

# Recommendations for Optimizing Rhode Island State-Sponsored COVID-19 Interventions

Written and researched by The Policy Lab<sup>1</sup>

## Purpose

This report aims to inform practitioners and decision-makers of a collection of insights gathered through our interaction with the public on their perception of State-sponsored COVID-19 interventions and offer preliminary recommendations for future initiatives. This report does not evaluate the operation and rollout of the K-12 testing construct but instead retrospectively reviews how the public interacted with and perceived the process. Findings draw from data collected through survey metrics, survey comments, and interviews. Additional context and perspectives come from The Policy Lab members who worked with the Rhode Island Department of Health testing operations team to help implement and support the K-12 testing construct.

This report uses public perception of state-sponsored operations to inform systemic recommendations rather than propose specific actions for testing operations.

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## Report Layout

This report extracts and details [findings](#) tied to user interaction with the K-12 testing process in Rhode Island using data collected from 1,200 survey responses, 89 individual interviews, and three months of daily meetings with the testing operations team. Fourteen [findings](#)<sup>2</sup> informed five [recommendations](#) for future state-sponsored public health operations in the State of Rhode Island.

We begin the report by summarizing these five [recommendations](#), with findings cited below as supporting evidence. Some [findings](#) apply to multiple recommendations. Findings are not listed in a particular order. Findings are numbered for ease of reference as opposed to a particular order.

We then discuss our methodology and analysis, detail each finding, and walk through each of our five recommendations for ongoing state-led public health operations.

## Summary of Recommendations for Future Operations

Based on what we have learned through our work researching the public's interaction with K-12 COVID-19 testing, we have laid out a series of recommendations for future public health interventions. **More than 90% of users (~1,150) who completed our test site survey each week stated they had a positive experience with the K-12 testing process;** this report seeks to optimize and build on that success. These recommendations focus on improving the public's experience with and perception of ongoing COVID-19 testing and how it may apply to future vaccine distribution.

A more detailed breakdown of these [recommendations](#) follows the [Data Collection](#) and [Findings](#) sections of this report.

## Recommendations

The following recommendations are public facing as they build on findings driven by what users experienced. Those implementing these options is anyone in a decision-making or operations position over state-led public health interventions.

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<sup>2</sup> Some findings have sub findings that fall under a similar theme but are distinct in nature.

**1**

**Offer a broad variety of options for where and when users can get an appointment, as well as who can qualify for one.**

[Finding 1](#): People prefer same-day appointments (or no appointment required).

[Finding 2](#): School staff wanted the K-12 Infoline to offer asymptomatic testing.

[Finding 3](#): Users had more difficulty reaching test sites in dense urban locations.

[Finding 4](#): People struggled to manage delays associated with the testing process during working hours.

**2**

**Send users more information leading up to their appointment, focusing on what to expect and specific instructions on what to do when they arrive.**

[Finding 5](#): New users are confused about what to do next when they arrive at testing sites.

[Finding 6](#): Many users were unfamiliar with any stage of the COVID-19 testing process and needed additional assistance

[Finding 7](#): Users felt more confident and comfortable when staff could clearly communicate with them, tackle individual issues, and confidently relay process steps.

[Finding 10](#): People felt confused about how long results would take due to the association with the term ‘rapid’.

[Finding 11](#): People were less accepting of delays around their COVID-19 test results when they were tied to a return to normalcy.

**3**

**Provide public-facing state personnel with frequent updates on procedures coupled with easy to communicate messaging to create better consistency across work streams.**

[Finding 6](#): Many users were unfamiliar with any stage of the COVID-19 testing process and looked to the State for additional assistance and re-assurance

[Finding 7](#): Users felt more confident and comfortable when staff could clearly communicate with them, tackle individual issues, and confidently relay process steps.

[Finding 14](#): Users felt confused by inconsistent information coming from service representatives.

4

**Pressure test new processes and systems for preventable issues by introducing a diverse set of users into simulated scenarios.**

[Finding 9](#): Parents could not retrieve their children's rapid test results using the original portal.

[Finding 12](#): Users enjoyed the rapid response rate and turnaround times driven by the frequent coordination of Ambulance teams, labs, and courier services.

[Finding 13](#): Some users faced tremendous difficulty retrieving their results, and based on this, there is a significant chance that others were never able to access theirs.

5

**Assign a team member to collect user feedback and provide individualized support**

[Finding 7](#): Users felt more confident and comfortable when staff could clearly communicate with them, tackle individual issues, and confidently relay process steps.

[Finding 8](#): Many users were pleasantly surprised by how efficient and well setup the testing construct was.

These recommendations are detailed further in the [recommendations for future operations section of this report](#).

## Data Collected

The following section documents the data that informed this report. This data comes from online surveys offered to users after receiving a COVID-19 test from a K-12 testing site. The data from these surveys informed three separate categories.

1. **Opinion metrics** where users rated their opinions of various testing processes using a variation of the following answers for each question: Definitely Yes (Very Positive), Mostly yes (Positive), A little difficult (Negative), and No (Negative).
2. **Open-ended comments** where users provided more detailed feedback about specific instances or topics not covered by the opinion-based questions.
3. **One-on-one interviews** where users who requested the opportunity to have a brief conversation to speak in more detail about their testing experience were contacted directly.

## Opinion Metrics on K-12 Testing Sites

We collected the information in this section through a short post-test survey that asked four questions:

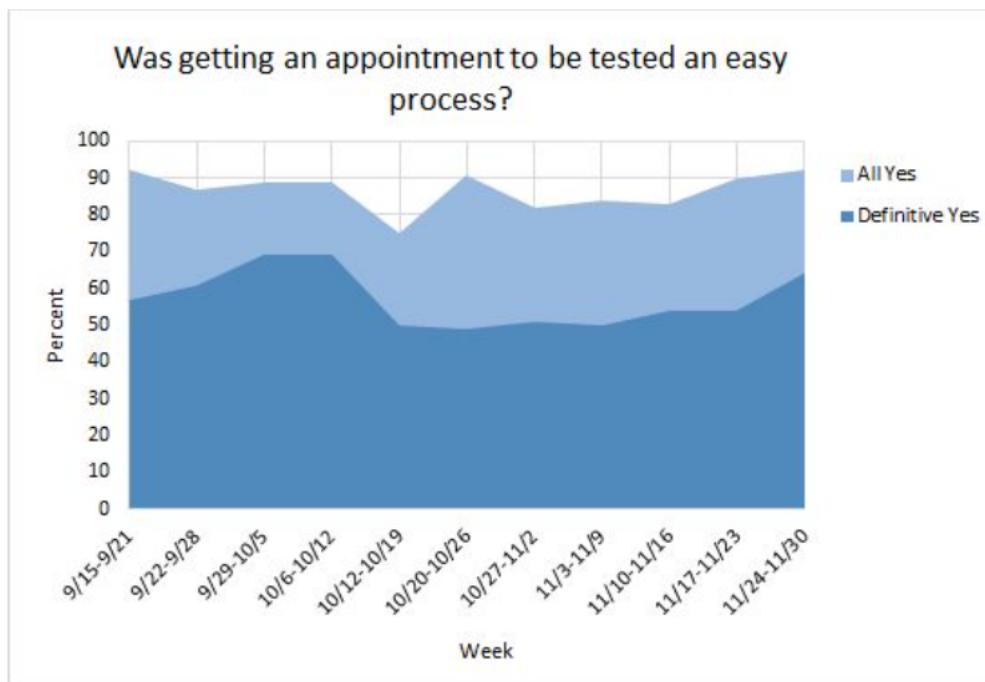
1. Was getting an appointment to be tested an easy process?
2. Was the testing site located in a place that was easy for you to go?
3. When you were at the testing location, was it clear where to go and what steps to follow?
4. Did you feel that appropriate safety precautions were taken at the site?

Reported Ns reflect total responses per survey. While it is possible that individuals took a given survey more than once, written comments do not suggest this happened.

Users answered these questions by giving their opinion on each using a four-question scale, with two answers denoting a positive experience, and two being negative. If the user noted an adverse reaction, they had the opportunity to provide a written comment as to why.

The following figures display the percent of people who had a positive experience with the listed process. Each chart shows both positive experiences (All Yes) and Very positive experiences (Definitive Yes). The light blue shaded section shows the difference in responses from Very positive to only mostly positive experiences. For example, those taking the survey had a variation of the following answers for each question. Definitely Yes (Very Positive), Mostly yes (Positive), A little difficult (Negative), and No (Negative).

