

# The Optimise Study: Impacts of the COVID-19 response on culturally and linguistically diverse communities

Report 13 | December 2021



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The Optimise Study is a partnership between Burnet Institute and Doherty Institute in collaboration with University of Melbourne, Swinburne University of Technology, Monash University, La Trobe University, Murdoch Children's Research Institute, the Centre for Culture Ethnicity and Health, and the Health Issues Centre.

Optimise is a longitudinal cohort study that will follow up to 700 participants for a 12-month period. Study participants are not intended to be representative of the broader population but instead have been intentionally recruited from key groups who are considered to be:

- at risk of contracting COVID-19
- at risk of developing severe COVID-19 or,
- at risk of the unintended consequences of the restrictions

Participants are then asked to nominate people who play a key role in their lives, and where permission is given, these people are also invited to participate in the study. Establishing a map of social connections is important because it can be used to examine the influence of the social network on an individual or key groups 1) behaviour including adhering to government directions on COVID-19, 2) attitudes and level of engagement in key COVID-19 interventions such as testing and vaccination, and 3) experience of the unintended consequences of COVID itself, or the government restrictions imposed due to COVID-19. The resulting social map increases our understanding of the interplay between the individual, social and community-level impacts of COVID-19. For more detail on the Optimise study please visit <https://optimisecovid.com.au/>

## Impacts of the COVID-19 response on culturally and linguistically diverse communities

This report explores participants'

- Information access
- Adequacy of COVID-19 information
- Experiences of financial hardship
- Experiences of racism
- Expectations post-vaccination

# 767

**SURVEY  
PARTICIPANTS**

# 24

**SEMI-STRUCTURED  
INTERVIEWS**

# 2

**CALD COMMUNITY  
ENGAGEMENT GROUP  
MEETINGS**

This report draws on the findings from a number of Optimise research activities. These include:

- responses from 767 participants who completed the Optimise baseline survey, follow up surveys and contact diaries between 14 September 2020 and 1 December 2021.
- phone-based semi-structured qualitative interviews (n=24) conducted with a subset of survey participants conducted in December 2020 (n=7), May 2021 (n=16), and June 2021 (n=1).
- Community Engagement Group meetings involving community leaders of diverse cultural backgrounds facilitated by the Centre for Health Communication and Participation at La Trobe University on 21 September (n=11) and 26 October 2021 (n=8).

# OPTIMISE COHORT

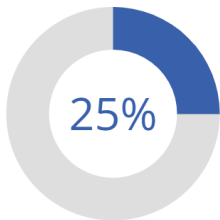
## SUMMARY AND IMPLICATIONS

This report evaluates how the COVID-19 pandemic and response has impacted people from culturally and linguistically diverse (CALD) backgrounds. We defined this group using three identifiers: people who were born in predominantly non-English-speaking countries, people who primarily speak a language other than English at home, and people who are not permanent residents/Australian citizens. Whilst not perfect these identifiers provide a valuable and nuanced overall perspective of the issues facing CALD communities.

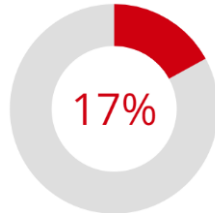
Key findings include:

- CALD participants were more likely to seek information from social media and friends and family compared to non-CALD participants.
- Of the three groups, in November 2021 linguistically diverse participants were the least likely to agree that adequate information was available on COVID-19, vaccinations and its risks/benefits highlighting the ongoing need to address information gaps for CALD communities.
- CALD participants reported more severe negative mental health impacts and financial hardship due to the COVID-19 pandemic
- Witnessing and experiencing racism related to COVID-19 continues, with participants of the CALD Community Engagement Groups concerned that discrimination associated with testing positive to COVID-19 deters some people from getting tested. Others expressed concern that check-in apps would be inappropriately used by the police to target certain communities.

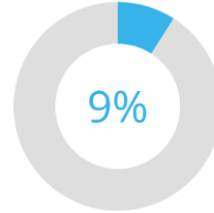
## DEMOGRAPHICS



Were **born** in a predominantly **non-English speaking country\***.



