Supporting Immigrant Communities and Those with Limited English Proficiency During the Pandemic: Stakeholder Perspectives from Pennsylvania

In June 2020, immigrant community leaders and other stakeholders working directly with immigrant communities and those with limited English proficiency (hereafter "immigrant/LEP communities"[1]) in Pennsylvania (PA) were invited to complete an online survey to help the PA Department of Health's Office of Health Equity better understand the impact of the COVID-19 pandemic on immigrant/LEP communities in the Commonwealth.

The survey was developed by a working group addressing pandemic-related disparities specific to immigrant/LEP communities, one of 12 population-specific groups initiated by the Office of Health Equity. Working group members distributed the survey to key contacts, and invited them to share the survey with others in their networks. The survey included both closed and open-ended questions developed by the working group, and was available in English, Spanish, and French. Open-ended questions invited respondents to elaborate further on their closed-ended survey response, e.g., to give more detail on the top pandemic-related challenges experienced by immigrant/LEP communities or to further describe the most important aspect of the Commonwealth's pandemic response.

Characteristics of Respondents

The survey was completed by 108 individuals - 103 using the English-language survey, 5 using the Spanish-language survey, and 0 using the French-language survey. These individuals work across a wide variety of sectors with diverse immigrant/LEP communities in PA (Table 1), including over 50 different language communities (Table 2). The majority of respondents were service providers and 68% of respondents were from Southeast PA.

Table 1: Characteristics of Organizations Represented by Survey Respondents		
	Number of responses (n=108)[a]	Percent
Community based organization[b]	32	30%
Working on COVID-19 response	91	84%
Serves adults 65+	71	66%
Serves youth (age 0-17)	83	77%
Serves populations who lack health insurance	88	81%
Serves populations with the following immigration status:		
Undocumented	76	70%
Farmworker/Seasonal Worker	29	27%
Humanitarian (ex. refugee)	74	69%
Sector		
Human services, (e.g., social services, case management)	57	53%
Health care	38	35%
Advocacy	34	31%

[1] For simplicity of language across a variety of stakeholders, the survey frequently utilized "English as a Second Language (ESL)." For the purposes of this paper, the authors employ "Limited English Proficiency (LEP)" as that is the designation from Census data. Hereafter, ESL, LEP, English Language Learners (ELL), and other acronyms to indicate barriers on the basis of preferred language are considered synonymous.

Legal	24	22%
Education (K-12)	23	21%
Mental / behavioral health	23	21%
Adult education	22	20%
Public health	20	19%
Other (please specify)[c]	14	13%
Early childhood education/childcare	13	12%
Research	9	8%
Higher education	5	5%
Agriculture	3	3%
Information technology	3	3%
Religious organization	3	3%
Government	2	2%
Region of Pennsylvania[d]		
Northwest	6	6%
Northcentral	0	0%
Northeast	3	3%
Southwest	16	15%
Southcentral	6	6%
Southeast	74	68%
Unknown	4	4%

[a]*103 respondents completed the survey in English, and 5 completed the survey in Spanish*
[b]*A Community Based Organization was defined as an organization where at least half of the board members were from immigrant and/or LEP communities*
[c]*Other sectors included food assistance and distribution, youth development, housing assistance, tax preparation, employment assistance, grief counseling, and agencies offering support with naturalization*
[d]*Zip codes shared by respondents were matched to their respective counties, and then counties were assigned to regions based on the designation used by the Pennsylvania Department of Health to map community health systems*

Table 2: Distribution of preferred languages of populations served		
World Region[a]	Number of languages	Percent of all responses (n=894[b])
Africa	14	20%
East Asia and Pacific	13	21%
Europe and Central Asia	12	11%
Latin America and the Caribbean	7	13%
Middle East and North Africa	2	8%
South Asia	8	16%
Other/Unclear[c]	At least 4	12%

