Supporting COVID-19 Vaccination Program rollout to migrant and refugee communities in Australia

Consultation Insights Report – January 2022

HARMONY ALLIANCE
MIGRANT & REFUGEE WOMEN FOR CHANGE

SETS CoP

MIGRANT & REFUGEE HEALTH PARTNERSHIP

Migration Council Australia

About Migration Council Australia

Migration Council Australia (MCA) is a national peak body working across sectors—and fostering partnerships between community, industry and government—to facilitate effective settlement outcomes for migrants and refugees.

MCA works closely with migrant and refugee communities, the health sector, the Australian Government and other stakeholders to implement a broad range of programs that aim to improve health access, experience and outcomes for migrants and refugees, as well as to provide evidence-based and consultation-informed advice on migrant and refugee health to government and health sector stakeholders.

MCA and its auspiced bodies—SETSCoP, Harmony Alliance, and the Migrant and Refugee Health Partnership—have been working closely with the Department of Health (the Department) to support the COVID-19 Vaccination Program rollout to migrant and refugee communities through a communication and engagement strategy. The consultation part of the strategy has been developed and delivered primarily in collaboration with SETSCoP and Harmony Alliance.

SETSCoP is a national collaboration of 112 settlement service providers that support migrants and refugees under the Settlement Engagement and Transition Support (SETS) program. The core purpose of SETSCoP is to support SETS providers in the sharing of best practice and expertise for effective settlement and in working collectively to address identified issues.

Harmony Alliance is one of the six National Women's Alliances supported by the Australian Government to promote the views of all Australian women to ensure their voices are heard in decision-making processes. With membership comprising over 80 organisations nationally, Harmony Alliance's purpose is to provide a national inclusive and informed voice on the diversity of issues impacting the experiences and outcomes of migrant and refugee women.

The Migrant and Refugee Health Partnership was formed in 2016 to bring the health and the community sectors together to address systemic barriers to health access for migrant and refugee communities. The Partnership is the peak multicultural health body and provides a strong focus both on the health system capability to work effectively with migrants and refugees, and on strengthening health-promoting assets in migrant and refugee communities with a view to improving community health and wellbeing.

About this report

Between March 2021 and January 2022, MCA held a series of consultations and information sessions with SETSCoP and Harmony Alliance members and wider networks. The sessions focused on key issues and concerns relating to the COVID-19 Vaccination Program rollout to migrant and refugee communities.

SETSCoP information sessions addressed the questions and concerns of settlement service providers and provided feedback to the Department on issues arising as part of the rollout. Additionally, SETSCoP established COVID-19 Response sub-groups. These sub-groups are based by jurisdiction and provide an avenue for ongoing sharing of practice and collaboration among settlement service providers with a view to facilitating the COVID-19 vaccine uptake in migrant and refugee communities as well as the COVID-19 safety responses more broadly.

Harmony Alliance has held consultations and roundtables, including with women from Pacific and African backgrounds, young migrant and refugee women, and migrant and refugee women who are owners of small businesses and entrepreneurs. These consultations have supported the Department to better understand the areas of concern with regard to the COVID-19 Vaccination Program rollout to migrant and refugee communities in Australia.

This report presents the consultation insights to date, including key considerations, with regard to:

- Key barriers to COVID-19 vaccine access
- Key reasons for the COVID-19 vaccine hesitancy and
- Strategies for promoting the COVID-19 Vaccination Program rollout.

In combining these consultation insights with domestic and international research, this report discusses key learnings from the COVID-19 Vaccination Program rollout, including how to ensure effective engagement with diverse communities—both in the context of the COVID-19 pandemic and in future preventive health policy responses.

This report should be read in conjunction with MCA, SETSCoP, Harmony Alliance and the Migrant and Refugee Health Partnership's Policy Brief (March 2021) and Communication Guide (January 2022) on the topic of 'Integrating culturally, ethnically and linguistically diverse communities in rapid responses to public health crises'.

