# Strengthening Partnership and Community Engagement within the Public Health Continuum to Collectively Mitigate Communicable Diseases in Refugee, Immigrant, and Migrant Communities

June 23, 2022

NACCHO
National Association of County & City Health Officials

# Agenda

- Introduction
- Project Overview
- Case Studies
- Breakout Groups
- Open Path Resources
- Refugee Women's Network
- Korean Community Center
- Q&A

NRC-RIM
National Resource Center for Refugees, Immigrants, and Migrants

CDC

REFUGEE WOMEN'S NETWORK

OPR
Open Path Resources

Korean Community Center of the East Bay

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# Introduction

## Program Partners

**National Association of County and City Health Officials (NACCHO)**

- Kalikidan Gizaw, Senior Program Analyst

**Centers for Disease Control and Prevention (CDC)**

- Division of Global Migration and Quarantine (DGMQ)

**University of Minnesota**

- National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)

## Demonstration Sites

**Open Path Resources**

- Michael Van Keulen, Co-Founder
- Imam Sharif A. Mohamed, Co-Founder

**Refugee Women's Network**

- Temple Moore, Program Manager

**Korean Community Center of the East Bay**

- Amy G. Lam, Chief Program Strategist
- Yeri Shon, Associate Director
- Art Choi, Program Manager

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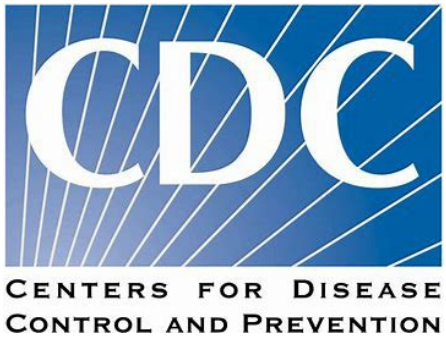
# Purpose

In partnership with CDC and NRC-RIM

*To support local health departments in developing best and promising practices in working with RIM communities in communicable disease and pandemic response, including COVID-19 prevention and mitigation strategies*



# Project Goals

**Improve**

- Improve COVID-19 prevention and mitigation among RIM populations.

**Reduce**

- Reduce inequities in COVID-19 morbidity and mortality in funded jurisdictions.

**Identify**

- Identify models and best practices for health communication and community engagement that are adaptable for other health issues among RIM populations

**Support**

- Support sustainable approaches for strengthening partnerships between LHDs and RIM populations.

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# Examples of **Program Interventions**

### Community Outreach

Community health workforce

Focus groups, town halls, and community meetings

### Health Communications

Multi-lingual messaging

Tailored media

Hotlines

Utilization of NRC-RIM resources

### Sustainability

Developing subcommittees or advisories

Building community partnerships

Patient engagement systems

Incorporating RIM social services

### Vaccine Promotion

Mobile Events

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# Partnerships

**NACCHO**

-Direct project planning and implementation support

-Developing evaluation tools or frameworks

-Data collection and analysis

**NRC-RIM**

-Communications or messaging

-Toolkits and other resources

-Sharing of best and promising practices and lessons learned

**CDC**

-Connection to other stakeholders, partners, and subject matter experts

-Elevating relevant work for cross-cutting with other public health needs

# Breakout Groups

Based on the case studies on the next slide form three groups:

Working in small groups, participants will review and discuss approaches to address one case study/scenario.

Group leaders will facilitate the discussion and provide additional context—as needed

As you go through the scenarios, make note of approaches that are useful in all three case studies

# Case Studies

## Language Equity

- Improving language equity and accessibility in local public health departments during a public health emergency.

## Community Engagement

- Restructuring community-engagement capacity between community influencers and Public Health Departments to implement a model of engagement that is led by a community-base.

## Quality of Life

- Supporting communities with limited ability to sustain a high quality of life due to socioeconomic, cultural, and low health literacy, barriers.

