LOCAL NEEDS AMONG UTAH'S **MULTICULTURAL COMMUNITIES** DURING THE COVID-19 PANDEMIC

APR 2020 // PREPARED BY THE UTAH DIVISION OF MULTICULTURAL AFFAIRS

> multicultural.utah.gov

Utah Division of Multicultural Affairs

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FOR MORE RESOURCES:

Visit, https://multicultural.utah.gov/covid-19-resources/ for a comprehensive database of COVID-19 information and resources for multicultural communities.

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PURPOSE STATEMENT

On March 6, 2020, Governor Gary R. Herbert issued an executive order declaring a state of emergency in response to the evolving outbreak of novel coronavirus (COVID-19) (Exec. Order No. 2020-1, 2020).

We thank our state leaders, crisis command, emergency responders, frontline advocates, faith leaders, nonprofits, and service providers for their relentless work in helping Utah during this season. More than ever before, we need solidarity, hope and the civic will and cooperation to see this crisis through together (United Nations, 2020).

We also recognize that in the face of such an unprecedented situation, the unique nature of COVID-19 requires us to consider the many social and economic dimensions of this crisis to ensure that the burden does not fall on those who can least bear it (United Nations, 2020).

Under Utah Code 9-21-202, the Utah Division of Multicultural Affairs has been tasked to identify the needs of the state's multicultural communities and work with all agencies to ensure the state provides equitable resources and programs to address the gaps in services to Utah's diverse population (Division of Multicultural Affairs Act, 2019).

This report reflects a collaborative effort between the Utah Division of Multicultural Affairs (MCA), the Utah Multicultural Commission (MCC), and the Utah Martin Luther King Jr. Human Rights Commission (MLKC).

Collectively, we seek to establish a baseline of immediate needs and unique barriers faced by marginalized communities during the COVID-19 outbreak to inform our state leaders and solve these concerns together.

To begin to understand the social, cultural and resource impact experienced during the pandemic by underrepresented populations, with the support of MCC and MLKC, MCA prepared a survey for those working directly with vulnerable and historically underserved communities.

MCA widely distributed the survey to professionals in human services, community based organizations, and emergency outreach and preparedness that predominantly serve children, people with disabilities, low-income households, communities of color, Limited English Proficient (LEP) individuals, immigrant and refugee populations, LGBTQIA+ organizations, tribal communities, and populations that have intersectional resource and access needs.

With guidance from the Utah Office of Health Disparities, we use the term "vulnerable" populations" in regards to COVID-19, as groups of people at a higher risk for severe illness due to pre-existing health conditions (see glossary, page 83). Our survey and report distinguishes this from marginalized groups experiencing barriers based on socioeconomic, cultural, and racial-ethnic disparities.

The survey was centered on the following questions:

- Do barriers exist for your clients in accessing timely information about COVID-19?
- What unique barriers do your clients and those you serve face in light of the COVID-19 pandemic?
- What do you think are the priority needs that have remained unaddressed among vulnerable and underserved individuals and families in the communities that you serve?
- What suggestions do you have to centralize and streamline information regarding COVID-19 for hard-to-reach and vulnerable communities?
- What recommendations do you have to improve cultural inclusivity during an emergency?

Ninety-three (93) professionals participated in the survey and several community members followed up with MCA to provide additional context.

The qualitative data collected identified ways that historically underserved people are uniquely affected during the current pandemic and helped highlight the lived experience of underserved constituents. The qualitative responses also informed the recommended strategies to close gaps and encourage culturally relevant and inclusive approaches in emergency practices. The data was coded based on keywords, phrases, and ideas that emerged from each question. These codes allowed us to cluster the data based on commonalities and significant topics.

The following overarching themes emerged and guided our report and recommendations:

- Physiological and Safety Needs
- Language and Literacy Accessibility
- Coordinated Dissemination of Information
- Culturally Mindful and Inclusive Approaches
- Include Diverse Representation and Perspectives
- Address Systemic Inequities

We stress the importance of transparency and we will distribute this report widely, including to community members that provided feedback and participated in this process. In this document we will also include an appendix (pg 47) with the comments associated with each qualitative question, followed by a glossary (pg 83).

This report provides an opportunity to better understand how we are all affected when some Utahns lack the protections of equitable, inclusive and justice-oriented efforts. Our hope is that collectively, we can work to ensure that this crisis does not exacerbate existing inequities and further perpetuate systemic barriers by reducing risks and burdens often borne disproportionately by marginalized groups.

MCA is actively engaged in centralizing information related to COVID-19 to address the rising concerns faced by disenfranchised communities. These resources can be found on our website and include information about food banks, economic and business development, educational resources for students, teachers, and parents, grants for non-profit organizations and small businesses, hate crime reporting, housing support, internet essentials, legal resources, legislative updates and executive orders, population-specific services, and more. In addition, we created a separate page for language accessible resources on how to prevent and reduce the spread of COVID-19 in 14+ languages translated by the Utah Coronavirus Task Force and various community partners.

We believe that our state can move forward creating model practices, particularly during times of emergencies, that are culturally inclusive and considerate of all people in Utah.

It will take all of us to ensure none of us are forgotten and we look forward to supporting our state leaders in advancing efforts that promote inclusion, equity, and human rights so that we emerge stronger from this crisis together.

Please see the chapter overview on the next page to anticipate the topics that will be discussed throughout this report.

AT A GLANCE: COVID-19 IMPACTS ON UTAH'S MULTICULTURAL COMMUNITIES

CHAPTER OVERVIEW

SECTION 1: QUANTITATIVE FINDINGS

SECTION 2: QUALITATIVE FINDINGS

SECTION 2.1 — PHYSIOLOGICAL AND SAFETY NEEDS

As vulnerable and marginalized communities navigate the pandemic, their physiological and safety needs are uniquely threatened.

SECTION 2.2 — LANGUAGE & LITERACY ACCESSIBILITY

As the state continues to grow, especially with culturally and linguistically diverse populations, the need for translation services is essential, especially when life-saving measures are involved.

SECTION 2.3 — COORDINATED DISSEMINATION OF INFORMATION

To respond effectively to an emergency, individuals require accurate information from a trusted source and the ability to interpret that information to address unique needs.

SECTION 2.4 — CULTURALLY MINDFUL & INCLUSIVE APPROACHES

A central issue voiced by respondents addresses the need to integrate culturally mindful and inclusive approaches in emergency response and preparedness strategies.

SECTION 2.5 — INCLUDE DIVERSE REPRESENTATION & PERSPECTIVES

Utah's demographics are quickly changing and our outreach and communication strategies must take into consideration the multicultural makeup of our constituents.

SECTION 2.6 — ADDRESS SYSTEMIC INEQUITIES

Public health studies of past pandemics have revealed racial, ethnic, and income disparities in everything from the level of exposure, to healthcare access, to loss of employment, contribute to increased morbidity & mortality.

SECTION

1 | QUANTITATIVE FINDINGS

1.1 RACIAL AND ETHNIC POPULATIONS SERVED

1.2 LANGUAGES SPOKEN

1.3 AGE DEMOGRAPHICS SERVED

1.4 AREAS OF SERVICE

1.5 IDENTIFYING UNIQUE BARRIERS

1.6 MODES OF INFORMATION

SECTIONS 1.1 & 1.2

RACIAL/ETHNIC POPULATIONS SERVED & LANGUAGES SPOKEN

TABLE 1.1

RACIALLY AND ETHNICALLY DIVERSE POPULATIONS SERVED

LATINX OR HISPANIC	72.04%
WHITE OR CAUCASIAN	55.91%
BLACK OR AFRICAN AMERICAN	54.84%
NATIVE AMERICAN OR ALASKAN NATIVE	53.76%
NATIVE HAWAIIAN OR PACIFIC ISLANDER	47.31%
ASIAN	46.24%
MIDDLE EASTERN	40.86%
OTHER	7.53%

*Respondents were encouraged to select all factors that apply, so the percentages do not equal 100.

TABLE 1.2

LANGUAGES SPOKEN BY CLIENTS

ENGLISH	82.80%
SPANISH	66.67%
NAVAJO	18.28%
ARABIC	16.13%
SAMOAN	15.05%
TONGAN	15.05%
SOMALI	9.68%
CHINESE	8.60%
OTHER	8.60%
JAPANESE	5.38%
VIETNAMESE	5.38%
FRENCH	4.30%
AMERICAN SIGN LANGUAGE	3.23%
TAGALOG	3.23%
PORTUGUESE	2.15%
UTE	2.15%

*Respondents were encouraged to select all factors that apply, so the percentages do not equal 100.

Tables 1.1 and 1.2 provide demographic information on the different populations and communities that survey participants serve and reach. For Table 1.1, participants were asked the question, "What are the racially and ethnically diverse populations you serve?" For Table 1.2, participants were asked, "What languages do your clients primarily speak?" Those who responded were allowed to select all that applied for both questions.

From this, it was gathered that 72.04% of respondents served Latinx or Hispanic populations. Many serviced a wide range of racially and ethnically diverse populations with each category being selected at least 40% of the time, with the exception of those who selected "Other."

English was the most common language spoken by clients of the survey participants, followed by Spanish. For the remaining languages, the selections varied between 2% and 19%, which was telling of the different communities that reside in the state of Utah.

SECTION 1.3:

AGE DEMOGRAPHICS SERVED

FIGURE 1.3

WHAT AGE DEMOGRAPHICS DO YOU SERVE? (SELECT ALL THAT APPLY OR "ALL OF THE ABOVE")

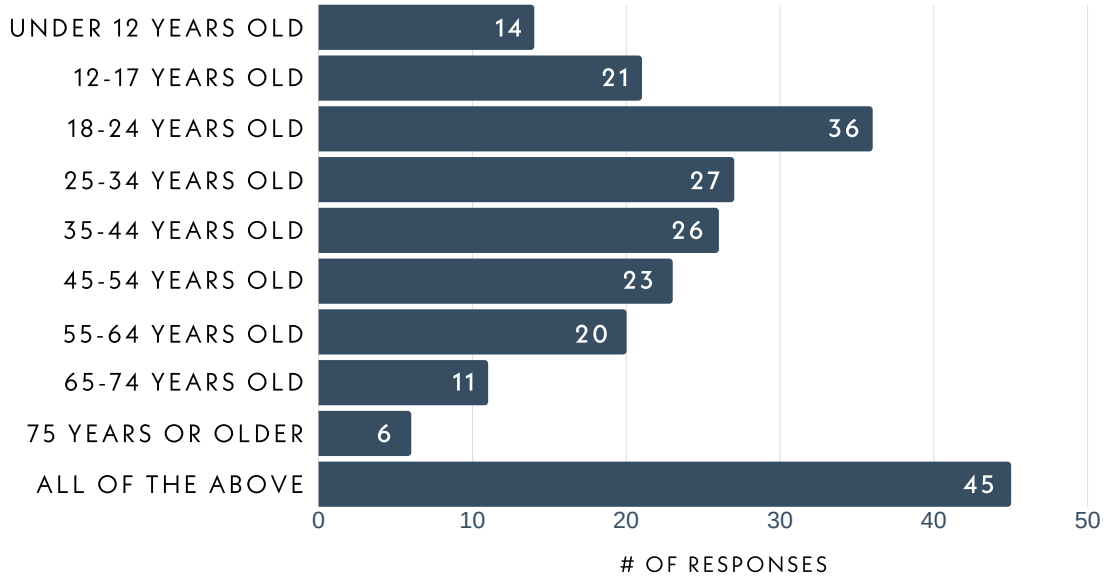


Figure 1.3 illustrates the age ranges of respondents' clients in response to the question, "What age demographics do you serve?" Participants were provided the option to select all that apply or to select "All of the Above." Most of the survey participants provide services to people of multiple age ranges, and 45 of the respondents indicated that they serve clients of all age ranges, which exhibited the highest response (48% of all respondents).

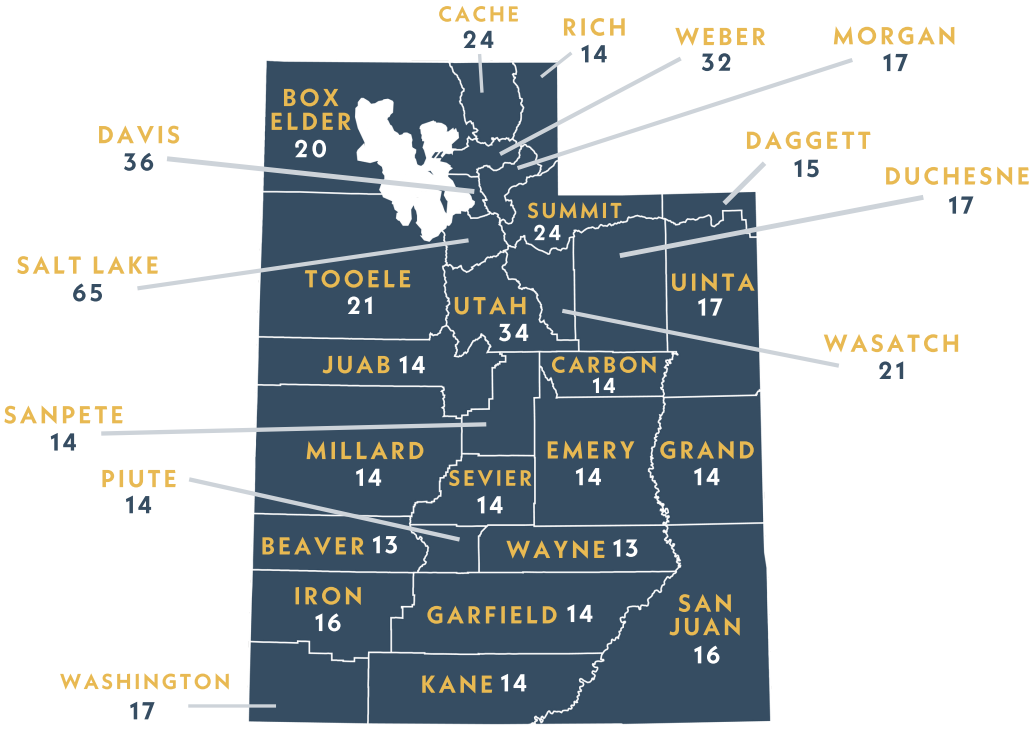
For individual age ranges, the top five most selected were between 12 and 54. Respondents most commonly selected 18-24 years old as the ages of people they serve.

SECTION 1.4:

AREAS OF SERVICE

FIGURE 1.4

WHAT AREAS DO YOU SERVE IN UTAH? (SELECT ALL THAT APPLY)



*The values reflect the number of responses from survey participants

Figure 1.4 displays the geographic distribution of those who are served by the respondents. Participants were asked, "What areas do you serve in Utah?" and were prompted to select all that applied. The figure indicates that the majority of clients live within Salt Lake, Davis, Utah, Weber, Cache, and Summit counties, with the latter two having the same number of responses.

Outside of those top six, there is a fairly even distribution amongst the remaining counties. The rest of the counties all have between 13 and 21 respondents indicating service in the area, with no counties in single digits.

SECTION 1.5:

IDENTIFYING UNIQUE BARRIERS

TABLE 1.5

UNIQUE BARRIERS FACED BY CLIENTS IN LIGHT OF COVID-19 PANDEMIC

ACCESS TO COMPUTERS/TECHNOLOGY	75.27%
FOOD INSECURITY	74.19%
ACCESS TO INTERNET SERVICES	68.82%
MISINFORMATION	66.67%
HOUSING INSECURITY	63.44%
ACCESS TO HEALTH CARE SERVICES	60.22%
LANGUAGE BARRIERS	59.14%
FEAR OF DEPORTATION	51.61%
FEAR OF NEGATIVE REPERCUSSIONS TO IMMIGRANT-STATUS (I.E., PUBLIC CHARGE)	50.54%
LANDLORD/TENANT CONCERNS	45.16%
ACCESS TO EMERGENCY SERVICES	41.94%
ACCESS TO FAMILY-FRIENDLY WORKPLACE POLICIES	40.86%
ACCESS TO SERVICES FOR AGING POPULATION	29.03%
ACCESS TO SERVICES FOR LGBTQIA+	27.96%
ACCESS TO SERVICES FOR PEOPLE WITH DISABILITY	24.73%
OTHER	15.05%
ACCESS TO VETERAN SERVICES	8.60%

*Respondents were encouraged to select all factors that apply, so the percentages do not equal 100.

