Integrating culturally, ethnically and linguistically diverse communities in rapid responses to public health crises

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HARMONY ALLIANCE
MIGRANT & REFUGEE WOMEN FOR CHANGE

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Migration Council Australia

About this guide

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.

This guide draws on insights from MCA's ongoing work with diverse stakeholders over the course of the COVID-19 pandemic and recovery in Australia.

Public health officials must continually and actively engage with CALD communities to understand barriers to accessing healthcare, changing communication preferences, and how to promote resilience during public health crises.

Introduction

Communicating public health information to culturally, ethnically and linguistically diverse (CALD) communities requires a nuanced understanding of how people receive and understand information in their own language.

Effective communication provides information to people in three ways:

1. in a language they understand
2. at a level they comprehend, and
3. from a source they trust.

However, meeting the needs and preferences of CALD communities in relation to health information must be balanced against resource considerations, as well as the imperative to respond rapidly in a public health crisis.

The best-practice principles outlined in this guide, while not exhaustive, draw on lessons learned from the COVID-19 pandemic as well as domestic and international research on this issue.

Key messages

CALD communities should receive public health information concurrently with the whole of Australian population, to ensure equality of access to information impacting their health and wellbeing.

Crafting effective and culturally sensitive messaging is key to ensuring that all Australians are prepared to respond to public health threats.

Public health officials must continually and actively engage with CALD communities to understand:

- barriers to accessing healthcare
- changing communication preferences, and
- how to promote resilience during public health crises.

Identifying languages and communities of concern

Guiding principle

Languages and communities of concern should be identified prior to the development of public health messaging to ensure it is tailored to the needs of the most at-risk groups.

Key consideration

Policymakers and public health officials should combine data with real-time information from health and social services providing assistance to the communities, to capture the most relevant populations in public health messaging.

Identifying communities of concern

Public health officials and policymakers can identify the diversity of CALD populations by examining Australian Bureau of Statistics (ABS) Census data, or other official sources of population statistics. However, policymakers must go beyond the data to identify the CALD communities who may be at most risk of harm if public health messaging is not developed to address their needs in the first instance.

In the 2016 Census, more than one-fifth (21 per cent) of Australians indicated that they spoke a language other than English at home. Overall, 3.5 per cent said they spoke English poorly or not at all.[1] This figure increases to 5.6 per cent for people aged 65 and above.

There will also be communities not captured by this 2016 data who will need to be considered for communications being crafted in the years after the last Census was taken.

Rather than targeting translations based on the statistical prevalence of a particular CALD group, it is important to also consider other demographics, including their:

- age profile
- year of arrival
- languages spoken at home, and
- existing spoken or written English proficiency.

Further, the process of data collection often depends on the digital literacy and English proficiency of respondents involved, which means relevant information about some communities may not be adequately captured in all data sources.

Understanding health literacy and health systems literacy

Guiding principle

Public health information should be designed to empower individuals to make decisions regarding their health and wellbeing. This information should clearly outline the public health risk, measures and solutions, access to treatment services, and how to access trusted information.

Key consideration

Considerations of the health literacy and health systems literacy of the population will inform how public health officials craft their messaging.

Health literacy means the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply **health-related information** to make effective decisions about health and health care, and take appropriate action for their health and wellbeing.[2]

Health system literacy means the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply **information about the health system and services** to make effective decisions about health and health care, and take appropriate action for their health and wellbeing.[2]

Rollout of the COVID-19 vaccine

The COVID-19 vaccine rollout in 2021 has highlighted the importance of in-language and culturally responsive information to address health literacy and health system literacy considerations.

This included information on the phases of the vaccine rollout, vaccine safety, eligibility, steps for booking and receiving a vaccine, and follow-up doses.

Tailoring communications to CALD communities

Guiding principle

CALD communities are not homogenous, and to reach as many individuals as possible, it is important to consider how different cohorts of the community will receive and process public health messaging.

Key considerations

Messages should be crafted to consider age, gender, preferred language, religion, location, migration status, disability, technological proficiency, and level of scientific literacy in the communities being targeted by public health campaigns.[3] [4]

Public health institutions must find tailored ways to communicate with young migrant and refugee individuals, emphasising that healthcare in Australia is accessible, confidential, impartial and culturally sensitive.