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OPEN PATH RESOURCES

# Building the Relationship Between Minneapolis Public Health Department and a Network of MN Somali Community Influencers

# Project Goals

*Building or restructuring community-engagement capacity between local community influencers/leaders and a Public Health Department's internal stakeholders to test a new model of engagement that is led by a community-base that has been organized to identify its role, power, and obligations to foster right relationship.*

# The Team

- 2 staff from Open Path Resources
- 15 Community Influencers from the MN Somali Community
  - Faith leaders
  - Healthcare leaders (Imams and  Muslim Chaplains)
  - Civic Leaders (nonprofit leaders)
  - Somali Healthcare providers
  - 5 youth
- 8 Staff from Minneapolis Public Health Department
- 1 Lead Evaluator from the University of MN Department of Family Medicine and Community Health
- Organizing and financial support from NACCHO Team

# Why the need for a new model?

- Years of experience as a community-based organization had us looking for new models.
- Impact of COVID related health disparities were obvious and painful.
- The impact and moral imperative in Minneapolis systems highlighted by the murder of George Floyd

# What we sought in a new model.

- We are looking to reverse from the standard model of public health institution to community model of engagement.

- Strengthen the importance of community organizing – pushing community to use their opportunity to gather voices – represent the diversity of the community.

# We also sought the following

- Help agencies to see the importance of that sub-community's diversity. A Somali agency or contact does not equal adequate voice or relationship.
- Explore how a community-based organization can develop the capacity of others to engage systems in sustainable manners.

# COVID-19 Response Strategies: Communities of Practice

# REFUGEE WOMEN'S NETWORK

# BACKGROUND

- Clarkston, Ga: “The Ellis Island of the South”
- Approx 50% Foreign Born, 50% African American
- Refugee Women’s Network: Empowering refugee and Immigrant women to become leaders in their homes, businesses and communities
- Pre-existing Partnership with Dekalb County Board of Health (DBOH) and International Rescue Committee (IRC)

REFUGEE WOMEN'S NETWORK

INTERNATIONAL RESCUE COMMITTEE

DEKALB COUNTY Board of Health

# CLARKSTON & HEALTH EQUITY

Barriers in Clarkston, GA include that this community experiences high rates of food insecurity, housing insecurity, lack of living wage jobs and lack of insurance. Clarkston's Social Vulnerability Index (SVI) is among the top 8% in the US. Refugee and immigrant communities are limited in their ability to sustain a high quality of life because of barriers due to Language, Finances, Cultural differences, Lack of Transportation, Low Health Literacy, and Lack of Childcare. In Clarkston large communities are from Afghanistan, Burma/Myanmar, Iraq, Iran, Syria, Democratic Republic of Congo, Ethiopia, Eritrea, Somalia, Rohingya, Kurdistan, Central and South America.

REFUGEE WOMEN'S NETWORK

INTERNATIONAL RESCUE COMMITTEE

DEKALB COUNTY Board of Health

# NACCHO GRANT PROGRAM

- Foundations for The Pandemic Response
  - Community-based approach: Investment & Trust
  - Community Health Workers: A bridge to health
  - Language and Culture specific initiatives:
    - Virtual Workshops
    - Town Halls
    - Multilingual Fact Sheets & Educational Resources
  - Multi-sector Collaboration

REFUGEE WOMEN'S NETWORK

INTERNATIONAL RESCUE COMMITTEE

DEKALB COUNTY Board of Health

# COMMUNITY HEALTH PROMOTION PROGRAM

- Evidenced Based Community Health Worker Model
- Linguistically and Culturally Responsive Interventions
  - Community Health Literacy and Education
  - Mothers2Mothers Peer Support Groups

# CLARKSTON HEALTH EQUITY COALITION

- Formed June 2021
- Over 30 non-profit, public, corporate and academic partners
- Focus on RIM and marginalized communities of Clarkston, Ga (Dekalb County)
- Weekly meetings to plan vaccination & health services events & share resources
- Mission & Vision Statement

# IMPACT of the NACCHO GRANT

- **Community Partner Collaboration**
  - Clarkston Health Equity Coalition
  - Health Fairs and Community Events
  - Partnership with Dekalb Schools:
  - COCOMATL Partnership
  - Social Media Campaign
  - SUSTAINABILITY