**Figure 1. Weekly trends in user experience about the process of getting a COVID-19 appointment (N=1,184)**

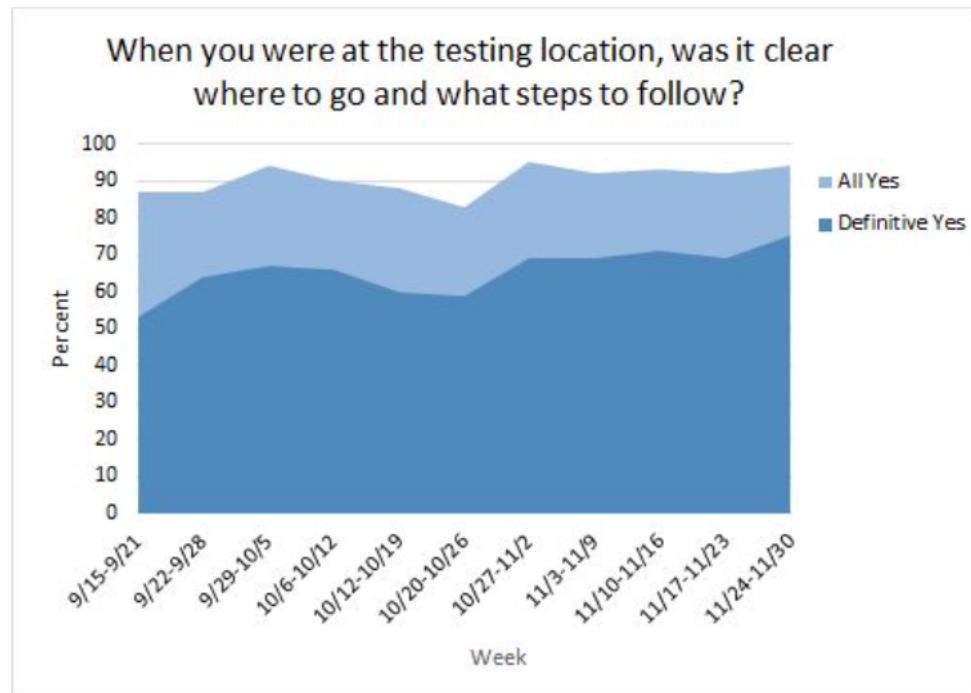


## K-12 COVID-19 Testing Experience

**Figure 2.** Weekly trends in user experience about the ease of accessing a COVID-19 test site (N=1,157)



**Figure 3.** Weekly trends in user experience about the clarity of the process once arriving at a COVID-19 test site (N=1,150)



**Figure 4. Weekly trends in user perception of safety at a COVID-19 test site  
(N=1,130)**



## Overall Open-Ended Comment Trends

The survey's final question was available to all users, regardless of their responses to the first four questions.

The question was open-ended and asked, "Please share any other thoughts about your testing experience that you feel the testing team should be aware of." These comments captured issues that users found particularly important or topics that were not otherwise related to the initial four questions related to testing.

It is worth keeping in mind that open-ended comments tend to skew on the negative side, as they take more time to interact with and participants use them as a way to voice their opinions about the topic in question.<sup>3</sup>

Comment submissions were not double-counted, but a single comment may have been long enough to fall into two separate categories. (For example, a response may cover both the process of getting an appointment and the process of retrieving results).

Over the 11 weeks during which these surveys were live, eight recurring themes continuously appeared, and these fell into eight buckets:

<sup>3</sup> Miller, A. L., & Lambert, A. D. (2014). Open-ended survey questions: Item nonresponse nightmare or qualitative data dream. *Survey Practice*, 7(5), 1-11.

## K-12 COVID-19 Testing Experience

1. Retrieving results
2. Messaging clarity
3. Speed of results
4. Testing site design and operation
5. Physical access to the testing site
6. Scheduling a test
7. Compliments

While the sample size varied week from week, our survey received a reasonable response rate **except for Week 5 in which there were only 18 open-ended responses coded compared to an average of 78 overall.** Nothing unique occurred during this time (10/13 - 10/19), but survey uptake was low.

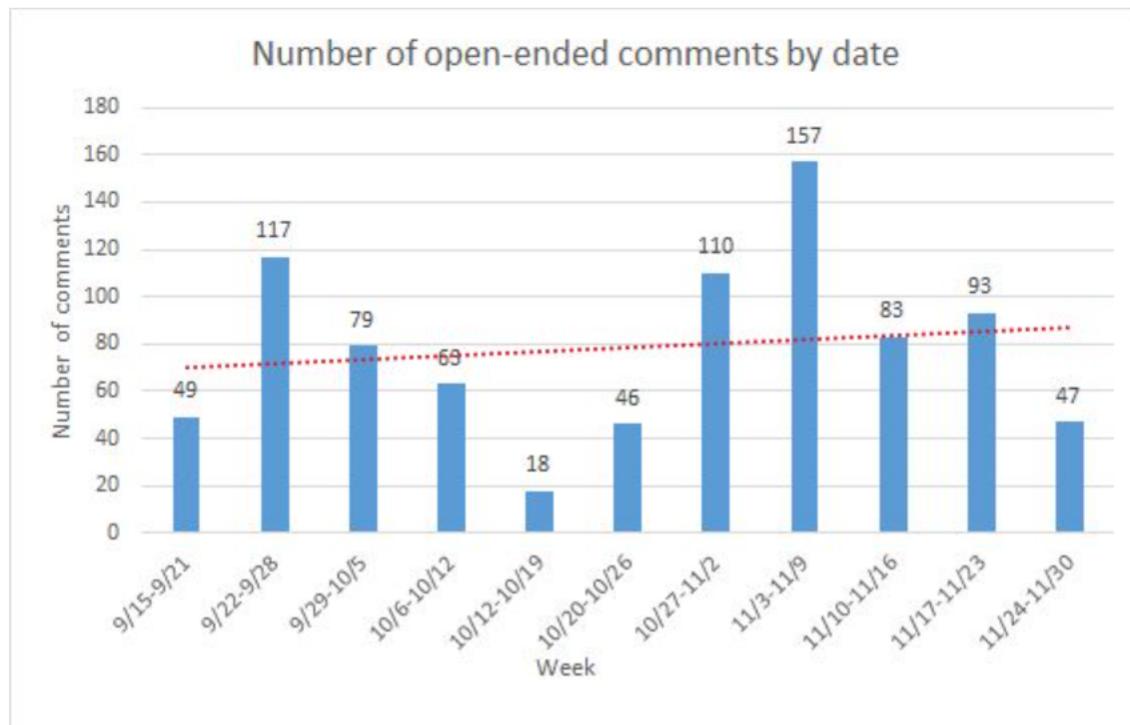
Table 1 below shows overall themes and what percentage these comments made up over the entire analysis.

**Table 1.** Open-Ended User Feedback by Category

Category of comment	Number of comments	Percent of comments
Physical access to the testing site	37	4.3%
Speed of results	53	6.2%
Messaging clarity	67	7.8%
Scheduling a test	87	10.2%
Test site design and operation	152	17.7%
Retrieving results	207	24.2%
Compliments	254	29.6%
Total	857	100%

## Number of open-ended comments by date/week

**Figure 5.** Number of open-ended comments by date (N=857)



## Individual Category Trends

This section more closely identifies the week-over-week trend of user comments on a particular topic.

The table below shows user comments over time as a percentage across three different time frames of this analysis.

Highlighted in bold are the top three priority categories.

**Table 2.** Percent of open-ended comments by week

Category of comment	Weeks 1-4	Weeks 5-8	Weeks 9-11
Physical access to the testing site	5%	7%	5%
Speed of results	<b>16%</b>	6%	3%

## K-12 COVID-19 Testing Experience

Messaging clarity	<b>13%</b>	8%	12%
Scheduling a test	2%	<b>15%</b>	<b>16%</b>
Test site design and operation	8%	<b>28%</b>	<b>24%</b>
Retrieving results	<b>33%</b>	<b>30%</b>	<b>23%</b>
<b>Compliments</b>	<b>34%</b>	<b>30%</b>	<b>45%</b>

Obtaining their results remained a top priority for users interacting with the K-12 process and was the most frequently referenced concern. Although a priority concern, the number of comments reflecting this theme decreased over time by 10 percentage points as the testing operations team implemented new measures to improve access to results.

Users' satisfaction with the speed at which the State processed results greatly increased as operations scaled up to meet demand, with a decrease of 13 percentage points for this kind of complaint over the 11 weeks of this analysis.

The confusion users felt towards messaging fluctuated, although this measurement does not account for the fact that complaints varied over time (i.e., some problems disappeared and others arose).

As demand for testing rose and infoline operators also began distributing results, it became more difficult to schedule a test, increasing the number of users frustrated with this process. This shift resulted in a 14 percentage point increase in complaints throughout this analysis. Increased demand and relaxed safety conditions also led to increased user frustration with on-site operations over time. This resulted in a 16 percentage point increase in the ratio people discussed these issues compared to others.

Also noteworthy is how frequently users submitted comments recognizing staff for a job well done. Many survey comments focused on what people believed staff did well and how this improved their ability to interact with the K-12 testing process. These comments were invaluable in selecting activities to expand and informing new methods.

