

# Evaluation of a collective response initiative to engage CALD communities in COVID-19 health communication

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Centre for Healthcare  
Transformation

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innovation to life*

# Evaluation background

Brisbane South PHN, Mater Refugee Health Service, and Metro South Hospital and Health service commissioned the Australian Centre for Health Services Innovation to conduct an implementation evaluation focused on their collective efforts in communicating and engaging with greater Brisbane CALD communities during the COVID-19 pandemic

The evaluation explores the impact of the initiative in the community, and at the broader interagency level in the early stages of the pandemic, between March and November 2020

# Aims and objectives

How successful has the initiative been in meeting its overarching aim of providing timely, accurate and appropriate health information about COVID-19 to CALD communities?

## Objectives of the evaluation:

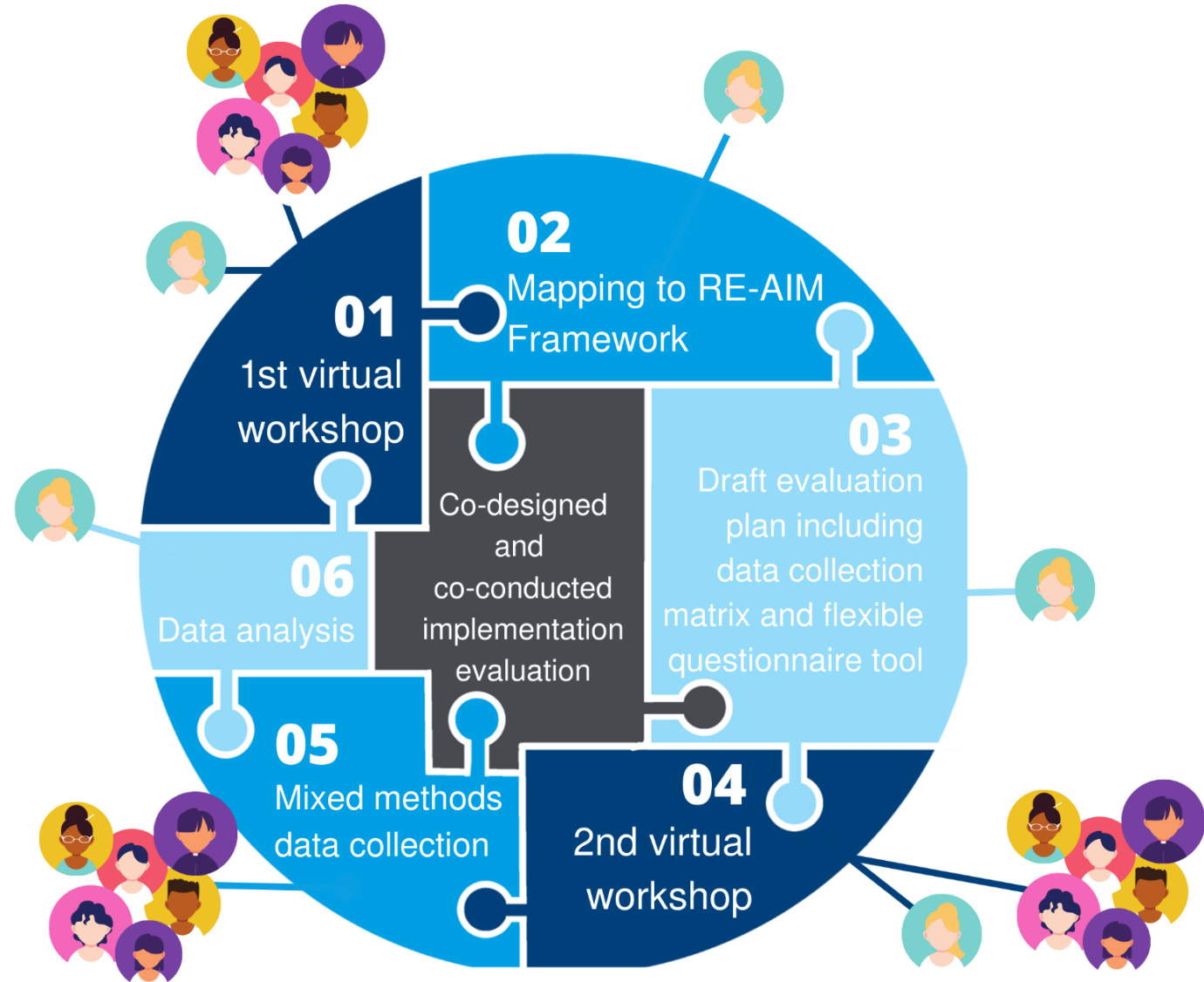
1. Evaluate the effectiveness of implementing communication strategies designed to address the needs of the CALD community during the pandemic
2. Evaluate the effectiveness of implementing formal and informal health education and engagement with CALD community leaders and CALD community organisations
3. Evaluate the interagency partnership approach to CALD communication during the COVID-19 pandemic

