



PROPOSED PRINCIPLES FOR CONTACT TRACING AND MASS TESTING IN NEW JERSEY

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In recent weeks, New Jersey Together has engaged national public health experts and multiple civil society organizations across the state to identify shared principles related to contact tracing and mass testing. This document will be shared with Governor Murphy, the New Jersey Department of Health, and the Rutgers University School of Public Health. Staff for the Office of the Governor asked New Jersey Together to compile recommendations on this topic after the organization sent a letter from 110 faith & non-profit institutions, representing more than 100,000 New Jerseyans, about the importance of expanding and developing appropriate standards for contact tracing and mass testing in New Jersey.

In addition to conversations with many of the faith and non-profit institutions who signed on to our May 1st letter to Governor Murphy, New Jersey Together has also discussed these principles with and received feedback from prominent, civil society organizations in the state – including the ACLU of New Jersey, the New Jersey Institute for Social Justice, Wind of the Spirit, and Fair Share Housing – to identify shared concerns around equity, diversity, and privacy.

At the heart of these principles is a shared belief that contact tracing and mass testing are important tools in the fight to address COVID-19 infections. But they are only part of the answer. They must be paired with a broader, public health approach to the pandemic that recognizes and responds to existing health inequities. These inequities, if left unaddressed, will continue to exacerbate the health crises we face as a state and addressing them must be an important part of the discussion. We have broadly categorized these principles into concerns about scale, equity/community-driven, accessibility, and privacy.

Contact Tracing

- **Increase the number of contact tracers to 2,700 as a bare minimum.** Public health experts estimate states will need [30 contact tracers for every 100,000 people](#) for “mitigation” purposes; for New Jersey, that would be approximately 2,700. For a suppression strategy, which is recommended by [Harvard University’s bi-partisan “Roadmap to Pandemic Resilience”](#) and others, more will be needed and will need to be targeted depending on infection rates. Governor Murphy’s initial announcement proposes less than 2,000 contact tracers statewide. This is not enough. New York has said they plan to hire between 6,400 and 13,000 contact tracers. Other states already plan to hire more than 60 contact tracers per 100,000 people. **(Scale)**
- **Prioritize hiring half of new contact tracers from directly affected communities and individuals with established relationships & trust in vulnerable communities.** New Jersey should prioritize its outreach for hiring new contact tracers from vulnerable communities and communities that are hardest to reach – e.g., communities of color, immigrant communities, and low-income communities in New Jersey. This should include direct outreach to religious congregations, community based organizations, and other non-profits that have clear, existing relationships in these communities. These organizations can share information about the program and job opportunities and help identify strong, potential candidates who are familiar with and connected to these communities. These same communities have also been some of the hardest hit economically by the current pandemic and would benefit from employment options. Local hiring initiatives – e.g., in Newark – could be leveraged to enhance the effectiveness of this.

This targeted recruitment could address some of the concerns that have already emerged. In Morris County, for example, the lack of cultural competencies of contact tracers has been raised repeatedly by community members to advocacy and community groups as a concern. Hiring contact tracers from communities of color, immigrant and low-income communities and those with diverse linguistic fluencies would allow these individuals to more quickly establish trust and be more effective in achieving public health goals, including where face-to-face

outreach is necessary. These institutions could also be helpful to health officials by providing background about the community's different needs and diverse interests. New Jersey is one of the country's most diverse states; this type of direct outreach and intentional recruitment, particularly with communities more likely to be distrustful and fearful of government outreach for well-established reasons, will be critical. This type of strategy leverages lessons learned from how contact tracing has been implemented to address the HIV/AIDS epidemic; it is also supported by recent data from New Orleans' contact tracing and testing during the current pandemic. **(Equity / Community-Driven)**

