

# 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 second meeting of the Optimise Study Community Engagement Group (CEG) for Culturally and Linguistically Diverse Communities held on 26 October 2021. The CEG is comprised of community leaders from a range of multicultural communities across Victoria. 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.

Key themes from the second meeting are summarised below.

## **Testing uptake in a vaccinated population**

There are still a range of barriers and misunderstandings regarding testing that need to be addressed. These include that some people who are vaccinated are unaware they still require testing, fear and stigma related to COVID-19 (including testing) and lack of clear information about, or compliance with, isolation requirements following testing, visiting exposure sites or when COVID-19 positive.

Community leaders play a vital role conveying government information to their communities, especially via social media. Pop-up testing and vaccination clinics in the community are helpful for reducing access barriers and stigma. Wider promotion of government initiatives to help with testing (e.g. testing home visits or free taxi rides to testing centres for Centrelink clients) were also requested.

## **Rapid testing**

There are concerns and significant information gaps regarding the introduction of rapid testing and these should be filled as soon as possible.

The need for regular, asymptomatic rapid testing for both adults and children will require significant justification. The frequency at which school testing is introduced may impact compliance. High frequency testing, such as daily, is likely to be considered onerous, and the benefits were unclear to participants. There are many implementation issues that will need to be resolved, e.g. how to access tests and costs, instructions for use and monitoring of test results.

## **Community issues related to Victoria's re-opening**

Victoria's re-opening may result in increased stigma towards those who are unvaccinated and also deepen divisions within some communities. Continued government messaging promoting the need for everyone to continue to comply with COVID-19 prevention measures (e.g. physical distancing, masks). There is also a need to clearly communicate government vaccination policies.



Organisers of community events need government advice freely available so that events can be held safely, i.e. the community needs help to minimise harms at all points.

One community leader questioned whether the police will be involved in monitoring double vaccination and the Service Victoria app. He was concerned the police may use the COVID-19 app as a tool for racism.

As different vaccination targets are reached and restrictions change, government communications (particularly websites) remain critical for people to navigate what they must do and why, and need to be updated regularly.

# METHODOLOGY

## Recruitment of community leaders

Community leaders from multicultural communities across Victoria were recruited for the CEG through the professional networks of the Optimise Study (including the Victorian Department of Health). 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 held in 2021. The first meeting was held on 21st September 2021 with eleven community leaders participating. Topics discussed were wastewater detection and testing uptake, and motivations for vaccination uptake.

Prior to the second meeting, the meeting facilitators (Dr Merner and A/Prof Hill from La Trobe University) liaised with the CARE study researchers, Optimise Study investigators and the Vaccination, Testing Data & Intelligence Unit at the Victorian Department of Health to determine the discussion questions. 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.

The second meeting was held on 26th October 2021 via Zoom. Eight community leaders attended the meeting. Many had linkages with communities from multiple countries and ethnicities including:

- East and West African communities
- Assyrian Chaldean Syriac and Lebanese Communities
- Afghan communities
- Chinese, Korean, Japanese and Vietnamese communities
- Indian and South Asian communities
- Paraguayan and Latin American communities

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

### Box 1: Discussion questions

1. What do your community members understand are the benefits of getting tested, particularly how many in most communities are vaccinated?

Possible discussion points:

- Do you think vaccinated people understand they still need to get tested if they get possible symptoms of COVID-19 regardless of whether they have had one or two doses of a vaccine?
- Do you think unvaccinated people understand they still need to get tested if they get symptoms?
- What are your community members' key motivations for getting tested?
- Do you think your community members understand the risks of not getting tested?

2. What do your community members want to know about rapid testing?

Possible discussion points:

- Does your community understand what rapid testing is?
- Would they be accepting of having rapid tests done regularly if it meant businesses and workplaces could stay open?
- Would they accept school children having rapid tests each day if it meant schools could stay open?

3. In the context of Victoria opening up again, what are the key issues for your community? How could these be addressed?

The session was audio-recorded to allow the facilitators to make detailed notes of the discussion. Using the notes, the facilitators conducted a thematic analysis to synthesise the key themes in the discussion and draft a report of the findings. Community leaders received a \$115 stipend per meeting for their participation.