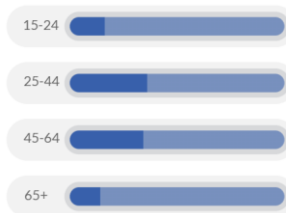
Spoke a **language other than English** at home



Were **not permanent residents/citizens** of Australia



**10%** completed a survey in **Arabic, Mandarin or Dinka**



**36%** of respondents were aged between **25-44**.



**98%** of respondents in November 2021 were **vaccinated against COVID-19**

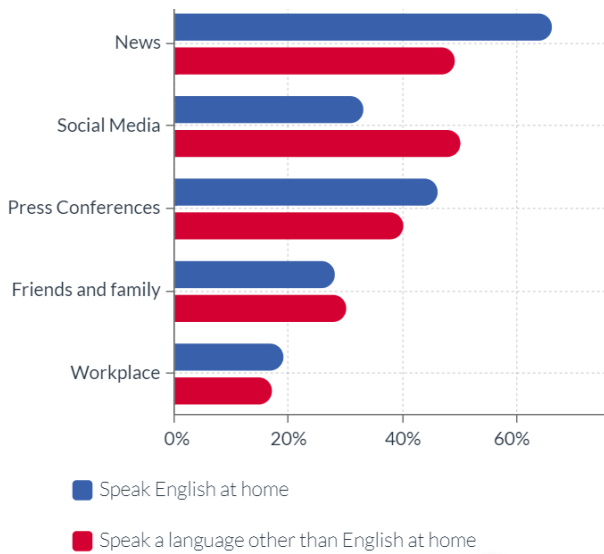
## SOURCES OF INFORMATION

In November 2021, overall, participants most frequently sourced information about COVID-19 from news media. In comparison, when we reported on this in September 2021 (Report 10) the most common source of information was government press conferences.

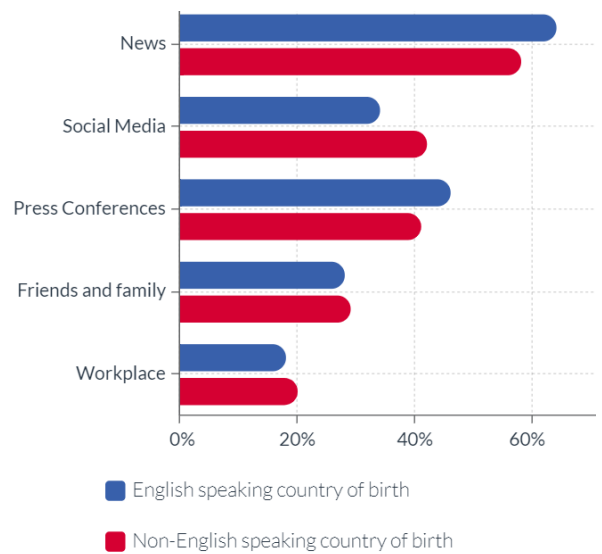
Notably, in November 2021 people who spoke a language other than English at home, people born in a non-English speaking country and non-permanent residents were more likely to seek information from social media and friends and family compared to participants who spoke English at home, were born in an English-speaking country or were a permanent resident. Participants who were not permanent residents were also more likely to source information from their workplace compared to permanent residents (27% and 18% respectively).

\*A predominantly non-English speaking country was considered any country other than Australia, Canada, Ireland, New Zealand, United Kingdom and the United States.

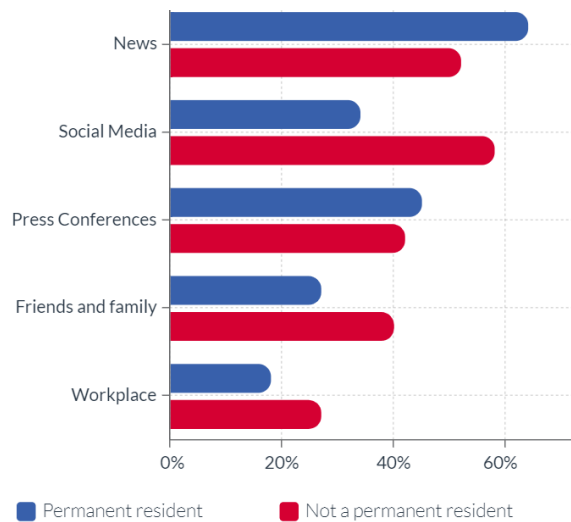
Information source by language spoken at home in Nov 21