Table 1.5 outlines the unique set of barriers faced by respondents' clients, and the distribution thereof. Participants were asked the question, "What unique barriers are faced by your clients and those you serve in light of the COVID-19 pandemic?" and were asked to select all that applied. Access to Computers/Technology, Food Insecurity, Access to Internet Services, Misinformation, and Housing Insecurity made up the top five, all of which being selected by 60% or more of respondents.

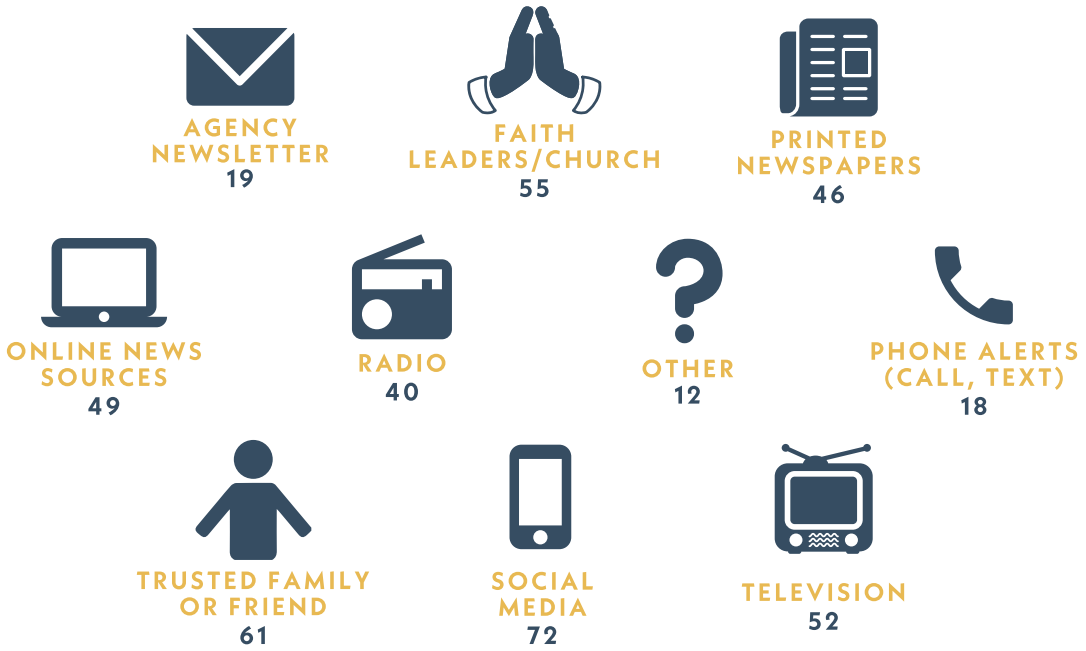
Nine of the 17 barriers were selected by 50% or more of respondents. This demonstrates that most of the participants serve individuals and families that are facing multiple barriers at once. With the exception of one, no barrier was selected by less than 10% of respondents.

SECTION 1.6:

MODES OF INFORMATION

FIGURE 1.6

HOW DO THE COMMUNITIES YOU WORK WITH ACCESS EMERGENCY PREPAREDNESS AND DISASTER RECOVERY INFORMATION PROVIDED BY THE CITY, COUNTY, AND STATE GOVERNMENT? (SELECT ALL THAT APPLY)



*The values reflect the number of responses from survey participants

Figure 1.6 displays the different modes by which respondents' clients receive information during this time. Participants were asked the question, "How do the communities you work with access emergency preparedness and disaster recovery information provided by the city, county, and state government?" Of the available choices, respondents selected all that applied to them.

By a good margin, the most commonly selected mode was social media, followed by a trusted family member or friend. The response indicates that radio and printed newspapers are still trusted and used sources of information, despite the trend towards digital means of information.

SECTION

2 | QUALITATIVE FINDINGS

2.1 PHYSIOLOGICAL AND SAFETY NEEDS

2.2 LANGUAGE & LITERACY ACCESSIBILITY

2.3 COORDINATED DISSEMINATION OF INFORMATION

2.4 CULTURALLY MINDFUL & INCLUSIVE APPROACHES

2.5 INCLUDE DIVERSE REPRESENTATION & PERSPECTIVES

2.6 ADDRESS SYSTEMIC INEQUITIES

SECTION 2.1:

PHYSIOLOGICAL AND SAFETY NEEDS

As vulnerable and marginalized communities navigate the pandemic, their physiological needs, "the biological requirements for human survival," are uniquely threatened (McLeod, 2020). In addition, many are deeply concerned about increased risks to their safety, which refers to financial security, employment, heath and wellness, emotional security, safety against accidents and injury, especially intrafamilial violence, freedom from fear and social stability (Cherry, 2019; McLeod, 2020).

Primary concerns identified in this section include:

- Food, financial, and housing insecurity
- Access to childcare
- Access to healthcare
- Access to technology
- Increased safety concerns
  - Intrafamilial abuse and sexual violence
  - Increased risk of predatory behavior

KEY TERM

PHYSIOLOGICAL NEEDS

Physiological needs: the biological requirements for human survival (McLeod, 2020).

REFER TO GLOSSARY (PG 83) FOR MORE INFORMATION.

> "Economic and financial disparities are [at] the core of these unaddressed needs."
>
> *Survey Respondent*

FOOD, FINANCIAL, AND HOUSING INSECURITY

Seventy-four percent (74%) of participants noted food insecurity as a concern as households navigate social panic buying, limited inventories and increased demands at food pantries and unaffordable food options. Unlike some Utahns, stockpiling food items before and in the midst of the pandemic presents financial challenges for communities with restricted resources as they purchase only what they can on a limited basis. Food banks are experiencing an increase in service demand and are rationing food supplies thus leaving some families without adequate nourishment. The pandemic compounds the unfortunate reality of communities of color being more likely to live in food deserts, areas lacking access to nutritious and affordable food.

Several respondents stressed that financial stability remains one of the largest consequential factors of the pandemic as the loss of income is more detrimental among marginalized groups. Participants mentioned that communities of color are economic pillars within the service industry and with recent statewide closures of restaurants and a decline in hospitality needs, they have "become unemployed or work at significantly reduced hours." This presents many challenges in which employees lose access to workplace benefits such as paid leave, health insurance, retirement programs and the ability to pay for household expenses and healthcare.

College students will also feel the ramifications of sudden unemployment as they navigate future semesters with rising tuition costs and unpaid loans. Young adults also have the added pressure of caring for their family as they live in multigenerational housing and some are expected to generate enough income on behalf of the household. A respondent shared, "I serve young adults and...many are responsible for their families, taking primary responsibility of younger siblings, sending money to family, etc. [Their families] rely on them and I worry they won't receive the help they need."

In addition, underserved populations experience a greater need for affordable housing as they are more likely to be cost-burdened—paying more than the standard 30 percent of their income on mortgage and rent payments (U.S. Department of Housing and Urban Development, 2020). Sixty-three percent (63%) reported that their clients were facing housing insecurity. Service providers shared, "[W]e have clients calling and asking if we have any resources to assist them in paying rent or keeping their small business afloat." "I think major concerns right now are having enough food to feed their families and being able to afford to pay rent and bills." Participants also provided that it is common within racially diverse households to reside in intergenerational dwellings, which means more people will experience housing instability.

ACCESS TO CHILDCARE

In making sure children maintain a warm and safe environment outside of schools because of closures, parents and guardians have the additional measure of finding adequate childcare, which increases their unforeseen household expenditures. This option may not be feasible for low-income parents as costs are too prohibitive, creating a spiraling effect where they take unpaid time off to care for their children and lose income or continue working while leaving their children at home unattended. Childcare has also morphed into adapting to at-home teaching models where parents with limited formal education may struggle to support their children. Additionally, the resources available online may not be feasible because of language and technology barriers.

ACCESS TO HEALTHCARE

The continued concerns of accessing affordable healthcare has remained at the forefront of the current crisis. Vulnerable communities are disproportionately impacted as many have limited coverage or are uninsured. Testing remains finite and monthly premiums and treatment for testing positive are cost-prohibitive. Updated Medicaid measures do not take into account immigrants who are legal permanent residents for less than five years (U.S. Centers for Medicare & Medicaid Services, n.d.). For communities in rural areas and on tribal lands, medical attention is additionally impacted by travel and distance as centralized services are located further out.

The employment system has also created barriers for families. Utilizing sick leave may not be feasible because of mandatory work stipulations issued by employers or government exemptions for some businesses in providing this benefit. Equally as important is the mental well-being of communities of color, which is exasperated as heightened stressors may impact their daily living.

ACCESS TO TECHNOLOGY

As part of the digital divide, access to reliable and affordable internet and technology remains insufficient for some communities. Seventy-five percent (75%) of respondents shared that access to computers and/or technology was a critical barrier during the pandemic. Locales with free computer and internet usages are temporarily closed under new directives from public officials. This includes but is not limited to schools, libraries and food establishments—institutions centered on serving the public. But having internet connectivity can be of little help if community members do not have the means to access a computer or cellular device.

Tribal communities have usually felt the strain of inadequate access to technology. One participant shared, "Internet availability is very limited in many parts of our county, especially on the reservations. Also, there is very little television reception as well." This forces them to access critical emergency information through other mediums.

Additionally, technological literacy may be limited within marginalized and vulnerable populations. A respondent who works at a community center for the LGBTQIA+ population said, "I serve primarily seniors in my position. There is a lack of technology understanding [and] a lack of access to technology in a world that has gone virtual."

SAFETY CONCERNS

Orders to "Stay Safe, Stay Home" have created additional barriers and added to the fears of families fleeing domestic violence. Community advocates have seen "escalating violence in the home" with an increase in police-related calls and lethality assessments, which is "an evaluation that predicts the likelihood of the abuser to murder the victim" (Lynn, 2019). Shelters along the Wasatch Front are at capacity and with many families wanting to remain close to their support systems, this leaves them in a dangerous predicament. The extreme levels of isolation can escalate tensions and lead to increased violence and abuse for Utah families.

Another factor faced by marginalized communities is that "there is a lot of fear present with the community, and unfortunately a lot of misinformation. Due to the risks mentioned above, these communities are vulnerable to predatory practices of all kinds including medical, legal, service-based, and many others with no feasible way to protect themselves."

SECTION 2.2:

LANGUAGE & LITERACY ACCESSIBILITY

The importance of translating information and resources into languages that individuals understand is crucial in a time of a pandemic and statewide emergency. As the state continues to grow, especially with culturally and linguistically diverse populations, the need for translation services is essential, especially when life-saving measures are involved.

The primary concerns identified for language and literacy accessibility are:

- Access to translated information
- Misinformation
- Literacy accessibility

> "Emergency information must be issued in different languages. We need more advertisements in more languages related to the National Library for the Blind and Print Disabled."
>
> *Survey Respondent*

KEY TERM

LANGUAGE ACCESS
The strategic and systemic management of multilingual communication within different contexts and across various scales of delivery (King-Curry, 2017).

REFER TO GLOSSARY (PG 83) FOR MORE INFORMATION.

ACCESS TO TRANSLATED INFORMATION

Currently, vulnerable populations are navigating revolving news and resources through predominantly English-only mediums and the lack of access to translated information from reliable sources is a prominent concern. Fifty-nine percent (59%) of respondents identified language barriers as a unique challenge for their clients.

The depth of Utah's diversity extends to over 120 languages spoken in the state (Whitehurst, 2015). "One in 7 Utahns older than age 5 speak a language other than English" and one-third of those residents lack English proficiency (Leonard, 2016). If resources and information are not disseminated in a language that is understood, underserved and underrepresented communities receive little to no communication.

Additionally, if systemic responses fail to consider, incorporate and prioritize language access, this can result in a practice that involves children as the interpreters and translators for their households. Schools "were the conduit through which immigrant parents heard about local news but with schools [being closed], these channels have been interrupted." This disruption forces children of immigrant parents to carry a heavy burden that requires them, even at a young age, to learn to translate documents, bills, and even laws for their family (Chick, n.d.). Requiring youth, especially young children, to translate or interpret executive orders in the face of an emergency creates significant implications including the likelihood of misinformation.

MISINFORMATION

Sixty-seven percent (67%) of respondents noted misinformation as a significant barrier faced by those they serve. Lack of accurate information can fuel greater inaccuracies and cause additional fear within communities. Participants shared this occurred around questions regarding immigration enforcement, deportation, access to medical services, and how seriously to treat executive orders regarding social distancing and "Stay Home, Stay Safe" restrictions. A participant encouraged postings and announcements "at the most used locations on the reservation, in Navajo as well as in English... having a liaison available at the healthcare locations who can answer questions in Navajo as well as in English" could help dispel the inaccuracies and correct misconceptions.

Community members value up-to-date information and encourage the state to invest in a multilingual ticker message system "scrolling across the bottom of [television] screen[s] during press conferences and public statements" or enabling "all communications from the state [to be] given in real time in many languages." The continued practice of failing to prioritize language accessibility can make it less likely for non-English speaking people, those with low-literacy levels, and vulnerable persons with higher risk during the pandemic, to understand expected guidelines outlined by public officials.

Participants mentioned that misinformation also increased distrust between historically underserved communities and state agencies. This further hindered public health interventions, productive collaboration between agencies, and the process of seeking critical health care services.

LITERACY ACCESSIBILITY

As part of language accessibility, state leaders must also address literacy levels in the dissemination of information. When officials produce documents for public knowledge, "the use of simple language while not oversimplifying the situation" should strongly be considered. Complex vocabulary and lengthy descriptions can dampen the efforts of well-intended executives by not considering segments of the population who experience educational inequities. Technical and institutional jargon can further isolate communities that experience language barriers, including people with Limited English Proficiency and learning differences.

SECTION 2.3:

COORDINATED DISSEMINATION OF INFORMATION

To respond effectively to an emergency, individuals require accurate information from a trusted source and the ability to interpret that information to address unique needs (Federal Emergency Management Agency, 2014).

Primary concerns identified in this section include:

- Statewide coordinated efforts
- Community mobilization
- Coordination of multimedia and print sources

KEY TERM

COMMUNITY MOBILIZATION

Entails the collaboration of trusted community leaders, religious groups,and other representatives of diverse groups working to communicate planned and accurate messages for maximum reception.

REFER TO GLOSSARY (PG 83) FOR MORE INFORMATION.

> We need "dissemination of information in [a] culturally competent, targeted manner. Additionally, information needs to be obtained through a single portal, requiring providers and public services to work collaboratively in communicating with underserved populations."
>
> *Survey Respondent*

STATEWIDE COORDINATED EFFORTS

A variety of respondents expressed that many of their constituents were not receiving timely or ingestible information related to prevention, management, and repercussions surrounding COVID-19. Specifically, they shared that there was a lack of state-coordinated efforts that disseminated up-to-date information to diverse communities in multiple languages.

Community organizations noted that they had to consistently pivot to fill gaps in services and encountered the following barriers: the need to swiftly translate resources with no state guidance or funding support, having to constantly clarify or correct misinformation, and scrambling to find healthcare clinics or facilities that had availability to assist underserved people.

COMMUNITY MOBILIZATION

In order to increase coordination of communication for underserved communities, one respondent suggested that "community leaders and organizations that serve these communities need to be convened quickly to provide cohesive, unduplicated solutions." Developing promotional and informative materials, even when considering language accessibility, does little if an intentional culturally specific communication network is not in place. This form of "community mobilization" would allow culturally diverse advocates to coordinate and communicate accurate messages for maximum reception. In addition, these community leaders can shed light on a wide range of unaddressed issues and untapped solutions regarding communication barriers faced by disenfranchised populations. These liaisons would include "trusted and familiar community partners from non-profits, grassroots organizations, faith-based leaders, and those who directly serve the underserved."