Rural and remote communities

CALD communities located in rural and remote areas experienced additional vulnerability where services were not as concentrated as those in urbanised areas. Access to testing centres, vaccination clinics, or healthcare for positive cases was more difficult for those in rural and remote communities.

Temporary Visa holders

Individuals in Australia on temporary visas were in particularly vulnerable circumstances as they were unable to access many of the assistive services that were offered during the COVID-19 pandemic.

Women were especially vulnerable to the lack of financial assistance, as others in their community or family groups who may have supported them previously were also affected by the economic downturn during the pandemic.[3]

Young people

Young adults in Australia have significantly lower rates of health systems literacy, as well as low levels of engagement with health services overall.[5] This is compounded when young adults come from CALD backgrounds, both in terms of healthcare-seeking attitudes and access to healthcare. MCA's own research of migrant and refugee women's trust in institution found that 3 per cent of surveyed women had no trust at all in the Australian healthcare system. This figure rose to nearly 8 per cent for the research participants under the age of 30.[6]

For public health messaging to reach and resonate with CALD youth, it must address the significant cultural barriers. For example, while the pandemic had a broad mental health impact in the Australian community, people in CALD communities face additional risks due to community stigma compounded by lack of knowledge or trust in mental health interventions.[5]

Developing best-practice communication materials

Guiding principle

Resources should be available in plain language, in different physical and digital formats, in the places and platforms that your diverse audiences will visit.

Key consideration

To determine whether materials are accessible to the target population, depending on their level of literacy, a guide such as the Patient Education Materials Assessment Tool may be used (see **Appendix**).

Crafting effective resources

Public health information **should not require a high level of health literacy to understand**, even when communicating complex ideas (such as vaccination program readiness or viral incubation periods).	**Images, animations and videos** have been repeatedly shown to increase understanding of healthcare information in CALD user groups. This is enhanced when those images are culturally sensitive and include representation of individuals and communities from their background. Animations also allow for representations of diversity that may not be possible when casting actors in a tight timeframe.
Public health information should be written in **plain language** before being translated, to ensure that the material is as clear as possible. It should **avoid jargon** and non-literal language conventions like imagery, metaphor, or irony. Text-heavy documents are not useful for the quick dissemination of information.	It is important to have communications in both **written and audio form** to ensure that those who are illiterate are also included. **Voice talent** should be consistent, authoritative, calm, and tailored to the tone of the message. The **audio should be high-quality**, with a consideration of the dialect and relative in/formality of the speaker's language.

Considering communication channels

Guiding principle

Public health campaigns should critically engage with all of the common platforms for sharing information on public health crises, including websites, print media and social media.

Key considerations

Public health campaigns should take into account the demographic mix of their target audience and the likely spaces where people from CALD communities will seek information and support.

Officials should be sensitive to concerns that arise as a result of information from overseas sources, and clearly articulate why Australia is taking a different path in terms of quarantine strategy, vaccine selection, or other public health measures.

Websites[7]

- Is the website easy to find through various search engines?
- Is the page or its information shareable?
- Does it have a URL that is easy to remember and find?
- Are there audio transcripts and subtitled videos?
- Is the website accessible for people with disabilities (not too busy or difficult to read/navigate, facilities for large-text, text-to-speech)?
- Is there a plan to quickly and easily update pages when circumstances change?
- Does the website support mobile and tablet viewing?
- Homepage: is it easy to find the 'available in other languages' option?
- Does the website support non-Roman alphabets?
- Are there symbols used in addition to titles (e.g., the National Interpreter Symbol, a graphic of a globe, different letters/characters to indicate different languages)?

