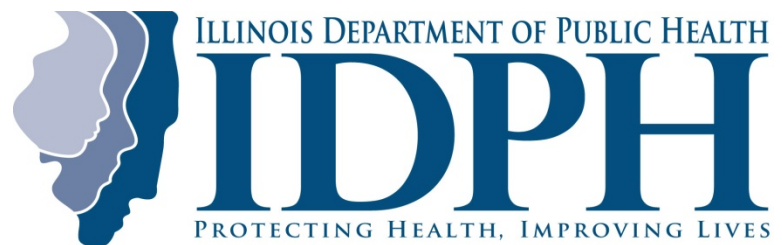


Emergency Preparedness for Limited English Proficient Populations by Illinois Local Health Departments: Experience and Perceived Needs

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**Office of Preparedness and Response
Center for Minority Health Services**



Methods

In January–February 2016, a brief survey to assess local health department (LHD) planning for and communication with limited English proficiency (LEP) populations in emergencies was sent out jointly by IDPH’s Office of Preparedness and Response and Center for Minority Health Services. The survey was sent electronically to 94 LHDs.

Results

Seventy-one responses to the survey were received but upon further examination, 16 IP addresses had more than one survey respondent. To de-duplicate the data, the most complete survey response, regardless of the position of the survey respondent within the LHD, was retained. A total of 54 LHDs were represented by the survey data.

Survey respondents were primarily Emergency Preparedness and Response Coordinators (n=33), of which three were also the Director of Nursing at their respective LHD, two were also communicable disease nurses, and one also served as the Administrator. Administrators accounted for the other major respondent group (n=21). Because some survey respondents skipped questions, the number of respondents is indicated for each question.

Foreign Languages Commonly Spoken in Jurisdiction?

Spanish was the most commonly reported foreign language spoken in jurisdictions. The next most commonly reported language was Chinese, reflecting the increase in the Asian population in the United States (<https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>), followed by Polish and Arabic.

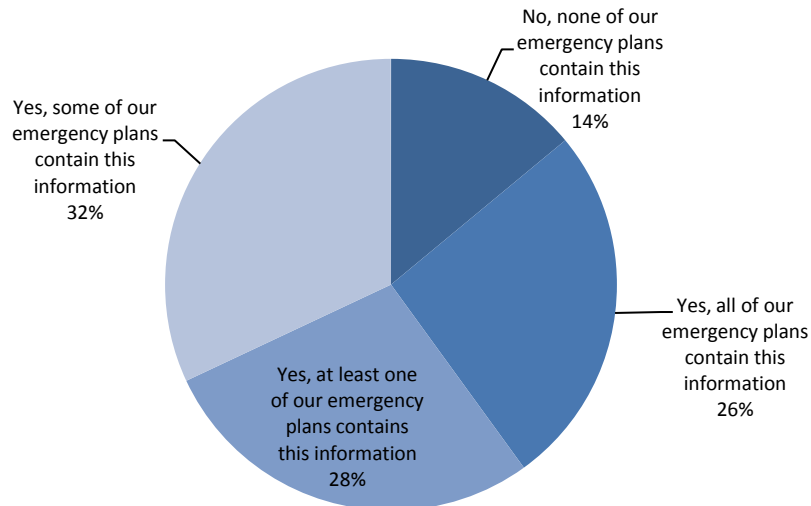
Table 1. Most Common Foreign Languages Reported Spoken in Jurisdiction (n=48)

Language	Reporting Jurisdictions Language Spoken
Spanish	92%
Chinese	31%
Polish	13%
Arabic	12%
Tagalog	10%
French	8%
Russian	8%
German	6%
Gujarti	6%
Urdu	6%
Vietnamese	6%
Italian	4%
Korean	4%
Serbo-Croatian	4%

Do Preparedness Plans Include Strategies for Communicating with LEP Populations?

Most LHDs responded that at least one or all of their jurisdictional plans included strategies for communicating with LEP populations. However, 14% of LHDs replied that none of their plans included any of these strategies.