COORDINATION OF MULTIMEDIA AND PRINT SOURCES

Several respondents mentioned that the lack of coordination among multi-media services such as social media, websites, phone companies, radio stations, and other news sources that cater to diverse and underserved populations limit the delivery of essential alerts and information to systematically marginalized communities. This further increases the risk of contagion through misinformation or delay.

Language access concerns, overlooking preferred methods of communication, and lack of internet essentials, all compound on this issue, but also bring to light the unique plight of the most disenfranchised. This is particularly critical for the blind and deaf community who rely on specialized modes of communication technology.

In addition, respondents also advocated for individuals more likely to rely on paper materials and announcements, radio for those without internet access, the elderly, and those with low digital literacy. Someone asked, "Who do we tune into" in cases of emergencies? They suggested that we centralize and utilize radio "because during the earthquake cable went out, and some [T.V.] stations went down for several hours." Another mentioned, "Some of my clients do not have smartphones, so they are not connected to the web for immediate information and updates on COVID-19. Having a system of information delivery that is not internet-based would be helpful such as television broadcasting or a phone call. A hotline that is [available] 24/7 with Spanish-speaking [and multilingual] individuals would be helpful for my clients that work odd hours such as night or swing shifts."

Participants requested more intentional consideration of avenues for information delivery that are creative and inclusive. This was specifically noted for incarcerated populations, and those in the state's custody who are especially left in the dark during mass current events because they are forced to rely on others for information access.

SECTION 2.4:

CULTURALLY MINDFUL & INCLUSIVE APROACHES

A central issue voiced by respondents addresses the need to integrate culturally mindful and inclusive approaches as they relate to emergency preparedness, the dissemination of accurate, timely information, and centering the needs of systematically marginalized populations (Mai, 2016).

Primary concerns identified in this section include:

- Unified message and response that all Utahns matter
- Recommendations for multigenerational households
- Culturally appropriate connectedness

KEY TERM

CULTURAL MINDFULNESS
Cultural mindfulness can be understood as leading out on policy, action, and communication that relate respectfully with and benefits people of all cultures.

REFER TO GLOSSARY (PG 83) FOR MORE INFORMATION.

> "I think we need to learn from this emergency and begin to develop programming that is appropriate to each culture that helps families prepare and know where to go to find the information and resources they need. This needs to happen on a community level with funding from the state but it needs to let each community develop individual programming not a one size fits all approach."
>
> *Survey Respondent*

ALL UTAHNS MATTER

Fifty-percent (50%) of respondents brought forth concerns of rising anxiety for undocumented, immigrant, and mix-status families. This is particularly relevant for those who need to seek healthcare or test for COVID-19 but fear negative repercussions engendered by the "Public Charge Rule" (U.S. Citizenship and Immigration Services, 2020).

Participants shared that these concerns, in addition to language barriers, call for intentional communication strategies from state leaders that are inclusive, prioritize people first, and help reduce fear for all of Utah's culturally diverse community.

In addition, several comments affirmed that undocumented people contribute to Utah's economy, they have U.S. citizen children, and they belong to our communities. Inclusive and equitable efforts need to extend financial relief to this population as many have been significantly affected by social distancing restrictions on service-based employment (i.e., hospitality, restaurants, housekeeping, custodial) and lack of child care or work leave benefits.

Multiple responses mentioned having difficulties navigating public health recommendations on how to properly "protect the elderly," and immuno-compromised individuals living within one dwelling. They said further clarification was needed on how to practice safe, social distancing while acknowledging that multicultural families can look different and may have various generations residing in one household. This would help protect physically vulnerable and high-risk populations as well as better inform caregivers.

In addition, guidelines around maintaining "cultural proximity" and connectedness is particularly relevant as mental health and wellness are major facets to this pandemic. One respondent shared that "people are still gathering because it is part of culture and tradition without understanding the risk to themselves, families, loved ones and/or communities."

Others urged that cultural practices related to healing and spiritual wellbeing not be forgotten. For example, a culturally informed suggestion from state leaders during this time would be to encourage "Tele-Prayer" or provide ways the community could still come together "to share their stories in safe environments." Honoring cultural traditions and practices is directly tied to inclusiveness and can further promote a spirit of hope and familiarity in trying times.

SECTION 2.5:

INCLUDE DIVERSE REPRESENTATION & PERSPECTIVES

Utah's demographics are quickly changing and our outreach and communication strategies must take into consideration the multicultural makeup of our constituents. Including diverse people and perspectives in positions of influence can deeply affect the policies developed and implemented by administrations and decision-makers.

Primary concerns identified in this section include:

- Diverse representation in state leadership
- A dedicated task force for underserved populations

KEY TERM

DIVERSITY

The range of human interests, backgrounds, and experiences that can be engaged to achieve excellence, innovation, and healing across all sectors. This includes but is not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs.

REFER TO GLOSSARY (PG 83) FOR MORE INFORMATION.

> "Government officials when sending messages need to better reflect the populations who are represented at the podium or in front of the media."
>
> *Survey Respondent*

DIVERSE REPRESENTATION IN STATE LEADERSHIP

Utah's changing demographics and cultural transformation has its origins in national and international trends. The cumulative impact of these trends is that Utah, along with the rest of the nation, has become much more diverse in many ways, including age, culture, language, nationality, race, ethnicity, religion, and socioeconomics.

For example, Salt Lake City is amongst the most diverse cities in Utah with 40% of its residents who are racially and ethnically diverse and speak multiple languages (Associated Press, 2015).

A consistent request shared throughout the survey was for the administration to diversify representation in positions of leadership. This was particularly stressed when state leaders addressed the public during television interviews and through social media platforms.

A participant shared that "optics matter in these situations and it behooves the state's public information officers to make sure that people of color are included on camera and in the media, so that their communities pay closer attention and the message resonates more." As one respondent expressed, the public facing image of leading government officials needs "to better reflect the populations from our community [across] county, state officials, community [and faith-based] leaders." Others shared that we should strive to ensure communication and outreach is inclusive of the growing population who call Utah home.

Lack of diversity in thought, race, and ethnic backgrounds within systemic structures, such as state, county, and local government, threatens to leave out communities that are underserved and underrepresented. In a time of crisis diverse perspectives must be included in emergency preparedness and recovery plans, otherwise, efforts may fail to address systemic inequities faced by those who experience historical and institutional oppression. State agencies and service providers were also encouraged "to work collaboratively in communicating with underserved populations." In addition, having an increase in representation of leaders from diverse communities could also further encourage multicultural populations to better engage with state and local government during critical efforts such as abiding by the "Stay Safe, Stay Home" order issued due to the rising concern of the COVID-19 contagion.

DEDICATED TASK FORCE

Another participant expressed that state leaders should create a dedicated task force that solely focused on addressing the critical needs and gaps of immigrants, refugees, and systematically marginalized populations. One shared we should "have more culturally inclusive folks in leadership positions [that] already use an equity lens in their work" to increase policy rooted in justice and human rights.

A respondent said that it was important to "identify community leaders from diverse backgrounds to serve on emergency preparedness [and response] council meetings. Not just a seat at the table but a valued voice at the table."

To further support that underserved communities are equitably represented and considered, leaders are encouraged to seek community input to help inform the process and response when crafting outreach initiatives. Participants noted that emergency preparedness goes beyond state, county, and local government, and each Utah community has various needs such as tribal communities. A respondent stated, it is imperative to "speak to American Indian leaders and elders to find out" the gaps in service and resources faced by their community and ensure they participate in framing emergency response. They also recommended that elders and ethnically diverse leaders, including Tribal Nations, be asked, "what [are] the true needs of the community?"

Seeking community input may help identify and eliminate the detrimental social conditions that disenfranchised communities experience daily and begin to heal relationships between systems of government and underserved populations.

Having diverse perspectives when planning and creating recovery plans is critical, because having a state that has a proactive approach reduces the likelihood of perpetuating systemic barriers.

SECTION 2.6:

ADDRESS SYSTEMIC INEQUITIES

Public health studies of past pandemics have revealed racial, ethnic, and income disparities in everything from the level of exposure, to healthcare access, to loss of employment, which all contribute to increased morbidity and mortality (Quinn, 2011). Centering equity as a state policy priority means that the values, policies, and practices that are proposed will ensure that all people — including but not limited to those who have been historically underrepresented based on race/ethnicity, age, disability, sexual orientation, gender identity, socioeconomic status, geography, citizenship status, or religion — are represented in the development of policy and the fair distribution of programmatic, financial, and informational resources (Policy Link, 2020).

Primary concerns identified to address systemic inequities include:

- Prioritize language access in emergency response
- Diverse representation
- Training needs around cultural inclusion
- Funding for organizations that serve the underserved

KEY TERM

SYSTEMIC BARRIERS

Consists of patterns of behavior, policies or practices that are part of the social or administrative structures of an organization, and which create or perpetuate a position of relative disadvantage for marginalized persons (Griffith, 2008).

REFER TO GLOSSARY (PG 83) FOR MORE INFORMATION.

> "We need one place for all communication from the state and relevant agencies [to be] given in real time in many languages. The delay in translation/language specific communications causes confusion and chaos."
>
> *Survey Respondent*

PRIORITIZE LANGUAGE ACCESS IN EMERGENCY RESPONSE

Policymakers can address systemic inequities that create preventable disparities by adopting a racial and ethnic equity framework that takes into account historical barriers for underserved communities. According to survey participants, the groundwork for emergency preparedness in the face of the COVID-19 pandemic has not centered inclusion or equitable resource distribution. Because of this, the response has been described as more "reactive" and some expressed that the needs of underserved communities have gone unaddressed. One participant encouraged leaders to "think about the history this country has of allowing [people of color] and marginalized groups" to go without treatment. "Inform and treat vulnerable populations, so this does not continue", they added.

Several respondents shared that this was most immediately felt when critical information provided on websites and resource guides regarding the pandemic were not translated or interpreted in the languages most used in Utah. This gap created significant stress on service providers including: non-profits, state and county agencies, and grassroots organizations that needed to quickly distribute information to clients who face language barriers.

According to a respondent, "many [outside] agencies are acting on their own to translate and disseminate information to refugee and New American communities because [no one] has organized stakeholders into a cohesive effort." Unfortunately, other service providers shared, "[We] have not had the time or resources to translate our updated information." This can mean, for some, that they receive little or no information, or that they receive misinformation as the policies continue to change rather quickly.

Several participants encouraged the state to prioritize and "create a Language Access Plan" and "design [a] culturally appropriate emergency preparedness/Disaster comprehensive plan that... partner[s] with organizations for and by people of Color, and faith based, social, [and] educational [institutions], etc.""Build[ing] rapport with school[s], church[es] or community organizations and discuss[ing] the importance of educat[ing] our community on emergency preparation" can amplify the state's efforts by "disseminating information in [a] culturally competent, targeted manner."

Respondents further commented that factual information tends to lose its meaning if shared through various communication lines without some form of agreed upon coordination. A community member suggested that state agencies can be more intentional in streamlining public facing content by convening "decentralized committees in each community, comprised of...(continued on next page).

...(a) key community leaders [and] advocates (formal or informal), (b) public service representatives, and (c) private nonprofits" to establish consistent messaging and referrals. This would be helpful in the situation presented by a participant who works in the court system who shared, while orders from state leaders "change daily, differences across agencies [have] been difficult to handle... The courts do not have a consistent approach across judges making messaging to clients very difficult... Consistent orders [across] agencies" would be helpful.

DIVERSE REPRESENTATION

Respondents also stressed that inequities exist when representatives from marginalized populations are not part of the executive decisions regarding emergency response. Diversity in leadership and equitable representation was a primary concern for participants and in order to highlight this ongoing gap, this was discussed in detail in Section 2.5.

TRAINING NEEDS AROUND CULTURAL INCLUSION

In addition to diverse perspectives in a system structure, the need for proactive training is significant during a statewide emergency. As one respondent suggested, "[P]erhaps healthcare providers and news providers should all be required to have a designated team/panel of individuals during local and global emergencies that consists of regular staff that meets quarterly to make a plan for relaying critical information during emergencies... ...This way no one has to pay additional employees, but when emergency situations arise, there is a team in place that is responsible for relaying critical [information]."

To further increase an inclusive system's response, participants shared the need for government staff and state agencies that provide services to be from, have background in, or receive training on how to work with racially, ethnically, culturally, and linguistically diverse populations. This was particularly relevant in light of one respondent's concern "about teacher bias and appropriate access to educational experiences." Several comments also referred to the need to "encourage kindness and compassion" and "develop the ethic of caring." Another respondent encouraged that there be mandated training to build Utah's workforce capacity to provide culturally responsive services. This would be relevant and impactful in the face of rising xenophobia and discrimination, which can isolate people from accessing services, further driving inequities.

FUNDING FOR ORGANIZATIONS THAT SERVE THE UNDERSERVED

Addressing systemic inequities also requires funding priorities to shift and consider supporting organizations, nonprofits and service providers that address gaps and needs for historically underserved communities. A respondent shared that "many nonprofits rely on grants and program attendance to survive. The COVID 19 pandemic will likely affect us for the rest of 2020 and into 2021."

Additionally, grant funding is also halted and nonprofits, "anticipate increased competition for remaining grant programs" as stated by a community member. They further stressed, "We will require support and expanded options for funding beyond loans. We're not sure what this could look like but we hope that planning for the recovery is also a priority at the state level."

Organizations and agencies that specifically work with multicultural communities that include the historically underrepresented based on race/ethnicity, age, disability, sexual orientation, gender, gender identity, socioeconomic status, geography, and citizenship status, are often lifelines to their clients. According to a respondent, they also become a "trusted pillar and a source for information, they serve as a bridge to local and state governments, and these organizations help amplify the needs of the most silenced and invisible."

SECTION

3 | RECOMMENDATIONS

3.A SPECIAL NOTE
3.1 PHYSIOLOGICAL AND SAFETY NEEDS
3.2 LANGUAGE & LITERACY ACCESSIBILITY
3.3 COORDINATED DISSEMINATION OF INFORMATION
3.4 CULTURALLY MINDFUL & INCLUSIVE APPROACHES
3.5 INCLUDE DIVERSE REPRESENTATION & PERSPECTIVES
3.6 ADDRESS SYSTEMIC INEQUITIES

SECTION 3.A:

SPECIAL NOTE

The following recommendations were informed by the primary needs and gaps identified in 93 survey responses from service providers that assist diverse populations across the state of Utah.

It is important to note that this is not an exhaustive list of all culturally inclusive and equitable policies and practices in emergency response. The recommendations provided in this section are examples of national and state-led efforts to help guide Utah's existing strategies and improve immediate and long-term conditions created by COVID-19.

This list can and should continue to evolve as unique barriers are identified and additional needs surface for historically underserved communities. This is particularly important because, while the COVID-19 pathogen can infect anyone, national data suggests that the pandemic is disproportionately affecting black and Latino communities. This is driven by the lack of health equity among populations who are also more susceptible to underlying health conditions, lack of healthcare access, and unstable job conditions that make it difficult to practice physical distancing (Heavey, 2020).

Utah- specific recommendations that are actionable and tailored to our state need to be fully developed to address the challenges underserved communities are facing due to the pandemic.

In response to this we recommend the creation of a dedicated Multicultural Advisory Council that is solution-oriented and focused on elevating the complex barriers faced by systematically marginalized populations. The Multicultural Advisory Council would include members from each commission and key partners in government, legislature, business, faith-based organizations and community advocates who directly work with underserved and multicultural populations.