Information source by country of birth in Nov 21



Information source by residency in Nov 21



One qualitative interview participant spoke about the challenges he and his parents faced when interpreting government announcements and restrictions given that his parents were born overseas and for them, English wasn't their first language. This participant felt his parents were having to rely on alternative, previously trusted sources. For his parents, these sources included friends and family in China via social media and the information and advice that they were receiving from them wasn't always suited to the Victorian, or even Australian, context. The participant was concerned about his parents being "misinformed" after learning about what information was being shared between parents and their friends, often through platforms such as WeChat and other media.

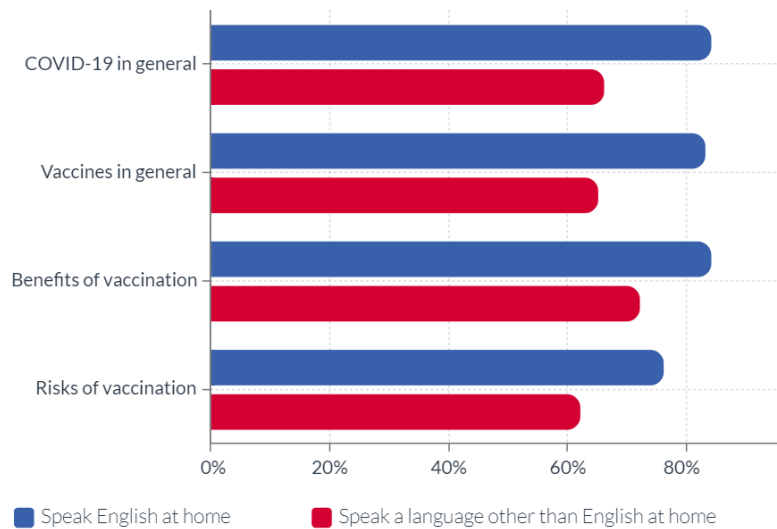
*"I could just switch on the telly, you know, or go to ABC News app and see what's going on. It's like, "Oh, I understand why they're doing that."*

Similarly, participants of the CALD Community Engagement Groups described how those with less proficiency in English relied on information in their own language received from Facebook, WhatsApp groups, family members, community and spiritual leaders. Participants were concerned that this could impact their ability to access reliable information and discern the difference between authoritative information and 'fake news'. People with low or no literacy skills were further disadvantaged because they could not absorb written information in their own language about COVID-19 testing (and other COVID-19 related information).

## INFORMATION ABOUT COVID-19 AND VACCINATIONS

Of the three groups, in November 2021, linguistically diverse participants were the least likely to agree that adequate information was available on COVID-19, vaccinations and its risks/benefits. Sixty-six percent of participants who spoke a language other than English at home strongly agreed or somewhat agreed that there was adequate information about COVID-19 in general compared to 84% of people who speak English at home.

**Percentage of participants who strongly agreed or agreed that there was adequate information about COVID-19 by language spoken at home in Nov 21**