Figure 1. Preparedness Plans Include Strategies for Communicating with LEP Populations (n=50)

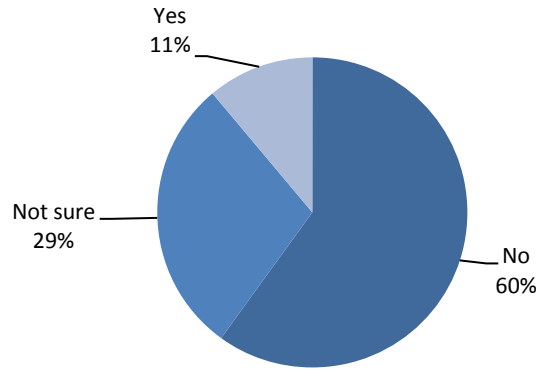


When asked about which plans contained this information, the plan most likely to be reported was the Medical Counter Measures Plan/Strategic National Stockpile plan (n=15) - the plan that describes distribution of supplies from the Strategic National Stockpile in the event of a large scale event. Some LHDs indicated that their All-Hazards Emergency Preparedness and Response Plans contained this information (n=7), some specifying that this information was in the plan's communication annex (n=2). A few LHDs reported having a communications/public information plan (n=5). Three LHDs indicated having a linguistic and cultural competency plan in place. This may be linked to an Illinois Department of Human Services (DHS) guidance document requiring DHS providers to have such plans (<http://www.dhs.state.il.us/page.aspx?item=66602>).

History of Difficulty Communicating with LEP Populations during an Emergency?

Most LHDs reported no past difficulty communicating with LEP populations in their jurisdiction (60%) during an emergency, although, 29% of LHD respondents were unsure whether such issues had occurred.

Figure 2. Past Issues Communicating with LEP Populations during an Emergency (n=45)



Eleven percent of reporting jurisdictions reported having trouble communicating with LEP populations in a past emergency. When asked to describe these issues, the following responses were provided:

- Communication and understanding are always challenges and this is only amplified in an emergency. Other issues include trust, transportation, and working with law enforcement. These issues are always of concern and we are now working as part of a coalition to further address these concerns.
- Not enough resources.
- Simply trying to communicate with travelers we were monitoring for potential Ebola. Getting them to understand what we were requiring of them and why.
- Appropriate materials, cultural considerations beyond just translating materials, identifying existing routes (e.g. community groups) for disseminating information to those specific populations (excluding existing contacts with migrant labor council).

Which of the Following Strategies has Your Department used to Provide Information to People with LEP during an Emergency?

Strategy	Percent of LHDs Used Strategy
Used pre-existing translated materials (IDPH, CDC, other)	80%
Interpreters or interpretative services were used	70%
Created or translated printed materials into commonly spoken foreign languages	50%
Worked with community organizations that serve limited English proficient communities	41%
Provided language-specific media releases (newspapers, TV, radio, etc.)	18%
Engaged in community meetings/community forums	18%
None of the above	5%
Not applicable, our community members can be reached in English	2%

Other strategies mentioned by LHD included:

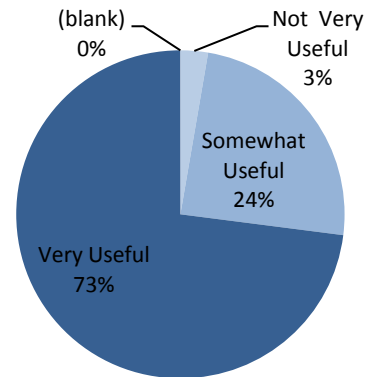
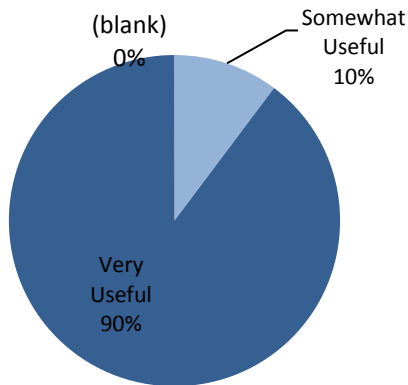
- Identify interpreters or interpretative services
- Utilize visual communication boards and language translation program on IDPH website

Interest in Receiving Technical Assistance/Tools to Improve Communication with LEP Speakers during an Emergency?

The vast majority (89%) of LHD staff were interested in receiving technical assistance or tools to improve communication with LEP speakers during an emergency (n=44). When asked to rank the types of technical assistance that would be of most use, respondents found translation of relevant printed materials to be most useful followed by training on the best strategies to reach LEP populations. Cultural awareness training was seen as the least helpful tool listed on the survey.

