Optimise Study: Community Engagement Group for Culturally and Linguistically Diverse Communities

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OVERVIEW AND IMPLICATIONS

This report summarises the themes emerging from the first meeting of the Optimise Study Community Engagement Group (CEG) for Culturally and Linguistically Diverse Communities. The role of the CEG is to turn the Optimise study findings (particularly from the CARE survey) into practical implications and recommendations relevant to the needs of multicultural communities.

The CEG is comprised of twelve community leaders from a range of multicultural communities across Victoria. The first meeting was held on 21st September 2021. Two topics related to the findings of the CARE report were discussed: wastewater COVID-19 detection and testing uptake, and motivations and incentives to increase uptake of COVID-19 vaccinations.

Key themes from the meeting are summarised below.

1. Wastewater COVID-19 detection and testing uptake

Community leaders broadly agreed that notification of wastewater detection of COVID-19 did not influence their communities to seek testing. This related to:

- lack of information or awareness about the rationale, mechanisms and implications for monitoring wastewater, in English as well as community languages
- lack of clear guidance about how people should respond to wastewater detections, in English as well as community languages
- lack of specific education about wastewater monitoring provided to community leaders

Other barriers to seeking testing were also identified, including:

- stigma of COVID-19 diagnosis in their communities
- language barriers affecting people's understanding of testing information
- low literacy levels in community languages further impacting people's access to testing information

The implications of these findings are:

- more communication is needed to multicultural communities, particularly community leaders, about wastewater detection and how people should respond when wastewater detections occur in their catchment.
- measures to address stigma of COVID-19 in multicultural communities are needed to encourage testing uptake.
- information about testing should be presented in community languages and provided across a range of formats (including both written and verbal). For example, social media, SBS radio, audio-recorded messages on social media or delivered directly to people’s mobile phones, school representatives calling parents to explain the need for testing, educating young people at school about testing so they can communicate the information to their families.

2. Motivations and incentives to increase uptake of COVID-19 vaccinations

Overall, community leaders reported the most significant motivators for vaccination within their communities were:

- the freedom and privileges that stemmed from being vaccinated (e.g. being able to see family and friends, not having to quarantine when travelling, resumption of pre-COVID life)
- protecting themselves and family members against serious illness and hospitalisation
- protecting others in the community who were vulnerable to COVID-19 infection

Given the complexity of reasons that people were not being vaccinated, many in the group did not feel monetary incentives would be useful for encouraging vaccine uptake. However, several participants felt monetary incentives would encourage those on low or no income (particularly asylum seekers and refugees) to get vaccinated.

Community leaders reported fear of the vaccine was a significant barrier to vaccine uptake across multicultural communities. Many participants felt more awareness, information and communication would be more helpful in encouraging vaccine uptake than monetary incentives. Overall, more communication was needed to help people understand and relate to the need for vaccination.

The CEG suggested the following strategies may help increase vaccination uptake in multicultural communities:

- more direct communication and engagement from the government to multicultural communities, rather than indirect communication reliant on community leaders
- community leaders talking to their communities about their own experiences of vaccination
- more resources for community leaders and local councils to engage more actively about vaccination with their communities
- more vaccination information in community languages and provided in hard copy. Hard copies could then be distributed through schools, libraries and community centres
- more communication (including through media) of the impacts of COVID-19, particularly on young or healthy people, so that more people can relate to the danger of the virus
- more communication is needed to counter vaccinated people's erroneous claims of serious side effects
- education of spiritual leaders. Some community leaders reported spiritual leaders were actively discouraging their congregations from getting vaccinated due to religious concerns about the vaccine.
- encouraging employers to support vaccination and vaccination leave
- encouraging students/youth, who are often more proficient in English, to share information about vaccination with their families and networks

METHODOLOGY

Recruitment of community leaders
Twelve community leaders from multiculturally communities were recruited for the CEG through the professional networks of the Optimise Study (including the Victorian Department of Health). The leaders represented the following communities in Victoria:

- Sudanese communities
- Dinka-speaking South Sudanese communities
- East and West African communities
- Assyrian Chaldean Syriac and Lebanese Communities
- Afghan communities
- Chinese, Korean, Japanese and Vietnamese communities
- Indian and South Asian communities
- Fiji and Pacific Island communities
- Paraguayan and Latin American communities

The community leaders were recruited to:

- Reflect on the most recent report of findings from the CARE survey, from the perspective of the community they were representing
- Provide insights about their community's response to the specific COVID-19 prevention measures explored in the CARE report (specifically testing and vaccination)
- Share ideas about how communication of COVID-19 prevention measures in their communities could be improved

Methods
Two meetings of the CEG for Culturally and Linguistically Diverse Communities were scheduled for 2021. The first meeting was held on 21st September 2021 for 90 minutes via Zoom. Eleven of the twelve community leaders recruited for the group participated in the meeting. The meeting was audio-recorded with participants' consent.