SECTION 3.1:

PHYSIOLOGICAL & SAFETY NEEDS

1. FOOD

Some national considerations in addressing the immediate relief efforts of food insecurity include increasing the list of eligible products for the Special Supplemental Nutrition Program for Women, Infants, and Children, commonly known as WIC, nationally expanding the online purchasing pilot project for recipients of the Supplemental Nutrition Assistance Program, and allocating state funds to local food banks (Benfer, 2020; Goger, 2020; VanderHart, 2020). In addition, statewide plans should coordinate with schools to ensure low-income families relying on school lunch and school breakfast will continue to have access to school meals. The National League of Cities recommends identifying non-school locations and transportation solutions, and non-essential staff who can be deployed to coordinate sites where students and families can pick up meals or non-essential staff and volunteers are able to deliver (NLC Staff, 2020).

- RESOURCE: Oxfam (2012), a global nonprofit focused on alleviating poverty, developed a 48-hour assessment tool to address "emergency food security and livelihood situation[s] within the first few days after a rapid-onset disaster." Policymakers can adopt the toolkit to gather initial data in the first six to eight weeks after a disaster occurs.

2. FINANCES

As vulnerable and marginalized communities deal with financial hardships, it is important to "adopt policies and practices to make financial inclusion a reality for lower-income populations to decrease exploitation and increase economic stability" (Antonelli, 2020). State leaders can support communities by translating unemployment benefits and other resources from the Utah Department of Workforce Services into multiple languages and utilizing offline information dissemination; developing a student relief fund with recaptured money from any admin salary freezes or through campus-wide donations (Kotlikoff, 2020; Oakland University, n.d.); and raising awareness of predatory practices from targeted scams (NLC Staff, 2020).

While the federal government has passed a stimulus package for a one-time supplemental income, state leaders can prioritize empowering and equipping communities to be financially secure prior to any economic downturn.

- RESOURCE: The Alliance for Stabilizing our Communities (2014) released a report detailing the status of financial access for low-to-moderate-income communities. The recommendations introduce ways that policymakers can help underserved populations achieve financial security through economic integration.

3. HOUSING

We applaud Governor Gary R. Herbert in his recent decision to place a temporary moratorium on evictions and to defer rental payments until May 2020 (Exec. Order No. 2020-011, 2020). In accordance with national trends, community members would also benefit if these orders extend to property owners to include a freeze on foreclosures and mortgage payments (Smith, 2020). State leaders also have the opportunity to provide additional support by creating an emergency housing assistance program as rental deferments are only a brief reprieve before backlogged payments are due (VanderHart, 2020). Gehrke (2020) suggested repurposing funds the state legislature recently designated for affordable housing and converting them into temporary housing subsidies. This will help alleviate the struggle of recouping funds that tenants and homeowners may not have.

- RESOURCE: In having a longer-term approach, the National Multifamily Housing Council's (n.d.) housing affordability toolkit provides stakeholders with resources and solutions to address housing instability, which includes how certain policies enacted by public officials affect the vitality of diverse neighborhoods.

4. EXPAND ACCESS TO CHILDCARE

As Utah recently launched the "One Utah Child Care" program (Utah Department of Workforce Services, 2020) to provide healthcare workers and emergency responders with access to childcare, the definition of essential workers should extend to custodial, hospitality, restaurant, grocery store, warehouse, and delivery workers as they keep the economy afloat and create a lifeline for necessary services (Kane, 2020; Krebs, 2020). Weekdays, a Seattle-based startup company, established an Airbnb-style emergency childcare support pod where they match parents with in-home providers (Soper, 2020). A service such as this can help parents who find themselves in emergency situations find the support they need.

- RESOURCE: A report (Johnson-Staub, 2017) issued by the Center for Law and Social Policy also provides recommendations for equitable childcare services, which addresses increasing affordability and access and the supply of high-quality and culturally responsive programs.

5. PROMOTE HEALTHCARE JUSTICE

While the Families First Coronavirus Response Act (FFCRA) guarantees paid sick and family leave for some employees, it leaves out those who are employed by businesses with less than 50 or more than 500 employees (Williams, 2020). State officials should encourage local businesses to consider paid leave for those who fall outside of the provisions of FFCRA. Oregon's state legislature is also considering a bill to ensure patients are not hit with medical charges while seeking services from out of network providers (VanderHart, 2020). As testing remains limited, a measure such as this will provide families with flexibility and greater access to care. The state has also been adamant in asking employers to not require employees to show proof of illness but an Executive Order mandating this request can help vulnerable populations maintain employment as some work in unbending environments (NLC Staff, 2020).

In addition, the current pandemic is exposing many inequities in our society and threatens to make existing disparities even worse (Connecticut Health Foundation, 2020). Across the nation, health advocates are urging states to track cases by race, as well as age, gender and geographic location. This is particularly important to better understand the impacts on underserved communities that already experience health disparities due to compounding factors of poverty, education levels, housing quality and other issues like lack of access to transportation.

The state currently has disaggregated data according to gender and age on the Utah Coronavirus Task Force's website (2020), but does not include information on race. Absent the comprehensive breakdown of who has been affected, we will be unable to monitor disparities that arise and respond appropriately.

- RESOURCE: The American Public Health Association (n.d.) shared simple recommendations for achieving health equity and human justice. The Council of State Governments also details implementation strategies for states interested in improving mental wellbeing as many communities are struggling with the effects of the pandemic. (Coffey, n.d.).
- RESOURCE: The Illinois Department of Public Health (2020) became one of the few state offices to release racial data regarding documented COVID-19 cases.

6. BRIDGE THE DIGITAL DIVIDE

While many internet and phone providers have voluntarily increased services for low-income and marginalized communities, it is important that all companies provide customers with a level of reprieve especially those in rural and tribal areas.

The Federal Communications Commission (2020) has recommended that broadband and telephone service providers promote connectivity by not terminating services because of an inability to pay, waiving any late fees accrued during the pandemic and expanding WiFi hotspots. Policymakers can extend these recommendations to any businesses that are not currently heeding the advice and ask for the expansion of services in rural communities. Communities would also greatly benefit from deferred payments and the suspension of data caps as many people require internet and phone access to receive news and guideline updates and others are working from home resulting in increased bandwidth use.

- RESOURCE: The Seattle Office (n.d.) of the Mayor has implemented additional ways for vulnerable groups to access technology. Under a developed program, city officials provide free surplused and affordably refurbished computers, discounted smartphones and low-cost internet services. The state can adopt a similar program to provide surplused computers and phones for free and partner with nonprofit organizations such as Silicon Slopes to offer affordable tech gadgets.

7. IMPLEMENT SAFETY MEASURES

As it has become increasingly difficult for families to leave violent situations, other states have requested resources to help these households in times of crisis.

The Harbor House of Central Florida in Orlando has asked community members to purchase necessities created under an Amazon wish-list (Volz, 2020). The state can work with service providers to prepare a similar response or coordinate donations with UServeUtah, the state agency overseeing volunteer management. If coordinating support efforts through Amazon is not feasible, public officials can send a community call-out to purchase gift cards to grocery stores and other essential retailers (Krell, 2020).

In a more substantive and coordinated approach, the state's coronavirus taskforce should include advocates of sexual assault and domestic violence survivors, as Stay Home, Stay Safe orders and directives present alarming familial circumstances. The state should also consider emergency funding for families escaping violence and potentially partner with Airbnb or other hospitality industries to provide available rooms for these groups.

- RESOURCE: The National Center for Injury Prevention and Control and Centers for Disease Control and Prevention (Niolon, 2017) developed a comprehensive technical package for stakeholders involved in addressing and preventing intimate partner violence. The package compiles best practices and available evidence from a lifespan perspective.

SECTION 3.2:

LANGUAGE & LITERACY ACCESSIBILITY

1. PRIORITIZE TRANSLATION AND INTERPRETATION SERVICES

Currently, lack of access to information from reliable sources that are translated into languages that communities understand, is a prominent concern. More than 120 languages are spoken in our state and emergency response measures have a great responsibility to provide language access services to all people (Whitehurst, 2015). Government agencies can prioritize funding and resources, including hiring and retaining interpreters and translators that can help coordinate language accessible information. Additional questions that can be considered to prioritize translation and interpretation services are if "documents are accessible for persons with low-vision or blindness needs" (Colorado Office of Health Equity, n.d.).

- RESOURCE: The state of Colorado (n.d.) has developed a checklist when considering accessible public communications during the COVID-19 pandemic, which include considerations such as translating documents, creating documents in plain language and appropriate readability, accommodating all communication needs, and framing data and information in a culturally relevant context.

2. DEVELOP AND INTEGRATE A LANGUAGE ACCESS PLAN

Responding to emergencies can be difficult and stressful for everyone, but it can cause even more strain for Limited English Proficient (LEP) and Deaf and Hard of Hearing populations. State leaders can further ensure language accessibility is prioritized by developing and integrating a Language Access Plan within the state's emergency preparedness and disaster recovery systems. In the onset of developing a language access plan, a team of culturally and linguistically responsive leaders should be convened to help understand the gaps by analyzing the specific needs of community groups. A separate team of diverse people who provide translation, interpretation, and multilingual consultation for programming should also be identified.

In a time of crisis and emergency, these Language Access Teams are critical in disseminating important information regarding public safety, safety response, damage assessment, or recovery guidelines. In addition, dedicated funding should be allocated and built into an organization's infrastructure in order to efficiently support sustainable language access efforts, especially in times of crisis and emergencies. Items that need to be funded are language access assessment tools, employing research analysts, employing translators and interpreters, developing and issuing printed material, and conducting employee training (King-Curry, 2017).

- RESOURCE: The U.S. Department of Health and Human Services (n.d.) developed a checklist for emergency responders to ensure language access and effective communication was considered and delivered during response and recovery.
- RESOURCE: The U.S. Department of Health and Human Services (2013) also created a language access policy with 10 identified elements required for inclusive and comprehensive plans to help programs move forward in creating their own.

SECTION 3.3: COORDINATED DISSEMINATION OF INFORMATION

1. CREATE COVID-19 COMMUNICATIONS TRIAGE KIT FOR SYSTEMATICALLY MARGINALIZED COMMUNITIES

The lack of state-coordinated efforts to disseminate information to diverse communities and to eliminate the rise of misinformation has hindered public health interventions and productive collaboration between agencies. The communications systems in place do not address the diversity of languages, and the barriers of accurate information retrieval for many underserved communities. With this, in order to minimize misinformation and delay, we recommend that a COVID-19 Communications Triage Kit be created to crowd-source timely information, graphics, and explain the appropriate use of promotional materials. This may entail working collaboratively with health departments and state agencies to ensure accurate translation of information, simultaneous interpretation, and effective dispersal to frontline service providers, faith leaders, nonprofits, schools, and grassroots organizations.

- RESOURCE: The Centers for Disease Control and Prevention (2014) has in place a Crisis and Emergency Risk Communications manual that explains best practices for culturally mindful and inclusive care when addressing progression, prevention, and management of a health emergency. This may be helpful in the theory behind a proposed communications triage kit, but for layout inspiration, the Communications Network (n.d.) houses an ingestible and public-facing kit that may be more appropriate for design purposes.

2. TAILOR INFORMATION DELIVERY TO PREFERRED MODES OF INFORMATION

According to the Centers for Disease Control, because "the ways in which receipt of news is evolving, the ways in which public health authorities communicate with the media and public needs to adapt in similar ways. In 2016, the Pew Research Center reported that approximately 4 in 10 U.S. residents received their news from online sources, and 6 in 10 received their news through social media channels" (Daigle, 2018).

Our survey specifically focused on underserved communities and survey results showed that people look to social media, a trusted family member or friend, and faith leaders/churches for emergency information, in that specific order. For effective and wide-reaching communication, it is recommended that state leaders consider the preferred mode of information retrieval for racial/ethnic communities and generational groups. Communication strategies should include a mix of media outreach, partner and stakeholder outreach, and social media engagement.

- RESOURCE: The Minnesota Department of Health Office of Minority and Multicultural Health (2012) evaluated preferred methods of communication and compiled recommendations for emergency response in a report specifically for public health and community health agencies. According to this report, it is recommended that state leaders also consider mass methods of communication (texting, radio, television) for communities that may not have access to the internet.

3. INVEST IN CERT AND EMERGENCY PREPAREDNESS PROGRAMS IN UNDERSERVED COMMUNITIES

Based on the anxiety, panic, and intersectional repercussions the pandemic is causing, it is recommended that the state work with municipalities, health agencies, communication arms, and emergency responders to build emergency preparedness and CERT capacity in underserved communities. By invigorating these programs, at least in a virtual manner at this time, communities will gain a sense of empowerment and be better prepared to manage the evolving COVID-19 crisis and natural disasters such as the recent earthquake.

- RESOURCE: The Office of Emergency Management of Minneapolis highlights this need in their Racial Equity Emergency Management report and further explains the importance of incorporating a racial equity framework (Eagles, 2014).

SECTION 3.4:

CULTURALLY MINDFUL & INCLUSIVE APPROACHES

1. PROMOTE INCLUSION

To address inequities surrounding the COVID-19 pandemic and integrate culturally mindful and inclusive approaches, elected leaders can set a tone of transparency, compassion, reassurance, and guidance that takes into account all Utahns. State leaders can further promote inclusion through equitable resources and assure outreach distribution is provided to the marginalized and silenced. Amongst these are undocumented communities. Undocumented communities are facing extenuating circumstances in this pandemic as issues, such as employment to healthcare access, is characterized by unknowns, which fuels anxiety and fear around legal repercussions. Respondents recommended that state leaders "allow the financial aid that is available to all Americans, [to] also be available to current undocumented people living with us." This community contributes to Utah's great local economy and respondents insisted that benefits also be extended to support them in this dire time.

Further, developing inclusive language and alerts on major state websites and materials that welcome all communities and encourage them to seek resources and help is recommended to slow contagion and limit misinformation.

- RESOURCE: The Office of Mayor Jenny A. Durken of Seattle (Office of the Mayor, 2020), Washington State has compiled a resource directory for a variety of communities including undocumented individuals. This directory identifies financial relief for undocumented business owners, community networks for social and emotional support, and legal advice, which provides direct links to grassroot and government organizations within the area to further leverage community resources. The display of support from a government leader expresses care and concern for a community that is too often forgotten or deemed invisible. The framework of Mayor Durken is centered on community partnerships with smaller organizations providing direct services. For example, the Betancourt Macias Family Scholarship Foundation (n.d.), compiled a COVID-19 resource guide for Seattle's undocumented communities, which was elevated by the mayor's office on their website.

- RESOURCE (cont.): Duplication of efforts should be avoided during a time of crisis when resources and capacity are limited, making the tactic here, of elevating voices and mobilizing community experts, much more productive and effective in reaching target audiences.
- RESOURCE: The Northwest Immigrant Rights Project (n.d.), whose focus is in advancing the rights of immigrants through direct legal services, systemic advocacy, and community education, has developed a community resource page in multiple languages relevant to immigrant groups. These sites and frameworks are pillar examples of how to centralize information in an approachable manner for all people.
- RESOURCE: For a comprehensive list of equitable policy and emergency response resources specific to COVID-19, the organization, Racial Equity Tools (n.d.) has compiled a resource guide that prioritizes relief and reconciliation for racially minoritized groups. Reports and tools from the National Association for the Advancement of Colored People (NAACP) to smaller nonprofits functioning with an equity lens, are represented and recommended for a cohesive response to the unique repercussions of COVID-19 on diverse communities.
- RESOURCE: The Centers for Disease Control and Prevention (Daigle, 2018) provides several examples of messages used to facilitate trust during an emergency, including outbreaks similar to our current pandemic.

SECTION 3.5:

INCLUDE DIVERSE REPRESENTATION & PERSPECTIVES

1. REPRESENTATION MATTERS

"During crises, the presence of diversity and the practice of inclusion is essential to challenge us to look at problems differently and consider a wider range of issues and impacts that we might not otherwise" (Howell, 2020). Equity-based decisions and inclusive responses in the face of an emergency can be cultivated if leaders are from diverse communities that will likely consider, advocate for and encourage solutions that address community needs of our most underserved populations.