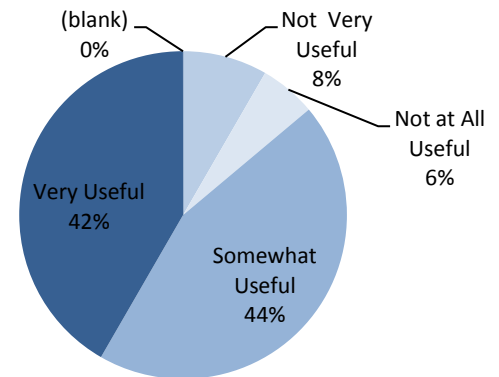
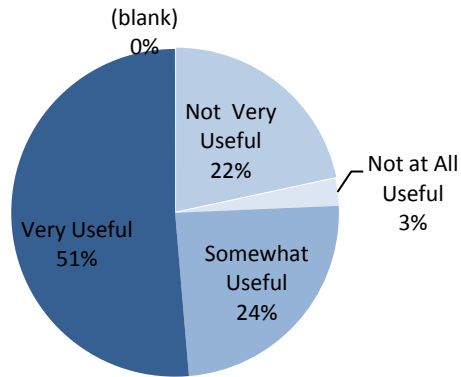
Figure 3. Types of Technical Assistance/Tools of Most Use to LHDs

Translation of print materials such as posters, flyers and fact sheets for different scenarios (e.g. floods, tornadoes etc.) (n=39)



Access to Foreign Language Media Outlets (n=37)

Training on Best Strategies to Reach LEP Populations (n=37)



Cultural Awareness Training (n=36)

Additional ideas for tools/technical assistance provided by LHD respondents included:

- Availability of phone-based translation services.
- This all would be excellent! We're also looking at cultural competence and meeting the requirements of Public Health Accreditation. Cultural awareness trainings would be great for all the core programs too. Poverty, limited English, low literacy....all of them!
- I have been thoroughly trained as a Cultural Communication Trainer and am familiar with some of the challenges in reaching populations who speak languages other than English. Nevertheless, I am open to resources and learning of potential strategies to ensure important messages are reached by everyone within our jurisdiction.
- Only 2.1% of our population is LEP, though we still plan for this as much as possible.

Is there anything else you would like to share about Working with LEP Populations in Your Community?

LHD respondents had a variety of comments regarding working with LEP populations that fell into five primary themes:

Not perceived as an issue due to low percentage of population:

- Only 7.4% of the population of our county report speaking a language other than English in their homes.
- We are 98% English speaking in our county.
- We are very small and have very few people who don't speak English. The ones we do have always had a friend or family member with them to help translate.

Low percentage of population but perceived as an issue to address

- Very rare occurrence in our county, but still important to plan for.
- We are a very small county with most of our population speaking English and those that do not tend to have a family member that does speak English. Our issue is with the very few people that do not speak English or the people traveling through the area that we have no way to account for during an emergency that could speak any number of other languages. Being a small county we are relying on the help of other agencies during an emergency. We know law enforcement and the Coroner use the University to help when people have limited English proficiency. Have been considering the use of teachers from area schools that teach foreign languages, community members and family members in the area that speak other languages and are proficient in English, and our own employees that know other languages to help during an emergency.

Perceived as an important issue

- Being able to have an established point of contact to "bridge" non-English speaking population to our health department (undocumented populations or un-trusting of those who do not speak their language). Even if not a specific person, listing cultural sensitivities of who is trusted/not trusted within a cultural group when providing information to that group. (e.g. male vs. female as an acceptable authority figure).
- A lot of TB screened patients and WIC clients fall into Limited English speaking as we are within range of a meat processing plant that has hired many French Congo population. We know that there is a large distrust of government presence too. The Spanish population is well established from what we are told, but we can always work toward being more inclusive.

Currently have initiatives in place

- We have a working agreement with our local college for assistance with translators, as well as, contact persons in the community to assist with translation.
- Our department employees at least one bilingual staff member

Limited resources limit efforts

- Translators are difficult to locate and retain in rural communities. Assistance with obtaining such resources from IDPH would be invaluable!
- Have used some "apps" with limited success. Working with interpreters is best, but very costly when no one has budgets that pay for this service.
- We work, when we can, with minority key stakeholders who can champion messages to their own populations. The challenge, however, is that with chronic underfunding of LHD programs and compounded by the current State budget impasse, is to keep LHD PH infrastructure in place so we keep staff who work with these various key stakeholders. Furthermore, the extreme staff reductions we've made at our HD just to keep the doors open to serve the public and the pattern of not filling positions left vacant by employees leaving the Agency have resulted in little/no ability for staff to have any time for training or for work in EP planning, such as this. Chronic underfunding of programs and services at LHDs combined with having no State support for the services/program we offer directly affects the most vulnerable in our communities - INCLUDING people who speak languages other than English.

Summary

Local health departments in Illinois have a wide variety of language groups represented in their jurisdictions and the percentage of LEP speakers varies widely, resulting in differential perceptions of the need to devote limited resources to reaching these population groups.

Additional technical assistance, especially by providing translated materials and interpretative services, as well as additional training on how to reach these communities, may help LHDs to plan better for communication with LEP populations in day-to-day as well as emergency situations.