Evaluation and Recommendations for Emergency Communication Strategies to reach Limited English Proficient Populations

Minnesota Department of Health
Report to Public Health and Community Health Agencies

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Evaluation and Recommendations for Emergency Communication Strategies to reach Limited English Proficient Populations

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I. Introduction and Project Background

Between 2000 and 2010, the number of Minnesotans age five and older with limited English proficiency increased from 167,511 to 205,751\(^1\). In order to better guard the health and well-being of all Minnesotans, emergency communication strategies must be enhanced. The Minnesota Department of Health (MDH) and local public health agencies must strengthen our capacities to inform and educate all Minnesotans which will require strategies to reach individuals with limited English proficiency (LEP) populations as well as the general public.

The MDH Office of Minority and Multicultural Health (OMMH) recognizes the need to assess and improve how Minnesotans with limited English skills receive critical information during health emergencies. With this goal in mind, OMMH conducted a study to document current strategies used to communicate with LEP populations and understand how residents with limited English skills find or receive information. Findings from this study identified ways that Local Public Health agencies can or want to be supported in order to effectively reach limited English proficient populations in their regions. A two-pronged approach was used to 1) understand how emergency health information is disseminated by public health agencies at the state, regional, and local levels; and 2) assess information received by residents with limited English skills.

The study was centered around the following four questions:

1. What are the LEP population demographics by county?
2. What strategies were put in place to reach LEP populations, particularly outside the metro region, during the recent pandemic flu (H1N1) incident?
3. From the perspective of both local public health agencies and LEP residents, how effective were these strategies?
4. Were those strategies institutionalized to be utilized effectively in other or future emergency communication situations?

To begin answering these questions, the OMMH conducted a survey of professionals in health and human services, health education, community based organizations, and emergency outreach and preparedness personnel. With a focus on Greater Minnesota, residents with limited English skills participated in four focus groups and 18 phone interviews. This approach helped to identify and recommend strategies to close the communication gap.

\(^1\) http://www.migrationinformation.org/datahub/state2.cfm?ID=mn
II. Overview of Minnesota’s Limited English Proficient Populations

Emergency communication strategies must adapt to our state’s increasingly diverse population. One indicator of this demographic shift can be seen in the continual increase in number of children living in linguistically isolated households. From 1990 to 2000, the number of school age children living in linguistically isolated households increased by about 24,000. Half are Asian Pacific Islander households, 30% are Spanish-speaking households, and about 11% likely speak one or more African languages (census data do not disaggregate individual languages). Recent census data from 2000 to 2010 indicates the number of foreign-born, limited English proficient (LEP) population age five and over in Minnesota increased by 40.7 percent.

Demographic data was analyzed by county to identify likely targets for focused community-based research. Counties outside the seven-county metro area were prioritized by these criteria:

- Potential for LEP population centers (total numbers) of Asian, black, or Latino residents
- Percentage or density of potential LEP populations (Asian, black, or Latino residents)
- Linguistically isolated State Demographic Center rating
- Immigrant population increase of 15% or more
- Percent of English Language Learners in school districts
- Racially diverse (percent of non-white residents)

Hennepin and Ramsey Counties respectively have the largest LEP populations by total and percentage, followed by many of the counties in the metro area. However, these metro centers also have well-established resources to reach LEP populations. The primary intent of this study is to highlight and improve strategies that may be less established or under-utilized to reach LEP populations in Greater Minnesota. Therefore, excluding the seven county metro region, large or growing potential LEP populations were identified in the following counties. (Appendix 1 shows the percentage of Asian, Black, and Latino residents in each county, noting a handful of counties that have a high percentage of students who primarily speak a language other than English at home.)

- Olmsted County
- Rice County
- Nobles County
- Kandiyohi County
- Stearns County
- Mower County
- St. Louis County
- Clay County

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2 The US Census defines “linguistically isolated” as households where all members, 14 years old and over, have at least some difficulty with English.
3 Minnesota Demographic Center. 2005.
4 http://www.migrationinformation.org/datahub/state2.cfm?ID=mn
• Lyon County

Brown, Scott, Otter Tail, and Freeborn Counties also had notable growth in potential LEP populations, but did not meet, or were not highly ranked, in one or more of the other criteria.

Forty-nine residents with limited English skills in Olmsted, Rice, St. Louis, and Lyon counties participated in focus groups and phone interviews to provide information about their direct experiences related to information access during health emergencies like H1N1 (Appendix 2 is a table of study participants’ county and language).

While these participants represent only a small portion of Minnesota’s diverse LEP populations, their experience illustrates important and often-missed perspectives that can improve strategies used to inform and engage LEP populations, particularly those outside Hennepin and Ramsey Counties. In addition to the LEP focus groups and interviews, this study also asked local public health agencies, community based organizations and other emergency preparedness personnel to share their communication and outreach efforts during H1N1 (see Section IV).

III. LEP Residents’ Experiences with Emergency Health Messages

It is important to understand the context and conditions of populations with limited English skills. Many, though not all, people with limited English proficiency are foreign-born immigrants or refugees and may have experienced significant hardship prior to and during relocation. With this context, participants in this study alluded to a different sense of what constitutes an emergency. Participants indicated that emergencies must be personal and/or widespread. For instance, H1N1 pandemic did not fully resonate as an emergency for some participants. This presents a particular challenge in communicating a sense of emergency here in Minnesota to populations that have experienced extreme international turmoil. Messages may be better received if aimed at increasing urgency and ease of preventive health measures.

