

Enhancing and supporting the COVID-19 vaccination program - focusing on Culturally and Linguistically Diverse Communities

Aim:

To investigate engagement with people from Culturally and Linguistically Diverse (CaLD) backgrounds during the pandemic and identify strategies to improve communication about the COVID-19 vaccination program.

What we did:

In-depth interviews with stakeholders across Australia including: Government agencies, government funded community-based organisations, CaLD community peak bodies/Councils, migrant resource centres, refugee health services, settlement services, translation services, women's support groups and community groups.

What we found:

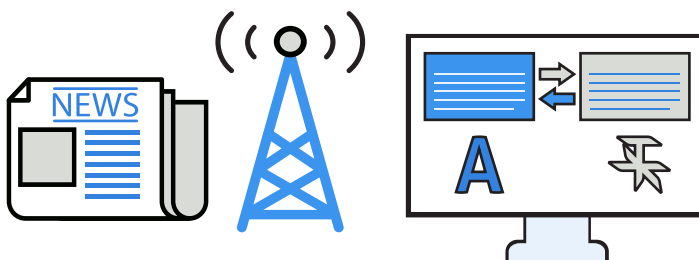
Opportunity: Pivot to virtual environment

1. Zoom, emails and social media are widely used to connect with the community.
2. WhatsApp and WeChat are key communication channels.
3. Audio-visual materials are favoured. However, hard copy documents and phone calls have been used to capture 'hard to reach' people.
4. Government materials are being tailored at the local level by services.
5. Virtual community forums and leaders' zoom meetings have been great ways to keep connected and share information.



Opportunity: Supporting local community ambassadors

1. Settlement staff, case workers, bilingual staff, and community leaders all play a role in synthesising, and disseminating information.
2. Community leaders play an important role and must be given the opportunities to co-design messages, to provide feedback and convey concerns from community.
3. Draw on "natural leaders" where appropriate. These include health workers and others who do not necessarily identify as a community leader.
4. Not every leader has a wide network, and some may act as gate keepers. Work with community organisations to identify the best strategies for information dissemination. This could include social media, via WhatsApp groups, phone calls or community group meetings.



Barrier: Information gaps

1. Translated information has been slow and not available in all languages. Gaps are being filled by information from country of origin.
2. Ethnic newspapers have not been effectively used to disseminate messages.
3. Resources have not always been appropriate for people with low literacy or health literacy levels.
4. Can't rely on the limited reach of English language mainstream news and radio programs.
5. Not all community members are part of a virtual community or are social media literate. People experience issues with navigating government websites.
6. Government materials are being tailored but there are concerns about accuracy and consistency of messages.
7. Important to acknowledge that there are variations in health literacy levels amongst community leaders and interpreters and translators.
8. Issues with duplication of materials occurs when States/Territories have different recommendations.
9. Newly arrived migrant communities are most in need, as they don't have the established networks/community organisations to support them.

Recommendations:

Enhancing communication

- Identify and endorse community ambassadors and provide training to build their knowledge, skills and confidence to communicate about the COVID-19 vaccine. Training should outline the roles they can play in delivering information about the COVID-19 vaccination program, around how to have conversations with vaccine hesitant people (in-person and online), as well as how to address vaccine misinformation.
- Provide opportunities for forums with stakeholders and community leaders, so they can receive updates on the COVID-19 vaccination program, ask questions and raise issues relevant to their communities. These forums should promote opportunities for peer to peer learning.
- Ensure that source documents are developed and reviewed by the target communities prior to translation to ensure they make sense and are culturally appropriate.
- Provide alternatives to written information where possible.
- It is critical that stories are captured in communication materials and that there is cultural diversity in the images used.
- Ensure that vaccination messages are in language and embedded into cultural understanding and practices around immunisation in general.
- Develop a glossary of immunisation terms relevant to COVID-19 for community organisations, community leaders and translators/interpreters.

Enhancing vaccine delivery

- Community and Religious leaders will be key allies in supporting COVID-19 vaccination efforts. To reduce the potential for burn out other natural leaders or vaccine ambassadors should also be used, including community members who have health backgrounds.
- Ensure community leaders' and stakeholders' contributions are recognised and awarded.
- Set up clinics in locations where communities feel safe, including outdoor facilities at community centres, faith-based locations, and schools. It is critical that support is given to those who need assistance in accessing vaccination delivery sites.
- Consider opportunities for fast stream vs. slow stream models of service provision. Slow stream to accommodate those who may need an interpreter, who may have questions around the vaccine/immunisation process.
- Internet access to make appointments will not be feasible for all community members due to literacy levels or inability to access or navigate a website. Reserve appointment slots that can only be made by phone.
- Provide clear explanations about what information is collected during the vaccine visit and how the information will be used.
- Missed appointments should not be assumed to be because people do not want the vaccine. Easy and non-judgemental re-booking should be supported.

Enhancing system responsiveness

- Ongoing surveys are needed to capture how CaLD communities feel, think, and act in relation to the Australian COVID-19 vaccination program. Tailoring of messages will only work when information is captured about the behavioural drivers relevant to the community.
- Data on the practical and opportunity factors impacting service provision must be regularly captured via interviews with immunisation providers and other health workers.
- Identify groups within CaLD communities at heightened need and work with them to develop strategies to enhance communication and support – including those working within aged care, health care and hotel quarantine.
- Support opportunities for alliances between immunisation experts and those working in refugee health and multicultural services.
- Provide dedicated access to expert advice for community leaders and stakeholders.

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