SUPERHERO VACCINE
AT
INDIAN CREEK ELEMENTARY
POW!
MAY 7
9:00-12:00
BLAST!
SUPERHEROES
WEAR MASKS!
&
GET VAXXED!
ZAP!
PLEASE GO TO INDIAN CREEK TO REGISTER & LEARN MORE
BANG!
$100 Cash Card for first 300 people vaccinated
Georgia State University
PRC
PREVENTION RESEARCH CENTERS
REFUGEE WOMEN'S NETWORK
DEKALB COUNTY
Board of Health
DeKalb County
GEORGIA
EMORY UNIVERSITY
TED TERRY
COMMISSIONER
CDF ACTION
IFYC
interfaith youth core
The CENTER for VICTIMS of TORTURE
Jeff Rader
paint love

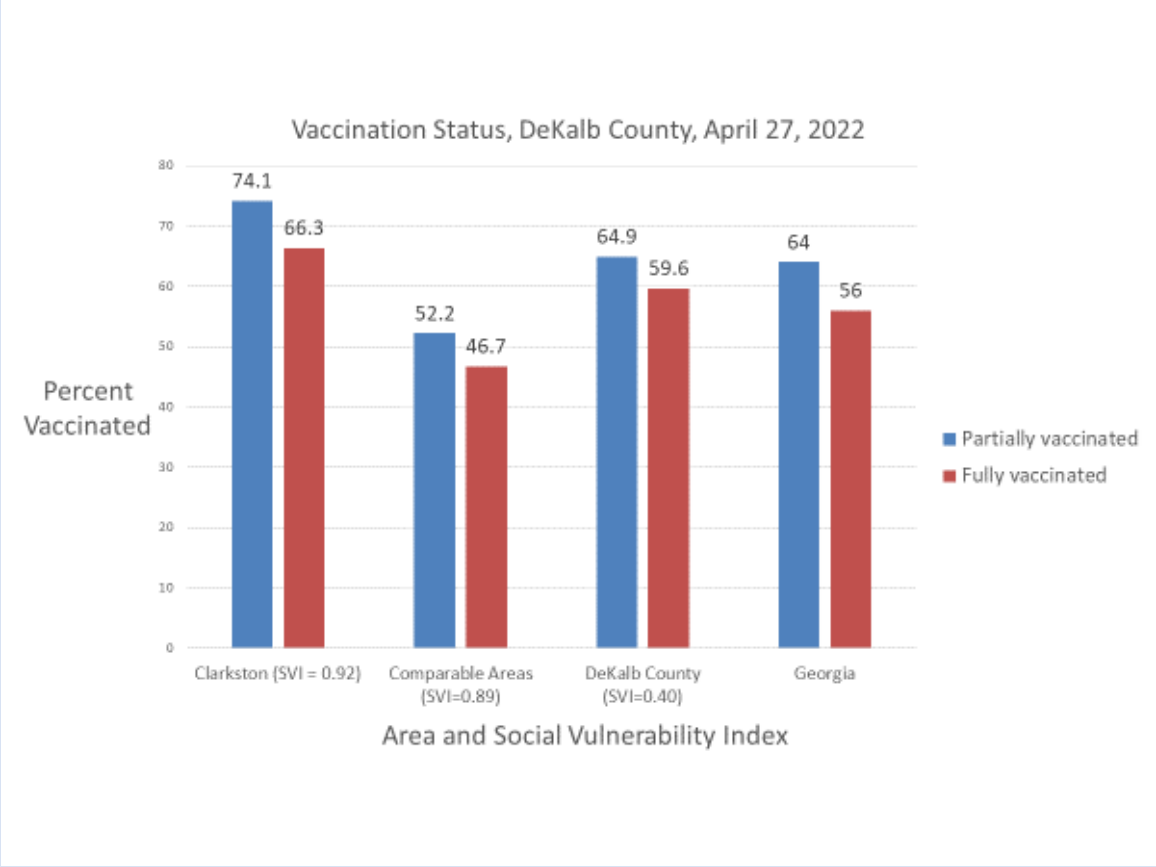
COMMUNITY
HEALTH
PROMOTION
PROGRAM
REFUGEE
WOMEN'S
NETWORK

# COCOMATL PARTNERSHIP

REFUGEE WOMEN'S NETWORK

INTERNATIONAL RESCUE COMMITTEE

DEKALB COUNTY Board of Health




*(Source: Preliminary analysis from Georgia State University Prevention Research Center)*