Using the most recent health emergency (H1N1 flu pandemic) as an example, residents with limited English skills were asked what and how they received health information. (Appendix 3 is a template protocol for focus groups and interviews.) Almost all participants heard about H1N1 from a variety of sources. About half of the participants described the H1N1/flu as dangerous, contagious, and deadly. The most mentioned sources were television, ethnic radio, family members, and flyers from community centers such as schools or other social service programs, clinics or stores – particularly those advertising flu shots.

A majority of participants were not able to differentiate between seasonal and pandemic flu, and less than half of all participants received a flu shot. Participants who understood the difference were generally older and made frequent or regular doctors’ visits, typically related to chronic illnesses.

5 Generally, immigrant populations increased by 10-20%.
Roughly, three out of four participants received some health emergency information from ethnic-specific media. Topics seemed to be elevated in priority if it was covered by both mainstream and ethnic media outlets, which was a common remark among participants. Typically, news and events in ethnic media outlets were viewed as having more relevance to most participants. After initial awareness of a health emergency via mainstream TV or newspaper, younger participants in particular reported actively searching online web sources for information in their native language and found more language-specific content from sources outside Minnesota. Of the television programming, only one participant (a Hmong woman from Lyon County) commented that she occasionally watched a health education program in Hmong. She stated that she appreciated that the program was accessible, but did not feel it offered coverage on current events. It was pre-recorded and its content was not immediate or timely news.

Other common channels of health messages included family doctors or regular health providers including school nurses, family members with more English language skills, and workplaces that employ many LEP residents. There was not a consistent source of information across ethnicities or counties. However, aggregate responses suggest that once individuals established a source of information, they continue to expect or rely on that source for other information as the need arises. For example, one participant stated that their school often sent fliers for contagious illnesses at school. She stated that once or twice a year, she would get information about lice in her child’s backpack, and only when the school had notable cases. Each lice flyer was the same and therefore, recognizable. Also, it was

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6Sources include: Somali: http://www.mogadishutimes.com/
Minnesota based, Latino: http://www.laprensademn.com/
7 This program is presumably an Emergency Community Health Outreach (ECHO) program, though the participant did not know the name of the program.
always timely, alerting her to current spread of illnesses. Because she established this as a source of information; she would rely on the school nurse and/or school office for other current health information.

Navigating the health system can be stressful even to native English speakers, but the challenges are acutely felt by people with limited English skills. Regardless of their level of English proficiency, many participants indicated they have low confidence in their English skills and/or accent. People with limited English skills are hesitant to ask for more information based on their real or perceived threat of discrimination and prejudice. Some participants received written information translated in their native language, but particularly for Asian and African participants, this information was not immediately useful for a variety of reasons: the information was too general, they did not read in this particular language/dialect, or they did not read in their native language at all.

Participants commented on additional challenges in getting emergency health information – these were related to H1N1 as well as in other emergencies, such as after a major flood. Understanding costs, insurance coverage, and navigating paperwork were barriers to some participants. Participants perceived that preventive measures would be costly. For most people who mentioned cost, the perceived or potential cost of a flu vaccine prevented them from seeking additional information. The out of pocket cost of the vaccine was a burden particularly for single adults without health insurance. Also, because limited vaccines were issued in order of priority, understanding or applying these criteria was a challenge for multi-generational families. These types of obstacles get communicated quickly (and not always accurately) through word of mouth and can prevent residents from seeking needed resources and taking necessary action.

IV. Public Health Outreach Strategies to LEP Populations

1. Office of Emergency Preparedness Poll

The MDH Office of Emergency Preparedness (OEP) oversees eight Public Health, Healthcare and Behavioral Health Regions and Teams. Shortly after the H1N1 pandemic, in February 2010, OEP polled these teams (79 individuals) about their public health outreach strategies. Via weekly email, OEP asked, “What strategies or materials did you use to educate or provide updates about H1N1 to your populations of color/American Indian communities?” Responses (80% response rate) were aggregated by region. It is important to note that the OEP poll is not specific to LEP populations, though some communities of color and American Indian communities may share similar challenges across culture and language.

- Regionally, different communication strategies were used for African, Asian, Latino and Native Indian populations during the H1N1 pandemic. In six of eight regions, different outreach strategies were used to reach two or three target populations.
• All regions (except the Northeast region) used multiple strategies to reach Latino populations. Targeted outreach efforts in the Northeast region were mainly to engage Native American residents.

• Five of eight regions used multiple strategies to reach LEP African populations, and four of eight have strategies for LEP Asian populations. Of the four regional strategies to reach LEP Asian populations, two relied solely on bilingual family members as their only strategy.