Introduction

Australia's cultural diversity brings countless benefits and both significant opportunities and challenges for policymaking. The COVID-19 pandemic has typified this, exposing vulnerabilities in Australia's health system while at the same time presenting opportunities to develop new communication and engagement strategies that have the potential to improve health outcomes for Australia's culturally, ethnically and linguistically diverse (CALD) communities—both during the present pandemic and in future public health crises.

Migrant and refugee communities are often referred to as CALD communities and this term will be used in this report. It should be noted that the term 'CALD communities' is an umbrella term and these communities comprise different generations of migrants and refugees, as well as different ethnicities, languages, cultures and religions. Consequently, there is no one set of needs or challenges experienced by CALD communities. The differences must be acknowledged and incorporated in public health responses.

There is evidence that CALD communities in Australia already have a greater risk of under-immunisation than the broader Australian community.[1] [2] [3] [4] Further, people from multicultural backgrounds receive information, make decisions about health and influence the behaviours of those around them in different ways, necessitating a tailored response directed to their needs. As was the case globally,[5] the Australian Government recognised that effective engagement with CALD communities would be crucial to the success of the COVID-19 Vaccination Program rollout and identified the need for targeted communication strategies to promote the rollout across all communities, to ensure maximum vaccination uptake and coverage.

This report details how embracing different cultural perspectives and understanding the drivers of vaccine hesitancy and uptake can inform responsive, flexible and effective policy design. It analyses the major challenges and trends that the COVID-19 Vaccination Program rollout has presented, and how the learnings from this experience can be applied to future stages of the rollout as well as to future preventive health responses. In identifying the vulnerabilities and socioeconomic factors that led to lower rates of vaccination in some CALD communities, this report highlights the importance of community-informed policy and practice to deliver information and services that are targeted to the specific needs of diverse communities across Australia.

Key barriers to COVID-19 vaccine access

The COVID-19 pandemic has disproportionately affected migrant and refugee communities in Australia, including with respect to access to vaccinations. While Australia has provided free universal access to COVID-19 vaccinations, this has not ensured access to vaccines for everyone.[6] The equity of the COVID-19 vaccine rollout has been affected by the long-standing barriers CALD communities face in accessing health services in Australia.

The increasingly consumer-driven nature of Australia's healthcare system requires that individual consumers take charge of their health, placing a burden on individuals to be well-informed and determined to make optimal choices about their healthcare. This has been a key barrier for CALD communities in accessing the COVID-19 vaccines, particularly during the earlier stages of the vaccine rollout, as people from CALD backgrounds often lack the understanding of Australia's healthcare system to enjoy equitable outcomes. Limited awareness of, and information on, the process to get vaccinated and the clinics available meant that many individuals faced challenges in accessing the vaccine.

Other longstanding barriers repeatedly identified by MCA's consultation participants as impacting their access included language barriers and lack of language support, as well as lack of digital access and low levels of digital literacy among some migrants and refugees. The reliance on digital tools to disseminate information, book vaccine appointments, access vaccine records on MyGov and obtain proof of vaccination impacted many CALD community members, and particularly those living in remote areas, who were less likely to have access to devices.[7] Further, these digital tools require high levels of literacy and digital literacy to navigate them. This also had an impact on, in particular, migrant and refugee women, older migrants and refugees and those living in regional and remote areas. Participants in the MCA consultations highlighted the additional responsibilities that settlement service providers and female community leaders took on in order to bridge the digital divide and help people in their communities book vaccine appointments, obtain vaccine records and access information.

The consultations highlighted communication barriers between official messaging and CALD communities in several areas. Women and settlement service providers shared their concerns about misinformation being spread through their communities via social media and information from overseas sources. Additionally, conflicting and changing advice from mainstream media created confusion and particularly impacted those with limited resources such as women in rural areas who lack access to digital devices or internet connection.

Structural barriers to access noted by the participants in the consultations included the increased vulnerability of recent migrants who are not formally connected into the health system (e.g., do not have access to Medicare) and those who lack local

connections or support networks (including those not connected into settlement services). Location of vaccination clinics was identified as another barrier, particularly for women who needed to travel long distances or balance caring responsibilities for children and older relatives. Settlement service providers reported stepping in to support their clients with transport to clinics.