According to the National Innovation Service, "now is the time to reach out to the organizers and activists who work with these communities daily and pull them into decision making so that as we continue to make rapid-fire decisions, we know that critical voices are present in key roles"(Howell, 2020). Emergency management structures should intentionally invite representatives from multicultural communities including but not limited to those who have been historically underrepresented based on race/ethnicity, age, disability, sexual orientation, gender, gender identity, socioeconomic status, geography, citizenship status, and religion.

It is important to emphasize that these voices should not be relegated to silos but instead incorporated into the regular command structure of our emergency management centers so that they have the ability to accelerate solutions and, when necessary, prevent or stop harm to their communities (Howell, 2020). The Utah Division of Multicultural Affairs, the Multicultural Commission, and the Martin Luther King Jr. Human Rights Commission, in collaboration with interagency partners can serve as the state's advisory council during emergencies to identify barriers for historically underserved communities and make recommendations for improvement.

- RESOURCE: An example of states advancing efforts to diversify state leadership comes from Governor Andrew M. Cuomo (NY) who announced bold actions to increase the number of diverse officials in the state...

- RESOURCE (cont.): ...government workforce, including advancing legislation to accelerate the hiring of highly-qualified diverse candidates and expanding access to civil service exam preparation and tests. The actions were recommended by the Governor's Advisory Council on Diversity and Inclusion. Governor Cuomo accepted all 10 of the Council's recommendations, which now will be incorporated into New York State's Five-Year Strategic Plan for Diversity and Inclusion, which includes required training for all agency heads, executive leadership and staff responsible for recruitment and retention (Governor's Press Office, 2016).

SECTION 3.6:

ADDRESS SYSTEMIC INEQUITIES

1. CREATE A RACE EQUITY PLAN FOR THE STATE

Elected leaders and state agencies can incorporate inclusive and equitable practices within new policies and policy changes, by developing system wide equity plans that intentionally focus on disparate outcomes for communities of color. Advancing racial equity in governing requires that [leaders] confront the very history that a community is built on — the policies, practices and procedures that direct services and laws that sustain our systems, and the outcomes they create (CitiesSpeak 2019). "While there are few examples of local legislation that explicitly tackles the issue of structural and institutional racism in governing, models do exist" (CitiesSpeak, 2019). For example, the City of Baltimore is advancing racial equity in governance and has established this as a priority when advancing policies, practices and procedures. The City of Baltimore codified racial equity into laws during the 2018 legislative session (CitiesSpeak, 2019).

- RESOURCE: The Office of Equity and Human Rights in the City of Portland, developed the "Promising Practices in Government to Advance Racial Equity" (Eagles, 2015).
- RESOURCE: The Office of Emergency Management of Minneapolis has addressed this systemic issue and policy-gap in their Racial Equity Emergency Management report (Eagles, 2015) by assessing vulnerabilities according to racial groups and socioeconomic standing, which led to incorporating a racial equity framework in all phases of the city's emergency management.
- RESOURCE: The University of Colorado-Boulder has strategically laid out four principles (Jerolleman, 2019) for just, emergency recovery, which may guide policy considerations related to equity for and inclusion of systematically marginalized communities:
  - Just recovery requires the ability to exercise agency.
  - Just recovery begins with equality.
  - Just recovery harnesses community capacity.
  - Just recovery requires equal access.

2. PROVIDE TRAINING ON DIVERSITY & INCLUSION

Training is essential in building a workforce's capacity to develop skills and increase racial equity and eliminate systemic barriers, especially in the field of governance. State leaders can implement and mandate system-wide training that address best practices in working with racial and ethnic communities, and culturally and linguistically diverse populations.

- RESOURCE: The City of Baltimore created a bill emphasizing the need for conducting equity assessments. They view training as critical because it establishes a shared foundation when addressing racial equity. As they stated, when employees are trained it supports "the city's preparation of leaders and staff to critically assess existing policies, practices, and procedures" (CitiesSpeak, 2019).

CONCLUSION

CONCLUSION

To understand the social, cultural, and resource implications of the pandemic on historically underrepresented communities, the Utah Division of Multicultural Affairs conducted a survey with service providers currently working with underserved populations. What we found was that COVID-19 has uniquely impacted these communities in the state of Utah.

Issues that consistently emerged include: language and literacy accessibility, concerns with the coordination of information dissemination, physiological and safety needs, systemic inequities, the need for diverse representation among leaders, and culturally mindful and inclusive approaches. These themes identified the ways in which communities presently navigate institutional and cultural barriers and how disparities are heightened and compounded as a result of the crisis.

The recommendations provided in this report are examples of national and state-led efforts to help guide Utah's existing strategies and improve immediate and long-term conditions created by COVID-19. However, Utah- specific recommendations that are actionable need to be fully developed to address the challenges underserved communities are facing in our state due to the pandemic.

In response to this need, we recommend a dedicated Multicultural Advisory Council that is solution-oriented and focused on elevating the unique barriers faced by marginalized communities. This group can be collaboratively led by the Utah Division of Multicultural Affairs, the Utah Multicultural Commission, and the Utah Martin Luther King Jr. Human Rights Commission, who have been tasked under Utah code to advance efforts that promote diversity, equity, and human rights (Division of Multicultural Affairs Act, 2019). The Multicultural Advisory Council would also include key partners in government, legislature, business, faith-based organizations and community advocates who directly work with underserved and multicultural populations.

Through continued commitment, action and research; public officials, state agencies, and community partners can collectively work to develop outreach and response strategies that serve all Utahns. Together, we can collaborate to take necessary steps that will lessen this pandemic's impact on the most systematically marginalized to ensure we advance and recover as a unified state.

APPENDIX & GLOSSARY

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APPENDIX

SURVEY RESPONSES

QUESTION 5A:

"PLEASE EXPAND ON THE BARRIERS THAT EXIST FOR YOUR CLIENTS IN ACCESSING TIMELY INFORMATION ABOUT COVID-19."

- Access to accurate information in their native language that does not require internet acess.
- access to information in spanish.
- Access to internet or a computer. Language barriers. access to internet, no computers
- access to local news and technology, help with school work
- Access to resources, time to prepare, time off from work
- Access to valid information and resources
- Clients are unaware where to get factual information, and who to ask for help with issues like financial limitations.
- closing masjid and employers no pay check
- Communication, Technology, Employment, Healthcare, Food
- Consistent orders from agencies. While they change daily differences across agencies has been difficult to handle. The courts do not have a consistent approach across judges making consistent messaging to clients very difficult.
- Federal funds designated for Native American tribes, but must pass through state agencies may not reach tribes or tribal governments
- Health literacy, access to technology, disability, language, health care coverage
- I think they are receiving most of their info from friends and on social media
- I think they are receiving most of their info from friends and on social media
- Information in their language and access to internet for information distribution
- Internet access; language barriers; prioritizing survival over information, for example: going to the store multiple times to buy bare necessities due to low income.
- Internet availability is very limited in many parts of our county, especially on the reservations. Also, there is very little television reception as well.
- just general access to information and lack of guidance from politicians at the highest levels.
- Lack of access to parents due to incarceration; lack of passing on of information due to their age

QUESTION 5A (CONTINUED):

"PLEASE EXPAND ON THE BARRIERS THAT EXIST FOR YOUR CLIENTS IN ACCESSING TIMELY INFORMATION ABOUT COVID-19."

- Lack of internet access, lack of transportation, lack of jobs
- lack of knowledge to find reliable resources to get informed, not savvy in technology, not internet at home and not having the technical knowledge to use computers or use the services online. Not being able to communicate properly in English. Misinformation
- lack of technology, internet, connectiveness
- Language and content
- Language, literacy, access to internet or devices, immigration status
- Language, no internet at home, lack of communication, transportation, feeling afraid to ask for resources, there is not too much print information, etc
- Language, technology.. A lot of times children were the conduit through which immigrant parents heard about local news but with school out, these channels have been interrupted
- many do not have high speed access to the internet
- Many of my clients are homeless, in foster care, DCFS custody, Juvenile Justice Services custody and guardianship, don't have jobs, have economic and financial distress, less access to healthcare, less access to updated info/web access (or the time to look into it due to all these aggravating factors), immigration fears, etc.
- Methods of getting reliable information where television isn't the main source of news
- Misinformation is common.
- Financial struggles often mean no available internet or cell service.
- Mix information from community leaders such as the Department of health, the governor's office. We do not have clarity on how the government is helping the immigrant community and the uninsured community, including mix status families. There is no clear information for immigrant families on how to access the testing services and where are they. We have found that for our leaders to tell us do not to panic, do not worry is such a dismissive way of communicating.
- Most have access to Radio and Television and social media, but some do not.
- No child care, and worried about spreading the illness.
- No electricity
- No health insurance
- No internet access and no access to close groceries
- No or limited internet access
- Not enough information in Spanish, not official spokepersons to disseminate information in Spanish, not clear what economic or job insurance immigrants are eligible during this pandemic,
- Not having access to healthcare/ uninsured or underinsured/poverty

QUESTION 5A (CONTINUED):

"PLEASE EXPAND ON THE BARRIERS THAT EXIST FOR YOUR CLIENTS IN ACCESSING TIMELY INFORMATION ABOUT COVID-19."

- Not too many good translations are in the market
- older members who are most at risk do not have internet capabilities
- Our clients are incarcerated and they are receiving no timely information, nor adequate hygiene supplies.
- Our state is not taking this health crisis seriously. We are allowing students back into the community that have traveled to heavily infected areas during spring break. Faculty are not here, but staff and administrators are still forced to work and interact with possibly infected individuals. This is not safe.
- Rent, Utility Bills, Grocery, Gas, Child Care
- Some of my clients do not have smartphones, so they are not connected to the web for immediate information and updates on COVID-19. Having a form of dissemination of information that is not internet-based would be helpful such as television broadcasting or a phone call. A hotline that is manned 24/7 with Spanish-speaking individuals would be helpful for my clients that work odd hours such as night or swing shifts.
- Some of our clients do not have access to electricity, health care or technology
- There is a delay in communication to vulnerable populations such as information in their home languages.
- There is a lot of bad info and incomplete info out here.
- They are receiving inconsistent or delayed information from the Health department and other agencies which leads to confusion and chaos.
- they don't speak English and often have low literacy in any language. materials are being translated but since clients are staying home now, it's unclear how they are accessing high quality, reliable information
- understanding what needs to be done to help spreading
- Utahns not understanding the importance of social distancing.
- We are a community center for the LGBTQ population. I serve primarily seniors in my position. There is a lack of technology understanding, a lack of access to technology in a world that has gone virtual.
- We have not had the time or resources to translate our updated information.

QUESTION 7:

"PLEASE EXPAND ON THE ANSWERS YOU SELECTED IN QUESTION #6 (UNIQUE BARRIERS FACED). WE ENCOURAGE YOU TO SHARE YOUR CLIENTS' LIVED-EXPERIENCES."

- A client with limitied English shared difficulty reading news in English and not understanding alot of the information media is sharing about COVID-19. A homeless student shared not having access to computer or internet to do online classes since universities closed down the buildings. He used school's computer lap to do homework. Another client working in a restaurant business is no longer able to afford therapy.
- A firm understanding of the services in the community and how it works for them.
- All members should have access to testing kits
- all of the above, they are in a limbo situation, may be some of them are ok for the moment but insecure about what is happening next week or month
- Client's need therapy but are unable to do teletherapy because of no child care or lack of electronics
- clients are being told not to come to work but are not being paid so are concerned about ability to pay rent, buy food. they don't have money to stockpile goods and when they go to the store, supplies are still low. fear of riding public transit due to contracting illness.
- Clients only having electronic visits with families when detained. In ability to communicate with clients about court changes when the language spoken by the family is something besides Spanish or English.
- difficult for many to get to grocery stores for staples
- each has unique experiences
- Exploitation
- families and individuals are scared of not being able to access health care services in case they need them. Many families do not have access to internet or a computer for information regarding the corona virus, others have language barriers to communicate or understand instructions. They are also fearful of running out of food and money if employers decide to close business due to the expansion of the corona virus.
- Fear is stooping people from asking questions
- Finding necessary items at grocery stores.
- Folks are concerned that informational materials are not coming out in their languages and that it is difficult to find culturally relevant assistance in the hotlines established.
- I don't have enough information to answer this question. However, as a digital media arts education provider, access to technology is vital to the continued delivery of our programs.
- I have a member stuck in the county jail because of an ICE hold. He does not belong in jail

QUESTION 7(CONTINUED):

"PLEASE EXPAND ON THE ANSWERS YOU SELECTED IN QUESTION #6 (UNIQUE BARRIERS FACED). WE ENCOURAGE YOU TO SHARE YOUR CLIENTS' LIVED-EXPERIENCES."

- I may have youth who will struggle to get food in the coming days.
- I primarily work with P-12 students and their parents. School closures have put a massive strain on their abilities to work and provide for their families while still providing childcare.
- In addition to above answer to #5, many of my clients lack critical access, but more importantly, these issues aggregate and build upon each other to create serious mental health challenges, including depression/anxiety/stress, etc. There is no time to maintain updated knowledge base when there are other survival and critical obstacles in the way.
- In the city that I live the information was only in English
- Internet has been a concern, especially with us trying to use telehealth. There is also the concern that people are losing work and will be unable to make ends meet.
- Limited Funding, access to services, etc.
- limited technology or devices per family lost of work
- Lower income populations in the service industry are being terminated form their positions and unable to make rental or mortgage payments. For those with school aged children who need day care, they may not have support to care for their children if they are still working.
- Many clients are are not financially or housing stable. They may not have technology to support receiving information about COVID-19. Some clients are also homeless and do not have access to adequate healthcare.
- Many do not have the financial stability to prepare because they are working paycheck to paycheck. The would like to be prepared but worry about paying rent and unsure about buying food for 2 weeks when they might need the money for rent because unemployed.
- Many have no extra funds; additional food cost; fear of eviction
- Many of the communities we reach are working paycheck to paycheck, some are afraid to talk to someone due to their legal status, and because of language barriers, might not be receiving the best information.
- Many of the people with whom we work are in a low-income bracket and also face the real digital divide (i.e., from technology to internet access). The people with whom with serve prioritize their survival and thus risk exposure to COVID-19. This includes going to the pantry to obtain food or going to the store multiple times to buy necessities instead of buying in bulk.
- Many of the persons with whom I work already experience food insecurity. They do not have the financial resources to stock up - they frequently don't have enough to get to the end of the month. They may work in warehouses, call centers, gas stations; flexible work, social distancing, etc are not options.

QUESTION 7(CONTINUED):

"PLEASE EXPAND ON THE ANSWERS YOU SELECTED IN QUESTION #6(UNIQUE BARRIERS FACED). WE ENCOURAGE YOU TO SHARE YOUR CLIENTS' LIVED-EXPERIENCES."

- Many families live in multi-generational households, with grandparents caring for their grandchildren. These grandparents are not only at risk for COVID (many have diabetes, hypertension, other chronic disease), but may not be tech savvy to help kids with online class work. In addition, they are experiencing stress for their relatives who live on the reservation, many of whom are older, and depend on help from familiy in the city to bring in food, chop wood, etc.
- Many of the students we work with in West Valley and in the rural counties of the state do not have access to meals or technology. Many of our elderly volunteers are not technologically savy and are on reduced income and limited healthcare opportunities.
- many older Pacific Islanders favor holistic/natural remedies over clinical medicine/pharmaceuticals, so misinformation about potential "cures" for COVID-19 are widespread
- Many people don't have the access to technology in the way that the majority does. There need to be more information available for marginalized community member to have a greater understanding of how to use the tools they currently have in their hands. The expense of technology is also a barrier.
- Many people in the Latino community are undocumented, and will avoid any services for fear of repercussion. They are also very vulnerable to exploitation and will likely continue to work despite the outbreak, putting themselves and their families at higher risk of contagion. Most rent, and will be at the mercy of their landlords if they are unable to work, and since so many work in the service sector, they are most likely being affected by closures of entertainment and dining.
- Misinformation is an issue that all communities face, especially if people are counting on word of mouth from other community members.Unless they have someone in their family that understands the situation, they may not be getting the most accurate information. A lot of jobs are being affected by the COVID-19 shelter at home as much as possible and this can affect food insecurity and having enough money to pay the bills.
- Most work hourly wages. Cut in hours or being laid off is a hardship on the household. Lost of health insurance coverage and access to primary care.
- My clients live and work in isolated communities with little to no resources
- Nearly all of these are issues for our clients. We fill the role of a "safety net" provider for American Indian and Alaska Natives along the Wasatch Front.