2. Strategies Identified through Office of Minority and Multicultural Health Survey

Building on this earlier open-ended OEP poll, OMMH surveyed a wide array of health professionals in across Minnesota, including the seven county metro region. Survey recipients included employees of state agencies, local public health agencies, city and county human service agencies, care providers (primary care providers, hospitals, clinics, and treatment centers), and nonprofit agencies. An online survey was sent to approximately 400 unduplicated individuals using pre-existing email distribution lists, directories, and professional networks (Appendix 5 is the online survey). Responding to the online survey about their agency’s outreach and communications to residents with limited English skills in their service area, were 318 professionals for an estimated 80 % response rate (Appendix 5 and 6 show survey respondents’ agencies and roles). About half (47.5%) of respondents self-identified as employees of local public health agencies.

• 53 % of all survey respondents relied on interpreters or bilingual staff during H1N1. Hospitals and health providers, in particular, rated interpreters and bilingual staff as the most useful outreach strategy. In Greater Minnesota, half of local public health (LPH) agencies used interpreters or bilingual staff to reach LEP populations. Interpreters’ responsibilities included making phone calls and being present at mass clinics.

• Among all respondents, the second most frequently used strategy to reach LEP populations was use of pre-existing (MDH and Center for Disease Control) translated materials (48%). While about half of all respondents used pre-existing translated materials, very few respondents rated this strategy as most useful (about 1/3 of health providers, hospitals and clinics).

• Other frequently used strategies were providing internal staff and/or key partners with information and referral resources (34%) and referring people to ECHO resources (34%).

Respondents from local public health, hospitals, and primary care providers relied on outreach through community programs, schools, or clinics. Similarly, community based agencies noted that having a strong relationship with a local public health agency or a local hospital/clinic has
helped their agencies be prepared for an emergency. It is important to note, however, that there was no mention or documentation of whether or not individuals followed through on those referrals or whether the referred agencies had applicable services.

- 11% (46 broad-based and ethnic-specific organizations) of nonprofit respondents (a majority serving the metro region) reported they did not use any of the listed strategies because they “did not have enough resources to address this issue with limited English populations.”

- In Greater Minnesota, one out of three LPH agencies refer people to ECHO resources compared to LPH agencies in Hennepin and Ramsey Counties, of which half refer people to ECHO. Of community based agencies responding, 13% (both metro and Greater Minnesota) referred people to ECHO resources.

3. Opportunities for Growth and Capacity Building

Of all survey respondents, 58% did not have different communication strategies for Latino, Asian, or African (or diverse ethnicities within these categories) residents with limited English skills in their service area. This is even more alarming when local agencies are not aware of the presence and diversity of LEP populations in their service area.

- Of respondents who identified as Local Public Health agency staff (LPH), outside Ramsey and Hennepin Counties, 15% replied that during the H1N1 emergency, strategies to inform or educate people with limited English skills were “Not Applicable’ to their community because “community members can be reached in English,” including one of the nine counties that met this study’s criteria for large potential LEP populations.

- Of local public health respondents outside Ramsey and Hennepin Counties 5% indicated that “we did not have enough resources to address this issue with limited English populations,” which includes six of the thirteen counties this study identified as having large or notable potential LEP populations.

IV. Communication Gaps | Findings

1. Effectiveness of Translated Materials

Selecting from a menu of choices, translated materials were the most often noted form of technical assistance across all responding service agencies. During the H1N1 pandemic, 32% of all survey respondents created or translated printed materials into other languages. Not surprisingly, the most language-specific outreach during the H1N1 pandemic occurred with Spanish-speaking populations.
Of LPH agency respondents, 34% ranked “Translation of print materials such as posters, flyers & factsheets” as the technical assistance they would find most useful in order to increase their ability to inform and communicate with non-English speakers during future health emergencies.

Ethnic community based organizations specifically commented that translated materials were useful if the information was timely. For example, respondents indicated that there was often a delay in receiving language-specific information if they received any at all. Community-based organizations may or may not have the capacity to translate materials provided in English, and sometimes if they did, they later received translated materials that duplicated their efforts.

Translated materials was rated by agencies as most useful and also most requested form of technical assistance among health, community outreach and emergency preparedness professionals. The most common form of “translated materials” mentioned by LEP focus group and interview participants were flyers sent by schools and other community programs. Translated information is particularly useful when it gives specific instructions or directions for prevention (where to go, when needed) following general information to raise awareness. It must be noted, however, that many of the focus group and interview participants, like many individuals with limited English skills, are not able to read in their native language and heavily rely on oral communication or visuals. Translated materials with visual cues help LEP populations to seek additional information, resources, or interpretation.

2. Using a Mix of Media

Of all health, community outreach and emergency preparedness professionals responding 35% “refer people to ECHO resources.” However, in a follow-up question, almost no additional information was provided to describe which ECHO resources were referred by these agencies, or, if and how individual

**TRANSLATED MATERIALS**

“Ready-made information would be terrific, as it will save time in getting the word out to have something that can easily be used rather than having multiple agencies working on time-consuming translations”.
- Community-based agency respondent

✓ However, many of individuals with limited English skills are not able to read in their native language and heavily rely on oral communication or visuals.

✓ Community based agencies may use translated materials in conjunction with verbal explanation of the information presented.

✓ Translated materials may be a visual cue for LEP populations to take additional actions or seek specific resources.