Traditional media[8]

- Is the message only getting to major national newspapers or local newspapers?
- Are there newspapers, magazines, community bulletins, or community radio stations in targeted languages that can be partnered with?
- Does the publication have a political bias that will impact the message?
- Are there flyers and posters in the appropriate public places? Are they easy to read, and linked to further resources?
- Does the agency/organisation publishing or distributing the content have the technological ability to produce information in non-Roman fonts, such as Arabic or Mandarin?[11]

Considering communication channels – continued

Social media

Australia's primary emergency services have been increasingly turning to social media to spread their messaging in a timely and concise way. Research has found that 'social media can help citizens receive, understand and cope emotionally with warning messages'.[9]

Benefits of social media include the ability to:

- engage in or monitor public discourse
- distribute updates on emergency situations
- crowd-source information to corroborate official sources (e.g., someone posting that they see smoke where a fire was reported)
- connect disparate communities
- create fundraising or awareness raising campaigns, and
- complement other more traditional forms of research.[9]

Social media content that is short and engaging can also be easily shared within communities, spreading through private messaging platforms like WhatsApp and WeChat.[10]

However, social media can also hamper efforts to reach CALD communities with accurate and timely public health information. Examples include:

- Rumours and misinformation, especially those that provoke public outrage or disgust, are specifically designed to gain traction before any moderator can refute it.
- Dissenters or troublemakers can inflame public opinion in multiple forums at once, even going so far as to incite action or violence.[9]
- Digital manipulation of official sources can have an impact on public understanding, when fake posts can look highly convincing.

Considering communication channels – continued

Over-reliance on technology

Over-reliance on the reach of social media also risks the exclusion of people without access to technology or with low levels of digital literacy.

Individuals with disabilities, or low-socioeconomic status, or individuals who simply choose not to engage in social media are disadvantaged by public health messaging that is heavily skewed towards distribution online.

Over-reliance on internet-based systems like smart phones and QR codes for contact tracing or online applications for financial assistance exclude those with low digital literacy, which often intersects with migrant and refugee communities.[9]

Many multicultural communities also have concerns over app security, data protection, privacy and online safety that will affect their uptake of new government platforms.

Influence of overseas media

Migrant and refugee communities may retain strong connections with their countries of origin and often rely on foreign media sources for news and information.

This can be an alternative but potentially misleading source of COVID-19 related developments, including vaccine updates, in countries of origin for significant migrant and refugee communities living in Australia.

Overseas media can also, of course, provide useful insight into common issues, concerns, hesitancy and erroneous information shared by migrant and refugee communities in relation to the vaccine rollout.

Debate over the efficacy of certain vaccines, as well as the use of different vaccines in other countries compared to Australia, have significant implications for migrant and refugee communities.

Effective communication – translating and interpreting

Guiding principle

Translators and interpreters must continue to be engaged in all stages of a public health crisis response to be inclusive of CALD communities.[11]

Key consideration

Those disseminating public health information must be conscious of the regulations and quality assurance surrounding interpretation and translation in Australia.

Emergency management of public health crises requires clear, concise, and inclusive communications. Accurate and timely translating and interpreting are essential to ensuring CALD communities receive the same key information as the rest of the population.

Certification of translators and interpreters

Interpreters (for speech) and translators (for writing) in Australia receive their certification through the National Accreditation Authority for Translators and Interpreters (NAATI).

NAATI-certified interpreters and translators undergo continuing professional development and adhere to the AUSIT (Australian Institute of Interpreters and Translators) Code of Ethics. Engaging an interpreter or translator that is NAATI certified is the most effective method to ensure that public health information is communicated accurately.

For new and emerging community languages in Australia, there may not be a NAATI certified interpreter or translator available. As a result, NAATI has introduced a category of Recognised Practitioners who provide services in less common languages. Every effort should be made to engage a NAATI certified interpreter or translator.

Community testing and feedback

It is strongly recommended that translations are checked by members of the CALD community for clarity and tone, which can be achieved by establishing a panel or database of community testers.

Effective communication – bilingual/bicultural workers

Guiding principle

Bilingual/bicultural workers play a key role in supporting better health for migrants and refugees, including in vaccine promotion, acceptance and uptake.

Key consideration

Public health officials and institutions should engage bilingual/bicultural workers to facilitate vaccine uptake through community dialogue and engagement, information provision, trust-building, and dispelling misinformation and disinformation.