QUESTION 7(CONTINUED):

"PLEASE EXPAND ON THE ANSWERS YOU SELECTED IN QUESTION #6 (UNIQUE BARRIERS FACED). WE ENCOURAGE YOU TO SHARE YOUR CLIENTS' LIVED-EXPERIENCES."

- Our clients are in deeper crisis and trying to navigate all those situations at once. A clear directive on such things like evictions, workplace policies and health policies would do a lot to help our communities navigate this time.
- Our clients are scared and they have no ability to protect themselves during incarceration.
- Our clients are trying to proceed with their legal immigration work yet fear the public charge will adversely effect their case. Additionally, many are struggling economically as hourly wage workers and now have childcare needs as their children are out of school. Access to healthcare is critical and limited as well as information that is readily accessible for folks who may mot have internet access at home and don't have unlimited data plans on their phones.
- Our county is very spread-out so that it takes a long time for mobile emergency services to arrive. There are 3 small health facilities in the county, fairly spread-out. Our county has no services for our LGBTQIA+ population. The nearest VA services center is in Grand County, 45 minutes north of our most northern community. Much of our area is of lower socioeconomic levels, so many families rely on Food Banks and foodstamp programs. There are very few low income housing options in our area. Many of the current options are being bought up and converted to vacation rentals. Many of the older Navajos do not speak English and rely on their families for news. Many of the Hispanic population do not speak English.
- Our families - who benefit from services on a sliding scale fee - represent a variety of ethnicities, cultures, backgrounds, and educational levels, and the majority are low-to-extremely low income households. For this reason, barriers such as language, access to technology, anxiety (relating to housing, work, access to food), and past experiences of mistreatment in the healthcare system might represent barriers to accessing timely or accurate information about the pandemic.
- Our families are worried because they were laid off, the won't know if they will have money to pay their rent, they are working in cleaning services jobs, and not everyone qualifies for health insurance and or unemployment. Not all families qualify for emergency SNAP or unemployment. Not all families have health insurance, no all our aging population knows how to write or read in their native language, no all the resources for LGBTQI communities are inclusive with the Latinx population, people are worried they won't be able to pay their utility bills on time. We have a language barrier and lack of cultural competency on the testing center
- Our nonprofit teams up with other community based agencies and coalitions and as far as our mission to help feed the needy and respond to the Census 2020, Covid-19 hasn't been receiving the critical attention other than coming by mandatory orders by the government to shutdown everything.

QUESTION 7(CONTINUED):

"PLEASE EXPAND ON THE ANSWERS YOU SELECTED IN QUESTION #6 (UNIQUE BARRIERS FACED). WE ENCOURAGE YOU TO SHARE YOUR CLIENTS' LIVED-EXPERIENCES."

- Panic
- People being out of work now winding how they are going to pay their rent, or even buy food. People returning to the reservation that don't have adequate health care services or clinics.
- people don't realize they can carry Covid without symptoms and pass it on.
- People need to stay sheltered at hone but they are also afraid that if they don't get services they will go without so they are making "heroic" efforts to come in to our facility even though it puts them at risk.
- People on the lower income spectrum and really stressed about housing and also more people are supporting friends and family members who have lost jobs and income.
- Persons with disability are often prayed upon by scammers or even mislead by family members. They (some) have a constant insecurity related to food and housing due to their disability that they will not be able to get or maintain a source of income.
- Primarily our clients are struggling with job layoffs, lack of child care and general feelings of insecurity about the situation.
- Refugee/Immigrant students have already faced fears in the above items. This only heightens the concern
- Reservation life.
- some have no transportation, money situations, health problems
- Some of my clients believe food resources that are available for the community are for citizens only. They are apprehensive of the kind of information that will be asked of them in exchange for resources/help. Some of my clients are older folks who do not have access to the internet or web 24/7. For this reason, they are unable to keep up with up-to-date COVID-19 information.
- Some of our students are from places such as China and Italy. We have some community members who are scared of them or blame them for the coronavirus. I don't actually know how significant of a problem this is. And then some of our students want to move home but can't or can't get out of their lease agreements, so they are stuck in place knowing all their teaching and services are now online and they could do all that from home.
- Some of the students that I have are concerned about parents being deported. For some that is their reality. I am concerned about their educational experiences in terms of access. We do are best to provide access for parents and make sure that the language barrier is not perceived as a deficit. We make sure that we have all documents translated in Spanish.

QUESTION 7(CONTINUED):

"PLEASE EXPAND ON THE ANSWERS YOU SELECTED IN QUESTION #6 (UNIQUE BARRIERS FACED). WE ENCOURAGE YOU TO SHARE YOUR CLIENTS' LIVED-EXPERIENCES."

- Some struggles with the language barriers with the information provided from this virus.
- State office providing services.
- Students dont have internet to finish classes, or ways to go home. So transportation is a big problem their families and grandparents are risking their lives driving hundreds of miles to pick up their grandkids in college.
- The local hospital in Tremonton is doing Triage in the parking lot, so patrons are not allowed to enter until they are given access. They may only come in alone, no one may come in with them. There are no visitors allowed in the hospital. People are asked to use the virtual doctor options. There is a lot of information going around and not all of it is good. People are confused what to do if they are experiencing symptoms of the Virus. There are many non English speaking residents. This limits the information they receive even though there is many sources for other languages I don't think they know where to go to access them. With people out of work there are many housing concerns. I have not heard of anyone being evicted. We are also experiencing a lot of shortages in the local stores: meat, cereal, milk, and especially toilet paper. The stores have limited everything to 2 items per day per person.
- The majority are working either in the service industry (fast food) or hotel industry which have both slowed considerably
- The media' lack of reliability and validity.
- The Urban Indian Center of Salt Lake City is located downtown; because of our unique physical placement we are able to serve the Utah tribal populations of: Ute, Paiute, Goshute, Dine'/Navajo, Shoshoni, and Arapaho, Oglala Sioux, Cheyenne River Sioux, Wind River Shoshone, Cherokee, and Rosebud Sioux from neighboring states (see Attachment 1a section A1.) There are 60,000 people residing in Utah who self-identify as American Indians/Alaskan Natives (AI/AN), of that 46% (14,500) living in SLC consider themselves AI/AN. The disparities within our service location (a.k.a. population of 14,500) shows: 1. Unemployed (AI/ANs) over 16 years of age is 2.1 times higher than Non-Hispanic Whites (NHWs) (12.4% vs. 6.0%). 2. 27.6% AI/AN living in households below the federal poverty level is 4.4 times the proportion of NHWs (6.3%). 3. 25.7% under 65 years old and 17.6% under the age of 18 lack health insurance coverage. The identified barrier for health insurance (Medicaid) is access to electronic communications and/or computers. This obstacle, combined with unemployment and poverty, can potentially prohibits patients from seeking preventative services which, in turn, can theoretically reduce rates of morbidity and mortality.

QUESTION 7(CONTINUED):

"PLEASE EXPAND ON THE ANSWERS YOU SELECTED IN QUESTION #6 (UNIQUE BARRIERS FACED). WE ENCOURAGE YOU TO SHARE YOUR CLIENTS' LIVED-EXPERIENCES."

- There are many medical personnel, landlords and many other services who discriminate still against this community.
- There is a lot of misinformation, some clients believe that because hispanics have so far not been affected in the state it doesn´t apply to them. There is a concern on how to pay their everyday bills if they stay at home.
- These answers are based on my perspective, not lived-experiences shared with me
- they need help with more services after al ready having hardships
- Thinking of undocumented folks and their fear of deportation could precent them from seeking medical help and resting.
- Those who read Braille are more in danger because touch is necessary for them to read
- too much to write
- Undocumented clients are concerned with seeking health services for fear of deportation.
- Undocumented parents are being laid off and they don't qualify for unemployment. They don't seek medical assistance because they fear their immigration status will be used against them.
- Unemployment benefits for undocumented population
- Very low-income families, most of them with little academic knowledge which makes them more vulnerable to not knowing where the resources that can help them cope with the crisis are
- We are just barely starting to think about pushing out information to diverse communities. At this point, the Utah Courts are moving services and information online to comply with CDC, Governor, and county health restrictions.
- We are still offering services
- We have already had 3 clients in dangerous homes both losing work and escalating violence!
- We have been working to get laptops to students who have experienced sudden school dismissal and have no access to equipment to participate in online education
- We have clients calling and asking if we have any resources to assist them in paying rent or keeping their small business afloat.
- We serve a wide range of clientele, but a lot of low income and minority groups, including refugees.
- We serve lots of students in rural areas that do not have internet or computers in their homes. They also rely on school breakfast and lunches for reliable food each day.
- We serve the college community of Dixie State University. At this point, we have experience any concerns.

QUESTION 7(CONTINUED):

"PLEASE EXPAND ON THE ANSWERS YOU SELECTED IN QUESTION #6 (UNIQUE BARRIERS FACED). WE ENCOURAGE YOU TO SHARE YOUR CLIENTS' LIVED-EXPERIENCES."

- We teach English classes. Most of our students have a very low level of English comprehension. Many are also currently undocumented or have family here that are undocumented. The language barrier and their immigration status would make them afraid to find help during a time of crisis.
- We work primarily with college students. We have seen an uptick in loss of employment. Some students moved back home but many have stayed on campus. My concern is that some students are still congregating in groups. They are not understanding the risk of contracting the virus. I have not seen a great deal of information printed out in Spanish in our community. We are working on addressing that though.
- When clients' working hours got cut off, they don't know where to get support to pay off their expenses. Or Clients will have to work extra hours with a pay increase but the company does not provide precaution plan to COVID19.
- Within my region, I serve several community members that lack access to computers. I work for an institution that had several computers for prospective community members to use in order to access the institution's application. With libraries closed, I am assuming they might be obtaining information via word of mouth. I had a Spanish speaking community member withdraw from our institution due to a fear that the virus "was going to wipe out more than 75 percent of the population". I am not sure where they obtained this information but it appeared to be misinformation. Many community members contacted me when our institution shutdown for face to face appointments. Communication was sent out in English, but the information in Spanish was sent out a day later. There is definitely a delay in communication within institutions.

QUESTION 8:

"WHAT DO YOU THINK ARE THE PRIORITY NEEDS THAT HAVE REMAINED UNADDRESSED AMONG VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES IN THE COMMUNITIES THAT YOU SERVE?"

- A voice of authority they can trust. Most of patrons trust NLS, the Utah State Library for the Blind and or their Regional Library for the Blind and Print Disabled.
- Access to athletic opportunities due to everything being shut down. Which leads to uncertainty about the future.
- Access to direct and concise information regarding COVID 19

QUESTION 8(CONTINUED):

"WHAT DO YOU THINK ARE THE PRIORITY NEEDS THAT HAVE REMAINED UNADDRESSED AMONG VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES IN THE COMMUNITIES THAT YOU SERVE?"

- Access to food, help continuing education. Understanding the true nature of this crisis.
- Access to funds to pay bills
- Access to information in different languages. Loss of employment. Information about resources.
- Access to information in native language; access to steady employment and income
- Access to information thru technology, no physical space to go to. We are a lifeline for many people.
- Access to technology as they attempt to finish the school year
- access, messaging-- how are we getting messages out there?
- Accurate information about covid19.
- Additional funds for emergencies such as this, internet acces, childcare!
- Affordable housing and livable wages.
- Basic needs. Not having the ability to pay for food, housing, utilities, and health. Job insecurity for hourly workers.
- Being eligible to services and language barriers
- Childcare is huge.
- Clear messages in Spanish of the policies implemented, specific statements assuring that everyone will be medically serviced regardles of their immigration status. Make transparent the costs of tratment and what are the low cost options for uninsured.
- Closing detention facilities at this time.
- companies are sending workers home after covid 19 and they have not been paid yet. this is making life more difficult.
- COVID-19 is so new and unknown that we are barely keeping above the curve. The mainstream population is living in an uncertain time but with our most vulnerable population this fear is heightened.
- Dissemination of information in culturally competent, targeted manner. Additionally, information needs to be obtained through a single portal, requiring providers and public services to work collaboratively in communicating with underserved populations.
- Economic and financial disparities are @ the core of these unaddressed needs.
- economic vulnerabilities. If families fear trouble with money they are less likely to send a first gen to college. Even if a student is on scholarship, they can work instead of study.
- Education and information updates in a timely manner.
- Education and maybe legal fines for abuse.
- Escalating Violence in the home

QUESTION 8(CONTINUED):

"WHAT DO YOU THINK ARE THE PRIORITY NEEDS THAT HAVE REMAINED UNADDRESSED AMONG VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES IN THE COMMUNITIES THAT YOU SERVE?"

- Escalating Violence in the home
- Federal funding/aid passing through the state directly to tribal governments
- Financial needs for housing and food.
- Financial security is something that needs to be addressed for families living on pay check pay check. In addition, access to materials like laptop for homeless student seems to be another need that I am encountering.
- Folks are in the service industry and are worried about making ends meet. Most will not look into unemployment for fears related to their immigration/citizenship status
- Food insecurity
- Food, childcare, employment
- Food, health insurance and home stability
- food, isolation
- Friendly workplace policies. Also, continued support for agencies like UICSL to provide services to the most in need.
- From my perspective they just need kindness from their neighbors.
- guidance from and decision making at the highest levels of national government
- Health care access, reliable food access
- Health care, housing, food, financial stability to feel like they can stay home if they feel sick.
- Helping them to resources without fear of immigrations issues/language barriers
- How their immigration status does or does not effect them, reliable sources in their preferred language, the use of simple language while not oversimplifying the situation
- How to address stress and have access to social services safely. The importance of hand-washing and how to do it in the best way.
- How to do social isolation; people are still gathering because it is part of culture and tradition without understanding the risk to themselves, families, loved ones and/or communities.
- I am concerned about teacher bias and appropriate access to educational experiences.
- I serve young adults and I think many assume they are only responsible for themselves but many are responsible for their families, taking primary responsibility of younger siblings, sending money to family, etc. They're family's rely on them and I worry they won't receive the help they need to help their families.
- internet
- Internet access everywhere, Medicaid for all, expanded food and housing insecurity resources, affordable childcare.

QUESTION 8(CONTINUED):

"WHAT DO YOU THINK ARE THE PRIORITY NEEDS THAT HAVE REMAINED UNADDRESSED AMONG VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES IN THE COMMUNITIES THAT YOU SERVE?"

- Internet and technology. We are able to offer many services at our organization, but that is something we aren't able to provide.
- Jobs are what we need most in San Juan County.
- Lack of adequate healthcare services for Native Americans - Indian Health Care facility and/or TANF program
- lack of internet access and loss of income
- Local grocery stores do not have the hygiene products people need such as toilet paper, disinfectants, etc.
- loss of jobs and unable to afford rent and other everyday living expenses
- Making people aware of services available through social media, email and phone. Our community should now have an active telecommunication along the Wasatch Front.
- Many officers working at the Department of Corrections believes that COVID19 is a liberal lie. They are not taking this seriously and consequently, our clients are placed at great risk.
- Meeting the needs of the elderly. Basic supplies
- Mental Health support
- messaging and being connected
- Mony to rent and or mortgage for those who not qualify for social services through federal funding. Clear and concise communication for immigrant populations in various languages. there is no communication between clinics and the department of health, clinics are not communicating with each other to check who has space for new clients.
- municipalities have information only in English
- None
- Not Sure
- OCA-Utah serves a broad range of API communities and there are some that live paycheck to paycheck and some that are more comfortable financially. I think more knowledge of food pantries for those that need them or usually church communities are a major resource to help them to get through tough times. I think major concerns right now are having enough food to feed their families and being able to afford to pay rent and the bills.
- other resources of where they can go when a disaster strikes. Like the earthquake.
- Our services are available by phone and email. We need help getting out the word on how to find help with the courts during the pandemic.
- Payments for current debt: auto, rent, mortgage

QUESTION 8(CONTINUED):

"WHAT DO YOU THINK ARE THE PRIORITY NEEDS THAT HAVE REMAINED UNADDRESSED AMONG VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES IN THE COMMUNITIES THAT YOU SERVE?"