✓ Translated materials are useful to community-based agencies if the information is timely.
residents with limited English skills then accessed these resources. In contrast, none of the residents identified ECHO as a source of information during emergencies. Of all health, community outreach and emergency preparedness professionals responding 12% used ethnic media or multi-lingual press releases. Ethnic media was used in the Metro region for African, Asian and Latino residents, and in the Southeast region for Latino residents. LEP focus group participants in Greater Minnesota reported actively seeking health and emergency information from ethnic media outlets. Rural LEP populations stay connected to their ethnic community through culturally-specific or language-specific media (mainly available in print and radio) for news and information. Language-specific print media is limited due to frequency of printing, timeliness, and literacy, though visual cues (often in advertisements) can be helpful. Additionally, mainstream sources with multi-lingual programming, such as BBC Somalia, Voice of America or KFAI Radio, provide ongoing coverage relevant to many LEP populations in their native language.  

3. **Community Outreach through Bilingual Staff and Interpreters**

Use of bilingual staff/interpreters was the most common strategy employed among health, community outreach and emergency preparedness professionals and highly rated as most useful. However, many respondents made a distinction between bilingual staff and interpreters. Bilingual staff members provide multiple functions that increase agency capacity for outreach, on an on-going and emergency basis. Bilingual staff who are consistently employed and have integrated functions are more able to provide important, non-emergency resources and build trust among residents.

Agencies, primarily LPH, without consistent bilingual staff had mixed results using contracted or short-term interpreters. Especially in time-sensitive situations, interpreters may not be readily available. It is particularly difficult to find interpreters for less-common languages or LEP residents in less densely populated regions. Outsourced interpreters may include broad interpreter and multilingual services, such as the membership based online resource, Multilingual Resource Exchange, however, these types of services were not specifically mentioned by respondents. Health care professionals surveyed did not feel that a directory and guide to using interpreters would be useful. Additional resources are listed at the end of this document.

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8 Media resources: BBC Somalia: [http://www.bbc.co.uk/somali/](http://www.bbc.co.uk/somali/)
Twin Cities based community radio: [http://www.kfai.org/](http://www.kfai.org/)
Pan-ethnic radio: [http://kpnp1600.com/](http://kpnp1600.com/)

9 Based in Minnesota, the Exchange is a partnership formed to exchange information and resources about health communication and to share multilingual health materials. [http://www.health-exchange.net/about.html](http://www.health-exchange.net/about.html)
4. Outreach Partnerships
Survey participants were asked about what kind of technical assistance would be most useful to them. The second highest rated technical assistance need was "establishing and sustaining partnership with ethnic-led agencies, community elders & leaders" with 18% of LPH agencies indicating this was most useful. Interestingly, ethnic-based agencies also rated this technical assistance need the highest compared to other types of assistance. A directory or guide to using interpreters was generally rated as least useful across all respondents and agency types.

Outreach through community programs was the top most useful strategy rated by local public health agencies. Conversely, nonprofit agencies did not rate “establishing and sustaining partnerships” very high. Partnerships with organizations, elders, or key leaders were used to connect with African, Asian and Latino populations, but not consistently across all regions. Of nonprofit agencies responding (ethnic and broad-based) 11% said that they did not have enough resources to assist LEP residents. Focus group participants commented that rural ethnic agencies need help to be more connected to each other and to residents.

EMERGENCY COMMUNICATION GAPS

- Written translated materials are needed, but also are limited in effectiveness with orally-based cultures.
- Delay in producing or distributing translated materials significantly reduces its effectiveness for emergency communication.
- Ethnic-specific and relevant media sources are a primary source of news and information for LEP populations, which is currently underutilized for emergency health communications to these target audiences.
- Bilingual staff (as opposed to temporary workers) are most effective during emergency health situations because of their value during non-emergencies in establishing the agencies that they work for as reliable sources of information.
- Outreach partnerships, particularly rural ethnic agencies, need help to be more connected to each other and to residents.
### LEP Participants’ Suggestions by Race/Ethnicity

<table>
<thead>
<tr>
<th>African</th>
<th>Latino</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use approaches that account for diversity within “African” community – e.g. no common language among African immigrants</td>
<td>• Use texting as a method to get emergency info out in many languages – “everyone has a cell phone”</td>
<td>• Establish phone trees so key community contacts can quickly disseminate information</td>
</tr>
<tr>
<td>• Identify two or three most reliable and trusted communication sources/outlets</td>
<td>• Using the same outlets, coordinate with partners to provide ongoing relevant info, such as jobs and immigration in addition to health and emergency info</td>
<td>• Information must be targeted to families not individuals so it is relevant to more people, increases likelihood of information being shared</td>
</tr>
<tr>
<td>• With Somali community, getting critical information to Adult Education Centers, Public Health (WIC programs), BBC Somalia and Voice of America which air through the internet several times a day in Somali language could be valuable asset. Many focus group participants considered them as trusted source of information.</td>
<td>• Develop community relationships among and between Latino organizations and residents</td>
<td>• Increase use of ethnic media, both locally and regionally, via print and radio</td>
</tr>
<tr>
<td>• With Kenyan community, participants strongly felt that if the information is only available through the internet, then it is not as important as when someone calls them or talks to them and explains things -the pros and cons.</td>
<td>• Facilitate key leadership, church leadership and coalitions access to health information</td>
<td>• Detailed information (specific action steps and prevention measures) is better conveyed in brief school flyers or letters, following mainstream news (mainly TV)</td>
</tr>
<tr>
<td>• With Sudanese community, participants reported having strong connection with faith-based/churches and identified them as trusted sources of information.</td>
<td>• Provide information about emergency situations such as what to do when sirens blare.</td>
<td>• Information received and discussed at workplaces and/or from employers increases likelihood of taking action (employers who offer more info or incentive for flu vaccine, also provide info about H1N1)</td>
</tr>
</tbody>
</table>