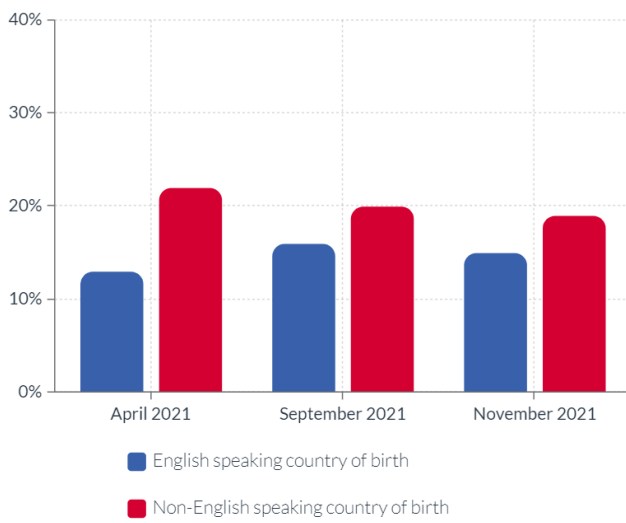


Participants of the CALD Community Engagement Groups described how more communication was needed to help people understand and relate to the need for vaccination. Participants spoke about misinformation and conspiracy theories that had spread amongst communities including claims that vaccination will kill you within two years and that the vaccine is a tracking device for the government. Participants also noted that some vaccinated people were attributing the vaccine to worsening health conditions creating fear towards COVID-19 vaccinations. In addition, some community leaders reported some faith leaders were actively discouraging their congregations from accepting COVID-19 vaccines due to religious concerns. Several participants also spoke about having to spend a significant amount of their own time attending government briefings, and then translating and posting the briefing information to social media for their community to read.

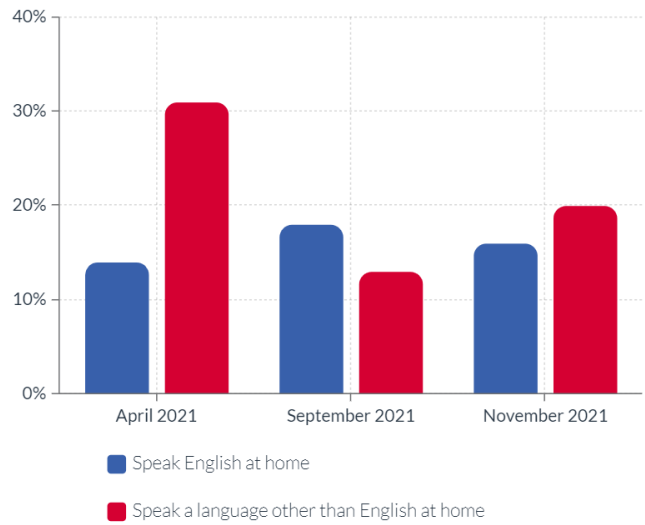
## FINANCIAL HARDSHIP

The percentage of participants experiencing financial hardship declined since April 2021. People born in a non-English speaking country and non-permanent residents were consistently more likely to experience financial hardship in the last four weeks compared to participants born in English-speaking countries and permanent residents. In November 2021 19% of people born in a non-English speaking country and 25% of non-permanent residents reported experiencing financial hardship in the last 4 weeks compared with 15% of permanent residents and 15% of people born in an English-speaking country.

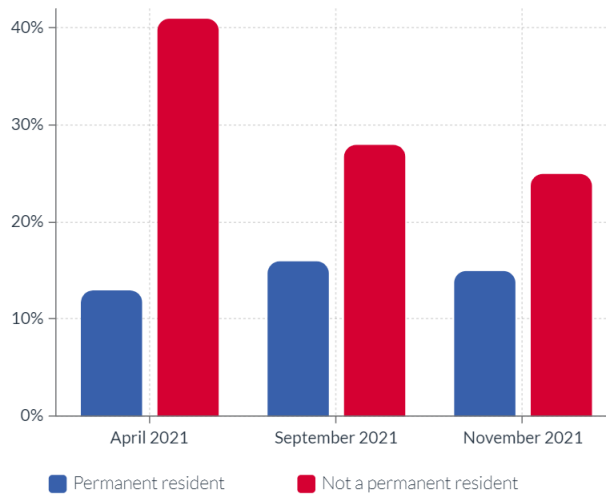
**Financial hardship by country of birth**