The following sections further break out each category by listing how issues specifically manifested as a percent of comments. Some of the more detailed submissions included multiple components under a single heading (for example messaging was both unclear on the infoline, and then at the testing site they were given more information that proved to be incorrect). More details on the specifics behind these are in the [findings](#) section below.

### **Issues obtaining results**

This category refers to open-ended comments wherein users described specific issues they had in obtaining their results. While this was the most prevalent open-ended comment, it is worth noting the survey's primary aim was to capture views on the testing experience. This was the first opportunity users had to raise this concern directly.

Over 11 weeks, 207 separate users submitted open-ended comments about how they struggled to obtain their results. While no single issue dominated, these issues primarily manifested themselves in three different ways:

1. Users negative emotions tied to waiting for results (65/207 | 31.6%)
2. Difficulty using the portal (64/207 | 31.1%)
3. The infoline was too busy to answer and/or not helpful (53/207 | 28.6%)

### **Confusion around messaging**

In total, 67 different people left open-ended comments about messaging issues. The three largest groups were the following:

1. Users received conflicting information (26/67 | 39.4%)
2. Users received unclear instructions (29/67 | 43.1%)
3. User complaints about incorrect Information provided at the testing site (18/67| 27.27%)

### **Issues about the speed of results**

One of the primary areas of concern for the testing team was how long it took to return results to users. The speed at which people receive their results is a critical component in making people confident about getting tested and directly aligns with their ability to return to work (if symptomatic).

Throughout this analysis, 53 people specifically mentioned that their priority issue was the time it took to receive their results. There is no breakdown since this response was singular.

### **Issues in scheduling a test/getting an appointment**

The K-12 testing construct took an analog approach to sign people up, using a more customer service-oriented approach. This approach involved an infoline that users would call for information about setting up and scheduling their appointment via the phone rather than through an online portal.

There were 87 different people that left open-ended comments about issues scheduling a test. The three most prevalent sub-themes were the following:

1. The process was time-consuming (35/87 | 40.4%)
2. It was difficult to reach the Infoline scheduler (25/87 | 29.3%)

3. There were no appointments available (18/87 | 21.2%) <sup>4</sup>

### **Issues with how the test site was designed or operated**

Another core question to the testing team was if testing sites were designed and operated optimally for users. Test site design and operation was an aspect the testing team was empowered to affect directly but was simultaneously tricky to manage as guests' subjective opinions remained supreme.

Out of the 152 different people that left open-ended comments about their test-site experience. Two distinct areas stood out:

1. Safety Concerns related to COVID-19 exposure ( 52/152 | 34.2%)
2. Poor signage (47/152 | 30.8%)

### **Issues in accessing the testing site, either because of distance or where it was located**

This area was another one of high interest to the testing team because of its connection to testing site placement. From an operational efficiency standpoint, the team wanted to understand this area to best inform new site locations.

In total, 37 different people left open-ended comments about getting to a testing site. Three distinct areas stood out:

1. Distance to the testing site (23/37 | 63.2%)
2. Difficult location to reach (16/37 | 42.1%)
3. Availability of appointments at a preferred testing site (14/37 | 36.8%)

While appointment availability and distance to testing sites was a known entity the testing team kept close track of, the difficulty of reaching a particular location - due to traffic or construction issues - was an unanticipated concern.

### **Comments recognizing particular staff for their efforts**

One of the most commonly submitted notes through the survey was a genuine appreciation for the staff. The extra mile that testing attendants and customer service representatives went in helping users was the deciding factor for many participants in why they will likely continue to trust and utilize state medical constructs.

Of the 254 different people that left open-ended comments about their personal interactions with staff. Three distinct areas stood out:

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<sup>4</sup> In many cases this meant no appointments available at a location or time convenient to the user. At no single day during this 11-week analysis did K-12 Testing reach full capacity.

1. Friendly and welcoming staff (91/254 | 36%)
2. Staff made the process easy (72/254 | 28.4%)
3. Staff were efficient (59/254 | 23.2%)

We mentioned earlier that in general, write-in survey comments tend to skew on the negative side. That is, people are more likely to take the time to complain about something that went wrong than to praise something that went right. Still, Table 3 above shows that positive feedback was consistently greater than 30% of the open responses received. This is somewhat unusual in the world of surveys, which suggests how important these interactions were to people and indicates considerable support from Rhode Island residents.

## Interview Analysis

At the end of the short survey, we asked people if they were willing to have a brief conversation about their testing experience. A majority of interviewees were contacted within 48 hours of making an interview request, but never longer than five business days from submission. From 9/15/2020 through 11/31/2020, we conducted 89 interviews.

This allowed us to understand better what did or did not go well during their visit. These conversations focused on their general feedback and asked follow-up questions to gather more detail about particular write-in comments. This additional information was key to contextualizing the situations around some of the more direct comments. It also allowed us to get a better sense of the emotions tied to specific responses, as this is hard to interpret when strictly viewed as plain text.

The interview process highlighted that users usually only encountered problems with specific components of the testing experience but overall thought the construct was well managed. Similarly, the interviews enabled the testing team to dynamically respond to newly identified pain points raised by the public.

The most notable response was the outpouring of support for the testing team. People did not universally have a good experience at every stage of the process but spoke from a position of encouragement on how to improve, rather than condemnation.

**As a general reminder, everyone we spoke with shared respect and appreciation for the testing team and noted their thanks for having access to such a service - people provided feedback because they wanted to help. A phrase spoken by one interviewee who had some issues retrieving their results sums this up well,**

*"I'm so impressed that Rhode Island got their act together to do this. It's key to making school work at all. I want it to work and it's SO close to working."<sup>5</sup>*

This user made this statement as a caveat and reassurance. They wanted to discuss the difficulties they encountered to see Rhode Island succeed in keeping kids in school.

## Interview Methodology

We conducted all interviews over the phone. We did not record interviews but instead transcribed live. The transcripts were loaded into qualitative analysis software and coded inductively, grouping common responses and marking unusual answers. The coding schema for documents and quotes permits cross tabulating responses by week they occurred, frequency of themes across interviewees, and common trends.

Core themes from interviews remained consistent with open-ended comments from the survey, but we categorized them more narrowly due to the smaller sample size.

## Process of obtaining their results

One of the more frequent conversation topics interviewees wanted to discuss was their issue in retrieving their results. By the time we were able to speak with interviewees, they had often been able to find a solution, but the process was still easy to recall. Waiting on their results to arrive may be a passive activity, but depending on how long it took to receive an appointment, it was the longest part of the testing process.

Table 3 summarizes the most frequently represented themes

**Table 3.** Number of interviews that discussed trouble obtaining results

Type of concern	Number of interviews in which this topic is mentioned	Percent of total interviews that flagged this concern
Delayed or Lost	38	42.7%
Hotline and follow-up	37	41.6%
Technical issues	31	34.8%
Inconsistent messaging	18	20.2%
Issues related to child (minor)	13	14.6%
All concerns about results	60	67.4%

<sup>5</sup> Week 1 Interview conversation

## Experience at the testing site

Another area that came up frequently in our interviews was the actual experience at the testing site. People shared what confused them or discussed upsetting interactions they had.

**Table 4.** Number of interviews that covered issues related to the testing site itself

Type of concern	Number of interviews in which this topic is mentioned	Percent of total interviews that flagged this concern
Bad signage or poor setup	18	20.2%
Staff complaints	14	15.7%
Too busy	7	7.9%
Inconsistent Messaging	6	6.7%
All concerns about testing Site	35	39.3%

## Difficulties encountered while scheduling an appointment

Scheduling a test was another topic that came up often. A large portion of this comes from the fact that people were required to use a call-in line to set up an appointment. This issue was solved when the option to sign up for a test became available through the standard Rhode Island testing portal. Other, less frequent comments were more specific and tied to particular instances.

**Table 5.** Number of interviews discussing issues with the scheduling process

Type of concern	Number of interviews in which this topic is mentioned	Percent of total interviews that flagged this concern
Inefficient Scheduling Process	24	27%
Inconsistent Messaging	7	7.9%
No nearby sites	3	3.4%
All concerns about scheduling	29	32.6%

## **Other isolated categories of interest**

Our interview coding schema also took into account broad topics that captured a variety of areas. These areas are anything positive about a user's experience, distinct recommendations offered, or opinions about the COVID-19 vaccine.

# **Findings**

The findings drawn up in this report focus primarily on how specific components or processes of the K-12 testing experience impact user perception, and their ability or desire to interact with State-supported public health interventions. Findings focus on the standout themes most represented across our multiple research activities. Supporting evidence is available at the end of this report in the [Data Collected section](#).

We have numbered the findings to provide source evidence for our [recommendations](#) at the end of this report.

## **Findings tied to scheduling an appointment**

We connect the findings in this section to user preferences and their barriers when scheduling an appointment.

