Beth Israel Deaconess Medical Center

Spreading the Word Linguistic Access in COVID-19 Vaccination Communications

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Urgent Care Chelsea

COVID-19 Vaccination in MA: Eligibility Status

What linguistic equity lessons can we draw from our experience?

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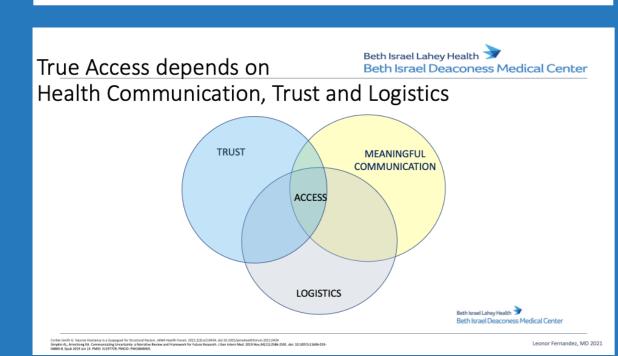
In early 2021,

BILH was charaged with delivering

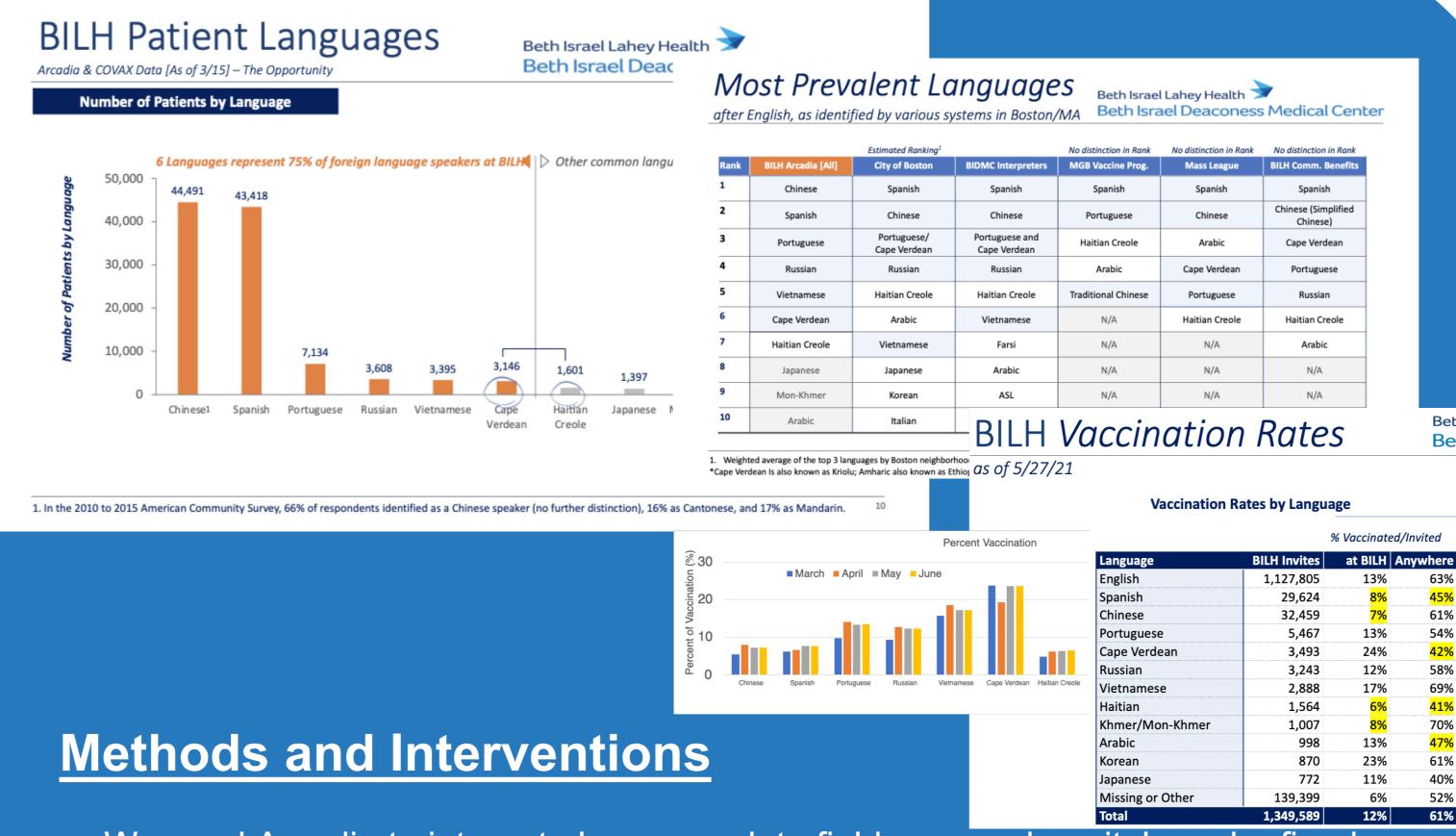
COVID-19 Vaccination to its patients. Health equity is paramount when delivering potentially life-saving interventions. 7.5% of patients at BILH and over 15% at BIDMC have limited English.

Goal To decrease anticipated disparities in rates of COVID-19 vaccination experienced by patients with limited English proficiency. As part of a broader vaccination equity strategy, we sought to create an intentional language access strategy that prioritizes prompt translation and strategic dissemination of meaningful messages to patients with limited English.

Conceptual Approach



- To "speak the language of patients," we need to use accessible words and appeal to commonly held values.
- Professional translations can be improved by input of bilingual, culturally concordant clinicians, patients, and community dialogue.



- We used Arcadia to integrate language data fields across hospitals and refined language groupings to improve REAL (Race, Ethnicity, Ancestry and Language) data.
- We identified the most prevalent patient languages at BILH after English. We compared our list of "target" languages to census data and to other health organizations.
- We tracked vaccinations by language throughout the Jan-June campaign.
- We established new processes for prompt translation of BILH patient.. communications, including emails to all patients, in 6 languages.
- BIDMC Interpreter Services recorded outgoing calls in the top 10 BILH languages 24—48 hour turnaround
- BILH and BIDMC staff made live outreach calls in Spanish, Chinese and Cape Verdean, led by BIDMC Bowdoin Health Center, BIDMC Chelsea, and BILH Call Center.
- BILH Call center had no bilingual staff. We added temporary Spanish and Chinese-speaking part-time staff, to supplement 3-way interpretation services.

Results and Lessons

This project improved BILH system-level communications language access by creating and resourcing a standardized translation process for mass communications. Our approach mitigated language and ethnicity-based disparities, but some persisted.

- Further work is needed to improve language access throughout care continuum, including call centers and appointments.
- Analysis of REAL data revealed common knowledge gaps that reduced our ability to identify patient language reliably, e.g., Creole languages were frequently misclassified.
- Granularity matters: populations with limited English are heterogenous and face differing structural barriers to care.
- Translations are more effective if the original English is also written clearly at 7th grade literacy level.
- Digital inclusion strategies are key for linguistic minorities who may lack digital access. SMS reaches more diverse patients than email alone, but needs to be complemented by phone, in person and community-based outreach.