Georgia State University

PRC PREVENTION RESEARCH CENTERS

# IMPACT of the NACCHO GRANT
## (In Numbers)

- > 2600 Vaccinations at Community Vaccine Events
- 1397 Vaccinations in Schools (7 events in 3 Schools)
- >200 Vaccinations from direct CHP outreach and community engagement
- 6 Health Promoters trained and working in the community
- Over 1900 hours of Community Health Promoter work
- Over 400 community members directly connected to Health Promoters
- Touch points with 15 ethnic / cultural groups in Atlanta/Clarkston

REFUGEE WOMEN'S NETWORK

INTERNATIONAL RESCUE COMMITTEE

DEKALB COUNTY Board of Health

# Building collaboration for language equity at local Public Health Department

Korean Community Center of the East Bay

# KCCEB - Health Equity Team

**Amy G. Lam, MA, PhD**
Chief Program Strategist

**Yeri Shon, MPH, MSW**
Associate Director

**Art Choi, MA**
Program Manager

**Dana Kurlander, MS**
Public Health Advocacy Associate

# 1.

# Background &Context

Background information to the identified problem

# Background

## Alameda County, N. California

Home to over **1.67 million persons***

4th most diverse county in the nation with **over 43% of residents speaking a non-English language** in their home*

"Threshold" languages: English, Spanish, Chinese, Vietnamese, Farsi, and Tagalog

## ACPHD LEP Efforts

- Google translate function for ACPHD COVID-19 website for 10 languages (Amharic, Arabic, Simp Chin, Trad Chin, Tagalog, Khmer, Persian, Span, Viet)
- Vax Appt Scheduling Website available in 8 languages (Eng, Span, Chin, Kor, Viet, Tagalog, Arabic, Persian)

## RICE Collaborative

- Opportunity to improve LEP accessibility standards.
- Web content Accessibility Guidelines:
  Perceivable
  Operable
  Understandable
  Robust

# PROBLEM STATEMENT

Our local Public Health Department's information about COVID testing, vaccine education and vaccine sign-ups are not readily accessible in non-English languages. Challenges include: a) Lack of guidelines and policies around threshold language accessible in the Public Health Department; b) Inconsistency in which languages information is translated into, c) Lack of timely translation and dissemination of urgent public health information (i.e. vaccination appointments, testing sites information, etc), and d) Lack of quality control and accountability of translations.

**How do we improve language equity and accessibility in our local public health department especially with regards to public health emergencies?**