### **Finding 1: People preferred same-day appointments (or no appointment required)**

Many of those tested by the K-12 COVID-19 construct felt a sense of urgency to return to school or teaching. When a student or someone working at a school wakes up with symptoms of COVID-19, they must provide a negative COVID-19 test result to return to school. This meant calling the infoline and scheduling a test as soon as possible. In these situations, parents or staff are understandably frustrated if they need to wait a day or two to receive an appointment, which adds time to the 48-hour wait to receive results after a test. This frustration comes out clearly in a statement left by one user:

*"You are supposedly able to be tested the same day, however I called at 10:45 am and the only testing facility that could accommodate my daughter was in Woonsocket which is almost an hour from my house. I had to wait until the next day which delayed school another day."<sup>6</sup>*

While this specific issue of distance was not universal, when there were delays, it led to a few problems:

1. Interruptions to learning for students who do not thrive in a virtual environment

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<sup>6</sup> Week 4 survey comment submission

## K-12 COVID-19 Testing Experience

2. Parents needing to take leave from work to provide childcare for those required to stay home from school
3. Strain on the substitute teacher/school system as staff had to locate replacements to cover for them.

Same-day appointments both help support compliance with public health guidelines and are vital to keeping people working. One teacher we interviewed described their school staffing situation in late October:

*"We probably have 100 staff and faculty members. Right now we have like 35 are out. So we know that everyone else at the school has to cover everyone else's classes....There is a culture of going to work."<sup>7</sup>*

While there are specific pressures of society we cannot control, not having the ability to get an appointment on the same day may mean some staff members go to work with symptoms.

### ***Finding 1a: People preferred immediate service. Long wait times at any stage of interaction reduced accessibility***

As cases rose, contributing to a twindemic (the combination of a pandemic plus flu season), the call-line found itself responding to more questions and requests about test results. As a result, the public found itself waiting longer and longer to speak with a representative. These wait times caused a significant burden for people calling the line between work meetings, while caring for their family, or merely suffering from the anxiety of what to do next. While some wait times were only five minutes long, users occasionally reported waiting between one and four hours. One interviewee concerned with their staff's willingness to get a test after their own experience shared the following,

*"I sat between two phones. How many people have two cellphones to get that done? There was a wait and I left my number. 70 minutes later I got a call back, the service wasn't good and I lost the call..What does this mean for the total time I'm taking out of my work day?"<sup>8</sup>*

People were encouraged to take advantage of the State's service, but supply could not keep up as demand rose.

More call center agents were hired during the last weeks of this analysis, reducing call times to near zero. This change, along with the launch of a self-service portal in December, vastly improved access. While these remedies fixed this issue, it brought to light the personal burdens people faced because of these delays.

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<sup>7</sup> Week 7 Interview conversation

<sup>8</sup> Week 7 Interview conversation

### **Finding 2: School staff wanted the K-12 infoline to offer asymptomatic testing**

Official documentation informed school staff that unless they were a close contact or symptomatic, they could not use the K-12 testing construct. While this was to prioritize space just in case a symptomatic case or close contact case arose, staff were confused by this. Additionally, the concept of being a close contact was loosely defined, and close contacts faced uncertain delays as the burden for the Department of Health contract tracers increased. A teacher who was a close contact told this story,

*"Someone in my workplace tested positive - I am a teacher. I was told you can use the K-12 line anytime you are a teacher. Then I was shocked I couldn't get a test through that line. They said I couldn't go because I had no symptoms and couldn't go because I did not go as a close contact. I am told that I should get a test before I go back to school on Monday."<sup>9</sup>*

While some staff members were still able to get an appointment through the K-12 line, the situation above still occurred often enough to frustrate staff members who thought they had access to a dedicated system. This confusion made what some administrators already worried was a potentially burdensome process even more difficult. One school administrator shared the following,

*"My concern as a superintendent is parents and staff are not going to do it. It took 3 hours to schedule a test, and I was refused to get tested because I didn't have enough symptoms. "<sup>10</sup>*

Similarly, parents of children who were required to get a test complained they could not get a test along with their child. While this choice was intentional on the part of the testing team to maintain site capacity, it was a trade-off that placed additional strains on parent schedules.

### **Findings tied to test site access and location**

Public preference for test site location and barriers faced at an individual level on-site inform the following findings in this section.

### **Finding 3: Users had more difficulty reaching test sites in dense urban locations**

Unfortunately, while testing sites in the downtown areas are convenient due to their proximity to other locations people wish to visit, there are still major drawbacks. Downtown testing sites tend to draw people into already congested areas. Additionally, pop-up testing sites can be challenging to locate in urban areas. Finally, individuals that are not familiar with navigating the one-way streets in downtown Providence confessed to experiencing the additional burden of time

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<sup>9</sup> Week 10 Interview conversation

<sup>10</sup> Week 7 Interview conversation

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and anxiety in reaching the testing site. A user explicitly stated the problem with the downtown location with the following comment,

*"Where the Convention Center is situated downtown, the pre-existing downtown traffic made it difficult to approach at all, and the line to enter the parking garage extended well into the surrounding streets, blocking traffic and clearly angering the other drivers NOT going to the test site."*<sup>11</sup>

Other sites with large footprints, such as the Wickford Train Station, have not had similar queues interrupting the normal flow of traffic or confusion about access. Another issue tied to dense urban environments is their requirement for more frequent road work due to heavy traffic. While essential, construction adds delays and can disrupt standard travel patterns. One teacher left the following comment,

*"As a school teacher exposed to many children, staff and faculty; my aim was to rule covid out. Detours and construction.. Unfortunately for me, I had to place a half-day docking"<sup>12</sup> even though I went earlier than necessary."*<sup>13</sup>

Negative testing experiences reduce the chance people will voluntarily return for a COVID-19 test.

### **Finding 4: People struggled to manage delays associated with the testing process during working hours.**

People may be hesitant to repeat their testing experience if they encounter trouble during their first interaction. Most testing sites are open from 8-9 am to 4-5 pm, which unfortunately falls during working hours for a large proportion of the population. Many users must get a test because they are a close contact, symptomatic, or, in special overlap cases, because they need verification to travel. Testing is a frustrating requirement in these situations because someone outside of themselves is requesting their time and autonomy. Two users noted test site distance only aggravated this issue,

*"Distance from home- I had to miss a work meeting because of the length of time it took to drive there."*<sup>14</sup>

and,

*"It was 30 minutes away from my house in the middle of the workday"*<sup>15</sup>

It is worth noting that although the distance is the problem users mentioned, the root problem was that the distance caused work disruptions.

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<sup>11</sup> Week 7 Survey comment submission

<sup>12</sup> Meaning they took only half a day's pay.

<sup>13</sup> Week 10 Survey comment submission

<sup>14</sup> Week 3 Survey comment submission

<sup>15</sup> Week 4 Survey comment submission

## Findings tied to on-site test site issues and operations

Findings in this section are related to public concerns about site layout and operations.

### Finding 5: New users are confused about what to do next when they arrive at testing sites

While sites are similar, both the teams operating them and their location make for unique requirements. Some testing sites are mixed-use locations,<sup>16</sup> while others are on large footprints (such as 605 Metacom Avenue). While GPS directions have greatly improved wayfinding over the years, locating where specifically (once on-site) to receive your test at any given location is not always easy. Some sites are drive-up, some sites you walk up to a metal trailer, some sites you would even enter a building or other enclosed space. While signage was always available, there was still occasional confusion that necessitated asking for help or direction from non-testing personnel. One user detailed this confusion in the following statement,

*"It was not clear whether it was a drive up or walk up test. It was confusing because there was a tent outside the main entrance to the facility, but the test site was in a rear parking lot and wasn't clearly marked. I had to ask directions inside the facility, which kind of defeats the purpose."*<sup>17</sup>

Similar situations of confusion came in many forms. Unique setups that work well and have minimal impact on local establishments also lose the benefit of being obvious. In one of our interviews, a user shared their experience at their local Stop and Shop,

*"This is the issue in very large parking lot. I drove around forever and finally went inside - and it turned out it was in a metal hut in the back of the lot. You literally just had to know it was there."*<sup>18</sup>

A potential risk not captured through this survey is that some users might never have found the testing site as this survey went only to those who received their test. We have little information as to why a subset of people who scheduled appointments were no shows.

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<sup>16</sup> Some testing sites were in store parking lots that still conducted regular business. Other COVID-19 testing sites were designed for other populations (such as first responders) and added additional personnel to support K-12 testing.