Bilingual/bicultural workers are people employed in a range of positions who are also able and willing to utilise their proficiency in a language other than English—as well as their cultural skills and knowledge—to facilitate communication with communities with whom they share language and similar cultural experiences.[12]

Some bilingual/bicultural workers are employed specifically for their language and cultural skills.

Bilingual/bicultural workers are not interpreters or translators, unless they are so certified.[13]

Benefits of engaging bilingual/bicultural workers

- Awareness of cultural norms and beliefs to promote vaccine uptake and acceptance, while mobilising the community to gauge community sentiments.
- Ability to tap into the pulse of the community and gather feedback while facilitating community conversations to focus on promoting vaccine uptake.
- Ties to the community for mobilising community influencers to create an enabling environment for vaccine acceptance and uptake.

Community engagement

Guiding principle

In the wake of a public health crisis, there is an opportunity to create long-term changes that meet the needs of vulnerable members of the community.

Key considerations

CALD communities must be empowered and supported to meet, discuss, and prepare for future public health crises in collaboration with public health officials.

Public health professionals and frontline workers should also be involved in this process, as meeting face-to-face can help increase familiarity, build a common knowledge base, dispel myths and create bonds of trust.[14]

At every stage of a public health crisis, whether in preparation, response, or evaluation, CALD communities should be able to provide feedback on and influence public health messaging.

Engagement during a public health crisis

Engagement with CALD communities through discussion groups, town-hall meetings, or academic research should be undertaken to examine existing knowledge and capability gaps in current responses. This is also an opportunity to discover the wealth of resources from within CALD communities that can be used in response to public health crises.

In many situations, CALD communities may be able to mobilise and utilise their expertise and resources, particularly if they come from a background with its own history of crisis mobilisation (e.g., a local meeting hub or an existing in-language communication channel).[15]

Such consultation also promotes a more tailored approach to the needs of the community at large.[3]

Key learnings from the consultation should also be used to inform the training of emergency services personnel and health professionals to understand the strengths and vulnerabilities of the populations they are assisting.[16] [17]

Some guiding questions to identify sources of knowledge and knowledge gaps within CALD communities include:

- How do they engage with local services, including police, fire and ambulance services?
- How do they access health information in their own language?
- What assistance can they receive from their GP or local health providers?
- How can their family and community be ready for an emergency?
- What resources and support are needed to better prepare the community for public health emergencies?

Appendix | Patient Education Materials Assessment Tool (PEMAT)

PEMAT[18]	Additional criteria from the Centre for Culture Ethnicity and Health (CEH)[9]
Content • Make your purpose completely evident • Do not include information or content that distracts from its purpose	**Content** • Ensure it is appropriate for the intended audience • Ensure it is respectful of the values and beliefs of its intended audience • Choose inclusive, non-stigmatising language
Word Choice and Style • Use common, everyday language • Use medical terms only to familiarise audience with terms • Use the active voice	**Word Choice and Style** • Use short sentences and avoid double negatives
Organisation • Break or 'chunk' information into short sections • Sections have informative headers • Present information in a logical sequence • Provide a summary	**Organisation** • Number/date with clear ways to update or request more information
Use of visual aids • Use visual aids whenever they could make content simpler (e.g., illustration of healthy portion size) • Visual aids reinforce rather than distract from the content • Visual aids have clear titles or captions • Illustrations and photographs are clear and uncluttered • Tables are short and clear with row and column headings	**Use of visual aids** • Use visual aids that are familiar to the target communities • Choose high quality illustrations and photographs

Appendix | Patient Education Materials Assessment Tool (PEMAT)

PEMAT - continued

Actionability

- Clearly identify at least one action the user can take
- Address the user directly when describing actions
- Break down any action into manageable, explicit steps
- Provide a tangible tool (e.g., checklists) whenever it helps the user take action
- Provide simple instructions or examples of how to perform calculations
- Explain how to use the charts, graphs, tables or diagrams to take action

Layout and Design

- Use visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points
- Numbers appearing in the material are clear and easy to understand
- Do not expect the user to perform calculations

Additional criteria from CEH - continued

Actionability

- Equip users with enough information to advocate for themselves and others
- Suggest realistic actions for the life circumstances of the audience

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