[a]*For each language, the countries with the largest numbers of native speakers were identified, and then countries were assigned to regions using the categories designated in the World Bank's 2020 Annual Report.*
[b]*Respondents were asked to select all languages spoken by their clients, leading to a large number of responses for this question*
[c]*Because English, French, and Portuguese speakers are widely distributed across the globe, these languages were included under "Other/Unclear" rather than assigned to a specific geographical region*
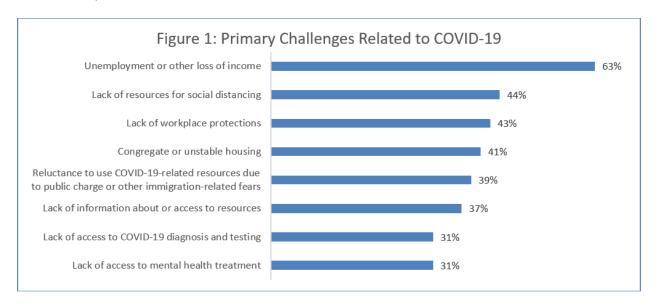
Perspectives on COVID-19 Response

Half of respondents reported that the constituent communities they work with had access to COVID-19 testing at the time they were completing the survey (6/10/2020-6/17/2020). There was also nearly universal support for inclusion of preferred language in COVID-19 testing data provided to the PA Department of Health for the purposes of case investigation and contact tracing.

Table 3: Perspectives on COVID-19 Response		
	Number of responses (n=108)	Percent
Thinking of the populations you serve, are they currently able to access testing for COVID-19?	57	53%
Should the PA Department of Health request information about the preferred language of individuals with COVID 19 to ensure contact tracing and resources are available in those languages?	103	95%

Pandemic-Related Challenges

Respondents were asked to identify the top five pandemic-related challenges experienced by immigrant/LEP communities in PA. Options endorsed by at least 30% of respondents are shown in Figure 1 and include: workplace/employment challenges; housing and social distancing challenges; immigration-related concerns; and access barriers to COVID-related care and information, and mental health care.

Figure 1: Primary Challenges Related to COVID-19

Challenge	Percent
Unemployment or other loss of income	63%
Lack of resources for social distancing	44%
Lack of workplace protections	43%
Congregate or unstable housing	41%
Reluctance to use COVID-19-related resources due to public charge or other immigration-related fears	39%
Lack of information about or access to resources	37%
Lack of access to COVID-19 diagnosis and testing	31%
Lack of access to mental health treatment	31%

Workplace and Employment Challenges

In free-text remarks describing top pandemic-related challenges, workplace challenges included unemployment or other loss of income, as well as lack of workplace protections for immigrants/LEP individuals who are over-represented in the essential workforce. One respondent noted, "We see about twenty clients a week who have absolutely no resources whatsoever because they lost their job and their income" and another stated, "how to pay for rent and utilities is the number one stress and anxiety."

With regards to workplace protections, one respondent from an immigrant-led organization wrote, "many in our community are considered front-line workers in nursing homes, as janitorial staff in hospitals, airport employees, delivery drivers, grocery store employees etc. but many were not provided with safety/ protective equipment and as a result, there were a number of COVID-19 infections and fatalities in our target community." Several respondents also described challenges for undocumented workers, who were not eligible for federal unemployment benefits so had to continue working. As one noted, "lack of protection and protective coverings in workplaces and fear of losing income and jobs if the parent does not go to work is a huge issue."

> *"How to pay for rent and utilities is the number one stress and anxiety."*

Prevention - Social Distancing Challenges
Respondents also highlighted increased risk caused by barriers to practicing social distancing, self-isolating when ill, or quarantining if exposed to the virus. Most respondents focused on structural barriers related to poverty or limitations of the social safety net. To quote one respondent, "lack of affordable housing and transportation are critical issues in our community and make it nearly impossible for social distancing to happen." Another wrote, "one trend I'm seeing is that poverty makes clients much more vulnerable during the pandemic...."

Specifically, respondents described the need to continue in-person work despite inadequate PPE, exposure on shared or public transportation, and the increased risk posed to congregate or multigenerational households. For example, "my patients are generally aware of the need for social distancing but have limited resources to accomplish that. They need to work and employers are not keeping them safe or they are laid off and cannot afford food and rent." Another respondent noted, "...undocumented workers in the pandemic were not given the ability to distance or take sick leave like U.S. citizens would be. This and congregate living exacerbated the spread of the virus, endangering close-knit communities." Similarly, another respondent reported, "many families are 'doubled up' and live with other people and the virus can be easily spread to all household members." Another described "known cases transmitted through work carpools or workplace exposures."

> *"Poverty makes clients much more vulnerable during the pandemic...."*

One respondent also described stigma as a barrier to social distancing, writing that community members "...continue to visit each other because there would be a stigma if they socially isolated themselves." Another described the importance of communal life and how hard it is to suddenly change deep-rooted social and emotional norms and values.

