishing trust with Black patients so they can better serve these patients' health care needs.

Contact tracing activities may be best focused on identifying and sharing contacts, since more respondents feel comfortable sharing that type of information with their state or local health department. In addition to state and local health departments, health care providers can serve a role as trusted brokers in contact tracing efforts to reduce the spread of COVID-19.

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