**Financial hardship by language spoken at home**



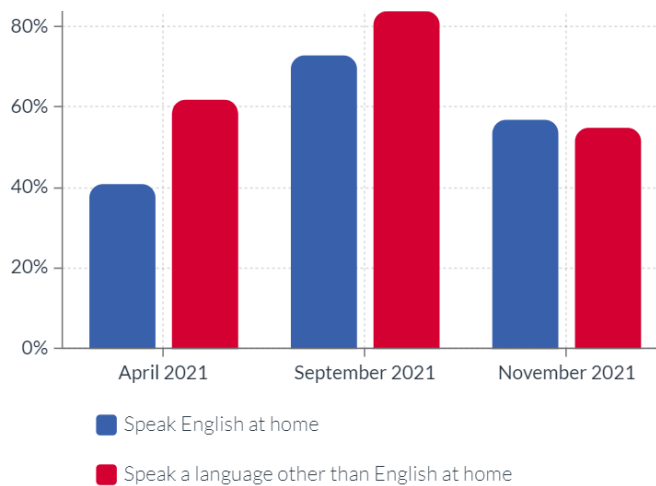
**Financial hardship by residency**



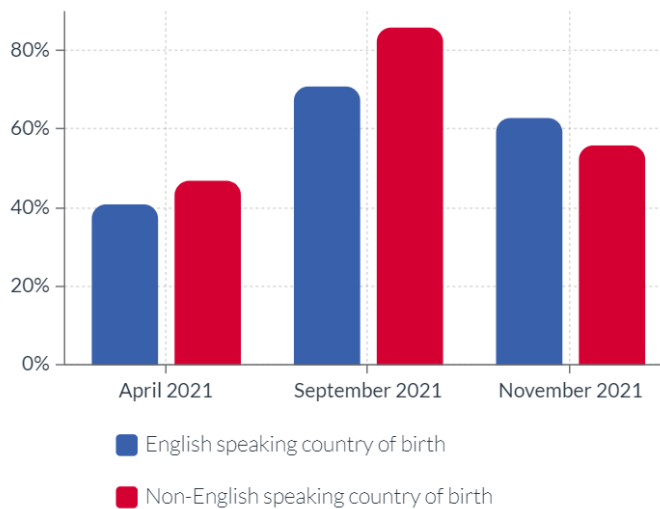
## MENTAL HEALTH

Each month participants were asked to consider the impact of COVID-19 on their mental health. In the graphs below, the mental health impacts of COVID-19 were at their worst in months during lockdown (i.e. September 2021). People without permanent residency reported experiencing more significant mental health impacts compared to participants with permanent residency. In November 2021, 65% of people without permanent residency reported that the pandemic had greatly or somewhat impacted their mental health compared to 56% of permanent residents.

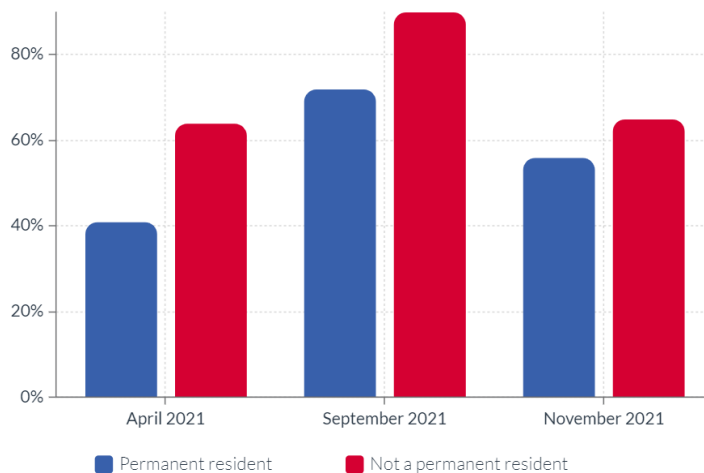
**Mental health impacts by language spoken at home**