Immigration Status Related Challenges
Immigration-related concerns, including the recently enacted Public Charge rule, were described by multiple respondents. One respondent wrote, "we are seeing some communities (e.g., mixed status) that are not comfortable using existing services (e.g., quarantine housing) due to immigration concerns. Those same communities are not eligible for stimulus funds and are struggling financially." Another respondent from an immigrant community-led organization shared, "...clients are undocumented and not eligible for federal, state and other COVID-19 related stimulus resources. For those who are in different stages of being documented and eligible, fear of public charge prevents them from seeking access to these programs, for example, "We've fielded multiple calls from immigrants who are scared to apply for SNAP benefits and have no food to feed their families because of the Public Charge laws."

Immigration concerns have also impacted health care during and related to the pandemic. One respondent noted that there was "lack of access to treatment for covid or anything else for fear of govt authorities at healthcare facilities." Similarly, another wrote, "we also have undocumented clients, who are in fear of being discovered through testing or seeking health care."
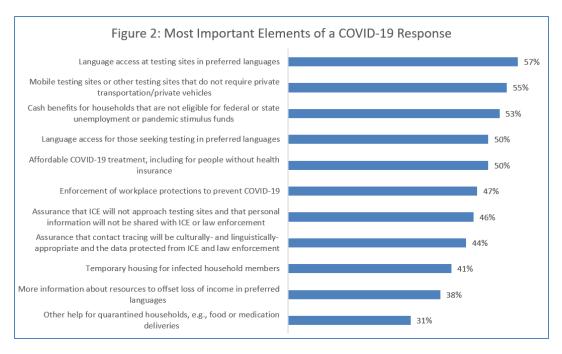
<u>Preferred Language and Other Access Challenges</u>
Finally, many respondents reported barriers to accessing information about COVID, testing, and treatment. These were most often related to language barriers, in addition to the immigration-related fears described above. As one noted, "there is a lack of information about how to access services and how to protect one self and family members that are in the preferred languages." Another wrote, "families are befuddled as to who to ask for help in their preferred language…." Another noted that language access was further complicated by the rate at which information changed: "With the lack and slow translation and interpretation of information, documents, and resources, much of the 'news and updates' would no longer be news as days would go by before access to translated documents is available. From which NEW information had already been released."

Other respondents described access barriers caused by transportation and/or work schedules. For example, "transportation for testing is a huge barrier. Also, the hours when testing is available make it difficult for many people to get tested."

Identified Elements of an Effective Pandemic Response
Respondents were asked to identify the top five elements of an effective pandemic response addressing concerns relevant to immigrant/LEP communities. Options endorsed by at least 30% of respondents are shown in Figure 2. Key themes include: language access, mobile testing, financial support, universal access to treatment, stronger preventive measures, and assurances that testing sites and public health data would be protected from immigration authorities.

Figure 2: Most Important Elements of a COVID-19 Response

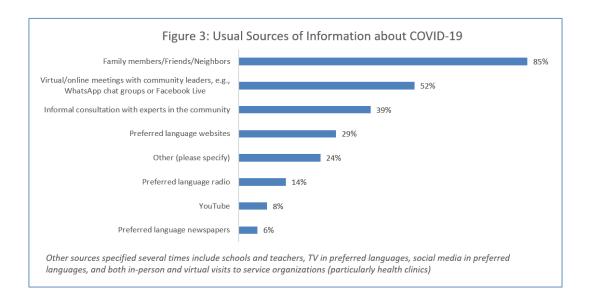| Element	Percent
Language access at testing sites in preferred languages	57%
Mobile testing sites or other testing sites that do not require private transportation/private vehicles	55%
Cash benefits for households that are not eligible for federal or state unemployment or pandemic stimulus funds	53%
Language access for those seeking testing in preferred languages	50%
Affordable COVID-19 treatment, including for people without health insurance	50%
Enforcement of workplace protections to prevent COVID-19	47%
Assurance that ICE will not approach testing sites and that personal information will not be shared with ICE or law enforcement	46%
Assurance that contact tracing will be culturally- and linguistically-appropriate and the data protected from ICE and law enforcement	44%
Temporary housing for infected household members	41%
More information about resources to offset loss of income in preferred languages	38%
Other help for quarantined households, e.g., food or medication deliveries	31%

Effective Language Access and Community Knowledge Building
Language access—interpreting, translation—was identified as a priority in every aspect of the pandemic response. As one respondent wrote, "language access is everything." In addition to language access at testing sites, respondents also noted that preferred-language materials are necessary for community members seeking information about where and when to obtain testing, for individuals receiving test results, and when communicating with case investigators/contact tracers.