# How did we evaluate?

Multi-stakeholder evaluation co-designed and co-conducted between implementation researcher and project stakeholders

Guided by the RE-AIM evaluation framework [1] and its outcomes of **Reach** into the target population, **Effectiveness** of the project, **Adoption** by target settings and groups, **Implementation**, and **Maintenance** over time

Data collected from 90 CALD community members and leaders by bi-cultural staff, community leaders, and project partners using interviews, phone calls, focus groups, and online surveys



# CALD Community Members

(n=51)

1. To what extent has the interagency collective response reached the intended target population of people from CALD communities? Why/why not? (Reach)
2. In what ways did the interagency collective response impact CALD communities and their response to COVID-19? (Effectiveness)

# What were the characteristics of participating CALD community members?



Identified with 21 different ethnic, faith, or refugee groups



Spoke a combination of 28 different languages

# How did community members access information during the pandemic?

CALD community members accessed information from multiple sources, but it was most often sought from within their own communities and via social media including WhatsApp groups.

Targeting communication through CALD leaders was therefore an effective and preferable strategy to **reach** the desired population

## How were you accessing information and health advice about COVID-19?

**1 CALD COMMUNITY MEMBERS AND LEADERS**  
*family | friends | faith leaders | community leaders*

**2 SOCIAL MEDIA**  
*Twitter | WhatsApp | Instagram | Facebook*

**3 QUEENSLAND HEALTH**  
*Website | Social media*

**4 PRESS CONFERENCES AND NEWS MEDIA**

**5 OTHER ONLINE WEBSITES**

**6 OVERSEAS SOURCES**  
*family | TV | radio | newspaper | online*

# Who did community members trust to deliver them credible information during the pandemic?

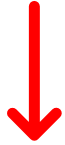


High levels of trust were placed in information shared by Queensland Health and Queensland government sources, as well as that shared by leaders of CALD communities and groups

Engaging leaders helps increase the **effective** delivery of COVID-19 messages to the community via trusted sources

# Was information available in appropriate and accessible formats?

Most CALD community members were able to access official written translations via Queensland Health or adapted versions shared by community leaders.