A draft of the full report was sent to participating community leaders for feedback and they were invited to be report co-authors.

# SYNTHESIS OF DISCUSSION THEMES

The synthesis of discussion themes from the second meeting of the CEG for Culturally and Linguistically Diverse Communities are presented below. The themes are grouped under the discussion topics: testing in a vaccinated population, rapid testing and community issues related to Victoria's re-opening.

## 1. Testing in a vaccinated population

Many community leaders suggested more communication was required about the need for testing in a highly vaccinated population. Some leaders reported their communities (particularly in areas where COVID-19 cases and deaths were high) were aware they needed to continue getting tested. However, other leaders reported members of their communities did not realise testing was still required.

There were reports across the group of community members being less likely to seek testing after vaccination. Several community leaders perceived people had interpreted messaging about the vaccine to mean they were fully protected from the virus, and did not need testing: "When you're fully vaccinated, your body is totally immune from the virus. That's what they think at the moment." Others reported people understood that the vaccine prevented serious disease and used this to justify not needing testing: "I won't get COVID badly with a vaccination, therefore I don't need a test". Messaging should focus on communicating that prevention is still better than a cure. Communities also need regular reminders about the need for other COVID-19 prevention measures, e.g. physical distancing.

Fears about COVID-19 and COVID-19 testing also need to be addressed to increase testing uptake. COVID-19 is a stigmatised medical condition in many communities, reducing people's willingness to seek testing. Some community leaders reported people also do not seek testing because they are fearful about catching COVID-19 at the testing centre.

Pop-up testing and vaccination clinics in the community are helpful for reducing access barriers and stigma. Wider promotion of government initiatives to help with testing (e.g. testing home visits or free taxi rides to testing centres for Centrelink clients) were also requested.

Community leaders invest a lot of time promoting testing and vaccination on social media channels. Incentives for community members to attend information sessions may be useful. One community leader reported he was applying for small grants to promote testing and vaccination through sporting clubs in his community.

One leader reported a major issue in her community was that people were not isolating after a test, even when they knew they were COVID-19 positive.

Community leaders also requested more clarity from the government about isolation requirements to pass on to their communities. Community members reported receiving conflicting information about the eligibility and duration of isolation and this was frustrating for the community. Long periods in isolation (e.g. 14 days) could also impact on people's job security. One community leader

gave an example of conflicting isolation information: “My grandson was a secondary contact, we were asked to isolate for 14 days, but after 6 days we were told that we didn’t need to isolate. People aren’t getting proper communications.”

## 2. Rapid testing

All community leaders reported that understanding about rapid testing is very low in their communities. Most participants did not have any information, except from overseas, about how rapid testing may work: “All I know is that rapid test is being used in Europe”. Information about rapid testing should be accessible in community languages. Although community leaders were willing to spread information via their networks and social media, they had not received information from the government they could pass on. Also, information about rapid testing will need to be communicated to children (particularly if school testing is required) in a fun and interactive format.

There were a few major concerns about rapid testing. Firstly, the cost of rapid tests was a concern for many, including the affordability of individual tests, and also the expectation that the expense of rapid testing would be passed on to small businesses or consumers. Many leaders were also unsure about the accuracy of rapid testing and how rapid test results would be monitored.

Other questions raised by community leaders included:

- What specimen is required for the test (e.g. nasal swab or saliva test)?
- How do you do the test? Do you do it yourself?
- What happens after you’ve been tested?
- How can you ensure people are being truthful about their results?
- Who will be responsible for making sure people comply with testing requirements?