Respondents also noted that language access includes meeting the needs of individuals with limited literacy, as well as the needs of communities with a preference for oral communication. Respondents emphasized the importance of working with thoughtfully selected messengers, as close social contacts (family members, friends, neighbors) and formal or informal community leaders were by far the most commonly cited source of information about the virus and the pandemic response (Figure 3). Engendering "trust and familiarity" was recognized as critical and as such, respondents recommended including community members in outreach, stating, "written material in many languages exists, but most of our populations rely on community members for information. Community members need to trust and disseminate accurate information...." Another wrote, "contact tracing should be done in close collaboration with community-based organizations (CBOs) embedded in communities where trust has been developed making contact more accurate and effective. There is already significant fear and hesitation in our target community around disclosing COVID-19 status and attempting to do contact tracing outside of partnerships with CBOs who know and are able to reach and communicate with contact tracing targets will not lead to the right results. CBOs should be seen as partners in this COVID-19 work and not only sources of information." Respondents described existing strategies for preferred-language information sharing, including preferred-language community-wide conference calls and training peer leaders to conduct outreach.

> *"Language access is everything"*

> *"Contact tracing should be done in close collaboration with community-based organizations (CBOs) embedded in communities where trust has been developed making contact more accurate and effective"*

Figure 3: Usual Sources of Information about COVID-19

Source	Percentage
Family members/Friends/Neighbors	85%
Virtual/online meetings with community leaders, e.g., WhatsApp chat groups or Facebook Live	52%
Informal consultation with experts in the community	39%
Preferred language websites	29%
Other (please specify)	24%
Preferred language radio	14%
YouTube	8%
Preferred language newspapers	6%

Other sources specified several times include schools and teachers, TV in preferred languages, social media in preferred languages, and both in-person and virtual visits to service organizations (particularly health clinics)

Effective Diverse Language Access

Multiple respondents drew attention to the language needs of smaller communities, flagging lack of information in their preferred languages as problematic: "More language access should be available to small LEP groups." Speaking with regards to the availability of translated resources, one wrote, "using the top 5 languages in Philadelphia ....ignores that there are still large communities impacted in the thousands that won't have access to information and resources." Other respondents highlighted the importance of ensuring information was accessible for individuals who are Deaf/Hard of Hearing and those with visual impairments. Notably, however, respondents working with larger language communities (e.g., Spanish) also described language access as both a challenge and a priority.

Effective Testing Access - Mobile/Community Testing

Many respondents endorsed mobile testing as a critical aspect of the pandemic response to address transportation challenges that face immigrant/LEP communities. One respondent wrote, "many will not go for testing if they have to ride the bus. Mobile units that have access to interpretation would be very helpful." This sentiment was echoed by another respondent who wrote, "some who wanted testing could not access test sites due to lack of private transportation." Another wrote, "mobile testing is an essential need."

"Mobile testing is an essential need"

Effective Financial Support

Respondents also prioritized financial support for households currently ineligible for federal or state unemployment or pandemic stimulus funds. As one noted, "undocumented workers kept people fed, health care spaces clean, and so much more during this pandemic, yet they receive no compensation or financial support when they are struggling. Funds need to be made available for these folx."

Respondents recommended that the state address bureaucratic barriers caused by closures or short-staffing of County Assistance Offices. Organizations reported independently providing cash assistance to undocumented families ineligible for other support. One respondent recommended offering "rental assistance with no restrictions." Respondents emphasized that without income support, immigrant workers would continue to have little option but to continue with in-person work even when employers were not prioritizing safe conditions. Respondents also described that pressure on poor workers to remain at work even when ill, exposed to the virus, or offered inadequate workplace protections would be offset if financial support was available during self-isolation and quarantine.

"What we really need is access to MORE testing and resources, as well as financial resources for undocumented immigrants who lose employment or housing due to COVID."