Key considerations

- Investing in CALD specific health and health system literacy programs to promote preventive health (such as immunisation) and enhance health-seeking behaviours in the community, including in accessible formats and through trusted channels (such as health practitioners from CALD communities) and
- Delivering vaccination clinics in areas and locations where they are most accessible to CALD communities at risk.

Key reasons for the COVID-19 vaccine hesitancy

Vaccine uptake rates have considerably increased in Australia, with over 90 per cent of the population vaccinated with two doses.[8] However, vaccine hesitancy remains an issue in some communities and trends indicate the reduction in hesitancy may slow down.[9] While Australia's vaccination campaign has been overall successful, there remain risks to unvaccinated CALD community members and risks to compliance with the booster shot vaccine program.

Vaccine hesitancy responds to different factors such as perceptions of immunisation programs, continued lack of access to immunisation or past interactions with healthcare settings, among others. Unwillingness to get vaccinated has varied across communities—and among individuals within the communities in view of gender and age considerations—over the COVID-19 vaccine rollout. Nuanced research about vaccine hesitancy among CALD communities, including disaggregation by age, generation and gender,[10] will assist in better targeting communications to reach groups that are most at risk.

In April 2021, a survey by the Australian Bureau of Statistics reported that 62 per cent of participants who did not want to get vaccinated were worried about potential side effects and 12 per cent were worried about the efficacy of COVID-19 vaccines.[11] In line with these trends in the broader Australian population, the main reasons identified in MCA's consultations for vaccine hesitancy among CALD communities relate to concerns about the safety and efficacy of COVID-19 vaccines. Younger women reported being reluctant to get vaccinated due to a fear of side effects and unknown long-term side effects, including on maternal and reproductive health. This correlates with trends in the broader Australian community, with a study in June 2021 revealing Australian women were more reluctant than men to get vaccinated.[12]

The lack of information during the early stages of the COVID-19 Vaccination Program rollout addressing community concerns with regard to side effects and their severity, a

limited number of vaccine trials, and the relatively new technology used for developing the vaccines contributed to the initial misconceptions and fears around the COVID-19 vaccines. Participants in MCA's consultations have highlighted the general sense of confusion and mistrust when receiving information about the COVID-19 vaccine. For example, participants pointed to mixed messages from authorities and differences in eligibility criteria to get vaccinated across jurisdictions. Community members reported receiving conflicting advice from the Australian media, Australian Federal and State/Territory governments, and government and media information from their countries of origin and their communities. This led to experiencing 'information overload' and not knowing which information to prioritise, that caused uncertainty and anxiety, and delayed the uptake of the vaccine.

In particular, participants in the consultations noted the impact on vaccine hesitancy of the rapid spread of false information about how mRNA-based vaccines work. Misinformation about the Pfizer vaccine interacting with and altering the DNA of the individual spread faster and more effectively in some CALD communities than the official messaging. Equally, misconceptions that certain unethical ingredients were used in the COVID-19 vaccines, such as embryos and animal origin ingredients, reinforced the hesitancy of some members of the community. The arguments about the urgency of developing a vaccine to protect the global population from COVID-19 in record time challenged the perceptions of safety towards the COVID-19 vaccines, while the emergence of fatal adverse effects linked to the AstraZeneca vaccine led to panic and mistrust in some communities and impacted the confidence of those who were willing to get vaccinated. Participants in the consultations reflected on the extensive coverage in the media—which is the only source of information for some members of communities such as older people and those with limited internet access—and the changes in the health advice as factors that exacerbated the distrust.

The lack of research and information about the interaction between the COVID-19 vaccines and other medications, as well as the long-term effects of the vaccines on maternal and reproductive health, were reported as key concerns for people with pre-existing health conditions and younger women, respectively. The development of new mutations of the virus, their faster spread and their effect on cohorts previously perceived as least vulnerable, such as children and younger people, have been consistently raised in the consultations. Further, the reduced immunity of the vaccines against the Omicron variant and the need for a third dose of the vaccine to maintain immunity has given rise to new concerns about the efficacy of the vaccines and undermined confidence in the importance of getting vaccinated. This has been exacerbated by the repeated changes in waiting periods to receive vaccine boosters, which has also undermined trust in public health information.