V. Public Health System Coordination

The public health system can be seen as hierarchal, with federal, state, regional, and local government agencies. For-profit health providers and not-for-profit health and human service agencies are also part of the system, operating with related but separate structures. This multi-faceted network of public health officials, direct service providers, and complementary human service programs is complex to navigate, even for tenured public health workers. Even so, 89.5% of all survey respondents, which included many of these agencies, felt they received an adequate amount of information and overall communication during the H1N1 pandemic.

Regionally, different emergency health communication strategies are used for different target populations. There is room for improvement, as 58% of individual respondents in the OMMH survey indicated there was no differentiation in strategies at the local agency level. Each local agency appears to rely on one primary emergency communication strategy to reach for all LEP populations in its service area. Specific attention is needed to strengthen community ties, interagency cooperation, and cross-cultural communication. Attention to special populations often falls on a select few agencies, divisions, or positions. This special attention can create silos or token initiatives that hinder these programs’ ability to fully utilize available resources. Ongoing partnerships must be developed and maintained among various agencies/programs serving LEP residents in order to provide consistent messaging.

An integrated, yet individualized, approach to working with the different community groups is needed. Each county and each ethnic community are unique, and resources need to be flexible enough to adapt to these situations. For example, in required emergency preparedness plans, LPH should include emergency communications to LEP populations. Strategies should be tailored to local and regional LEP populations and integrated with broader emergency communication strategies. Review and assessment of these strategies should be a critical item in public health certification.

In keeping with the Department of Health’s role of

POLICY RECOMMENDATIONS

1. Local health departments need to identify and develop relationships with formal and informal leaders of LEP populations in their communities.

2. Emergency messages should be available in languages that effectively reach the population at risk, potentially requiring multiple formats and delivery systems. Materials for likely Minnesota hazards should be prepared before the incident.

3. Organizations that serve LEP populations should be engaged as partners in preparing and delivering messages before and during an emergency.

4. Resources for rapid translation/interpretation for statewide and localized emergency messages should be identified and Memorandums of Understanding developed to facilitate service delivery during an emergency.

5. LEP focused materials for a statewide incident should be developed by MDH.

6. LEP focused materials for a localized incident should be developed by MDH and Local Health Departments in partnership.

7. The MDH Website should have translated materials that are readily accessible to LEP populations during an emergency.
guidance first and direct service second, it is clear that leveraging relationships, empowering community leaders, and enlisting the help of partners in the effort will provide the maximum impact with limited resources.

During H1N1, a working group was convened to include a cross-section of MDH participation, as well as representatives from Department of Human Services, Local Public Health and a range of non-profit organizations who do provide direct service to the target audiences.

The working group recommended and subsequently planned a state-wide community forum. The forum was held on May 5, 2009, with 53 attendees representing 43 different organizations. The goal of the forum provided information and emergency planning resources for those who might be missed by communication outreach through mainstream media. Another goal was to identify target populations, and communication challenges on a local level and highlight the role of local Public Health. Initiatives like this are making inroads in identifying and creating effective strategies. This type of interdepartmental, interagency approach will increase effectiveness of emergency communication not only to LEP populations, but also create a more cohesive infrastructure for public health.

VI. Recommendations to Public Health Agencies

1. Strengthen Multi-lingual Media Network in Greater MN

LEP populations in Greater Minnesota are a willing audience for multi-lingual media. Many households make special efforts to stay informed through ethnic-specific media, particularly print, radio and internet sources that are timely. Public health use of multi-lingual media resources in Greater Minnesota will strengthen this as a reliable source of information for many LEP populations.

- Increase availability of timely, translated print materials to ethnic media outlets
- Include regional radio programs and national websites that are accessible and culturally relevant in public service announcement distribution and press releases
- Stay current with multi-lingual programming, pre-recorded announcements for cable access networks or TV public service announcements must be timely and relevant
- Use texting system and use other social networks to alert and inform community
- Prioritize ethnic media in any purchased advertising campaigns (this financial support will help to build capacity and more effectively support communication goals)
2. Increase Community Resources and Health Education

Twenty-five percent of recommendations from survey respondents for additional resources (not technical assistance) to reach LEP populations were about increasing use of community health workers and health educators within ethnic communities. Similarly, focus group and interview participants indicated the need for culturally sensitive health education.

- Increase the number and usage of community health workers and outreach programs, whether internally staffed or utilized through external partners.
- Provide assistance to develop leadership capacity with and among LEP residents and local organizations.

3. Maintain Community Relationships

LEP populations are growing in rural areas, although these populations remain less dense compared to metro region. Partnerships with organizations, elders, or key leaders were used to connect with African, Asian and Latino populations, but not consistently across all regions. Focus group and interview participants commented that rural ethnic agencies need help to be more connected to each other and to residents. This was repeated by 11% of nonprofit agencies (ethnic and broad-based) who indicated their agency did not have enough resources to assist LEP residents.