The discussion questions for the meeting had been determined in advance by the CARE study researchers, Optimise Study investigators and the meeting facilitators (Dr Merner and A/Prof Hill from La Trobe University). Community leaders were emailed the meeting papers and pre-reading (including the CARE report and discussion questions) a week before the meeting to maximise the time available for discussion during the CEG.

Box 1 shows the discussion questions addressed by community leaders at the meeting.

Box 1: Discussion questions

1. The CARE survey showed the presence of COVID-19 in the wastewater was less likely to influence people to get tested than other scenarios, such as visiting an exposure site*.

   In your own community, do you think the presence of COVID-19 in wastewater influences people to get tested? Why or why not?

2. The survey showed most unvaccinated respondents reported that they were definitely or probably going to get vaccinated. However, some respondents reported they were unsure or would not get vaccinated^.

   For those who are still unsure about vaccination in your community, what incentives (if any) would encourage them to get vaccinated? For example, compensating casual workers for time lost? Offering people monetary or other incentives? And how would people who are already vaccinated feel about others receiving incentives?

   What other strategies would help to increase vaccination in your community? For example, communicating vaccination information via different information sources? Setting up vaccination clinics through community- based organisations with support from community members who speak the community languages?

   * based on CARE survey questions 5, 6, 8 and 10
   ^ based on CARE survey questions 13, 14, 15 and 19

After the meeting, the facilitators listened to the audio-recording and made comprehensive notes of the discussion. Some direct quotations were transcribed verbatim. Using the notes, the facilitators conducted a thematic analysis to synthesise the key themes in the discussion.

A draft of the synthesis of key themes was emailed to all participants with a request for feedback on the accuracy of the themes. No request for changes to the draft were received. Participants were also invited to co-author the report with eight participants volunteering to be co-authors. A final draft of the full report was sent to all participants for feedback prior to submission to the Victorian Government Department of Health.

All community leaders who participated in the first meeting received a $115 stipend for their participation.

SYNTHESIS OF DISCUSSION THEMES

The synthesis of discussion themes from the first meeting of the CEG for Culturally and Linguistically Diverse Communities are presented below. The themes are grouped under the discussion topics: wastewater COVID-19 detection and testing uptake, and motivations and incentives to increase uptake of COVID-19 vaccinations.

Wastewater COVID-19 detection and testing uptake

Generally, participants reported their communities were not influenced by notification of wastewater detection to seek testing. Key reasons for this included:

- Lack of information or awareness about the rationale, mechanisms and implications for monitoring wastewater, in English as well as community languages
- Lack of clear guidance about how people should respond to wastewater detections, in English as well as community languages
- Lack of specific education about wastewater monitoring provided to community leaders

Other reasons were:

- Less coverage of wastewater detections on social media and mainstream media, compared to other public health measures
- Information about wastewater detections was perceived with less urgency than information about exposure sites
- Results of wastewater detections did not provide a clear link between COVID-19 and the individual: "*Every time I see there was traces of blah blah blah in Keysborough or Dandenong. I just go err… that's the wastewater. I don't really know what that means? ... It could be a visitor.*"
- People were less familiar with wastewater detection as it was introduced after other public health strategies (e.g. handwashing, recognition of COVID symptoms)

Issues impeding COVID-19 testing more generally included:

- The stigma of COVID-19 testing and diagnosis. Community leaders reported 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 experiences of healthcare systems in other countries
- Young people and those more engaged with the broader community were more likely than others in CALD communities to understand communication in English about COVID-19. Those with less proficiency in English relied on information in their own language received from Facebook, WhatsApp groups, family members, community and spiritual leaders. This could impact on their ability to access reliable information about testing.
- People experiencing language barriers also found it more difficult to identify authoritative information versus '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

Participants suggested COVID-19 testing information should be delivered in community languages across a range of formats. These included:

- social media
- SBS radio
- audio-recorded messages on social media or delivered directly to people's mobile phones
- school representatives calling parents to explain the need for testing
- educating young people at school who can then pass the information to their families

Motivations and incentives to increase uptake of COVID-19 vaccinations

Key motivators for vaccine uptake

Broadly, the group considered the most significant motivators for vaccination within their communities were:

- the freedom and privileges that stemmed from being vaccinated (e.g. being able to see family and friends, not having to quarantine when travelling, resumption of pre-COVID life)
- protecting themselves and family members against serious illness and hospitalisation
- protecting others in the community who were vulnerable to COVID-19 infection

Financial incentives

Given the complexity of reasons that people were not being vaccinated, many in the group did not feel monetary incentives would be useful for encouraging vaccine uptake. However, several participants felt monetary incentives would encourage those on low or no income (particularly asylum seekers and refugees) to get vaccinated. Taxi vouchers for people receiving Centrelink to attend vaccination hubs were also suggested.

The group had mixed views about how people who had already been vaccinated would feel about others getting monetary incentives. Some felt people would be annoyed. Others felt that the increased vaccination coverage that would result from monetary incentives was a sufficient reward for those already vaccinated. One participant felt people would be empathic to the need for those on low or no income to receive a financial incentive.

A few participants felt paying monetary incentives set a negative precedent and was not a sustainable long-term strategy for increasing vaccination uptake.

Fear is a vaccination barrier not susceptible to financial incentives

Fear of the vaccine was identified as a major barrier to vaccination uptake across multicultural communities. Many participants felt more awareness, information and communication would be more helpful in encouraging vaccine uptake than monetary incentives. Overall, more communication was needed to help people understand and relate to the need for vaccination.

Fear was perceived to stem from people lacking authoritative information, not understanding information they had received or receiving information that did not address their fears. Across communities, fear was

exacerbated by misinformation and conspiracy theories, including claims that vaccination will kill you within two years and the vaccine is a tracking device for the government.

Another powerful source of fear were the claims of vaccinated people that the vaccine caused or exacerbated serious health problems:

> *"There are some people who are fully vaccinated and they are talking out against getting vaccinated. Just for example, the other day I was in a workshop and there was an older Indian woman and she said that she was fully vaccinated with AstraZeneca, and her husband was fully vaccinated with AstraZeneca, and she was absolutely convinced that the vaccine, after he got It, that her husband's personality changed, that he started having mental health issues. So for some people now we are seeing that if they have any little health problem, they are linking it back to having had the vaccine. And I think that should be of great concern that you have people who are fully vaccinated now saying these things to friends and family who are not vaccinated, saying 'don't get it'."*

Community leaders also acknowledged the difficulty of convincing people who did not believe in COVID-19 to get vaccinated: "*Monetary incentives will only work if people believe there is a pandemic. How do you convince someone to get vaccinated when they don't believe COVID exists?*"

Strategies that may help alleviate fear of the vaccine included:

- More direct communication and engagement from the government to multicultural communities, rather than indirect communication reliant on community leaders.
- Community leaders talking to their communities about their own experiences of vaccination
- More resources for community leaders and local councils to engage more actively about vaccination with their communities. Several community leaders reported spending significant portions of their own time attending government briefings, and then translating and posting the briefing information to social media
- More vaccination information in community languages and provided in hard copy. Hard copies could then be distributed through schools, libraries and community centres
- More communication (including through media) of the impacts of COVID-19, particularly on young or healthy people, so that more people can relate to the danger of the virus. One community leader suggested paying incentives to frontline healthcare workers from CALD backgrounds to provide video presentations for their communities about their experiences managing people with COVID-19, and the impact of the disease:

  > *"The incentives should go to the health workers, the nurses, those people that are actually in the ICU… people helping with COVID… We need them to come out, we need to give them the incentive and tell us the reality of what's happening in the ICU… Bring us your people to tell us what's happening when you've got COVID."*

- More communication was needed to counter vaccinated people's erroneous claims of serious side effects
- Educating spiritual leaders. Some community leaders reported spiritual leaders were actively discouraging their congregations from getting vaccinated due to religious concerns about the vaccine. Changing spiritual leaders' minds was perceived as a significant way to improve uptake from the whole congregation
- Encouraging employers to support vaccination and vaccination leave

- Encouraging students/youth, who are often more proficient in English, to share information about vaccination with their families and networks

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