<sup>17</sup> Week 10 Survey comment submission

<sup>18</sup> Week 7 Interview conversation

### **Finding 5a: Users had difficulty differentiating operations at mixed footprint locations**

Some sites offering K-12 testing also conduct COVID-19 testing for the general population (and therefore used a different sign-up method). Two sites in which this caused some confusion were the locations at Thundermist and the Convention Center. The Convention Center offers testing for K-12 students and staff but also through Portal.Ri.Gov and CVS. While there is strong support on-site directing users on where to go, problems still occur, and people find themselves disoriented. One of our interviewees described this situation as it played out on site,

*"At the Convention Center, [I was told] look for this not that.. When I arrived there - it was one booth but they never asked for my confirmation number. There was also a drive through for cars and most people are doing this... I saw two different lanes and inside they had ANOTHER option for CVS. Three other ways to get tested."<sup>19</sup>*

This confusing experience led them to get tested at the incorrect location, which caused them trouble when retrieving their results. Notably, issues at the Convention Center only began to occur once appointments started to pick up; many users frequently commented on how efficient the Convention Center ran on a typical day.

## **Findings tied to negative interactions with personnel**

Findings in this section are what types of negative interactions with personnel had the most considerable impacts on public perception of the K-12 testing construct.

### **Finding 6: Many users were unfamiliar with any stage of the COVID-19 testing process and looked to the State for additional assistance and leadership**

While on-site personnel are deeply familiar with the testing process, to many K-12 testing site users, COVID-19 was still novel, and they were understandably nervous. In this confusion, they reach out to site personnel, relying on the State as the authority on what to do next. One user left a statement noting their confusion and frustration with the support they received,

*"There was no sign telling us if we should get out of our car or stay in. The guards at the tent were not helpful"<sup>20</sup>*

Users are confused and look to testing site attendants as trustworthy sources on what to do next. Many of these first-time users did not seek out a test voluntarily but were required to obtain one because their child presented COVID-19 symptoms or was a close contact of a known case. Further heightening their expectations of those they interact with at testing sites. These

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<sup>19</sup> Week 8 Interview conversation

<sup>20</sup> Week 8 Survey comment submission

## K-12 COVID-19 Testing Experience

interactions meld individual views of the State's COVID-19 response, whether that be positive or negative. When corresponding, site attendants representing the State are in a position of power and therefore hold a higher degree of responsibility for these interactions. One user described an unfortunate interaction with the following statement,

*"There was no signage indicating where to go, the gentlemen didn't tell us what to do, but acted aggravated that I didn't know what to do."*<sup>21</sup>

Tensions are high, and both parties may likely be at some degree of fault. Despite this, the State has little power over users' attitudes when they receive a COVID-19 test. When it did occur, users felt a lack of empathy from state personnel was inappropriate given the context.

### **Finding 6a: The public expects those acting on behalf of the State to adhere to the highest standards of COVID-19 precautions.**

Children returning to schools is one of the few ways families returned to normal behavior. In this, they are still following the highest level of COVID-19 safety recommendations. Some users come to the site expecting testing attendants to be in full Personal Protective Equipment (PPE) and are hyper-aware of anything that does not closely follow Center for Disease Control (CDC) recommendations. One user noted a few of these discrepancies with the following comment,

*"The staff did not maintain social distancing. The staff wore "gator" masks, even though they are NOT recommended by the state... Despite having windows, none were open. No one was cleaning surfaces between patients."*<sup>22</sup>

Staff who perform tests regularly become more comfortable over time and may allow some of the more strict guidelines to slip as they adapt to particular routines.<sup>23</sup> For those interacting with the State-sponsored COVID response for the first time, this can give an impression of irresponsibility that they may assume is universal. One interviewee described how this is perceived,

*"My point is that it's more than just their perception of safe or unsafe. You are putting people in that place and not sure if you can ensure safety if you are sitting close without masks on and for that to be on a testing site that threw me for a loop. [Either way] I WON'T be going back to [testing location]."*<sup>24</sup>

During our conversation, this person talked through their awareness that site staff was comfortable and didn't give the outward sense they were doing anything wrong. This

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<sup>21</sup> Week 7 Survey comment submission

<sup>22</sup> Week 8 Survey comment submission

<sup>23</sup> Overtime, the CDC has relaxed regulations on how strictly places should be disinfecting surfaces as the virus has shown more to transfer from direct contact between people

(<https://www.nytimes.com/2020/05/22/health/cdc-coronavirus-touching-surfaces.html>)

<sup>24</sup> Week 5 Interview conversation

## K-12 COVID-19 Testing Experience

interviewee was surprised by this behavior as they felt site staff should adapt their conduct to the public's potential perception.

The downstream effects are likely that this person's immediate social circle is now wary and suspicious of state-sponsored test sites. At a minimum, we know that if this person had to receive another test at the same location, they would likely refuse.

While, as a whole, testing sites never reached full capacity, some sites are more popular than others, and hour-long windows are the norm for appointments. People arrived early, late, and on time. This overlapping of appointments led to sites exceeding a comfortable level of guests. Many of the Stop and Shop COVID-19 testing footprints retooled for K-12 previously used to test the general public didn't operate under a similar appointment schedule or contend with entire families showing up to have their children tested. This led to large crowds and increased discomfort among those who arrived to get a test at a K-12 site. One person reflected on their visit in the following statement,

*"There were too many people for the designated time and too few testers. There were children visually not feeling well sitting on sidewalks with hands over their face. Young children being held by parents in a line for two hours."*<sup>25</sup>

While this is a heavy version of overcrowding, it captures the general mood early on. As time went on, sites moved to test people from their cars and more clearly labeling social distancing markers to avoid similar issues.

### **Finding 6b: Personnel operating test sites are (unfortunately) under intense scrutiny**

Users at test-sites are paying incredibly close attention to each stage of the process. The COVID-19 pandemic is novel, and the testing experience is a distinct moment in experiencing it. Users may only rarely interact with the testing construct, and they take each stage of the process seriously. This means following instructions to the letter in terms of bringing the right materials and arriving early. The following comment left by a user speaks to this heightened scrutiny,

*"I was told to bring my ID and my child's ID to the testing site. The tester never asked to view them. Our appointment was scheduled for 9:00 and we arrived a few minutes early. The tester arrived at the same time we did and took almost 15 minutes to set up before getting to us."*<sup>26</sup>

Regretfully, this occurred more than once, and users tended to have little sympathy for the reasons as to why, believing the State should be more prepared. This heightened awareness

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<sup>25</sup> Week 2 Survey comment submission

<sup>26</sup> Week 1 Survey comment submission

## K-12 COVID-19 Testing Experience

unfortunately, leads people to notice otherwise small details. The following comments show two instances of this and how they led to people feeling unsafe,

*"The man at the table that checked me in at the k-12 testing site pulled down his mask, wiped his nose, and put it back on without sanitizing his hands while preparing my test in a sterile (?) bag"<sup>27</sup>*

And,

*"They use the same gloves for every person"<sup>28</sup>*

While these are essential details that test site staff should adhere to, this is a reminder test site staff are under close scrutiny.

On the other hand, when staff surprise people positively, this scrutiny reflects well on the testing team rather than negatively. One interviewee discussed their experience as follows,

*"I wasn't expecting the guardsman and people swabbing to have such a positive attitude and that really impacts the mood of the community. The fact they are able to still smile and interact with my four year old and that made it less of a thing for him... My son is [special needs] and he said it just tickled."<sup>29</sup>*

People are aware of the effort put in to make COVID-19 testing successful in Rhode Island and are more than willing to acknowledge that.

### ***Finding 6c: People lost trust in the process when encountering conflicting messaging***

As discussed earlier, getting tested for COVID-19 is a novel experience. Participants learn as they go and rely on what they read and hear about to tell them what to expect. During a follow-up interview, a parent described how inconsistent definition of rapid tests only made matters worse,

*"The Governor and press conferences bragging about how fast it is. Even the guy that took the test, you are going to get in right away.... Then they said, you'll get the rapid results TODAY. Now it's the next day. Going in- had they said it might take five days, that's tough. It causes anxiety. To know one thing it would be something else."<sup>30</sup>*

This misalignment of messaging led to a mismanagement of expectations, which placed an additional burden on this parent. Frustration about how to return to normalcy was a theme

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<sup>27</sup> Week 10 Survey comment submission

<sup>28</sup> Week 7 Survey comment submission

<sup>29</sup> Week 8 Interview conversation

<sup>30</sup> Week 2 Interview conversation

## K-12 COVID-19 Testing Experience

multiple interviewees discussed; during another interview, a parent described their feelings in the following statement,

*"Everybody has gotta be on the same page for answers. Very frustrating when sending kids to school. Parents and students are held hostage."*<sup>31</sup>

Parents interacting with the K-12 testing construct were incredibly supportive of the system and the ability to have their children attend school in person but sometimes felt overwhelmed by what was required.

Across all areas of the K-12 testing construct, state personnel that users interacted with helped either make - or ruin their experience. For those recommended the infoline to sign up for a test, they viewed representatives as State authorities who they trust to understand the process. For one parent, this led them to call their pediatrician - confused,

*"On calling the line I was told her test should be 5 days after symptoms and booked in for the following week... I called our pediatrician to be told it should be same day testing if symptoms are shown. The waiting for 5 days is if it's close exposure but no symptoms. I then had to call back to cancel and rebook the test."*<sup>32</sup>

These conflicting public health messages confuse the public and potentially reduce trust in the system.