Notably, an LPH respondent in a region without a high LEP population commented, “This experience [health communications response during the H1N1 pandemic] has brought awareness to our agency regarding outreach to and engaging the entire population. We will need to be mindful of changing demographics and adjust our strategies in the future if demographics have changed.”

- Education and awareness outreach must be ongoing, bi-lingual and well-equipped with multiple types of news and information.
- Build relationships with residents from diverse communities to better understand and frame relevant news to dynamic LEP populations.
VII. Coordination Between MDH Divisions

A critical element of communications planning is ensuring that people and entities who are not accustomed to responding to health crises understand the actions and priorities required to prepare for and respond to a health emergency.

Emergency job functions might be integrated across divisions such as: Office of Emergency Preparedness (OEP), Office of Minority and Multicultural Health (OMMH), Immunization, Tuberculosis, and International Health (ITIH) Refugee Health Division, Infectious Disease Epidemiology, Prevention and Control (IDEPC). For example, these personnel may be more intentionally utilized across divisions as:

- Just in time training team leaders
- LEP communications coordinator
- DOC Public Information Officer

Representatives of these divisions should work together to ensure clear, effective and coordinated risk communication, locally and regionally, before and during an emergency. This includes identifying credible spokespersons at all levels of government and through community channels to effectively coordinate and communicate helpful, informative messages in a timely manner.
VIII. Additional Resources

Minnesota Department of Health Resources

2012 Health Resources Directory for Diverse Cultural Communities
http://www.health.state.mn.us/divs/idepc/refugee/directory.html

2012 DIVERSE COMMUNITY MEDIA DIRECTORY: Local Community Press, Radio, and TV Programs in Minnesota
Hard copies by contacting the MDH Refugee Health Program at 651-201-5414 (Twin Cities) or 877-676-5414.
http://www.health.state.mn.us/divs/idepc/refugee/ethnicmedia.pdf

2010 Mutual Assistance Association – Community-based Organizations Directory
Hard copies by contacting the MDH Refugee Health Program at 651-201-5414 (Twin Cities) or 877-676-5414. Http://www.health.state.mn.us/divs/idepc/refugee/index.html

Public Health Resources

CIDRAP U of M
http://www.cidrap.umn.edu/cidrap/index.html

Countryside Public Health website:
http://countrysidepublichealth.org/

SCHSAC REPORT:

Rand Health Resource List
http://www.rand.org/health/projects/special-needs-populations-mapping/promising-practices/resources.html#lep

FEMA Blog
http://blog.fema.gov/2012/04/engaging-latino-communities-in.html
Translation, Multi-lingual Services

Multilingual Resource Exchange
www.health-exchange.net

Adult Education Outreach Partners

Minnesota Adult Basic Education networks by region
http://mnabe.themlc.org/Statewide_Map.html

Planning Tools

The ECHO Emergency Operations Plan is available:

ECHO Field Operations Guide:

ECHO TOOL KIT: http://www.echominnesota.org/webinar-communicating-without-english

Emergency Managers Tool Kit: Meeting the Needs of Latino Communities
http://www.nclr.org/index.php/publications/emergency_managers_tool_kit_meeting_the_needs_of_latino_communities/
## Appendix 1: Minnesota population by race and Hispanic origin for counties

### 2010 Census Redistricting Data (Public Law 94-171) Summary File

**NOTE:** For information on confidentiality protection, nonsampling error, and definitions, see:  

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<th>Geographic area</th>
<th>Race</th>
<th>Black or African American</th>
<th>American Indian and Alaska Native</th>
<th>Asian</th>
<th>Native Hawaiian and Other Pacific Islander</th>
<th>Some Other Race</th>
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Source: U.S. Census Bureau, 2010 Census.
2010 Census Redistricting Data (Public Law 94-171) Summary File, Tables P1 and P2
## Appendix 2: Study participants by language and county

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<td></td>
<td></td>
<td>Male (2)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Somali</td>
<td>Female (5)</td>
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</tr>
<tr>
<td></td>
<td>Arabic</td>
<td>Male (4)</td>
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</tr>
<tr>
<td></td>
<td>Dinka</td>
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<td></td>
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<tr>
<td></td>
<td>Swahili</td>
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<tr>
<td></td>
<td>Luhya</td>
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<td>9</td>
</tr>
<tr>
<td>Rice</td>
<td>Somali</td>
<td>Female (6)</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Spanish</td>
<td>Female (5)</td>
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<td>Russian</td>
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<td>Arabic</td>
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<td>Korean</td>
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<td>Hindi</td>
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<td></td>
<td>Spanish</td>
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<td></td>
<td>Karen</td>
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<tr>
<td>TOTAL</td>
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</table>
Appendix 3: Protocol template for focus groups

Emergency Health Communications with Communities with Limited English Proficiency

FOCUS GROUP DISCUSSION GUIDE

INTRODUCTION

Welcome, thank you for agreeing to share your time and thoughts with us for the next hour. Please help yourself to food and drinks.