Livelihood support was also recognized as important to address barriers to access to affordable treatment, especially for individuals without health insurance. Narrative comments highlighted a lack of awareness of affordable treatment options and the limited availability of such options. "What we really need is access to MORE testing and resources, as well as financial resources for undocumented immigrants who lose employment or housing due to COVID."

Effective Workplace Protections

Many respondents also described the importance of improving preventive measures at worksites. One wrote, "we need the powers that be to hold employers accountable to COVID safety practices - we know some of the agricultural sites in our area are doing this and others are not." The need for such protections was echoed by another respondent who wrote, "many of our clients fear speaking out against their company for fear of losing their job (because the above noted [unemployment] supports don't exist for them if they lose their livelihood). Companies should not be able to retaliate." Another wrote, "I am very worried about lack of enforcement of worksite safety. Workers also need to know their rights, e.g., to sick leave and FMLA." Similarly, a respondent wrote, "they need workplace protections to prevent the spread in the first place and to allow proper quarantining or isolation practices when necessary."

> *"I am very worried about lack of enforcement of worksite safety. Workers also need to know their rights"*

Effective Prevention/Care Response

Multiple respondents provided comments on how to support and optimize necessary social isolation and quarantine measures, suggesting, "temporary housing for infected household members to protect uninfected household members" and "food delivery and money" for self-isolated, infected individuals to help them remain at home. Another noted, "isolating infected household members is the greatest challenge we have faced." Another respondent recommended sharing more information about "what to do if somebody in your household is positive." Similarly, two respondents requested more guidance on steps individuals could take to prevent infections on public/shared transportation.

Effective Immigration Status-Related Protections

Finally, multiple respondents recommended ensuring safeguards for privacy and protection from immigration authorities during testing, contact tracing, and receipt of social supports. As one noted, "it is of utmost importance that our undocumented population know they are safe from Immigrations and Custom Enforcement while getting the help and support needed during the pandemic." Another wrote that undocumented individuals need to "feel safe and secure allowing a contact tracer to identify anyone else in their lives who could be affected by the virus." Similarly, a respondent noted "communities already being targeted by ICE and other law enforcement would benefit from assurances that their information will be protected." Another respondent wrote, "keeping information private is very important, otherwise services will not be seen as truly accessible."

> *"It is of utmost importance that our undocumented population know they are safe from Immigrations and Custom Enforcement while getting the help and support needed during the pandemic."*

Respondents emphasized the importance of offering clear explanations of pandemic-related exemptions to the Public Charge Rule, as well as introducing additional exemptions, e.g., to allow families to access SNAP and other benefits while unemployed or furloughed.

Identified Sources of Resilience

Respondents were asked to identify the top five sources of resilience during the pandemic for the immigrant/LEP communities they serve. Options endorsed by at least 30% of respondents are shown in Figure 4. Responses focus on various types of networks that are often interrelated.

For instance, existing relationships with service, health or public health programs were a major source of resilience, as noted by one respondent: "Clients' best resources are the ones that they were connected to pre-COVID." One comment mentioned a local health center, "which is known throughout the community for prenatal, general, pediatric and dental care. Other services work closely with [health center] and the Health Department for testing and contact follow-up."

Non-Profit and Community-Based Resilience
Along with eligible federal or state support services, many respondents highlighted the importance of non-profit, community-based centers, and religious institutions in providing aid and educational resources during the pandemic. One respondent commented that "many refugee groups have a community center that they can access for information or other assistance. There are many local churches that support refugees. Refugees themselves have started aid organizations." Another response suggested that "there are a number of ethnic based organizations that are helping get information out about COVID and are helping to respond to community members in need." Additionally, these "nonprofits work well with local health programs and government to inform the community we serve in their preferred language."

"Clients' best resources are the ones that they were connected to pre-COVID."