Other interactions measured their interactions simply measured by the service provided. While everyone is understandably exhausted, those calling to receive a test usually have no other option. This leads to understandable frustration when they interact with someone who is unsupportive.

## Findings tied to positive interactions with personnel

The findings in this section are from the positive interactions with personnel that improved the testing experience.

### **Finding 7: Users felt more confident and comfortable when staff were able to clearly communicate with them, tackle individual issues, and confidently relay process steps.**

This report mentions numerous times (Findings 3, 5, and 6) that many people interacting with the COVID-19 testing process had no idea what to expect. The pandemic has created novel obstacles in everyday life, and getting testing for the virus is intimidating. Users found that when someone took extra care to explain the process from start to finish, they felt more comfortable, which gave them more trust in the process. Consistent messaging from multiple representatives helped show people they were participating in a well-operated system, further building trust.

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<sup>31</sup> Week 2 Interview conversation

<sup>32</sup> Week 4 Survey comment submission

## K-12 COVID-19 Testing Experience

These interactions carried extra weight in the early weeks when expectations were still in development. One user with the following comment relayed appreciation for the process,

“All communication has been clear and consistent. I am so grateful to live in a state with an organized, available testing system that is so user-friendly. Thank you for helping to keep RI healthy!”<sup>33</sup>

This comment emblemizes the ideal of the testing construct. A large majority (around 90%) of users reported a positive experience from start to finish, and it is worth continuing to note what helped lead to positive results. Much of these positive results were driven by the ease and efficiency of a process guided by staff users had direct contact with.

Another area in which users took the time to reach out and share more information about their experience was when they were shown compassion and treated as individuals. One parent described their positive experience as follows,

“The whole team at Wickford Train Station was amazing! My daughter is disabled and also has autism. They all listened and worked with her to make her feel comfortable and in control of a very stressful situation. You all did an amazing job.”<sup>34</sup>

It is one thing to follow the legal requirements of the Americans with Disabilities Act. It is another to be compassionate with your care to the extent it was the standout experience for a parent. Another frequent topic that came up was the negative feeling of anxiety surrounding COVID-19 testing. While personnel that users interact with can't alter one's test results, these interactions are still meaningful. An interaction with one child was as follows,

“My daughter of course was scared and not too excited when the swabs went into her nose. But the woman was thoughtful, kind, engaged her in a conversation that was personal about her stuffed animal, and connected with her, all in less than 3 minutes.”<sup>35</sup>

These quick interactions and their benefits was a frequently submitted comment about the testing process. Do not underestimate how these positive interactions helped shape and define the testing experience.

### ***Finding 7a: Staff dedication to solving problems and connecting with people defined the experience for many***

While some difficulties were easier to remedy than others, our interviewees frequently noted the majority of staff they spoke with always put their best foot forward in trying to solve problems. One user summarized this when they said,

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<sup>33</sup> Week 4 Survey comment submission

<sup>34</sup> Week 4 Survey comment submission

<sup>35</sup> Week 11 Survey comment submission

## K-12 COVID-19 Testing Experience

*"No matter what phone tree I went through, everyone seemed empowered to try to solve problems which is cool and helpful."*<sup>36</sup>

These phone calls not only reminded users that the State was doing everything it could to support the public, but it also gave people an outlet that assured them they were *heard*. This sense of providing an outlet for people to discuss their experience helped was something we heard reflected directly by our actual interviews with users. It is empowering to feel you have some control over improving the process for others in the future. This outlet and positive interactions with personnel made the difference for those that interacted with the State.

*"Just have to say I was a really nervous wreck. Just the way that young lady and the security guy talked to me put her at ease and were respectful and friendly.*

*When I say they were perfect, I mean perfect.*

*The human touch was what made the difference.*<sup>37</sup>

Never underestimate the impact of a kind word and a willing ear. Recent studies have shown that even brief time set aside to connect with a patient improves health outcomes, including reducing anxiety and building trust.<sup>38</sup>

### **Finding 8: Many users were pleasantly surprised by how efficient and well setup the testing construct was**

Months after testing was underway, articles such as [Long lines, lack of time slots plaguing RI's COVID-19 testing system](#), were published, shedding a negative light on the K-12 construct and COVID-19 testing as a whole. In our interviews, we spoke to multiple people who said they had heard horror stories about how invasive the test was, how contaminated sites were, or the egregious wait times people sat through. Despite these low expectations, many had a great experience. In fact, many people requested an interview insisting they wanted to help set the record straight on testing.

*"I guess there has been more negative stuff so I think we dodged a bullet.. We had a just smooth experience! One of the first things that was unexpected was that the line was not out into the street.*

*I also loved the fact that the National Guard was right there walking up and down the car lanes - giving you attention pretty quick when you pulled into the line so you were assured that you would be taken care of.*<sup>39</sup>

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<sup>36</sup> Week 1 Interview conversation

<sup>37</sup> Week 2 Interview conversation

<sup>38</sup> Trzeciak, S., Mazzarelli, A., & Booker, C. (2019). *Compassionomics: The revolutionary scientific evidence that caring makes a difference.*

<sup>39</sup> Week 10 Interview conversation

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Along with these positive site interactions, people were pleasantly surprised at how non-invasive the actual test was - especially for their kids. One parent said,

*"Definitely better than getting my brain swabbed. We should be telling kids it will be easier - its really scary for them leading into it... It would be helpful! People would be more likely to get tested."*<sup>40</sup>

We even had one Rhode Island resident who works in Connecticut compare the situation to there.

*"There is nowhere in Connecticut. The time to wait is long. I am a Rhode Island resident but I am a school psychologist in Connecticut. I got an appointment the next day at 10am it could not have been better...What I have heard in CT is that people are waiting much longer to get a test and results as well."*<sup>41</sup>

While this experience comes from a single conversation, it's a reminder that no State has genuinely mastered the understanding of getting tested for COVID-19, and Rhode Island has done an impressive job at paving new ground.

## Findings tied to the process of getting results for your COVID-19 test

This section's findings document the barriers users faced when retrieving their results and how this affected them.

### Finding 9 (Kick-off Week): Parents could not retrieve their children's rapid test results using the original portal

While the results portal used to retrieve K-12 results worked effectively to deliver results to the public with no issue, it was not tested as a portal to get results for a minor. Children who signed up for a test through the hotline under their own birthdays ended up facing this issue as a barrier. Unfortunately, for parents to access their child's test results, they discovered they needed to fill out a waiver and submit it to the lab to allow them authorization. The lab told parents this waiver process might take up to two weeks, or they could go to the lab in person to submit their waiver. Unfortunately, this portal retained the rapid results for children designed to be ready within 24 hours. This caused significant frustration and confused parents who thought they might have to go in person to the labs to retrieve their results. One parent was baffled by this information and stated,

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<sup>40</sup> Week 10 Interview conversation

<sup>41</sup> Week 9 Interview conversation

## K-12 COVID-19 Testing Experience

*"In order to check results you check the labs website by creating an account - both labs don't allow you to create an account for a minor. This is supposed to be a resource for students so how can you have two useless websites listed"*<sup>42</sup>

For those who believe this construct was set up from scratch purely for this purpose, it was difficult to comprehend how this issue could have occurred. One interviewee recalled the incident with alarm when told they would need to request their child's results in person,

*"[The lab's] solution when I CALLED was 'you should go with an ID to a local lab and they can give you results in person.' Sending someone potentially with COVID to a lab to get results."*<sup>43</sup>

The Department of Health remedied this situation by using the infoline as a process for parents to call and receive their results. This ended up precipitating a new crisis in communicating that this was the current method to retrieve results, but it solved the immediate situation.

### **Finding 10 (Kick-off week): People felt confusion about how long results would take due to the association with the term - 'rapid'**

At the start of the pandemic, CVS initially deployed rapid tests to provide results to people before they ever left the test site. As the pandemic progressed, the term 'rapid test' became synonymous with this method. For K-12 Operations, the State deployed rapid antigen tests that could be processed very quickly (results returned in less than 12 hours) but still needed a laboratory facility and the right equipment. While turnaround was fast, it was not on-site and required following up with the person tested. This left many confused, and the period between being tested and receiving these preliminary results was tense. One user's frustration for the process and communication about these tests to the public is evident in the following statement,

*"There are inconsistencies in the messaging regarding the time it takes to get the rapid test results. The RIDOH website and flier given out at the test site both say rapid test results will be available that day. When I called the hotline, they said it could be 48 hours.*

*"*<sup>44</sup>

It is worth noting that anxiety or the delay itself may have been the driving force that led the user to take this survey in the first place. When seeking a way to acquire their results and re-reading confirmation emails, they encountered our survey link and followed it to obtain answers to their questions. While this may have over-indexed the responses we received towards the results process, it still highlighted problems users faced.