We are Sida and Anab and we work with the MN Department of Health – Office of Minority and Multicultural Health. We want to know about how you get information about health emergencies so different health agencies can be better prepared make sure you get the information you need. We are talking with 3-4 other groups across the state, too.

OVERVIEW of AGENDA & TOPIC

- Hand out individual questionnaire/sign-in forms. Everyone should have one of their own. Please fill in your first and last name on this form and what language(s) you speak, and if you are male or female.
- We will collect these forms at the end of the hour. We need them back in order to give you the gift cards.
- Underneath the space for your name are the questions we will be talking about. These are the same questions that are posted on the walls. If you would like, you can write a few notes down on this form to help answer the questions.
- We will be talking about each question as a group, and [XXX] will be taking notes on the papers posted on the wall. So you don’t have to take notes if you don’t want to. Please let me know if there is anything else we should add to the notes as we write down what you are all saying.
- Also, if you don’t understand anything, please let us [or one of the teachers] know and we will explain.
- We have plenty of time to talk about each question, so we will take our time to make sure everyone has a chance to talk and listen to each other.
- We are all wearing name tags, but it would be helpful if we could go around and briefly say our names so we know how to pronounce your name.

If the group is large, we may need to work in smaller groups to make sure everyone understands each question. If needed, write a word or phrase in response on the questionnaire. After explaining each question, as a full group, everyone share their ideas and we will list all on a poster paper.
MAIN QUESTIONS (only those bolded are on the questionnaire) and Probing Questions

1. Did you hear about the flu emergency H1N1?
   a) How did you get this information?
   b) How did you feel after you got this information?
   c) Did you get a flu shot? Why or why not?

2. Where do you get information about emergencies that affect your community?
   a) How often do you get this information or look for this kind of information?
   b) What ways are most reliable, easiest, trusted for you to get information?
   c) Of all the things we discussed, what is the most important way to you?

3. How do you decide if the information is important and relevant to you and your family?
   a) How often do you hear or receive a message before it seems important?
   b) What do you need to know before you will do something about it?

4. What are your concerns or barriers to receiving health information and messages?
   a) For example, not sure who in your family the information is most important for?
   b) For example, not sure who to ask if you have questions?
   c) Is there anything we didn’t talk about that you think is important to know about getting emergency health information?

That is the end of our questions. Thank you again for talking with us. Please make sure to return your form to [xxxx] and she will give you a gift card.

COLLECT INDIVIDUAL PARTICIPANT FORMS
Appendix 4: Online Survey Questionnaire

PHER LPH-CBO survey

Thank you for participating in this brief survey about communicating with limited English proficient persons during health emergencies.

Please answer each question completely. Your responses will be compiled with other respondents across the state. Any identifying contact information will not be shared publicly. Findings from this study will be shared on the OMMH website and disseminated to partners across the state.

If you have questions or encounter problems with the survey, please email Sida Ly-Xiong (Sida.Ly-Xiong@state.mn.us) or Anab Gulaid (Anab.Gulaid@state.mn.us) 

(End of Page 1)
1. Please check the **ONE** or **TWO** statements that best describe your job function, duties, or role. 

*Please read all the answer choices before responding.*

- [ ] Other, please describe __________________________

- [ ] I supervise or provide health services to a general population which may or may not include people with limited English skills.

- [ ] I supervise or provide health services specifically to people with limited English skills.

- [ ] I supervise or provide a one or more direct human services (for example, job training, adult education, counseling, youth and family programs) to people with limited English skills.

- [ ] My primary function is outreach, information and referral to communities with limited English skills.

- [ ] My primary function is communications to a general population which may or may not include people with limited English skills.

- [ ] My job duties include emergency preparedness planning and response.

---

*If none of the above statements apply to you, please forward this survey to others in your agency who fit one or more of the above job functions and stop here.*

---

(End of Page 2)
2. Which of the following categories best describes your agency?

- ☐ State health agency
- ☐ Local public health agency
- ☐ Other city or county human service office
- ☐ Ethnic-specific community based nonprofit
- ☐ Broad-based nonprofit service agency
- ☐ Primary care provider or clinic
- ☐ Hospital, treatment center or other health facility
- ☐ Other, please specify ______________________

3. What specific counties does your agency serve? Check all that apply.

- ☐ ALL - Statewide
- ☐ Aitkin County
- ☐ Anoka County
- ☐ Becker County
- ☐ Beltrami County
- ☐ Benton County
- ☐ Blue Earth County
- ☐ Big Stone County
- ☐ Brown County
- ☐ Carlton County
- ☐ Carver County
- ☐ Cass County
- ☐ Chippewa County
- ☐ Chisago County
- ☐ Clay County
- ☐ Clearwater County
- ☐ Cook County
- ☐ Cottonwood County
- ☐ Crow Wing County
- ☐ Dakota County
- ☐ Dodge County
- ☐ Douglas County
- ☐ Faribault County
- ☐ Fillmore County
- ☐ Freeborn County
- ☐ Goodhue County
- ☐ Grant County
- ☐ Hennepin County
- ☐ Houston County
- ☐ Hubbard County
- ☐ Isanti County
- ☐ Itasca County
- ☐ Jackson County
- ☐ Kanabec County
- ☐ Kandiyohi County
- ☐ Kittson County
- ☐ Koochiching County
- ☐ Lac qui Parle County
- ☐ Lake County
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</tr>
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<td>Stearns County</td>
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<td>Sibley County</td>
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<tr>
<td></td>
<td>St. Louis County</td>
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</table>