# Lack of language equity/accessibility in Public Health Department

## Exacerbated in public health emergencies

### Challenges

**Lack of guidelines and policies around threshold languages** in the Public Health Department

**Inconsistency** of which languages information is translated into

### Challenges

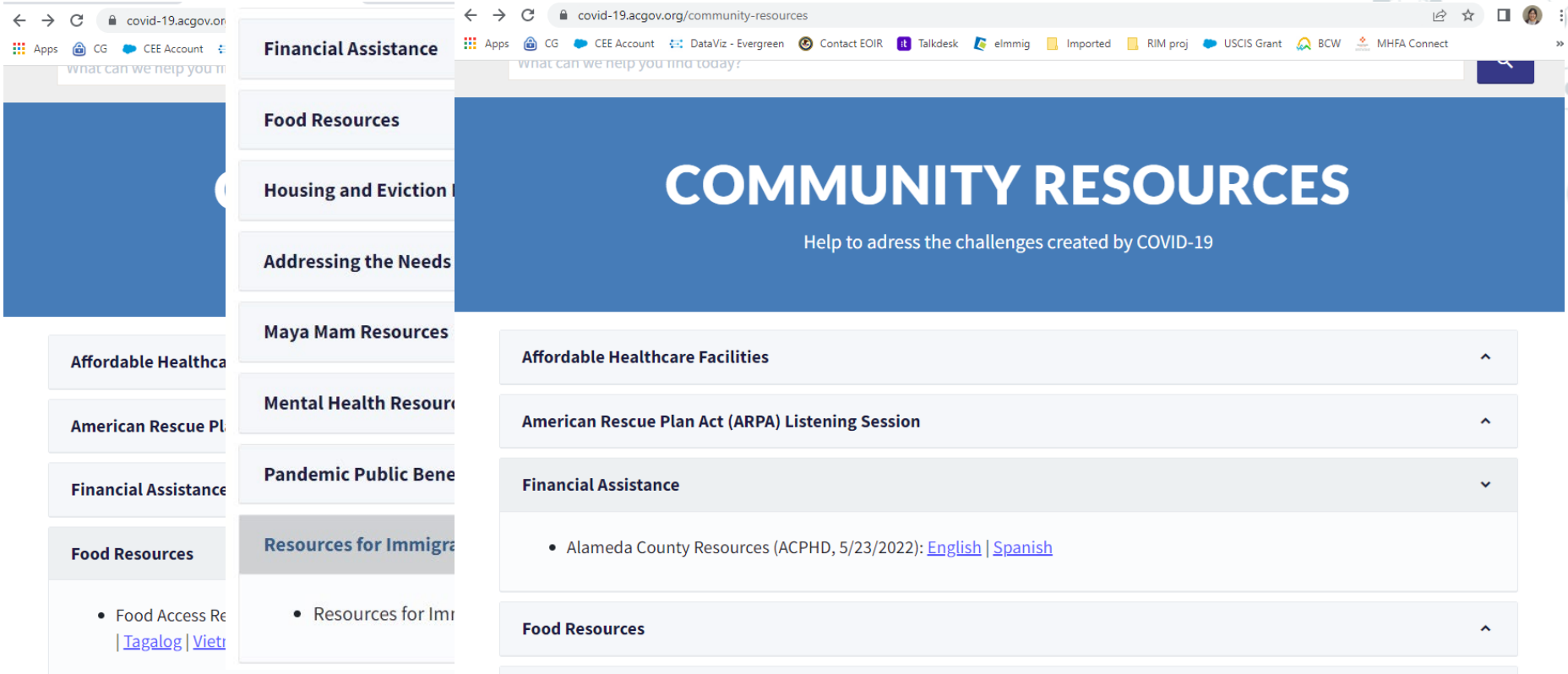
**Lack of timely translation and dissemination** of urgent public health information (i.e. testing sites information, vaccination appointments, etc)