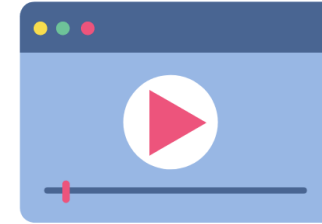


Variable quality and speed of release  
Lacked linguistic sensitivity



Easier to refer to,  
translate, and pass on

*Mixed preferences for format*

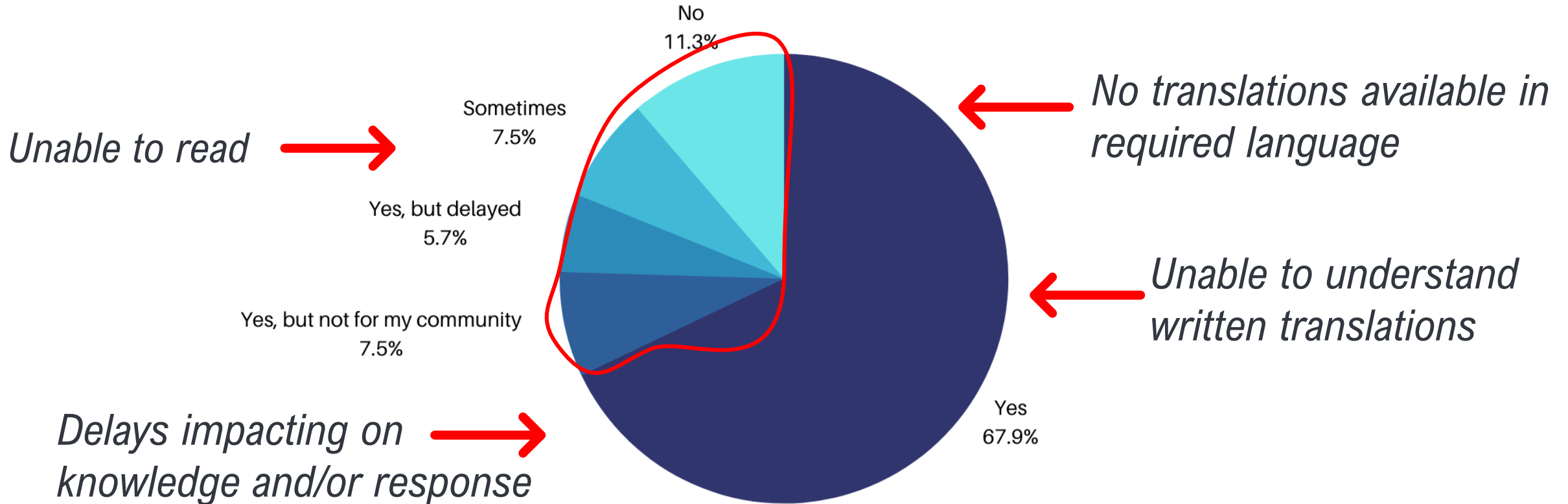


Easier to understand and  
share on social media

Were still some languages which did not have information about COVID-19 easily available

# Was information shared well enough to meet their needs?

The communication strategies being used during the pandemic were meeting the needs of many CALD community members within the project's scope



Do you think information about COVID-19 was shared well to meet your needs?

# Both challenges and supports to accessing information

## Challenges

- ✘ Difficulties understanding, reading and/or speaking English - lack of translated resources
- ✘ Information overload, conflicting information, and **confusion**
- ✘ Fake news, conspiracy theories and misinformation via social media and word of mouth - fear, uncertainty, and skepticism

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“ It is easier when my family members or community leaders explain the info to me in my language ”  
- CALD community member

## Supports

- ✔ CALD community groups and leaders - translate, simplify, and share in accessible formats
- ✔ Accessible plain language translations in audio and video formats
- ✔ Social media – “pushed out” targeted, translated, and culturally appropriate messages
- ✔ Regular information sharing from government/health including Zoom forum with CHO

# CALD Community Leaders

(n=39)

1. To what extent has the interagency collective response reached the intended target population of people from CALD communities? Why/why not? (**Reach**)
2. In what ways have the initiatives of the interagency collective response been adopted by CALD community groups and leaders? Why/why not? (**Adoption**)
3. In what ways did the interagency collective response impact CALD communities and their response to COVID-19? (**Effectiveness**)

# Who were the formal and informal CALD community leaders involved?



Identified with 27 different ethnic, faith, or refugee groups



Spoke a combination of 31 different languages

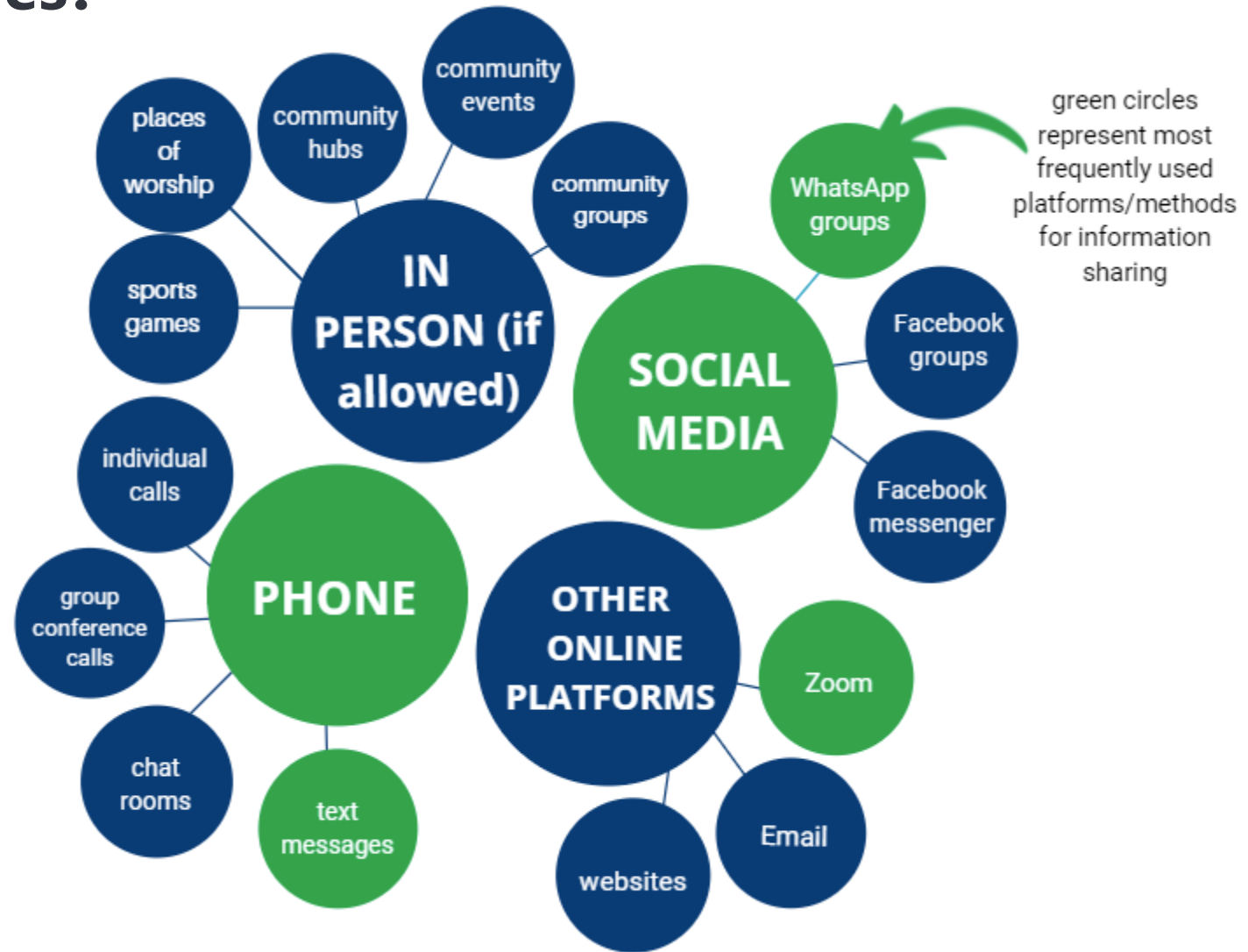
# How did leaders share information and communicate about COVID-19 in their communities?