- People are just afraid. They have concerns and there isn't anyone to talk to to alleviate the fears. We need a better way to reach the elderly and low income members of our community.
- People how live check to check is struggling
- Proper communication so all cultures and groups can understand.
- Proper information and actions to take.
- Protection for undocumented persons.
- Provide correct information in a timely manner and take this crisis seriously.
- Providing accurate information to vulnerable communities continues to be an issue.
- Public benefits and unemployment for undocumented people
- Reassurance regarding steps to take and deportation
- rent and bills
- Rent, job, food, car payments, helping teach their children while at home and do everything else
- research supported information
- see my answer to number 5 above
- The economic implications and workplace safety for vulnerable communities is the most prescient issue. We cannot deal with the secondary issues of increased trauma and other areas until those things are addressed.
- There is a lot of fear present with the community, and unfortunately a lot of misinformation. Due to the risks mentioned above, these communities are vulnerable to predatory practices of all kinds including medical, legal, service-based, and many others with no feasible way to protect themselves.
- they have help for now but for example next week they are in a limbo situation because their resources are almost over, lots of miscommunication and wrong information, not access to resources or paycheck, afraid because of legal status, many of them still go to work but kids need to stay home, etc
- They matter
- To be honest, we aren't sure. The hardest thing for us is that the timeline for the future is unknown. Right now most of our clients & staff are doing well, but the more prolonged the situation becomes we expect to see that stability erode. We are trying to address these problems on a week to week basis. Based on those we've talked to financial stability is becoming the largest concern as we move into April.
- Transportation

QUESTION 8(CONTINUED):

"WHAT DO YOU THINK ARE THE PRIORITY NEEDS THAT HAVE REMAINED UNADDRESSED AMONG VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES IN THE COMMUNITIES THAT YOU SERVE?"

- UICSL has established three priorities for service for FY2020: 1. To provide health and family services to American Indian people without healthcare services, who are either unable or unwilling to receive healthcare from other providers in the city; 2. To provide culturally sensitive primary, secondary, and tertiary prevention/intervention for the Salt Lake City area American Indian Community; 3. To provide integrated case management programming to the clientele.
- underlying financial instability (now coupled with perceived scarcity of resources) and multiple, intergenerational families living together in close quarters are exacerbating factors
- Unsure at this time.
- What is available for small businesses that might apply to these families right now? What kind of social services are available to them right now?
- Why their houses of worship and gathering places have been shuttered. Not just placing a sign on them and closing them!
- yes, I think that misinformation has lead to people hoarding resources and many of the people we serve live paycheck to paycheck and have not been able to find the basic resources they need.

QUESTION 9:

"WHAT SUGGESTIONS DO YOU HAVE TO CENTRALIZE AND STREAMLINE INFORMATION REGARDING COVID-19 FOR HARD-TO-REACH AND VULNERABLE COMMUNITIES?"

- A regular radio broadcast in multiple languages might be most accessible.
- A state-led effort, with decentralized committees in each community, comprised of (a) key community leaders & advocates (formal or informal), (b) public service representatives, and (c) private nonprofits, which will identify ways to coordinate messaging and referrals.
- Access to news updates on local TV stations
- Accurate and timely information, and preventative measures while at home
- Again, finding some ways to provide some kind of financial relief from the government in time of crisis like this would definitely help many families.
- basic, easy-to-read resources (like infographics) that point folks to cultural brokers who can assist with making calls to the hotlines
- "Build rapport with radio, news, social media and promote and educate emergency evacuation plan

QUESTION 9(CONTINUED):

"WHAT SUGGESTIONS DO YOU HAVE TO CENTRALIZE AND STREAMLINE INFORMATION REGARDING COVID-19 FOR HARD-TO-REACH AND VULNERABLE COMMUNITIES?"

- Sent in a list of resources of where they can get help.
- Connect with their grocery and discuss/create a way to support them."
- Choose familiar resources webpages and physical locations including “faith-based” to post information; shoppers weekly advertising that comes to all mailboxes and all social media tools
- community outreach, website specific in diffrent languages.
- Coordination between all agencies from government and non-profits.
- Could we work with phone companies to get messages to communities?
- Create a task force with a spokepersons for immmigrant, refugees and other vulnerable populations.
- Creating a communication grid, a network of people that takes part in making sure all part of our communities are getting the correct and consistent information.
- Don't know
- Door to door.
- Duh, outreach to leaders in these specific communities. They arent hard to reach for votes. Why now?
- easily digestable routinely updated information via a free app or text messaging service
- Ensure that all tribal governments, and nonprofits serving the Native community are invited to all conference calls and are a part of state task forces
- Facebook and Spanish broadcasting news and Spanish radio
- Finding trusted community leaders that can help spread the appropriate information and finding central locations where families can go to locate needed information and resources.
- Fliers left on their homes
- Free pamphlets/newsletters to each door with info
- Give us uniform materials we can send to our populations
- giving out a list of resources of where to find food in spanish
- Go directly to the CDC information line
- Have a centralized voice / spoke person to communicate in Spanish with the community, using the local media and social media, constantly.
- Have all major announcements come from the Governor's Office and put on TV and the website
- Have the information available to the media outlets that reach these communities. Not just CNN.
- I am not sure

QUESTION 9(CONTINUED):

"WHAT SUGGESTIONS DO YOU HAVE TO CENTRALIZE AND STREAMLINE INFORMATION REGARDING COVID-19 FOR HARD-TO-REACH AND VULNERABLE COMMUNITIES?"

- I don't have any. Many of the low income families cannot afford internet, cable and other services that would get the information to them.
- I don’t know
- I really don't know
- I will suggest to ask the faith leaders, city councils, community organization directors and any others that may have been seen as a leaders to educate themselves with any relevant information about the COVID-19 and community resources and make themselves available for the community in general.
- I'm not really sure. Maybe push out daily (or consistent) messages. I think videos in Spanish would be a good way to go (people have data/internet on their phones). Provide access to meaningful resources that will make the communications very valuable.
- I'm not sure there is a good answer. More people on the ground.
- Institutions that serve vulnerable populations need to provide bilingual information to their employees and clients.
- Involve clergy then have people call neighbors, family and friends
- It would be nice that county officials and health departments deliver information about resources and things people can do to protect themselves from this virus.
- Local radio stations in their language, public radio stations and social media.
- Mass multi-media campaigns to spread the word and warn about misinformation. Massive advocacy and legal support. Suspension of rent/mortgage collection. Suspension of ICE activities.
- Maybe sending info to grocery stores and radio and local tv ads.
- More postings at the most used locations on the reservation, in Navajo as well as in English. Also, possibly having a liaison available at the healthcare locations who can answer questions in Navajo as well as in English.
- None
- not sure
- Not sure
- Not sure. It should be the governors office. He has given information now they need to heed it. He needs to make it more well-known and repeat it often enough so they are following it. They don’t do what he says.
- One place for all communication from the state and relevant agencies. And that all communications from the state are given in real time in many languages. The delay in translation/language specific communications causes confusion and chaos.

QUESTION 9(CONTINUED):

"WHAT SUGGESTIONS DO YOU HAVE TO CENTRALIZE AND STREAMLINE INFORMATION REGARDING COVID-19 FOR HARD-TO-REACH AND VULNERABLE COMMUNITIES?"

- People reaching out to make sure our neighbors have up to date information for those that do not have or choose to not have instant information technologies.
- Perhaps 211 service can help coordinate alternate service information.
- phone calling/TV newstations/free unlimited data for current smartphone users that have a limited amount of data/free wifi/local hotspots for people to connect
- phone calls and emails
- Posting @ community centers vulnerable community members may frequent, better relaying of critical info by community members, news providers, etc that do have the access to this info. A designated place for critical info in challenging times during a designated time daily that vulnerable communities can tune into/call into/listen to over the radio. A lot of my clients have some social media access, but the information overload is tough to overcome sometimes.
- print information to distribute, simple information, phone number they can have access in case they need help.
- Professional Translation and interpreting services
- provide free internet
- Provide funding and clear information to Community Organizations such as Comunidades Unidas to continue providing referrals, clear messaging, and direct services to those in need.
- Provide this information to trusted community agencies to designate to their populations and other trusted community agencies
- Radio for the Spanish-speaking population. Facebook Live (in Spanish and English and other languages). Ask community leaders to step up and help share this information--otherwise some communities will not listen to random institutional employers. Compensate community leaders for stepping up and sharing these resources and knowledge (and their networks) with the community.
- Shared translated information has been added to the websites for members. Directing members to reputable and reliable online sites for information in their language.
- social media Facebook
- some people will not trust what people say unless it is some one they trust (same Culture)
- Spanish speaking resources
- State agencies communicating with community partners.
- stay connected by phone
- Testing kits for all members
- Text updates/ Pre-recorded voice calls to land lines

QUESTION 9(CONTINUED):

"WHAT SUGGESTIONS DO YOU HAVE TO CENTRALIZE AND STREAMLINE INFORMATION REGARDING COVID-19 FOR HARD-TO-REACH AND VULNERABLE COMMUNITIES?"

- The communication needs to be in their native tongue. Their needs to be more outreach with community leaders to spread the information. Be present in the community (grocery stores, etc.)
- The Refugee Services Office and the Utah Department of Workforce Services continue to inform this vulnerable population
- The Utah State Library has a recording studio that could provide COVID-19 updates, possible in a handful of languages. These updates would be recorded on Digital Talking Books that we send out all the time to these patrons so it would be familiar and trusted.
- UDOH informaiton release directly to the agencies that serve these populations, so that we can continually provide the most up-to-date information via our communications streams (online or verbal).
- UDOH should be providing leadership. many agencies are acting on their own to translate and disseminate information to refugee and New American communities because noone has organized stakeholders into a cohesive effort.
- UICSL ustilizes social media and our website to reach our population. However, this falls woefully short in reaching everyone. As a service we need to get technology into the hands of our members. This technology includes: tablets, internet access, and tutorials on how to use them.
- Unified and consistent messaging.
- unsure
- unsure at this time
- Unsure at this time.
- Unsure, but if there is a way to get the news out, we can distribute information to our classes.
- Use of Facebook and social media to share facts and up to date info.
- Use social media/phone or app based information
- We are actually doing our best to disseminate information
- We are pushing it out on our Facebook page
- We are pushing it out on our Facebook page
- We aren't in a hard-to-reach areas.
- We have been keeping our OCA-Utah communities informed about the COVID-19 updates through our social media platforms such as Instagram and FaceBook. Most people seem to have access to a cellphone and can use their data network to check these sources. Church communities or civic engagement groups are also another way to try and reach the harder to reach communities that don't have access to technological resources or the internet.

QUESTION 9(CONTINUED):

"WHAT SUGGESTIONS DO YOU HAVE TO CENTRALIZE AND STREAMLINE INFORMATION REGARDING COVID-19 FOR HARD-TO-REACH AND VULNERABLE COMMUNITIES?"

- We MUST get inside the prisons. There is a lack of soap and hand sanitizer, particularly for people who cannot afford it. Most importantly, the entire Department of Corrections should be briefed on how serious this is and required to abide by Department of Health protocols.
- We need direct and concrete information to make the best possible informed decisions.
- We're not sure.
- Wifi hotspots, social media campaigns and food pick up locations
- Work through the local community organization that already have connections with the communities. Create images that can be easily shared on Whatsapp, wechat, etc.
- Work with the organizations that serve these communities and have them serve as the hub for information and resources.

QUESTION 11:

"WHAT RECOMMENDATIONS DO YOU HAVE TO IMPROVE CULTURAL INCLUSIVITY DURING AN EMERGENCY?"

- 211, Apps for texts
- A development of the ethic of caring which comes from loving our neighbor. Hard times can temper us and make us kinder.
- A show in solidarity within state leaders and to make this a priority which is to provide accurate information to vulnerable populations.
- Access in their native language. Connecting with trusted news outlets or community leaders.
- accurate news sources in multiple languages. Rumors run rampant
- Allow for those that community member listen to to be a part of the outreach.
- better spread of information
- "Build rapport with school, church or community organizations and discuss the importance to educate our community on emergency preparation.
- Talk to legislature about the importance to promote and practice emergency evacuation plan ahead of time.
- Empower the youths to education/help their families with emergency preparation or evacuation."
- Communication in Spanish!
- Community leaders and organizations that serve these communities need to be convened quickly to provide cohesive, unduplicated solutions. Translating flyers is useless is there is no effective way to disseminate information.

QUESTION 11(CONTINUED):

"WHAT RECOMMENDATIONS DO YOU HAVE TO IMPROVE CULTURAL INCLUSIVITY DURING AN EMERGENCY?"

- Connect with community members about what they want/need and provide that.
- Continued use of Social Media, agency and news sources to help them understand the resources available.
- culturally relevant, language translates, communications other than e-mail or text, odd hour availabilities
- Design culturally appropriate emergency preparedness/Diaster comprehensive plans including communications; identity and partner with organizations for and by people of Color,, and faith based, social, educational, etc.
- Different languages
- Emergency information must be issued in different languages
- Encourage kindness and compassion
- Ensuring access to technology and to reliable information.
- general lack of ponderer's understanding of cultural protocols
- Get all community prayers giving same message on social media
- Get all community prayers giving same message on social media
- get people that know the culture of that person to get through to what is need to do or say
- Getting information to Agencies and community organizations ASAP. Have the information translated, circuited in paper and online.
- Getting the news to those of us working with them would be a good start. I'm not sure what else is needed.
- Have cheaper options for internet/technology during times of crisis.
- Have language options for all emergency notifications
- Have more cultural inclusive folks in leadership positions who already use an equity lens in their work
- have people from our own community discriminate the information. Someone our community 9ish familiar with.
- Having more real FCC broader community compliance commitments among the non English speaking and non caucasian Utah audience.
- I am not sure
- I don't know
- I don't know how you make people less prejudiced just because we have an emergency. If so many so easily dismiss this community without a crisis, this crisis wont ease the discrimination.

QUESTION 11(CONTINUED):

"WHAT RECOMMENDATIONS DO YOU HAVE TO IMPROVE CULTURAL INCLUSIVITY DURING AN EMERGENCY?"

- I think we need to learn from this emergency and begin to develop programming that is appropriate to each culture that helps families prepare and know where to go to find the information and resources they need. This needs to happen on a community level with funding from the state but it needs to let each community develop individual programming not a one size fits all approach.
- I'm only concerned about reaching the vulnerable.
- Identify community leaders from diverse backgrounds to serve on emergency preparedness council meetings. Not just a seat at the table but a valued voice at the table.
- inclusion and making follow the rules
- Increase information via all forms of communication.
- information translated in different languages
- Interpreting all information into the various languages of our communities. Having community organizations distribute the information through trusted community leaders and other platforms.
- Language and from trusted leaders within the communities
- Make everything available in as many languages as possible especially spanish.
- Make important announcements available in multiple languages. Put them in places that the population might be looking.
- Make some informational videos or just pass fines.
- Making sure that information are provided in other main stream languages besides English.
- Messaging in several languages, with standardized visuals.
- Messaging to community leaders who can better share accurate information. Information in multiple languages.
- More advertisements in more languages related to the National Library for the Blind and Print Disabled.
- multilingual ticker messaging scrolling across the bottom of the screen during press conferences and public statements, the same way there is always ASL translation during the governor's broadcasts, why not subtitled summary statements in Spanish at the least.
- Multiple languages available, ease the anxiety of legal status in the country
- Not really an emergency suggestion but invite healing in cultural ways. For Native Americans, there were many who participated in the jingle dance or smug their houses to protect them from illness.
- Not sure
- printing information in multiple languages and reaching out to trusted faith leaders to share
- Provide a way for more affected members of the community to share their stories in safe environments.

