

**COVID RAPID RESPONSE SURVEY FINDINGS**

**COVID-19 TESTING IN DETROIT**

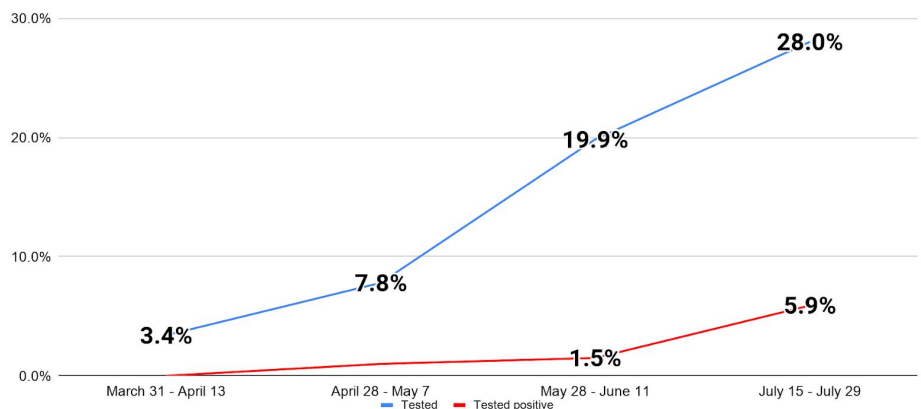
AUGUST 2020

In Spring 2020, DMACS invited 1,880 panelists to participate in rapid response surveys about how Detroiters are being affected by the COVID-19 pandemic. Between March and July, four surveys were fielded to better understand how the pandemic has shaped Detroit residents’ health, behaviors, employment, and financial conditions. Results have been weighted to reflect the population of the City of Detroit. See [full results from DMACS surveys here](#).

**Patterns of testing**

Recent findings from the DMACS COVID-19 rapid response surveys shed light on COVID-19 testing throughout the city and in underserved populations. The percentage of adult Detroiters who report ever being tested for COVID-19 increased from 3.8% in early April (March 31-April 13) to 7.8% in early May (April 28-May 7), 20% by mid-June (May 28-June 11), and 28% by mid-July (July 15-28). During this same time period the percentage of positive tests also increased from 3.4% in April to 5.9% in July.

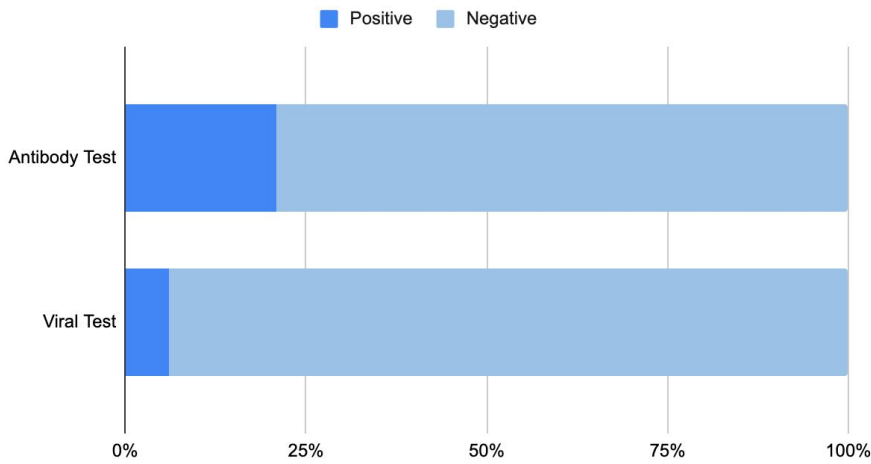
**Tested and Tested Positive**



According to our latest survey, Black Detroit residents reported being tested at a higher rate (30%) than white residents (25%), but the testing rate was lowest (14%) among Latinx residents. People with lower household incomes also have been tested at a higher rate than those with higher incomes. In fact, members of households with an annual income lower than \$30,000 were 1.5 times as likely to get tested for COVID-19 as Detroiters with an annual household income over \$50,000. Additionally, Detroiters between the ages of 61 and 75 were twice as likely to report having been tested for COVID-19 than those under the age of 30. This may be attributed to the expansion of free drive-through testing made available to seniors in mid-May.

Of the Detroiters who reported being tested for COVID-19, 87% indicated that they received a viral test, which requires a nasal swab or saliva sample, while 22% indicated that they received an antibody test, which involves a blood sample. While only 6% of Detroiters who received a viral test tested positive for COVID-19, 20% of Detroiters

## COVID-19 Status by Test Type



who received an antibody test tested positive, indicating that they had previously contracted the virus.

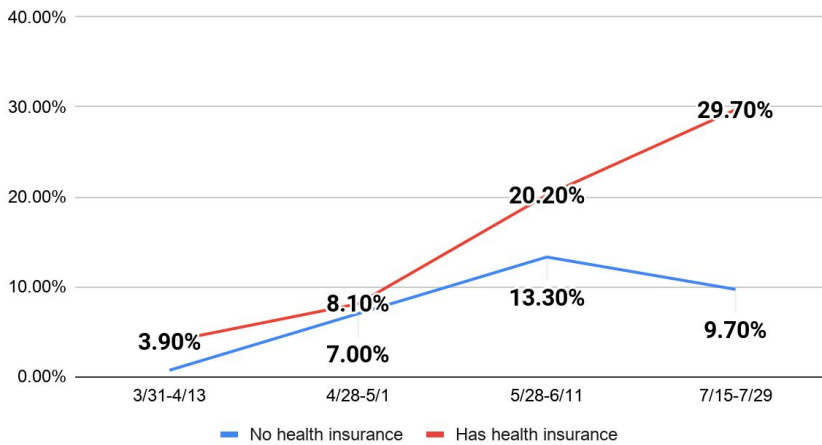
### Reasons for Testing and Not Testing

The most common reason for seeking testing was a desire not to spread the virus (42%), followed by needing to know if it was safe to work outside of the home (37%), a health professional's instruction (37%), and potential exposure to someone who was infected (33%). DMACS also found that the proportion of workers who must work primarily outside the home has been consistently higher during the

pandemic among people of color and people with lower incomes.

While testing has increased, it is important to note that of the 18% of Detroiters who said that they had been exposed to someone with COVID-19, only 47% reported being tested. The most common reason for not getting tested was, "I have no reason to be tested" (67%), which was especially common among Latinx residents (85% of those not tested) and white residents (78%), but less common for Black residents (67%) and those with lower incomes. The next most common reasons for not being tested were not wanting to be near other people who may be infected (24%) and fear of the test itself (15%).

## Testing Rates Among Insured and Uninsured



biggest barriers to testing may be lack of insurance. In the most recent DMACS survey, Detroiters with insurance were 3.9 times more likely to report having been tested for COVID-19 than those who did not have insurance. In fact, insurance remained a significant predictor for receiving a COVID-19 test when controlling for age, income, race, and gender despite the fact that free tests are widely available to Detroit residents.

### Barriers and Facilitators to Testing

One facilitator to getting tested for COVID-19 was having a family member or friend who either had contracted the virus or died as a result of COVID-19. For more details, see our report on network morbidity and mortality. One of the