**Mental health impacts by country of birth**



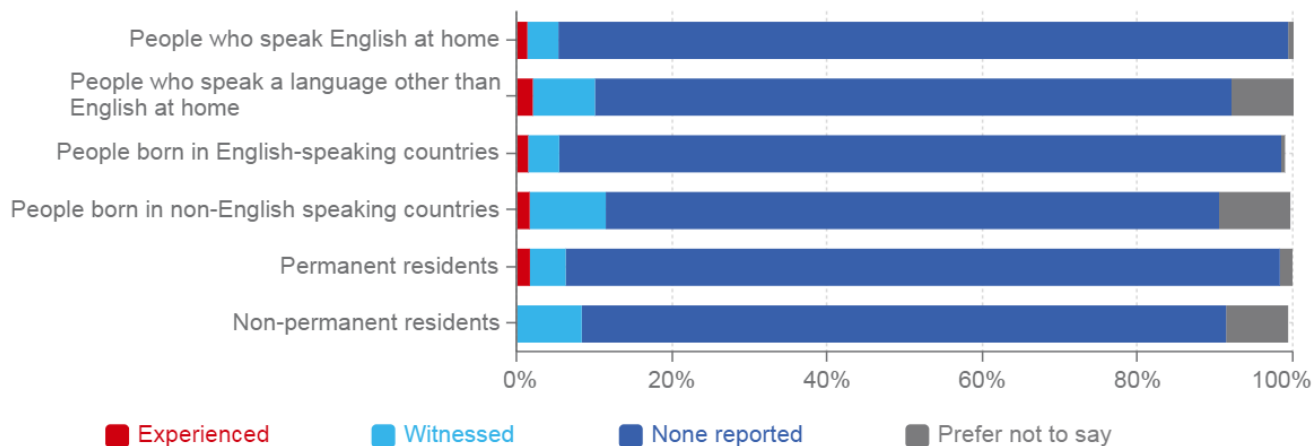
**Mental health impacts by residency**



## EXPERIENCES OF RACISM

CALD and non-permanent resident participants were more likely to report witnessing racism associated with COVID-19. These participants were also more likely to indicate 'prefer not to say' to this question.

**Experience of racism in relation to COVID-19 in Nov 2021**



Several participants who had a qualitative interview spoke about how the COVID-19 pandemic had made them more conscious of being from an Asian background: *“I never got a sense that someone looked at me and said, “You’re Chinese,” until COVID...”*. For one participant this resulted in increased anxiety and uncertainty especially *“when it was pretty serious in Melbourne”*. This same participant described how restrictions enforcing universal mask use helped to reduce his experience of racism and to *“relieve some of that anxiety”* related to being singled out as Asian for wearing a mask.

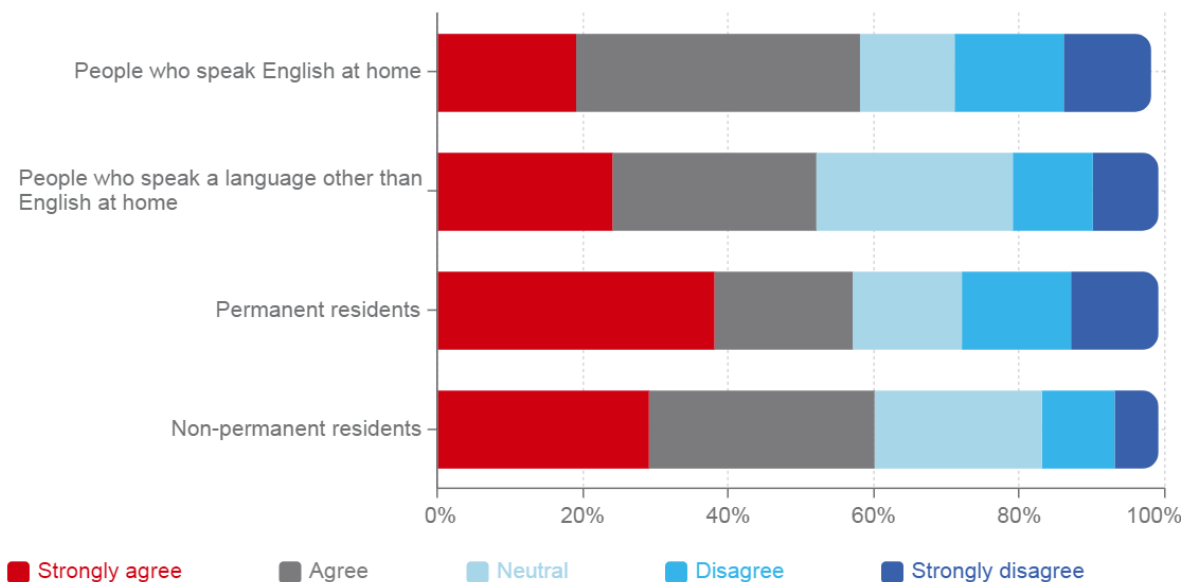
*“...what you saw on the street before masks were even mandatory was that all the Asians were wearing the masks and it sort of singles you out as, “Okay, you’re bringing the virus and you’re also wearing the mask” sort of thing, but when everyone had to do it, you’re like, “Oh, we’re all in the same boat.”*”

Participants of the CALD Community Engagement Groups reported that people were fearful of being associated with having COVID-19, or even COVID-19 symptoms. Some were concerned about the confidentiality of the testing and results process due to their negative experiences with healthcare systems in other countries. One community leader in the CALD Community Engagement Group also questioned whether the police will be involved in monitoring double vaccination and the Service Victoria app. This participant was concerned that the police may use COVID-19 measures as a tool for racism.

