



Coronavirus Disease 2019

COVID-19

GUIDELINES FOR A PUBLIC HEALTH RESPONSE INCLUSIVE OF POPULATIONS WITH LIMITED ENGLISH PROFICIENCY

As public health professionals working to reduce the spread of COVID-19 within your communities, counties, and regions, using an approach that is inclusive of populations with limited English proficiency (LEP) is important to the success of the public health response and to the health and wellbeing of all residents of Colorado, regardless of their language or cultural background.

Goals of a public health response inclusive of LEP populations

Connect public health professionals to information and resources that:

- Assure that public health testing events are equitable and inclusive, and results are shared in a manner patients understand.
- Include all populations in disease control measures such as case investigation and contact tracing.
- Represent all populations in data collection, which is used for programmatic and policy development and decision-making.
- Provide unified and consistent educational messaging across organizations.

Background and context

- A one-size-fits-all approach to public health response should be avoided. Not all members of a specific language or cultural background have the same knowledge, practices or beliefs around disease or prevention.
 - Cultural differences exist in understanding disease processes and transmission.
 - Language, cultural, and economic barriers exist in accessing and using health care systems.
 - Educational disparities exist, so literacy in English or other languages should not be assumed.
 - Varied identities within communities (gender, sexual orientation, ability, etc.) create different needs within the same cultural context that may impact transmission, access to health care, and communication needs.
- Exposure risk may be greater for LEP populations than the mainstream population.
 - Essential work that cannot be done from home is disproportionately [supported by immigrant workforces](#) (including but not limited to health care, food supply chain, grocery workers, and delivery drivers).
 - Families and communities may be tightly-knit and collectively oriented. Households may contain many generations.

Best practices pre-outbreak/illness-transmission

- Understand what communities reside in your county and what language(s) they speak
 - If gaps in awareness about communities with LEP exist, the [CDPHE Refugee Health Unit](#) may be a resource for learning about what populations and languages exist in your county.
- Identify [local organizations](#) that traditionally serve populations with LEP in your county to learn their scope and how coordination might look during an outbreak.
- Establish contracts with language service providers and qualified interpreters to provide interpretation (over the phone or in person) and written translated materials if populations with LEP exist in your jurisdiction ([legal obligation exists](#)).
- Identify existing educational materials/resources available in languages common in your county.
 - If gaps in educational materials/resources exist, the [Colorado Refugee Services Program](#) within CDHS may be a resource for learning about what exists in other states or counties

Best practices during a public health response

- Assure testing events include appropriate language assistance to allow residents of all languages and cultures to be tested. Require that results are shared in a manner that is understood by the patient.
- Conduct case interviews and contact tracing that is inclusive of populations with LEP.
 - Use qualified interpreters to conduct case interviews; if language is unknown, medical providers will have records of language(s) spoken.
 - Form public health and [cultural navigator](#) teams to conduct these activities in outbreak or contact tracing scenarios.
- Engage [trusted community partners](#) to help identify groups in need of outreach and education.
- Work with trusted community partners, who may be able to provide input, to deliver educational messages in culturally appropriate ways.

Evaluate current approach, identify gaps, and implement inclusive solutions

Case investigation and contact tracing

- Should happen at the same rate as it is for the general population (if not more).
- Is most effective when a cultural navigator or interpreter is used.
- Case investigation and contact tracing is important in identifying populations who do not traditionally seek medical care.
- Identify sources for medical care, testing, and treatment that may be useful to share with contacts as a resource (e.g., sites that accept Medicaid and uninsured patients).
- Fear, shame, financial and data privacy concerns may discourage self-reporting.

Outreach and education

- Work with trusted community partners to help disseminate information verbally and in writing.
- Use translated materials to complement educational efforts, but do not solely use written materials.
- Identify communication and media channels used by community members that may also be used to share public health messages (WhatsApp and texting are a few examples that may be used).

Data and surveillance

- Data and reporting is a tool to highlight disparities and gaps in the public health response.

- If your agency is conducting case investigation and contact tracing, compare the number of contacts identified among cases with LEP compared to English-speaking cases to determine if disparities exist around contact ascertainment. This can also extend to the number of probable cases reported among groups with LEP compared to English-speaking groups. Confirmed cases in the absence of an expected number of probable cases may indicate that contact identification and tracing is not occurring.
- A greater proportion of missing data among cases with LEP (compared to the general population) may indicate that case investigation is not occurring or is not collecting complete data.
- Suggestions for understanding whether cases may have LEP:
 - Look in electronic medical records to identify primary language spoken.
 - Use your inherent knowledge about your community.
 - Are certain industries and occupations supported by workforces with LEP?
 - Are there neighborhoods and zip codes in your community that are home to proportionally more residents with LEP?
- Consider whether SMS/text messaging/apps are inclusive of all residents
 - How are you verifying that the message is understood?
 - Literacy, language, and availability of technology are all limitations to its effectiveness.
 - If technology is not a solution for all, what additional actions can be taken?