Community leaders used a wide variety of platforms, mediums, and approaches to increase and target their **reach**.

On average each leader estimated they had reached almost 200 community members.

“ I received translated information via Mater G11 Coordinator or via Queensland Health or other organisation or community leader and then I passed it on via social media. I put the information in our Viber group. I also shared some translated documents via text or WhatsApp and we made audios of the written information and they were helpful. ”

- CALD ethnic group leader



# Leaders had to adapt and tailor official messaging and delivery approaches

Translated key messages

Simplified messages into “everyday language”

Created text, graphic, video, or audio versions




Tailored delivery of message to the type of recipient

Personalised message delivery

Used their own personal experiences

# Both challenges and supports to information sharing

## Challenges

-  Lack of translated resources
-  Information overload, misinformation, and trust – “fighting the other noise”
-  The digital divide and low technological literacy

# Both challenges and supports to information sharing

## Challenges

- ✗ Lack of translated resources
- ✗ Information overload, misinformation, and trust – “fighting the other noise”
- ✗ The digital divide and low technological literacy

## Supports

- ✓ Social media and technology expanded reach and accessibility
- ✓ Existing networks and relationships (trust) within CALD communities
- ✓ Information/resources from Government authorities including CALD forums
- ✓ Simple visual messaging easier for engagement and dissemination

# Were CALD community leaders satisfied with their experience?

Significant challenges, but most felt satisfied they were given enough support and skills to undertake the role

- Online forums
- WhatsApp groups
- Zoom sessions
- Communication with health services
- Resources and support from partnership organisations

Working collectively in the initiative provided an opportunity to share challenges, learn from each other, and be supported



“ This gives opportunity for me as community leader to voice out issues or ideas and contribute towards improvements ”

- CALD ethnic group leader

# Interagency partnership response

1. What aspects of the interagency collective response demonstrate a partnership model which can be sustained over time? How can sustainability be strengthened? (Implementation, Maintenance)

# How effective was the interagency partnership approach to CALD communication during the COVID-19 pandemic?

Results indicate that a partnership based on genuine collaboration has been established.

“*We have achieved a great amount collectively in an ever-changing environment with multiple players and complexities. This could not have been achieved without the partnership approach*”

Unanimous agreement between partners that:

- there is a perceived need for the partnership in terms of areas of common interest and complementary capacity
- the perceived benefits of the partnership outweigh the perceived costs
- there is an investment in the partnership of time, personnel, materials, or facilities
- there is a core group of skilled and committed staff that has continued over the life of the partnership
- there is a clear need for and commitment to continuing the collaboration in the medium term



[vichealth.vic.gov.au](http://vichealth.vic.gov.au)

1. Determining the need for the partnership
2. Choosing partners
3. Making sure partnerships work
4. Planning collaborative action
5. Implementing collaborative action
6. Minimising the barriers to partnerships
7. Reflecting on and continuing the partnership

# Partnership experience

“ I really enjoy working with all the partnership - we are a tribe of people with similar values and commitment, broader connections, and ability to advocate for better access for CALD communities. ”

## Partnership Challenges

- ✘ The **time and labour intensive nature of collaboration**, and the impact that had on other work and personal commitments, was the major challenge faced by partners.