**Lack of quality control** and accountability of translations.

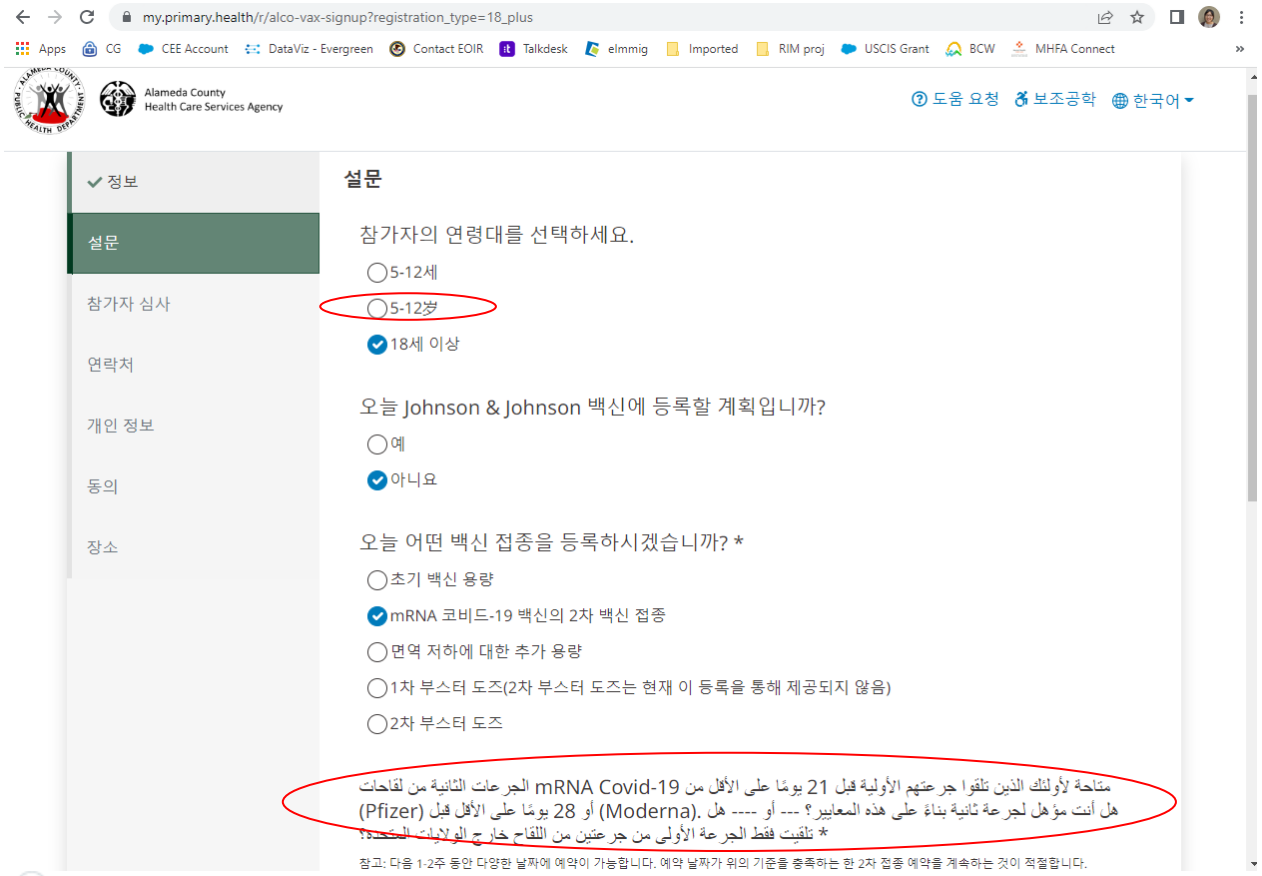
## LEP Community Experiences On The Ground

- Can't sign up for a vaccine and COVID testing
- Can't read information in different languages on county website for vaccine information
- For Alameda County Public Health Department's (ACPHD) general website and COVID-19 website, the county provides google translation in Amharic, Arabic, Chinese, Farsi, Khmer, Korean, Spanish, Tagalog, and Vietnamese.
- Smaller languages completely shut out of access (ex., Tigrinya, Nepali, Tibetan, Burmese)
- Challenges for non-literate, oral-communities (ex. Mam, Khmer, Chinese)

# ACPHD WEBSITE - Work in progress w/some inconsistencies



# ACPHD ONLINE FORMS - Language error



# 2.
# Working towards solutions

Start with identifying: what is THE problem?

## Understanding the problem:
## Conducting Environmental Scan &Review

1.

Conducting needs assessment on how our communities are doing: Lower COVID testing rates than English-speakers in Chinese, Korean and Spanish speaking communities

2.

Reviewing PHD's COVID emergency response plan and learning that Asian orgs are not at the table

3.

Understand County structure and process of what languages are selected to be translated, learning about what accountability measures

## Understanding the problem:
## Building relationships with the Public Health Department

1.

Inviting PHD to our monthly collaborative meetings to:

share their existing data on COVID testing and vaccination

learn about challenges in our communities through monthly meetings

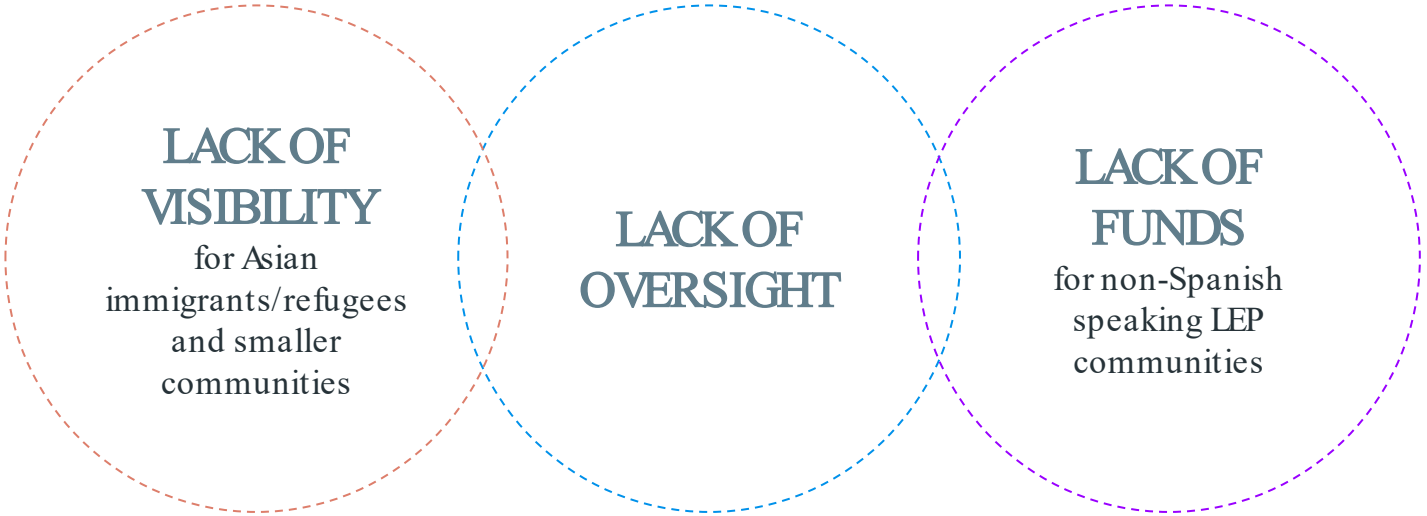
2.

Attending County and State meetings to learn about governmental COVID-19 response

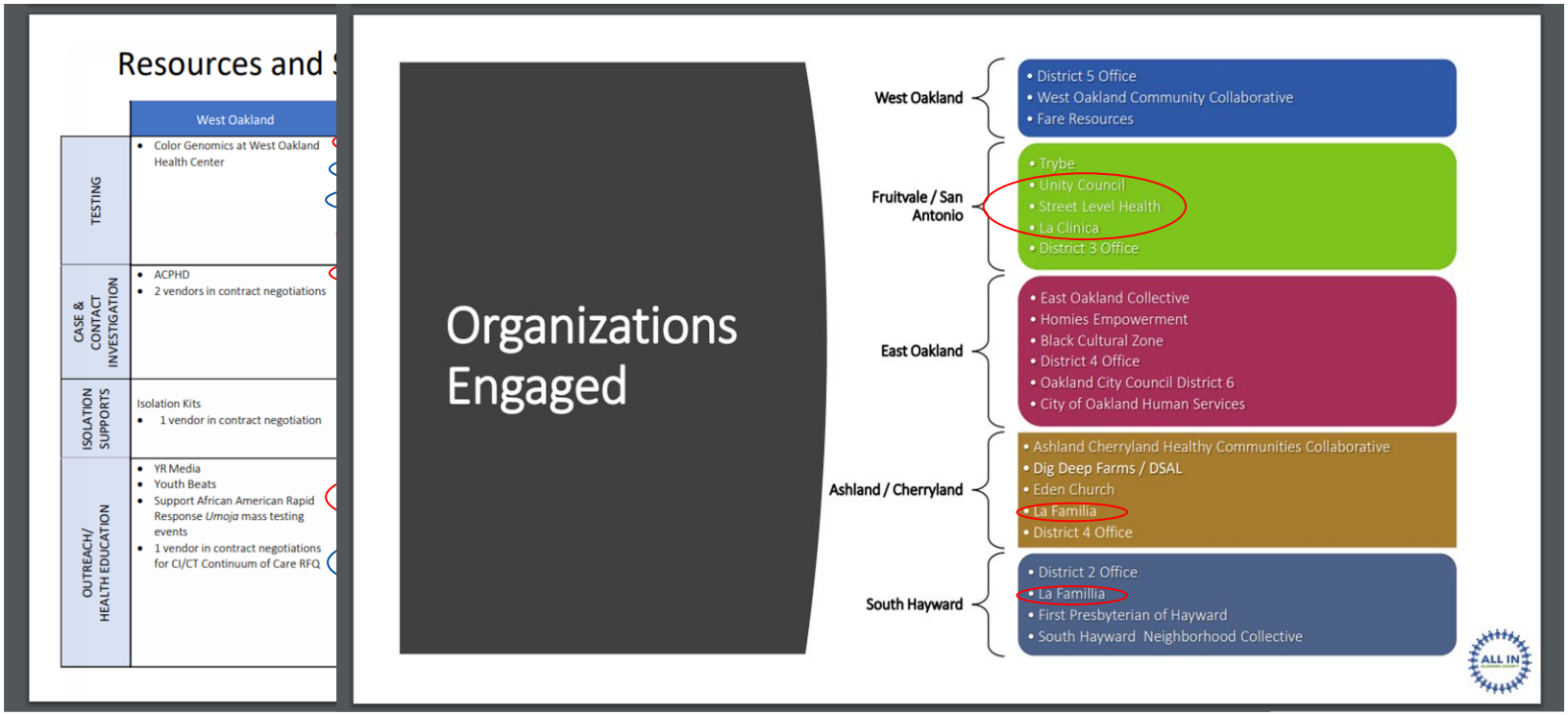
3.