Further, participants in MCA's consultations raised some of the underlying drivers of vaccine hesitancy. Vaccine hesitancy has been associated with low health literacy.[13] While a barrier to heath access in general, low health literacy exacerbated the challenges experienced by CALD communities in accessing COVID-19 vaccines. A lack of trust in the health system and public health authorities reflected well documented

evidence that some migrants and refugees have a mistrust of authorities based on their past experiences in health care settings, including pre-migration experiences.[14] Participants in the consultations also noted some elements of complacency, in the early stages of the rollout, with some community members perceiving the risks of contracting COVID-19 as low and therefore not warranting getting vaccinated. Other reported factors influencing complacency included perceptions around the impact of the vaccine rollout or its importance compared to more pressing developments (e.g., it was observed in consultations with settlement service providers that people with family and community links to countries experiencing political instability and conflict were finding it difficult to prioritise health, including getting vaccinated).

Key considerations

- Developing targeted messaging on the safety and efficacy of the COVID-19 vaccines against new variants of the virus, as well as the importance of booster shots and
- Addressing and responding to specific safety and efficacy concerns in migrant and refugee communities.

Strategies for promoting the COVID-19 Vaccination Program rollout

Building a trust-based relationship between CALD communities and government is an important short-term and long-term goal. Engaging with CALD communities and understanding their views and needs is essential in health crises such as COVID-19 and in the future.

Effective communication

In the initial stages of the vaccine rollout, insufficiently targeted and tailored communication led to the information gaps being filled with misinformation and disinformation from different sources. Participants in the MCA consultations emphasised that a communication strategy to promote trust in the COVID-19 Vaccination Program rollout must respond to the diverse needs and characteristics of the CALD communities. Further, it must be informed by a nuanced understanding of the context, health needs and preferences of communities and individuals.

Addressing the needs of those in the communities who have limited or no English language proficiency or who prefer to receive public health messaging in their first language is key. Translated COVID-19 vaccine information has been welcomed in the MCA consultations; however, the issues with regard to the quality and consistency in the availability of translated information contributed to the spread of misinformation that is still evident in some migrant and refugee communities. This has required community organisations and settlement service providers to bridge the gaps and develop their own resources.[15]

Other issues encountered with translated information included the translations of the COVID-19 health advice into community languages using the same formal register as in English, which is not suitable for the range of health literacy levels in CALD communities. Translations have not always been tested to ensure the messaging is understood and appropriate for communities and sometimes failed to capture the nuances necessary to build trust and engagement. Translated information was available inconsistently across languages and often targeted languages based on a greater number of speakers in Australia, rather than on the level of risk and need for additional and tailored resources. This affects smaller communities and particularly more recent migrants and refugees who may not have strong connections with the communities.

Beyond translating the information into other languages, consideration must be given to utilising different communication channels and formats in order to reach a vast cross-section of CALD community members. The use of social media and digital tools is a powerful approach, however, it should be balanced with strategies to reach those who lack access to technology or have low levels of digital literacy. For example, participants in the MCA consultations have emphasised the use of phone calls and messaging platforms (Whatsapp, Kakaotalk, WeChat, Viber, etc.) to inform those more isolated in CALD communities. Further, ethnic community radio channels are a good alternative to digital platforms, as they can offer information in-language and reach older, less digitally literate community members. The use of visual resources such as videos or posters also increases engagement and understanding of individuals and has been repeatedly raised by participants in consultations as a preferred format for receiving information in CALD communities.

Cultural understanding plays an equally important role in communicating information. For many CALD communities, communications are more effective when story-based narratives feature people that they can relate to and trust. Communications featuring trusted figures of authority have proved highly effective throughout the pandemic. These include community leaders, faith leaders and, in particular, health practitioners from the communities. It is important to work with the points of authority in the communities and to strengthen their capacity to facilitate effective communication of health information.