Many responses highlighted the importance of various community organizations working together to provide comprehensive assistance to those within their communities. For example, one noted that their county "is a very collaborative area among individuals, nonprofit organizations, local businesses...and other community members. People immediately came together to meet the needs of our community and to identify any needs that have not been met..." As shown, many community-based organizations and nonprofits provide an array of supportive services for their communities.
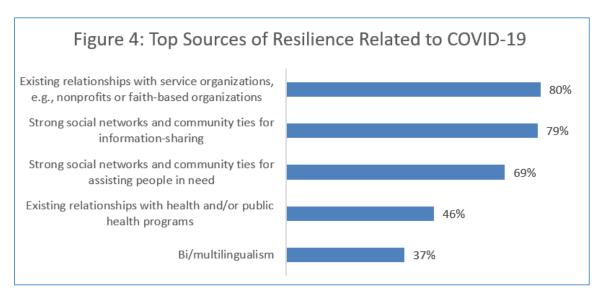
Social Networks and Community Strength Resilience
Social networks and community ties are another very important source of resilience for many individuals within immigrant and LEP communities. Several survey respondents highlighted the immense value of these support systems: "Many live in communities of refugees/immigrants or with their family and can rely on one another for support." Some responses mentioned specific ethnic or cultural networks that are providing aid: "Our Nepali and Burmese communities tend to be especially close knit which allows for more information sharing and communication." Similarly mentioned were "Latino families [who] often have close social support networks with whom they communicate..."

Technology and digital platforms are another important resource for many within LEP communities. One respondent shared that they "created a Facebook page for the families and shared as much information I could, there..." Some communities, "especially the immigrant Arab communities, have digital networks to spread information quickly across the city and region." Another commented that "in our urban and suburban regions, small and large linguistic communities are often linked by modern technologies that support information sharing in their preferred languages--whether that info is accurate or not is another story, but the means for the media is there." Although digital literacy is not universal, technology was highlighted as a very useful tool for disseminating information in preferred languages to those who know how to use it.

Several responses indicated that these communities provide emotional and social support, as well as useful connections to culturally sensitive resources and services. One community initiative specified was a local Bhutanese community initiative: "They've set up a hotline so that those with questions can speak with a medical professional in Nepali. They are providing culturally competent groceries to families under isolation and quarantine and they've been working closely with the health department to advocate for community testing sites…"

Moreover, individuals who can speak or understand English to a greater extent often help interpret relevant information and pass it along to their peers and others within their community. One respondent noted that "the stakeholders that speak English in immigrant and ESL communities have been a huge help in getting information on COVID-19 to their communities. They have been able to receive information from us and send it out to large numbers on emails, robocalls and translated handouts." Another wrote, "information-sharing within the community seems like it has been really important, e.g., for the community itself to recognize what resources they can access or how to avoid infection. A lot of this is facilitated by bilingual community leaders."

The following response thoroughly illustrates the importance of informal community networks: "The sources of resilience for the pandemic are much the same as they were for pre-pandemic. As many news articles have pointed out - the pandemic has simply highlighted the inequities that existed pre-pandemic. Our clients have always been marginalized and have had to struggle through poverty and discrimination. The most successful are those that had strong social networks that could help them navigate through and out of the poverty in which they found themselves upon arriving in the U.S."

Figure 4: Top Sources of Resilience Related to COVID-19

Source	Percentage
Existing relationships with service organizations, e.g., nonprofits or faith-based organizations	80%
Strong social networks and community ties for information-sharing	79%
Strong social networks and community ties for assisting people in need	69%
Existing relationships with health and/or public health programs	46%
Bi/multilingualism	37%

Conclusion

This survey of individuals from immigrant-serving organizations, immigrant community leaders, and other related stakeholders in Pennsylvania yielded a rich source of information about the impact of the COVID-19 pandemic on immigrant/LEP communities in this state. It also highlights pressing and ongoing needs, as well as sources of resiliency, usual sources of information, and the importance of community trust. Several concrete recommendations arise from this data and are summarized in the table below.

Table 4: Priorities Identified by the Stakeholders
Consider language access in every aspect of the pandemic response.
Translate public health information related to testing, quarantining, self-isolation, case investigation, and contact tracing into a broader set of languages.
Bolster the role of trusted immigrant community stakeholders including local organizations, community leaders and community navigators.
Work with immigrant communities to identify and leverage preferred virtual/distanced communication platforms.
Unify public health guidance and pandemic-related resources from various organizations into a centralized, continuously maintained, accessible hub.
Consider strategies to provide livelihood support.
Investigate workplace safety issues related to job security, protective equipment and distancing measures.
Ensure security of immigration status information during case investigation, contact tracing, and other public health efforts.

Ultimately, initiatives that bolster resources offered by community service organizations, strengthen and sustain relationships between communities and service organizations and that build capacity within immigrant/LEP communities will be crucial as these communities continue to weather the effects of the COVID-19 pandemic. Additionally, they will assist in creating a stronger framework of preparedness for any threats to health and safety that may arise in the future.

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