QUESTION 11(CONTINUED):

"WHAT RECOMMENDATIONS DO YOU HAVE TO IMPROVE CULTURAL INCLUSIVITY DURING AN EMERGENCY?"

- Provide a way for more affected members of the community to share their stories in safe environments.
- Provide funding and clear information to Community Organizations such as Comunidades Unidas to continue providing referrals, clear messaging, and direct services to those in need.
- Reach out to housing areas and places where people live and convene on a daily basis.
- Reach out to Spanish speaking channels
- Reaching out and extending the invitations multiple times
- Reaching out through preferred methods of communication
- Recommendations and tips for self isolation while maintaining cultural proximity.
- Releasing information in multiple languages and in non-internet dependent sources is essential.
- Resources for low income families that can't just run to the store and hoard items. Tips on how to quarantine with multigenerations living within one home.
- second-language resources, real humans to talk to (not just automated voices), adequately manned emergency responders
- See above responses. Additionally, healthcare providers and news providers need to be educated on cultural inclusivity and sensitivity and to build creative means of providing information that takes into account the access to this information and to healthcare. Perhaps healthcare providers and news providers should all be required to have a designated team/panel of individuals during local and global emergencies that consists of regular staff that meets quarterly to make plan for relaying critical info during emergencies. This way no one has to pay additional employees, but when emergency situations arise, there is a team in place that is responsible for relaying critical info. We also all personally need to tap into our resources and networks to relay as much info as we can.
- Share information to key groups outside of a news conference. This would temper how information is consumed.
- Speak to American Indian leaders and elders to find out what the true needs of the community are.
- Specifically address what multi-generational households can do, instead of just saying "protect the elderly"
- Stay in touch w Social media
- Tele-prayer
- Testing kits for all members
- That government officials when sending messages need to better reflect the populations who represented at the podium or in front of media.
- That proper messaging is being used by leaders with a constant message of respecting everyone.

QUESTION 11(CONTINUED):

"WHAT RECOMMENDATIONS DO YOU HAVE TO IMPROVE CULTURAL INCLUSIVITY DURING AN EMERGENCY?"

- That we are kind and supportive of everyone. Blame is not placed on individuals or groups of people.
- the state and local government leaders should share the information better to our refugees communities
- The state government to parter with spanish and other cultural news agencies to distribute information in a timely manner.
- "There are Native Radio and TV stations that need to be included with PSA's, guests, and conversations.
- Think about the history this country has of allowing POC and marginalized groups get sick and die without treatment. Inform and treat vulnerable populations, so this does not continue.
- This is tough, particularly because this epidemic and the way our president has handled it has incited and fueled anti-asian racism. Making sure all communities have the resources they need might be a start.
- To create a language Access Plan
- to stay safe
- Translation of messages.
- Translations, alternative outreach methods that do not require internet access
- Try to think about cultures besides your own
- Using native-speaking people who are already in government services, or recruiting more, would help on the reservations.
- we are doing as best we can I think but information sharing is always good. But what are we going to do if the emergency situation continues so that our people are without basic supplies?
- We just need to have a sense of humanity, check with our friends, neighbors and make sure they know there's someone they can count on, because we're all in the same situation, we need to be more responsible.
- We need our community leaders to effectively relay info across many mediums to reach all ethnicities
- We need to promote community unity from our county, state officials, community leaders and religious leaders without seeking to convert anyone but to bring us together.
- We rely on community partners to help push out information to communities.
- We're not sure.

QUESTION 12:

"WHAT ELSE WOULD YOU LIKE US TO KNOW OR SHARE WITH STATE LEADERS?"

- Allow the financial aid that is available to all Americans also be available to current undocumented people living with us. They contribute to the economy, and they will be in great need at this time.
- Anything they can do to help the communities in most need would be a great way to gain trust from the communities. Showing the public that all communities are equally important and if a certain area/community needs extra help, to do their best to offer that help or meet that need.
- "As much as the current situation is difficult for small orgs like ours, we are more concerned with the aftermath. Interim loans are fine, but those still need to be paid back. As the situation passes it will take time for people to start attending programs again, this will be added revenue lost. The pandemic has also caused several foundations and grant programs to halt applications until further notice. We also expect increased competition for remaining grant programs as everyone struggles to stay afloat in the second half of the year.
- We would like state leaders to be reminded that many non-profits rely on grants and program attendance to survive. The COVID pandemic will likely affect us for the rest of 2020 and into 2021. We will require support and expanded options for funding beyond loans. We're not sure what this could look like but we hope that planing for the recovery is also a priority at the state level.
- As we move to sharing and receiving online information as an almost exclusive format, thought must be put into ensuring that those without access are supported.
- Centralize the radio. KRCL? Other radio? Who do we tune into? I say radio because during the earthquake cable went out, and some tv stations went down for several hours.
- Continue to keep us updated. Thank you for what is being done in Utah.
- "Focus on making sure Utah's health care system is ready with appropriate medical protective gear and medical equipment. Stop saying there are few cases, because this is deceiving because Utah is not actively testing for COVID-19. Utah should be more proactive in ordering people to shelter in place and closing non-essential business.
- I believe access to food and lack of school lunches will become an issue!
- I don't know
- information translated and share it in the media as well.
- It has only been a couple of weeks and we are already seeing dire needs. Please hurry.
- Kindness, caring and love will stimulate what is needed to take care of all of our neighbors.
- Lead even if the President doesn't
- Make sure you have correct information before you share it and try to think outside the box on how to share it.

QUESTION 12(CONTINUED):

"WHAT ELSE WOULD YOU LIKE US TO KNOW OR SHARE WITH STATE LEADERS?"

- Mental health services for students and parents is so so necessary. This uncertainty is crippling.
- our providers need to know if they will still get money for their daycares.
- provide a pamphlet of information in different languages via mail, radio, tv, social media, etc. for families and individuals to access and be prepared.
- Reach out to Spanish speaking channels
- Spanish spoke person
- Take the time to educate yourself about the cultural differences amongst our communities and make yourself available. Show up. Step up.
- Thank you for helping us through this.
- Thanks for all you're doing!
- Thanks for your hard work!
- The bottom line for most of the families I work with is that they are having to choose between work and childcare. Direct cash subsidy would make a world of difference.
- The optics of the people who stand with the governor are actually impactful; if you're channel flipping and come across a press conference with someone who looks like you standing there, you pay attention. I get that Noelle Cockett, Dr. Michael L. Good, Ruth Watkins, Dr. Angela Dunn, and Lt. Gov. Spencer Cox were all appropriate people to be there on camera for the March 12 press conference, but they couldn't have included any Latinx or Asian American or African American, etc. who also works in public health, state govt, or academics? Optics matter in these situations and it behooves the state's public information officers to make sure that people of color are included on camera and in the media, so that their communities pay closer attention and the message resonates more
- The population I work with are all hardworking citizens who come to ESL classes three time weekly via a church outreach.
- To state leaders, be aware of the less fortunate when making a decision. Be inclusive when making decisions
- Undocumented people contribute to our economy and have hundreds of thousands of US citizen children. We need to protect this vulnerable demographic.
- We need a state agency to oversee why theres a overly white mormon homogenous voice perpertrated to the feds by the local English speaking media that dont have all our best interests at heart.
- We need to be creative and also reach out to our diverse communities so they can speak to how best to be supported.
- We need to protect our undocumented families! If possible free them from fears of deportation. Provide food, internet access.

QUESTION 12(CONTINUED):

"WHAT ELSE WOULD YOU LIKE US TO KNOW OR SHARE WITH STATE LEADERS?"

- We need to value lives not lifestyle first. We put people at risk by not getting the word out quickly. Peoples' lives are in the line if they don't stay home and shelter.
- Young adults and college students are being affected by COVID-19 and I hope there could be financial aid for those in need to receive because many are taking classes and have so many other worries on top of being a student they are facing.

-END OF SECTION-

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-END OF SECTION-

GLOSSARY

Adapted from: Buffer Social Media Management Co. and Department of Inclusion & Multicultural Engagement, Lewis & Clark College

A

ABLESIM:

Practices and dominant attitudes in society that assume there is an ideal body and mind that is better than all others.

ADA:

The Americans with Disabilities Act (ADA) is a U.S. civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all places that are open to the general public.

AGEISM:

A system of beliefs, attitudes, and actions that stereotype and discriminate against individuals or groups on the basis of their age.

ALLY:

Someone who supports a group other than their own (in terms of racial identity, gender, faith identity, sexual orientation, etc.). Allies acknowledge the disadvantages and oppression of other groups; take risks and action on behalf of others; and invest in strengthening their own knowledge and awareness of oppression.

AMPLIFICATION:

A technique an ally can use to boost the message of a member of a less dominant group is by repeating what that person said and giving them credit for it. For example, "Sofia said to try this tactic. Give that a try and let her know how it works."

C

COMMUNITY AGREEMENTS:

A set of rules issued by an organization outlining the acceptable and unacceptable behavior of a community or conference. Visit the Society for Scholarly Publishing for tips on how to support inclusion through a community agreement, rather than a "code of conduct" to invite community members to participate openly and authentically in policies. (Society for Scholarly Publishing, 2018)

COMMUNITY MOBILIZATION:

Entails the collaboration of trusted community leaders, religious groups,and other representatives of diverse groups working to communicate planned and accurate messages for maximum reception.

CULTURALLY MINDFUL:

Cultural mindfulness can be understood as leading out on policy, action, and communication that relates respectfully with and benefits people of all cultures.

D

DIVERSITY:

The range of human interests, backgrounds, and experiences that can be engaged to achieve excellence, innovation, and healing across all sectors. This includes but is not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs.

DOMINANT CULTURE:

The cultural beliefs, values, and traditions that are centered and dominant in society's structures and practices. Dominant cultural practices are thought of as "normal" and, therefore, preferred. As a result, diverse ways of life are often devalued, marginalized, and associated with low cultural capital. Conversely, in a multicultural society, various cultures are celebrated and respected equally.

E

EQUITY:

The creation of opportunities for historically underserved populations to have access to resources and opportunities that are capable of closing the achievement gaps in all areas of society (Association of American Colleges & Universities, n.d.).

G

GENDER IDENTITY:

How an individual perceives and calls themselves that reflects their innermost and authentic gender, which may or may not correspond to sex assigned at birth

H

HIGH RISK

Includes individuals with social risk factors for poor health outcomes such as low socioeconomic position, social isolation, residing in a disadvantaged neighborhood, identifying as a racial or an ethnic minority, having a non-normative gender or sexual orientation, and having limited health literacy (National Academies of Sciences, Engineering, and Medicine, 2016).

I

IMPLICIT BIAS:

The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases are activated involuntarily and without an individual's awareness or intentional control.

INCLUSION:

Inclusion is based on action and welcoming differences. It is deliberately increasing equitable access to opportunities and resources so that all groups can fully contribute to a community's success and feel valued. It also enables individuals and groups to feel safe, respected, engaged, and motivated for who they are and for their contributions toward the collective community.

INTERSECTIONALITY:

The interconnected nature of social categorizations such as race, class, and gender that can create overlapping and interdependent systems of discrimination or disadvantage. The term was coined by Kimberlé Crenshaw, lawyer and civil rights advocate, who used it to describe the experiences of black women – who experience both sexism and racism.

L

LANGUAGE ACCESS:

"[T]he strategic and systemic management of multilingual communication within different contexts and across various scales of delivery. There are two main implications 1) language access involves the provision of appropriate accommodations (e.g., translation and interpretation) to mitigate communication barriers caused by language differences. Second, language access refers to [an organization's] collective effort to create programming, services, activities that are culturally responsive and linguistically appropriate for persons with limited English proficiency (LEP). The purpose of creating language access is to ensure equal footing and equitable participation in programs and activities for LEP persons and audiences" (King-Curry, 2017).

LATINX:

A gender neutral term often used in lieu of the gendered "Latino" or "Latina" when referring to individuals with cultural ties to Latin America and individuals of Latin American descent.

LGBTQIA+:

Acronym encompassing the diverse groups of lesbian, gay, bisexual, transgender, transsexual, queer, intersex and asexual populations and allies/alliances/associations.

LITERACY:

The ability to identify, understand, interpret, create, communicate and compute, using printed and written materials associated with varying contexts. It involves a continuum of learning in enabling individuals to achieve their goals, to develop their knowledge and potential, and to participate fully in their community and wider society (Montoya, 2018).

M

MICROAGGRESSION:

Psychologist Derald W. Sue of Columbia University defines this as "[t]he everyday slights, indignities, put downs and insults that people of color, women, LGBTQIA+ populations or those who are marginalized, experience in their day-to-day interactions with people" (Seiter, 2018).

MULTICULTURAL:

Characterizing term for racially, ethnic, culturally and linguistically diverse groups that includes acceptance of, respect for, and inclusion of others. This term reflects a society that supports diverse groups and individuals of all backgrounds to participate in social and civic relationships so that systematic exclusion or overt and extended oppression do not exist (Gingrich, n.d.).

N

NONBINARY:

Any gender identity that does not fit the male and female binary.

P

POC:

An acronym standing for "person of color." This term is used primarily in the United States to describe any person who is not white.

PRIVILEGE:

A right or advantage that only some people have access or availability to because of their social or racial group membership.

PRONOUNS:

Maybe you've seen a social media bio with a line that says "My pronouns are..." A preferred gender pronoun is a consciously chosen set of pronouns (he, she, they, ze, ey) that allow a person to accurately represent their gender identity.

PHYSIOLOGICAL NEEDS:

The biological requirements for human survival, principally: water, clothing, sleep, homeostasis, reproduction, food access, shelter and childcare.

R

RACIAL EQUITY:

As an outcome, when racial equity is achieved, race no longer determines one's socioeconomic outcomes; when everyone has what they need to thrive, no matter where they live. As a process, when racial equity applied, those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives (Center for Social Inclusion, n.d.).

S

SAFETY NEEDS:

Requirements "to experience order, predictability and control in [people's] lives." This entails: financial security, employment, health and wellness, emotional security, safety against accidents and injury, freedom from fear and social stability (McLeod, 2020).

SPONSORSHIP:

An action that allies and those with privilege can take to advance the careers of members of marginalized groups. While mentors offer advice and support as needed, sponsors use their social capital and credibility to advocate for their protégés by promoting, protecting, and preparing them.

SYSTEMIC BARRIERS:

Consists of patterns of behaviour, policies or practices that are part of the social or administrative structures of an organization, and which create or perpetuate a position of relative disadvantage for marginalized persons (Griffith, 2008).

SYSTEMCALLY MINORITIZED/MARGINALIZED:

The institutional and system-based process where persons are intentionally removed, denied, and isolated from economic, sociopolitical, and cultural participation based on race, immigrant status, income, ability, or multi-generational living arrangements (Mai, 2016).

T

TOKENISM:

The practice of including one or a few members of an underrepresented group without their having authority or power equal to that of other members of their community. This places a burden on an individual to represent all others like them. (Example: When the lone person in an underrepresented group is consistently asked to speak about being a member of that group.)

U

UNDERREPRESENTED GROUP:

This term describes any subset of a population that holds a smaller percentage within a significant subgroup than it holds in the general population. Women and women of color are often an underrepresented group in science, technology, engineering, and mathematics, for example.

V

VULNERABLE COMMUNITIES:

According to the Utah Office of Health Disparities under the Utah Department of Health, vulnerable groups to COVID-19 are groups of people at higher risk for severe illness and fall under the following criteria:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People of any age with severe obesity (body mass index [BMI] >40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

-END OF SECTION-

HOW TO REFERENCE REPORT:

Peña, N., Hor, J., Benally-Sagg, R., Loayza, C., & Kum, E. (2020). Local Needs Among Utah's Multicultural Communities during the COVID-19 Pandemic. Salt Lake City, Utah: Utah Division of Multicultural Affairs.