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<sup>42</sup> Week 1 Survey comment submission

<sup>43</sup> Week 9 Interview conversation

<sup>44</sup> Week 1 Survey comment submission

**Finding 10a(End of October onward): Info line personnel distributing results caused significant delays**

Before the Department of Health generated an online portal for users to use the K-12 testing construct, everyone needed to sign up using call-option-only infoline. The choice to use this method was to circumvent tech barriers users faced with the existing online portal and provide a personal touch to set up appointments. While it was well staffed, appointment requests sometimes reached 1,000 a day. A secondary task that added additional burden was the later implemented requirement of sharing out results with those who struggled with accessing them online. This dual requirement put a tremendous strain on the system resulting in massive delays. This combination of issues is summarized well by the following comment,

“I called the number given in the email, a 292-minute wait. Then I tried to log in to [lab], only to find out I need a parental consent form to obtain her results. In the directions, it says that it could take 2 weeks. There has to be a better way to communicate... The results leave patients and parents the most anxious.”<sup>45</sup>

This comment is another reminder that these delays don't just take time out of someone's day but also cause additional stress and anxiety.

When online portals require maintenance due to system failures, this causes even more strain on the system. On the sixth week of implementation, there was a spike in complaints about results, most seemingly tied to the results portal going offline due to technical difficulties.

**Finding 11: People were less accepting of delays around their COVID-19 test results when it was tied to a return to normalcy**

System errors and long waits tied to results are the surface of the issue, but the problem worth noting is that people need these results to return to their normal activities such as going to work or sending their child to school. Parents shared these personal reactions on multiple occasions; a few examples are the following:

“I [have] been calling for two days. My son has [a learning disability]<sup>46</sup> and needs to go back to school. He got both tests done this past Saturday.”<sup>47</sup>

This parent is concerned about their child's ability to succeed while learning from home, emphasizing their inability to focus in a virtual setting. Working parents with children at home noted similar feelings but also felt the strain on their schedules.

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<sup>45</sup> Week 2 Survey comment submission

<sup>46</sup> Specifics redacted for privacy

<sup>47</sup> Week 7 Survey comment submission

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"That was at 7:55 am as of 10:02 am the system will still not let me create an account. This is frustrating when I have children who need to get back to school and my wife and I need to get back to work."<sup>48</sup>

Both the information technology department and testing operation team responded well in reducing these issues. Still, these two system-based problems were the cause of increased stress on the construct throughout this 11-week analysis.

### ***Finding 11a: People saw testing as pointless when it took too long to get their results***

The quick turnaround on results helped assure people they would be able to go about their daily lives in a reasonable amount of time to make the testing process worth the effort. One user experience this noted,

*"A four day turn around is so unacceptable because waiting 5 days makes waiting for a result non actionable for most people so why participate?"<sup>49</sup>*

When results took longer than expected, and people suffered prolonged periods of quarantine, people wondered what the purpose of being tested was. While results were generally turned out and provided to users quickly, there were delays in processing over the weekend and holidays. In some cases, tests ended up lost entirely (although the testing team made special accommodations to account for these). One parent who received their rapid test but then waited over 72 hours to receive their PCR results told us,

*"Then I waited for other results because neither I nor my son can go back to school without our results in email. Nothing Sunday. Should be sending testing results on weekends. So Monday, symptom free, he had to be held in his own room because didn't have the result."<sup>50</sup>*

A teacher we spoke with remarked that she was exercising extra caution, and this delay caused her more inconvenience than not testing at all. They said,

*"Day 6, that's just disappointing. Just doing it to be cautious... If you lost my results I would like to know that. It just took awhile and that frustrated me."<sup>51</sup>*

People willing to manage the delay merely wanted some additional idea of what that delay might be. One of our interviewees described these feelings in more detail and said,

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<sup>48</sup> Week 7 Survey comment submission

<sup>49</sup> Week 8 Interview conversation

<sup>50</sup> Week 2 Interview conversation

<sup>51</sup> Week 4 Interview conversation

## K-12 COVID-19 Testing Experience

"It's all a management of expectations - people don't mind waiting. Just need clarity. People CAN wait. If there are 5,000 tests that need to be processed they won't be done on that 8-12 hour mark."

This time of waiting from the end of one's test to receiving their results proved to be a deciding factor for many in how they ultimately viewed their testing experience.

### **Finding 12: Users enjoyed the rapid response rate and turnaround times driven by the frequent coordination of Ambulance companies, labs, and courier services.**

Providing results promptly has been a standout priority for the State since the beginning of the pandemic. The combined nature of compulsory testing and return to normalcy has made this even more significant as the entire testing construct is contingent on people getting their results. Three key activities the testing team highlighted as essential were:

1. The courier service which improved communication between lab managers, lab staff, and site staff.
2. End of day recaps to go over issues to provide a mechanism for instantaneous implementation of responses
3. Expedited delivery service throughout the day on Saturdays to reduce the additional wait caused by laboratories not operating on Sundays.

The K-12 testing team quickly coordinated how to tackle issues during an end of day briefing with ambulance teams and lab companies. This process aligned all actors in a way that brought high-priority issues the team had control over to attention as soon as possible. This was one of the most successful components of the K-12 testing construct from an operational standpoint.

### **Finding 13: Some users faced tremendous difficulty retrieving their results and based on this, there is a significant chance there are users who were never able to access their results**

A consistent theme associated with getting results was the persistence necessary to retrieve them. Through our conversations, we learned that this process was incredibly burdensome for some and took a fair amount of tenacity. It is entirely possible users who were less motivated or resourceful were unable to get their results due to these barriers.

While it is reasonably safe to assume if someone tests positive that contact tracers from the Department of Health were able to contact them, it requires more effort for those who test negative to get their results. One of our interviewees described the labor behind getting their results and their concern for others in the following statement,

"Had I been really ill or a really frustrated parent because I had no interest in doing it, I might have given up. It took some sticking to it, some resilience to get through and talk to

## K-12 COVID-19 Testing Experience

a person.. I know some other schools said they have experienced 90 hours or more...  
Students are losing out on instruction"

<sup>52</sup>

Our team also spoke with multiple school nurses who had to work with the Department of Health directly to provide families with their negative results so they could return to school.

"My ESL parents and less tech savvy parents can't navigate the online portal. One student was out for a week after they were negative. For him to lose a week of instruction was tough. I finally called RIDOH and said - can you release the results to me and someone just gave me the information. I said, I know you need mom's consent but I need this to work. The person from RIDOH got the mom's consent directly and sent me the email."<sup>53</sup>

This nurse noted this problem was prevalent in their district, and she admitted this wasn't something they were able to do for every student. Additionally, our team only heard from those who took our online survey and shared this issue. It's reasonable to assume that some ended up in a similar situation but had to wait out their quarantine in full.

## **Findings tied to how COVID-19 testing information was communicated to the public**

The findings in this section are associated with the difficulties that confusing or conflicting messaging caused users.

### **Finding 14: Users felt confused as service representatives struggled to react to how quickly processes changed**

Those supporting a rapidly evolving K-12 testing construct did a phenomenal job implementing dynamic solutions to repair disruptions and improve processes. Despite this, there was no easy path to instantly communicating changes to everyone who needed to be aware of them.

Supporting staff numbered in the hundreds, from customer support call lines, school nurses, testing staff, and countless other individuals. Information takes time to travel, and some shared information they were confident about could have changed. While a completely understandable mistake, parents viewed these conflicting messages otherwise. One user who experienced these messaging conflicts shared,

"I have received different instructions and information from almost every person that I have spoken to, so it seems like even the people who work at the testing sites and at RIDOH are confused."<sup>54</sup>

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<sup>52</sup> Week 6 Interview conversation

<sup>53</sup> Week 10 Interview conversation

<sup>54</sup> Week 10 Survey comment submission

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This survey only captured parents' and staff's thoughts, but it is reasonable to think that support team members also felt frustrated when this happened.

### **Finding 14a: It took time to align all actors on how to respond appropriately**

A subset of this is that In the first week of K-12 testing, there was conflicting messaging coming from multiple sources. School staff and parents heard there was testing specifically allocated to them from various sources including: the Governor, school administrators and nurses, the Department of Health, local city officials, and word of mouth. As messaging traveled through different sources, it changed slightly or was not always originally delivered accurately. This led to mismanaged expectations. How to appropriately interact with your results was one area in particular that confused parents, an example of this comes from the following comment,

“The information that DOH is providing about the kind of tests sites are administering are not in line with what test sites are doing. He got two swabs and results were posted within 24hrs... I just received a phone call from a DOH personnel explaining that even if I got my rapid results I still have to wait for my confirmation results.”<sup>55</sup>

Information and expectations aligned far better as the weeks went on, especially regarding what it meant to receive a ‘rapid’ test, but this took a week or so.