Some leaders were concerned rapid tests could be a disincentive for people to get vaccinated or to follow other prevention measures. They felt people would not be motivated to get vaccinated if they could use rapid testing to access the same places/privileges as vaccinated people. Rapid tests might also cause people to be less attentive to other COVID-19 precautions e.g. physical distancing. Despite the current lack of information, community leaders also perceived advantages in rapid testing. These included the following:

- Rapid testing could enable individuals to make quick decisions based on their COVID-19 status
- Home rapid testing kits could be appealing for those who did not want to get tested in a testing centre
- Rapid testing kits could be useful for people who live in the same household as a COVID-19 positive person (and therefore do not want to visit a testing site)
- Rapid testing could also help to detect COVID-19 earlier in the home quarantine period

### **Everyday rapid testing for business/workplaces**

Some leaders perceived rapid testing of staff every day in businesses may be acceptable as part of keeping workplaces open and the path back to "COVID normal". Others were less positive and felt everyday testing for anyone was too onerous. Overall, community leaders felt the government

needed to communicate a very strong rationale if they were requiring everyday testing in asymptomatic people. They would also need to explain discrepancies with other policies (e.g. why people in quarantine are only tested twice a week rather than every day).

### **Every day rapid testing of school children**

All community leaders felt daily rapid testing of children to keep schools open was highly problematic. They felt it was unlikely children would comply consistently with daily tests, particularly with nasal swabs. Community leaders reported some teenagers with symptoms already refused PCR testing therefore expecting they would comply with asymptomatic rapid testing was unrealistic. Younger children may not like the invasive nature of a nasal swab every day.

There were concerns rapid testing requirements would place unnecessary extra burdens on children and parents. Children were already frustrated and stressed as a result of home-schooling and were now having to tolerate wearing masks. Parents too were already tired and expected to ensure their children took COVID-19 precautions, wore masks etc and got to school earlier so they could enter school in different cohorts. Additionally, if children were non-compliant, some community leaders feared this would place pressure on parents' relationships with their children as well as their relationships with the school. One community leader was concerned the link between school and rapid testing could lead to some children avoiding school. Concerns about the accuracy of rapid testing and how rapid test results would be monitored for school children was also raised.

A couple of community leaders felt less frequent rapid testing of children may be more acceptable than daily testing (e.g. once a week or only when symptomatic).

If rapid testing of children was implemented, the group felt the government needed to communicate a very strong justification for the policy. They would also need to make sure the rapid tests were easy to access and administer. Government communication campaigns should also be directed at children to help motivate them to have rapid tests (e.g. linking rapid testing to seeing school friends and/or school being a safe place).

## **3. Issues faced by communities in the context of Victoria's re-opening**

Most in the group felt opening up would affect people who are unvaccinated more than those who are vaccinated, due to their exclusion from different activities including community events. Opening up in Victoria may increase stigma against those who are unvaccinated.

There will be challenges learning how to interact with those who are part of the community but not vaccinated. The government can help by continuing to promote the need for COVID-19 prevention measures (e.g. social distancing) for all in their communications. Some community leaders were concerned about increased risk-taking behaviour among the vaccinated. More information and communication would be useful about the risks of transmission between unvaccinated and vaccinated people.

Many community leaders sought clarity about the compliance requirements for holding "COVID-normal" community events. For example, if an event is held and there is an outbreak, what are the requirements of event organisers for testing, vaccination checks and contact tracing? There are likely



to be some issues with contacting all attendees. The government could help by supporting non-government organisations with these tasks.

One community leader questioned whether the police will be involved in monitoring double vaccination and the Service Victoria app. He was concerned the police may use the COVID-19 app as a tool for racism.

Currently, some individual community members are being blamed for enforcing government COVID-19 restrictions, for example, not allowing unvaccinated people to attend their wedding receptions. Casting blame on individuals is causing conflict in communities that are already politically divided. More communication is needed that COVID-19 restrictions are government requirements and not the requirements of individuals.

More community engagement is needed from the government when COVID-19 restrictions change. For example, once we reach 90%, will vaccinated people still need to isolate if they've been to an exposure site?

Some community members are already asking whether booster shots will be mandatory. To encourage people to have boosters, the government should communicate their booster policy clearly (in contrast to the mixed messages in the initial vaccine rollout).

Given the long period of lockdown, some community members may need extra support to feel comfortable socialising again. Schools, universities and community organisations should play a role in providing social experiences across a range of formats (including in person or online).

Finally, it would be helpful for the Service Victoria app to allow uploads of medical exemptions. This would assist in ensuring people do not face access barriers when they have a legitimate exemption.

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