Key considerations

- When developing, tailoring and translating messages, taking into account:
  - literacy and health literacy levels
  - particular needs and experiences of the communities
  - diversity within the communities, including age, gender, socio-economic factors, religion, location, and migration status, among other characteristics
- Balancing the digital and non-digital communications strategy to reach CALD communities with different communication needs

- Engaging NAATI credentialed translators and working with CALD community members to test translations to ensure the messaging is understood and appropriate and
- Working with bilingual/bicultural health workers and points of authority within communities to assist public health responses through information provision and dispelling misinformation and disinformation, with a view to building trust.

System responsiveness

Mistrust of COVID-19 vaccines and COVID-19 information has been identified as a key factor reducing the rate of vaccine uptake in CALD communities in Australia. A significant factor contributing to trust in the health system and the health information is the accessibility and responsiveness of the system. Access to COVID-19 vaccines and to health care overall can be improved through overall enhanced cultural responsiveness of the health system, including engaging and working with interpreters, and providing culturally responsive healthcare services that take into account the needs and experiences of people from CALD backgrounds. Participants in the consultations highlighted that there had been a lack of engagement of interpreters to assist those experiencing language barriers during the vaccine rollout.

Bilingual and bicultural health workers have played a critical role in supporting the delivery of health care, communicating health information to migrant and refugee communities, identifying and addressing misinformation within communities, and supporting the vaccine rollout. Bilingual/bicultural health workers help to eliminate language and cultural barriers, facilitate cross-cultural understanding and bridge socio-cultural gaps, develop trust and a therapeutic relationship between CALD communities and the health system. Greater engagement with bilingual/bicultural health workers and increased support for this workforce is crucial to better health outcomes for CALD communities.

Key considerations

- Enhancing cultural responsiveness of healthcare services, including language services, bilingual and bicultural support, and provision of care that takes into account the needs and experiences of people from CALD backgrounds
- Invest in building trust in the healthcare system among CALD communities through ongoing engagement and collaboration beyond health crises such as COVID-19.

Community engagement

The World Health Organisation (WHO) has recognised community engagement as a tool to support COVID-19 vaccine uptake and frame information strategies.[16] This approach has proven successful in reducing COVID-19 vaccine hesitancy and encouraging COVID-19 vaccine uptake in Australia and internationally.[17] [18] This experience highlights the importance of community engagement in combating misinformation and building trust, ensuring policy inclusion and equitable outcomes for all.

Community engagement is a process that, over time and with adequate resources, provides culturally relevant insights and support to the development of policy and practice. Community consultations are a valuable avenue to enable multicultural communities to identify concerns about specific issues and propose appropriate solutions to these concerns. They have been widely used nationally and internationally to support the rollout of the COVID-19 vaccine and help understand and address drivers of vaccine hesitancy.[19] [20] [21] [22]

To undertake genuine and inclusive consultations between CALD communities and government, consideration should be given to the following:

- Engaging early in the process, being responsive, and building trust in the consultation process
- Providing sufficient information for all parties to be adequately informed and fully participate in the consultation
- Working with trusted points of engagement in the community to facilitate consultations and
- Seeking feedback throughout the process and reviewing progress regularly to ensure the desired outcomes are achieved and long-term trusted relationships are built.

The Department's CALD Communities COVID-19 Health Advisory Group is a strong community consultation and engagement model that can inform responses in view of future public health crises, as well as broader health promotion initiatives. It facilitates the ongoing consolidation of expertise, brings in new perspectives, informs problem-solving strategies and increases public acceptance of policy and practice based on community engagement that is informed by trusted bodies with a deep understanding of community needs.

Key considerations

- Enhancing perceptions of government through regular and open communication with community groups and organisations tapping into existing trusted avenues for community engagement and collaboration and
- Continuously engaging with CALD communities to inform public health responses
- Empowering CALD communities to engage and prepare for future public health crises in collaboration with public health officials and
- Equipping and adequately resourcing trusted points of authority in the communities (including community and settlement sector organisations) to facilitate engagement with CALD communities.

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