- **Provide easily accessible and effective online and other trainings in multiple languages for potential contact tracers.** California plans to train 20,000 contact tracers using an [accessible, online training course](#). Other states have shared and created printed materials to support training. New Jersey should follow these models and make training available and accessible to a broad, cross-section of the state for free. The training should be available in multiple languages and to the general public. Religious congregations and community-based non-profits should be asked to conduct outreach about trainings and to share materials so that a broader network of people will be eligible for these jobs. These institutions also have the potential to supplement this training with supports around relational outreach (both via phone and face-to-face). Regardless of employment, this training has the potential to increase the capacity of community-based organizations and religious congregations to do this work in other ways going forward. **(Accessibility)**
- **Privacy and data protection:** Contact tracing efforts must be accompanied by strong privacy and data protections. Protections should include data anonymization, time-bound plans for data storage and management, limitations on access to databases, and a narrowly tailored and limited scope of data points that are collected. If technology-assisted contact-tracing (TACT) is leveraged, it should not displace non-technological, known, and effective public health measures such as testing, counseling, research, and treatment. TACT usage must be voluntary, non-punitive, non-discriminatory, rooted in science and built with the guidance of public health professionals, have a measurable impact on the pandemic response, be able to be terminated, and must be privacy protecting- minimizing reliance on central authorities, encrypted, with limited data sharing, auditable, fixable and sustainably maintained. Similar privacy guardrails should be put in place to protect individuals' data from landlords or other agencies. As discussed more below, privacy guardrails and procedures should be communicated in a transparent way to the public as a way of increasing trust and the public health effectiveness of this process. **(Privacy)**
- **Conduct public information campaign, in multiple languages, to explain what contact tracing is, what privacy guardrails are in place, and what to expect if you are contacted.** Contact tracing will only be effective if individuals understand and trust what is taking place and the people who are contacting them (ideally in their own language). Religious congregations, trusted community organizations, and local officials can be critical in distributing this information. Information should be available in clear, transparent ways across the state. Language access must be included as a priority in the program to ensure that all are able to access critical information. **(Accessibility)**
- **Lay groundwork for the long-term employment of contact tracers as community health workers.** In Baltimore, prior to the current pandemic, hospitals [hired an army of community health workers from vulnerable communities](#) who have the potential to be employed as contact tracers and in other positions. This work was led by BUILD (New Jersey Together's sister organization) and Johns Hopkins University. New Jersey could follow a similar model to identify ways to increase the number of community health workers, with a focus on hiring from vulnerable communities and those most impacted by COVID-19. These individuals could immediately be employed in testing, contact tracing, community outreach, and more. Similar models have been used with "community health promoters" in Latin America and in Southwestern states during public health crises; these promoters have been particularly important in their work with vulnerable and immigrant families. Similar types of workers could be used in this moment to conduct face-to-face outreach as well as to identify and begin to address the long-term, structural health inequities in our communities that continue to exacerbate the crisis. **(Equity / Community-Driven)**

Mass Testing

- **Set up testing sites at trusted institutions.** New York has [pioneered the use of religious congregations](#) as well as community-based non-profits and service providers as sites for mass testing. This was in large part the result of pressure from New Jersey Together's sister organizations in New York. Testing in these institutions have increased rapidly, with thousands tested at many of the sites in the past weeks. Similar testing sites should be set up at community institutions in New Jersey either in partnership with the state or with local hospitals that will be trusted by and accessible to specific, vulnerable groups. **(Equity / Community Driven)**
- **Prioritize walk-in testing sites in areas where they are needed.** Walk-in testing sites should be prioritized, particularly in areas where vehicle ownership rates are not as high. Jurisdictions like Jersey City and Union City have been leading the way on this type of testing site. We cannot unintentionally create unequal access to testing as the state moves to reopen by limiting access to testing. **(Accessibility)**
- **Provide one-stop service for mass testing, with an eye towards the most vulnerable.** As has been done in Union City and in other local jurisdictions, insurance should not be required to be tested. Those who have insurance can provide it, but those who do not have insurance should be tested for free. Prescriptions should not be required for a test. Or – if they are required – a doctor who can write a prescription without cost should be on site. The Department of Health should require this kind of accessibility for sites run by county or municipal governments. New Jersey Together has also been sent multiple, high cost bills that individuals have received from private testing sites in New Jersey. **(Accessibility)**
- **Do not require a state ID to receive a test.** Significant numbers of people across New Jersey, particularly in vulnerable communities, do not have access to a state ID for various reasons. Testing sites in New Jersey should not require state IDs to get access to tests. Doing so unintentionally privileges certain groups over others and was a key finding in New Orleans for better reaching vulnerable groups. The Department of Health should require this kind of accessibility for sites run by county or municipal governments. **(Accessibility)**
- **Targeted outreach, mobile testing, and universal testing for specific, at risk populations.** The State of New Jersey and local jurisdictions should conduct mobile testing at specific sites for high risk populations. (E.g., in senior facilities and senior housing, public housing complexes, low-income and high density communities, and with those who are homeless). The state should actively encourage local jurisdictions to do the same. In some instances – e.g., for county jails – local jurisdictions should be required by the state to conduct universal testing and testing for those returning home. **(Accessibility)**
- **Identifying financial support and sites for isolation & treatment.** Public health experts have identified the need for financial support and sites to support those in voluntary isolation. This is particularly important for those who are not eligible for unemployment insurance and for those who cannot self-quarantine because of their current housing situations. For those who are employed, appropriate job protections should be put in place to ensure more consistent income. More information in Harvard University's supplement to its original report, [“Pandemic Resilience: Getting It Done.”](#) This report also includes estimates of how many people may require income support and access to voluntary self-isolation. **(Accessibility)**