Inviting county to share their direction and vision for linguistic equity and accessibility (power mapping)

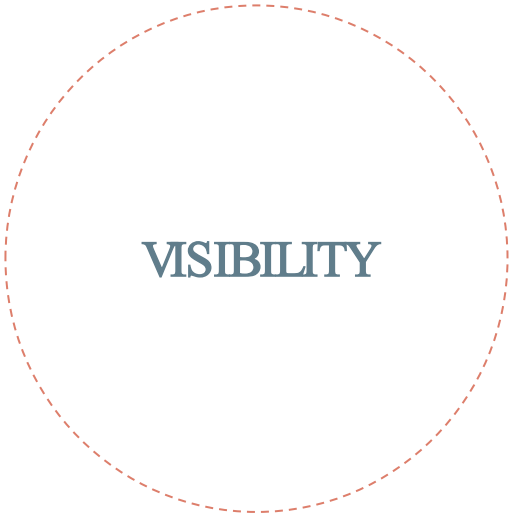
# What we learned



# What we learned



# What we learned → Developing Asks




Asking for LEP communities to be one of the priority communities during PH emergencies, including:

- timely translation and dissemination of materials into threshold languages
- linguistically accessible testing and vax sign-ups and clinic visits for threshold languages
- contracting with CBOs to support smaller language communities
- consistent data collection and analysis that include disaggregated data questions and responses

# What we learned → Developing Asks

OVERSIGHT

LEP Officer - a centralized body/staff that oversees:

- Translations
- Whether threshold language guidelines are met
- Translations quality control with support from CBOs
- Learning how to include linguistic accessibility into guidelines

# What we learned → Developing Asks

FUNDING

Assessing success of Language Line to understand its impact and if there are other ways to be more effective in meeting linguistic needs of County residents

3.

# Co-creating solutions

With the county and within our communities

## County: Looking for places within the county structure where we may be more effective and impactful

**County Office of Equity and Inclusion**

(to be established)

**County Disabilities Accessibility Unit**

**Community Assessment, Planning and Evaluation Unit**

**Board of Supervisors offices favorable towards language equity and immigrant/refugee issues**

## Strengthening our collective voice

## Where do we go from here?

- Consistent meeting with PHD to share our direction and how to support them do the right thing
- Strategizing best tactics for reaching different county units
  - Speaking with unit heads to learn more and share our asks
- Invite our community members to participate in Board of Supervisor Meetings to give public comment on the importance of LEP resources during public health emergencies
- Strengthening our Communities' voice
  - Educate community on their language access rights and to advocate for it (community test? Secret shopper?)

# Thank you!

## Any questions?

Korean Community Center of the East Bay

# Contacts

## NACCHO:

- Kalikidan Gizaw – kgizaw@naccho.org

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