



Recommendations to Support Federal Public Health Communication Efforts to Communities with Limited English Proficiency During Infectious Disease Outbreaks

These recommendations were designed for federal public health communicators to build capacity for more effective outreach for Spanish and Chinese speakers with limited English proficiency, or LEP, during infectious disease outbreaks. They are focused on enhancing and institutionalizing the processes and relationships that help create long-term support for effective communication rather than design tips for specific materials, such as color usage, wording, or formatting. Further, they are developed for the benefit of communication staff at the federal level, understanding that complementary recommendations are being made for communicators at state and local health departments (LHDs).

These recommendations are based on evidence from a mixed-methods study conducted by researchers at the Harvard Opinion Research Program at the Harvard TH Chan School of Public Health from 2019 to 2022, focused on the communication needs of the two largest groups of people with LEP in the United States, Spanish speakers and Chinese speakers, during infectious disease outbreaks. It included a series of nationally-representative surveys and dozens of in-depth interviews to examine the perspectives of people with LEP alongside views of people who likely communicate with them during emergencies including: their English-speaking family members, staff at public health agencies responsible for outreach to these communities, and staff at community-based organizations (CBOs) in these communities. The study was a collaboration between the Harvard TH Chan School of Public Health and the Centers for Disease Control and Prevention (CDC) [*Evidence for Translating Views to Action: Understanding Information Needs and Communication Channels Among Limited English Proficiency Populations to Inform Emergency Communication Recommendations for Infectious Disease Outbreaks, Contract #75D30118C03566*].

I. Recommendations Related to the Foundations of Effective Communication

Federal communicators should:

- Focus on building, sustaining, and strengthening the communication systems that foster localized adaptation and development of materials, outreach efforts, and strategy. Fundamentally, this means supporting and enhancing relationships with local and state public health departments (LHDs) not only during an emergency, but beforehand. Federal communicators will likely benefit from supporting community-based organization (CBO) partners of LHDs, in turn.
- Design core materials for people with LEP consistent with the four key features of effectiveness, which means they should at minimum be translated into language with cultural sensitivity; include images that reflect the diversity of communities with LEP; and utilize appropriate literacy levels, as well as embody other relevant considerations.
- Enhance the ease with which people can access information from public health agencies. The organization of information, the speed with which it is available, and the overall appeal will be important to consider explicitly.
- Partner with other messengers – organizations and spokespeople – who are more trusted within communities. Adhering to the fundamentals of effective risk

communication (e.g., clear, consistent information) while avoiding direct intervention from elected officials will help to strengthen trust in agencies over the longer term.

II. Recommendations Related to Media and Social Media

Federal communicators should:

- Conduct an environmental scan of major Spanish and Chinese-based news sources and develop on-going relationships with select media outlets. Doing this work in advance of future crises will facilitate being able to share information quickly during an outbreak not only because there will be connections between public health and the media outlet, but also because the viewers will be used to seeing information from federal public health agencies as part of their routine news consumption.
- Identify appropriate international news organizations and develop parallel working relationships with them.
- Develop a style of information packaging that is complementary to the Spanish and Chinese-language news media styles. For example, federal communicators could 1) translate press releases, including quotations from CDC spokespeople; 2) develop a panel of spokespeople who are also bi-lingual or native speakers and can work easily with Spanish and Chinese media sources; 3) showcase stories about communities that include people with LEP; 4) find places in stories where culturally appropriate information is relevant – e.g., referencing culturally appropriate drinks when discussing the importance of hydration.
- Work against discriminatory practices in traditional media by 1) calling out the practice and 2) identifying and eliminating public health practices that foster biased interpretations, including but not limited to naming conventions; ways that information about communities in which disease arises are shared; and descriptions or evaluations of protective practices in communities with LEP.
- Design a specific social media strategy for communities with LEP. This may include packaging information in styles that suit dominant social media platforms (e.g., video rather than text-based messages) and partnering with organizations who are more recognized influencers in the social media space.

III. Recommendations Related to Family Information Exchange

Federal communicators should:

- Develop an overarching communication strategy for connecting with family members of people with LEP and making them aware of resources for Spanish and Chinese speakers. Federal communicators should integrate this consideration into existing strategies that support Latino/Hispanic populations as well as Asian American communities broadly.
- Create materials that are both in Spanish/Chinese and in English in order to foster conversation and confidence in the materials.
- Foster reciprocity and encourage people with LEP to share information they receive with family members who speak more English.

IV. Recommendations Related to State and Local Health Departments

Federal communicators should:

- Develop and deploy technical assistance and training for LHD communication staff about enhanced outreach to Spanish and Chinese speakers. Sessions should leverage the knowledge gained during COVID-19 and provide opportunities for LHD communication staff to work on a peer-to-peer basis. Including national organizations of LHD staff in these efforts may be appropriate and may be particularly helpful in fostering peer-to-peer learning.
- Streamline internal communication development processes at federal agencies so that starter materials in language are available more quickly for LHDs.
- Include features in communication materials that allow for customization, such as space for LHD logos (co-branding) or modifiable text and links, for example.
- Develop an online repository of existing federal communication materials that is available for LHD communication staff. Federal communicators could expand the repository by supporting LHDs to provide their locally-developed materials as well.
- Develop web tools so that LHDs can have syndicated websites that draw down federal text, images, and other files automatically.
- Provide benchmarks or requirements in LHD funding mechanisms that relate to translation, staffing or community impact in order to help communication staff justify their prioritization of communications to communities with LEP.
- Support data collection efforts at the federal, state and local levels that include communities with LEP in order to provide real-time data that can help justify efforts. Support could include direct funding as well as staffing and technical assistance.
- Consider creating requirements for LHDs to hire staff with language proficiency when funding efforts that support communities with LEP.
- Offer emergency risk communication training (e.g., CERC) for new LHD staff who may have particular language skills but less experience with risk communication.
- Enhance emergency risk communication training focused specifically on communities with LEP and develop methods for offering certification in this area.
- Work with LHDs on issues of staff burnout during extended emergencies to ensure there is sufficient capacity for projects focused on communities with LEP.
- Conduct or collaborate on regular, direct meetings with LHD communicators to share messaging and talking points throughout emergencies. Information should be shared with LHDs ahead of the general public, to the extent possible.
- Create a structured point-of-contact strategy for state and local public health agencies in between meetings.
- Support national organizations that provide peer-to-peer and affiliate support before, during and after emergencies; incorporate these organizations into training, technical assistance, and capacity-building efforts.
- Develop and deploy training on establishing and maintaining relationships with government agencies, executive offices, and elected officials.
- Develop media training programs for communicators at LHDs that include a special focus on local, in-language media.
- Provide administrative support for multi-agency contracts that can facilitate shared resources, like translation services, across LHDs.

V. Recommendations Related to LHD Relationships with Community-Based Organizations

Federal communicators should:

- Develop, deploy, and support training programs for LHD staff to work more effectively with CBOs, building on the tactics outlined in these data. These sessions could provide opportunities to learn from peers in order to make the lessons more grounded and applicable to the work of LHDs.
- Support the creation of necessary groundwork for LHDs to start and grow relationships with CBOs. This might include funding activities like initial environmental scans of CBOs in relevant areas and seed funding for small, starting collaborative projects between LHDs and CBOs.
- Aim to reduce administrative burdens, like reimbursement-based mechanisms, that are carried forward on funding mechanisms to LHDs when the projects will involve CBO partners.