Communications

- CDPHE does not release more granular race and ethnicity data than what is posted on the COVID-19 data page in order to protect potentially identifying information, and we encourage counties to consider the same strategy.
- Early reports show that health disparities exist for racial and ethnic minorities, including populations with LEP. However, reporting data on health disparities may have the opposite effect we hope it does; it can perpetuate negative stereotypes or victim-blaming (*adapted from [CDPHE Office of Health Equity \(OHE\)](#)*).
- Work with your public information staff and other communicators to help [frame the data](#) to reduce stereotypes and victim-blaming. Provide information to the wider community about conditions or barriers that are affecting the community's health. Consider this statement developed by CDPHE staff and OHE: *"CDPHE acknowledges that social, economic, and environmental inequities result in negative health outcomes and have a greater impact than individual choice. By changing policies and practices we can reduce disparities and help improve opportunities for all Coloradans."*

Resources

Consultation to implement the above guidelines:

- CDPHE Refugee Health
 - Lori Kennedy, Manager - Lori.Kennedy@state.co.us
Office: 303.692.2624
- CDHS Colorado Refugee Services Program
 - Carol Tumaylle, State Refugee Health Coordinator - Carol.Tumaylle@state.co.us
Office: 303.863.8217

Legal obligation to provide language access services:

Programs that receive federal funding have a legal obligation to provide language access services to non-English and deaf/hard of hearing community members. Under the Title VI Civil Rights Act of 1964, [Executive Order 13166](#) and the Americans with Disabilities Act, state, local, non-profit, private and sub-recipients of any federal funds are required to provide qualified interpreters, written translated materials to all non-English speaking community members.

Language assistance tools:

- Verbal/Audio: Trained cultural health navigators, Telephone interpreters, Video recordings in spoken language by means of “voiceover” of English video can be made by language service vendors. Closed captions can be included for individuals who are deaf or hard of hearing.
- Written: Translated materials.

Training:

- [CDPHE Tips on How to Form a Public Health and Cultural Navigation Team](#) (*coming soon*)
- [CDPHE Tips on How to Work with a Telephone Interpreter](#)

Translated COVID-19 materials:

- [CDPHE Isolation and Quarantine Letters \(Spanish, Chinese, Karen\)](#)
- [CDPHE COVID-19: A checklist for Accessible Public Communications](#)
- [CDPHE Resources in Other Languages](#)
- [CDPHE Social Media Graphics in Other Languages](#)
- [CDPHE Print Materials in Other Languages](#)
- [CDC Print Resources in Other Languages](#)
- [Switchboard: Roundup of Multilingual Resources](#)

Cultural information:

- [CDC Refugee Health Profiles](#) (Bhutanese, Burmese, Central American, Congolese, Iraqi, Somali, Syrian)
- [Ethnomed - Integrating Culture into Clinical Practice](#) (Cambodian, Chin, Chinese, Eritrean, Ethiopian, Hispanic/Latino, Hmong, Iraqi, Karen, Nepali-speaking Bhutanese, Oromo, Somali, Vietnamese, Other cultures including Burmese, Congolese, Marshallese)

Health equity:

- [The Colorado Trust: Pandemics Thrive on Inequality](#)
- [COVID-19 and Health Equity Resources](#)

How to identify local organizations and community partners that work with LEP communities:

- Start by identifying local organizations (resettlement agencies, federally qualified health centers, faith organizations, and many others) that serve LEP populations.
- If you need assistance in determining who these may be in your community, the CDPHE Refugee Health Program or the Colorado Refugee Services Program within CDHS may be able to guide you.

What is a cultural health navigator*:

- Someone who provides accurate, culturally grounded and linguistically appropriate information in order to reduce health disparities and cultural barriers through 1) assessing and understanding patient needs, 2) tailoring messages to patients, 3) building rapport and trust, 4) facilitating communication between patient and public health team, 5) educating and providing resources for the patient, 6) addressing barriers to following public health orders or recommendations, and 7) educating the public health team

**adapted for public health purposes from <https://www.ncbi.nlm.nih.gov/pubmed/30109486>*