### EXPECTATIONS POST-VACCINATION

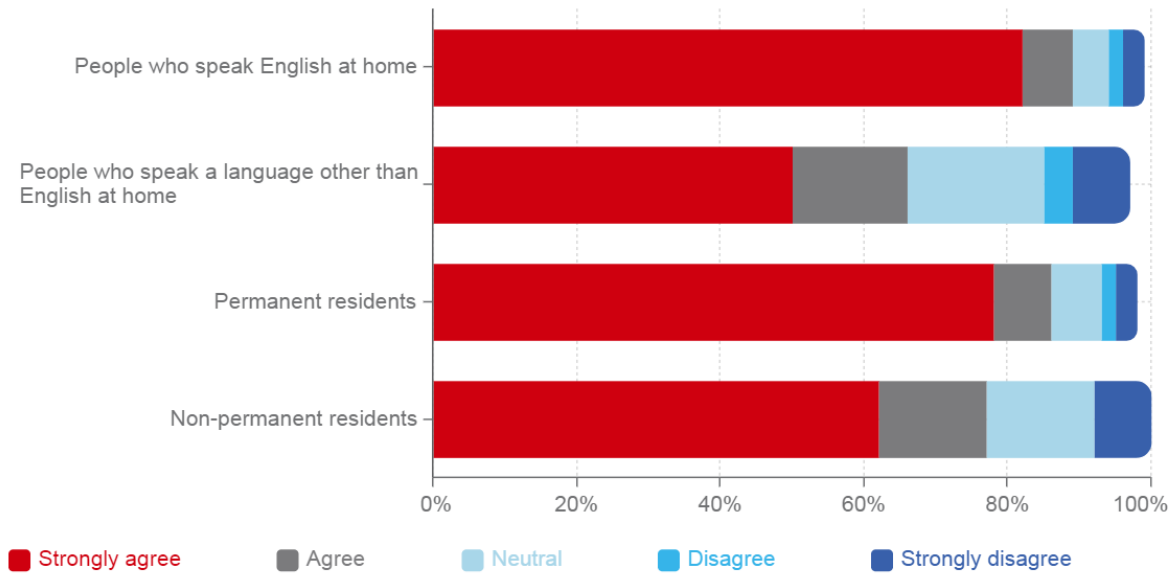
Participants who spoke English at home and were permanent residents were more likely to support reducing the two-week quarantine period for people vaccinated overseas. Similarly, participants who spoke English at home and were permanent residents were more supportive of COVID-19 vaccines being required for international travel.

**If you were vaccinated overseas, the two-week quarantine period should be reduced.**





### COVID-19 vaccines should be required for international travel to/from Australia



# RECOMMENDATIONS

1

## **COVID-19 communication**

COVID-19 related information needs to be delivered in a range of community languages across a diverse range of platforms including: social media, SBS radio, audio-recorded messages on social media and directly to mobile phones.

Direct/face to face communications is also important; this includes school representatives calling parents to explain the need for testing and educating young people at school who can then pass the information to their families and supporting community leaders to deliver COVID-19 information at community events.

These approaches will be crucial especially in relation to booster vaccines, vaccination for children aged 5-11 and emerging issues associated with the Omicron variant.

2

## **Facilitate two-way information sharing and communication with CALD communities**

Establish a system that ensures sustained engagement with key community leaders to ensure two-way communication and engagement with CALD communities on critical issues and the best respond to these including in developing appropriate messaging and language.

3

## **Financial hardship**

People without permanent residency continue to experience higher levels of financial hardship outside of lockdowns. Financial support should be available to these populations to prevent further financial distress if future lockdowns occur.

Consideration should be given to provide COVID-19 home based rapid antigen testing at no cost or low cost to ensure to groups suffering financial hardships.

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