## Recommendations for Future Operations

Based on what we have learned through our work researching the public’s interaction with K-12 COVID-19 testing, we have laid out a series of recommendations for future public health interventions. These recommendations focus on improving the public’s experience with and perception of ongoing COVID-19 testing and how it may apply to future vaccine distribution.

Many of these recommendations are subjective as they build on public opinion. This makes implementing solutions difficult and potentially amorphous. In that light, if developing a new system to take certain risks into account is unobtainable, view these options as a checklist to consult with any new public-facing procedure.

Each recommendation is developed based on relevant [findings](#) from this report and cites these as support.

**1**

**Offer a broad variety of options for where and when users can get an appointment - as well as who can qualify for one.**

Supported by: [Finding 1](#), [Finding 2](#), [Finding 3](#), and [Finding 4](#)

<sup>55</sup> Week 1 Survey comment submission

When establishing new test sites or vaccine distribution locations in the future, maximize the options available for people in: choosing site location, when they can go, who can go, and where they go. Essential factors to consider are:<sup>56</sup>

- \*\*\*Are all of these locations offering bundled appointments for families to optimize the service they provide?
- \*\*\*Are all of these locations physically accessible to those who lack access to transportation and if not, what is the alternative in place to provide access to these populations?
- Are there locations available for those who are only free after 6 pm and / or before 8 am?
- Are there locations that are available for those who are only free on the weekends?
- Are there locations available with easy same-day appointments or no appointment required?

An additional and important recommendation is learning from successful large testing sites implemented so far. Two of the dense downtown locations, The Convention Center and “The Dunk” both have a large capacity, but people struggle to access them because of limited parking and heavy traffic. Contrary to this, the Wickford Train Station location in North Kingstown serves over 500 guests a day with limited to no issue with traffic flow or access (although it does require a personal vehicle to reach).

Providing a variety of access allows people to schedule around their other obligations, increasing their willingness to participate voluntarily.

2

**Send users more information leading up to their appointment focusing on what to expect at their appointment and specific instructions on what to do when they arrive.**

Supported by: [Finding 1](#), [Finding 5](#), [Finding 6](#), [Finding 11](#)

New state-sponsored sites continue to pursue the current goal of maximizing information provided to users leading up to appointments while simultaneously decreasing other delays. A significant finding across pain points for the public was unnecessary or avoidable wait times. This is exacerbated by the disruption that waiting on a COVID-19 result while in quarantine causes to everyday life. Callback options and walk-up appointments have received positive reviews and should be a continued priority moving forward.

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<sup>56</sup> \*\*\* denote high priority concerns

## K-12 COVID-19 Testing Experience

Additionally, many people are unfamiliar with testing site footprints, and as much information that can be provided asynchronously ahead of time with the public about what they should specifically expect once they arrive at a State-sponsored site, the better. Potentially, a confirmation email could include the following information:

- Specific wayfinding directions once you arrive at your appointed destination
  - For example: “Once you arrive at 605 Metacom Avenue, your testing location will be to the left of the stop and shop front entrance, and it will be inside a sturdy tent structure. Please exit your car and approach the tent where a testing attendant will greet you.”
- Information about the actual method used. This could refer to the type of COVID-19 test, such as PCR or Binax, or information on how the vaccine will be administered.
- Other information such as general public health precautions and potential wait times once the user arrives on-site can further improve how informed people feel.

Reducing appointment windows down from an hour will decrease the amount of time people wait on-site and provide more transparent information. This will also reduce overcrowding occurrences, which makes many users uncomfortable and can disrupt local establishments' business flow. One concerned user shared a note about what they witnessed on-site- making this exact suggestion,

*“The lines are too long and of course that makes people angry, then they take it out on the workers when it isn’t even their fault. felt very bad for the testing team to see them treated poorly by other patients. Please support them by adjusting appointment times”<sup>57</sup>*

There are downsides to this, such as an increased likelihood people will be late for an appointment and likely require more on-site personnel to manage flow. Despite this, the trade-off will increase public confidence in the process and improve the likelihood people get tested voluntarily or show up for their second vaccine dose.

Turnaround times have continued to improve throughout the pandemic, reducing one type of delay the public prioritizes. This change was driven by focusing on well-developed contracts with labs, implementing courier services, and continuous check-ins between ambulances, private and public labs, testing site managers, and operations specialists. This is one of the most successful components of COVID-19 testing in Rhode Island and is an essential recommendation for future public health operations.

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<sup>57</sup> Week 4 Survey comment submission

**Provide public-facing state personnel with frequent updates on procedures coupled with easy to communicate messaging to create better consistency across work streams.**

Supported by: [Finding 6](#), [Finding 7](#), [Finding 14](#)

Public-facing staff members are the clarifying point in the testing process, which users rely on for the most up-to-date information. This precipitates a need to frequently disseminate relevant information and align actors across multiple support systems (the national guard, the infoline, testing crew, contact tracers, etc.). Dedicating a single communications person from the Department of Health to disseminate key highlights consistently across groups will greatly reduce conflicting messages.

The more concise and straightforward messaging relays this information will ensure the public understands it better while simultaneously improving staff's ability to recall and repeat it. Admittedly, the diversity of groups makes a uniform solution very challenging. In that light, simplifying key messages to be more consistent across groups is even more essential.

Ongoing reminders of strict sanitation procedures is also important in managing the concerns of the most critical members of the public. Users viewed mask-wearing, social distancing, and sanitation procedures with extreme scrutiny. While some practices (such as cleaning surfaces) have had their requirements relaxed over time, not everyone is aware of it, which negatively impacts their first impression. The State is the authority and example in leading the fight against COVID-19. When the public sees it as not performing its due diligence regarding these practices, it deteriorates their trust. This fact should constantly be re-iterated to site personnel when delivered new messaging updates as a reminder that this is still a new experience for many users.

A frequent component throughout our interaction with users through this analysis was the severity in which they perceived the pandemic. This meant they maneuvered the testing construct with an extremely high sense of awareness and anxiety. When staff provided reliable and clear instructions, it soothed worries and lent trust in the process. When staff provided conflicting information, it confused the public and made a novel experience more intimidating than required.

This will prove right with vaccination distribution. The public may recite outdated information, and personnel should prepare themselves to respond patiently and with current information rather than be critical or judgemental. People who feel disrespected due to their misunderstanding will be less likely to return for their required second dose.

It is worth noting our sample comes from those who provided us voluntary feedback, suggesting we spoke with a more involved section of the community.

4

**Pressure test new processes and systems for preventable issues by introducing a diverse set of users into simulated scenarios.**

Supported by: [Finding 9](#), [Finding 10](#), [Finding 12](#), and [Finding 13](#)

New operations should try to pressure test their feasibility with as diverse a population as possible. This process should include vulnerable members of the population that decision-makers believe are most at risk of not participating with new operations.<sup>58</sup> A trial run of new functions can avoid risks that require pop-up solutions (such as phoning out COVID-19 test results) or hidden problems that are more amorphous (some users cannot ever retrieve their negative results). Key future activities such as vaccine distribution hinge on developing herd immunity making the latter issue an even more pressing problem to avoid.

This concept of running scenarios to pressure test usability is already used widely in the tech sector. Before new software is released, it will be trial tested under multiple operating systems. For example, testers will try out a new website on different mobile platforms (Apple, Android, Windows) and different internet browsers (Firefox, Chrome, Safari). Issues or glitches testers encounter are logged in a shared document for all to see to inspire each other and generate a log of potential barriers that need remedy. An example guide for what this might look like is available from 18f [here](#).

While test running new implementations with a diverse set of the population requires difficult recruitment or tremendously creative methods acting on the part of the testing team, it will help new operations launch with more confidence. Being able to anticipate pain points in the process and address them before something launches will allow some additional bandwidth for the team to be flexible with resources rather than start from a deficit.

5

**Assign a team members to collect user feedback and provide individualized support**

Supported by: [Finding 7](#) and [Finding 8](#)

A dedicated staff person should be assigned to troubleshooting calls from the public and soliciting ongoing feedback to improve state-supported processes. As it stands, Department of Health communications team members and infoline operators find themselves performing this role alongside their current duties. This support impacts their ability to complete their daily tasks but has proven essential in providing optimal public service. Dedicating someone to these

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<sup>58</sup> As a general practice, always consider what sort of compensation should be offered when requesting someone's time voluntarily.

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individual connections will be crucial, but this team member can also aid in supporting prior recommendations by performing the following actions:

- Frequently communicating location and time associated barriers to users trying to interact with sites to operations team members
- Identifying knowledge gaps that users face from both a wayfinding and procedural standpoint to inform communications personnel
- Highlight population groups that lack access to current state-supported operations

These dynamic reporting tasks and customer support will provide an ingrained process to acknowledge public perception and adjust strategies as operations evolve.

While there is some principal agent bias in this suggestion, users we spoke with felt closure in discussing issues they faced and felt comfort in voicing their concerns.

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