4. Which of these languages, if any, are spoken in your service area in addition to English? Check all that apply:

- [ ] Amharic
- [ ] Arabic
- [ ] Burmese
- [ ] Chinese (Mandarin)
- [ ] Hindi
- [ ] Hmong
- [ ] Karen
- [ ] Khmer
- [ ] Korean
- [ ] Lao
- [ ] Nepali
- [ ] Oromo
☐ Russian  ☐ Spanish  ☐ Thai

☐ Somali  ☐ Tagalog  ☐ Vietnamese

☐ My agency is ethnic-specific and primarily speaks: __________________________

☐ Other, please specify __________________________

(End of Page 3)
5. How much information and communication did your agency receive about the H1N1 flu emergency?

- Adequate amount of information and communication overall.
- Too much information - some information was not relevant for our agency.
- Not enough information.

6. What partners or external resources does your agency primarily rely on to stay informed about potential or current health emergencies in your region?

- Minnesota Department of Health
- Center for Disease Control
- Ethnic-specific community based nonprofit
- Broad-based nonprofit service agency
- Local public health agency
- Other city or county human service office
- Primary care provider or clinic
- Hospital, treatment center or other health facility
- General media
- Ethnic media
- ECHO Minnesota
- Informal networks, word of mouth
- Other, please specify ____________________________

(End of Page 4)
7. Regarding the H1N1 Flu emergency (approximately October 2010 through March 2011), what, if any strategies did your agency use to inform or educate people with limited English skills? Please check all that apply.

- Not Applicable, our community members can be reached in English.
- None, we did not have enough resources to address this issue with limited English populations.
- Ethnic specific or multi-lingual media releases (newspapers, radio, TV)
- Interpreters and/or bi-lingual staff
- Outreach through community programs, schools, or medical facilities; please specify
- Set up temporary clinics in schools or other community sites
- Email blasts to residents and neighborhood organizations
- Providing internal staff and/or key partners (visiting nurses, social workers) with information/referral resources
- Engaging community meetings, presentations/forums
- Informal networks, word of mouth
- Creating or translating printed materials into other languages
- Referring people to ECHO resources
- Use of other pre-existing translated materials (MDH, CDC)
- Other, please specify

7 A. Of the strategies you selected, please describe the specific activities, resources, or partners that were most useful.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
8. Did your agency use different communication strategies for different ethnicities?
   ☐ Yes
   ☐ No
   ☐ Not applicable

8 A. If you answered YES to Question 8 above, please describe what unique or different strategies were used for each ethnic community.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(End of Page 5)
9. Please rank the technical assistance that your agency would find most useful in order to increase your ability to inform and communicate with non-English speakers during future health emergencies?

1 = MOST Useful; 4 = LEAST Useful

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<th>2</th>
<th>3</th>
<th>4</th>
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<td>Translation of print materials such as posters, flyers &amp; factsheets</td>
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<td>community elders &amp; leaders</td>
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<td>Access to existing ethnic media (TV, radio, newspaper, website)</td>
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<tr>
<td>Directory and guide to using interpreters</td>
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<td>Establishing and sustaining partnership with health care agencies,</td>
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<td>clinics or other health facilities</td>
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</table>

9 A. What other technical assistance does your agency need?

Please specify: ____________________

Please specify: ____________________

10. What else do you think is needed in order to ensure that people with limited English skills are informed during a health emergency?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(End of Page 6)
We would like to follow up with a select sample of respondents for a possible short phone interview. If you willing to be contacted, please provide the requested information. This will not affect your agency’s confidentiality in our overall data analysis.

Name ____________________

Position title ____________________

Agency ____________________

Phone ____________________

Email ____________________

Thank you for your insight and participation in this survey.

(End of Page 7)
**Survey Respondent Agencies**

- Local public health agency, 117
- Broad-based nonprofit service agency, 28
- Other city or county human service office, 3
- Ethnic-specific community-based nonprofit, 18
- Primary care provider or clinic, 8
- Hospital, treatment center, or other health facility, 23
- Other, 39

* Does not include 19 respondents who did not select an agency type.
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<th>Response</th>
<th>Chart</th>
<th>ALL Frequency</th>
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<td>27.5%</td>
<td>71</td>
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<td>I supervise or provide health services specifically to people with limited English skills.</td>
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<td>7.4%</td>
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<td>I supervise or provide a one or more direct human services (for example, job training, adult education, counseling, youth and family programs) to people with limited English skills.</td>
<td></td>
<td>14.3%</td>
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<tr>
<td>My primary function is outreach, information and referral to communities with limited English skills.</td>
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<td>14.3%</td>
<td>37</td>
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<td>My primary function is communications to a general population which may or may not include people with limited English skills.</td>
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<td>26.0%</td>
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<td>My job duties include emergency preparedness planning and response.</td>
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<td>45.7%</td>
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<tr>
<td>Other, please describe</td>
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<td>8.5%</td>
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Valid Responses 258
Total Responses 280