## Partnership Supports

- ✓ **pre-existing interpersonal relationships** between many of the partners which had created an immediate level of trust once the COVID-19 response partnership was established
- ✓ **commitment shown by all partners** to the collaborative process
- ✓ a **shared goal and motivation** to improve access and outcomes for CALD and refugee communities
- ✓ **meeting virtually** provided equity for attendance, saved travel time, and meant no costs were incurred



How satisfied have you been with participating in this partnership?

# Can the partnership be sustained? How can this be strengthened?

Partners felt confident in reflecting on and continuing the partnership, however for longer term success and sustainability:

Further efforts to engage, explore and enable the presence of CALD community voice centrally within the group

More clarity and formalisation around partnership governance, structures, and processes, including terms of reference, goals, membership, and ongoing evaluation

# What can we learn about communicating and engaging with CALD communities for the future?



# Key recommendations: enhance translation

- 1 There is an ongoing need for diverse language translations of key messages, and all of these should be simple and understandable
- 2 Translated messages should be available in a range of formats including audio, video, and graphic versions
- 3 It is important that plain English messages are available rapidly from trusted sources, so they can be translated and shared as early as possible to prevent misinformation and confusion
- 4 Formally support the “informal” translations independently created and shared by multi-lingual community leaders to allow greater reach, acceptability and sustainability of health communication across a diverse range of languages and CALD communities

# Key recommendations: authentic community engagement

- 1 Engagement of more CALD community leaders, community members and bicultural health workers is still required, particularly in communities where no formally accredited translators exist
- 2 Health services need to invest in training, remuneration and support for CALD community leaders and members engaged in co-designing, developing and sharing resources
- 3 Health services need to develop authentic partnerships with communities, invest time and resources to collaborate, and identify areas where additional resources and support are required
- 4 Engagement needs to be built and maintained ahead of time using an embedded community development approach that enables and privileges the wisdom and knowledge of communities to earn trust and build relationships

# Final words

This evaluation clearly demonstrates the benefits of an interagency collective response partnership which engages with and reciprocally educates CALD leaders, their communities, and health stakeholders

There was a clear impetus from communities, leaders, and other partnership stakeholders to continue this type of approach to information sharing in the future

Given similarities to other work conducted in Victoria and New South Wales, it is likely the findings of this evaluation are broadly applicable to CALD community engagement across many regions of Australia

# Evaluation of a collective response initiative to engage CALD communities in COVID-19 health communication

## Evaluation Report

July 2021

Lead evaluator: Dr Bridget Abell

Australian Centre for Health Services Innovation  
Queensland University of Technology

Evaluation partners:  
Refugee Health Network Queensland & Mater  
Brisbane South PHN (Primary Health Network)  
Metro South Health

### The project

#### Engaging Culturally and Linguistically Diverse Communities in COVID-19 health communication

A targeted interagency collective engagement effort by organisations, government, health services, community leaders, and other stakeholders to ensure Culturally and Linguistically Diverse and refugee communities in Brisbane have timely access to accurate and appropriate COVID-19 information.

#### What we did

- Partnered with CALD communities and CALD service providers.
- Trusted and supported CALD community advocates/natural leaders to engage with their communities and leveraged this.
- Facilitated access to plain English messages and timely translations, including co-designed resources with Queensland Health.
- Supported sharing of messages across community platforms and social media in a variety of formats.
- Took a community development approach at all stages of message development and dissemination.
- Linked departments and roles to minimise duplication and respect Queensland Health as the lead agency in a health crisis.

#### How we evaluated it

A multi-stakeholder evaluation co-designed and co-conducted between implementation researchers and project stakeholders. Guided by the RE-AIM evaluation framework[1] outcomes of Reach into the target population, Effectiveness of the project, Adoption by target settings and groups, Implementation, and Maintenance over time.

Data collected from 90 CALD community members and leaders by bi-cultural staff, community leaders, and project partners using interviews, phone calls, focus groups, and online surveys.

Examined effect of project implementation during early stages of the pandemic (March - October 2020).

#### What we found

**Communities/individuals involved in evaluation**

43 LANGUAGES AND DIALECTS SPOKEN

30 FAITH AND ETHNIC GROUPS

**Broad reach of information through trusted sources for CALD community members**

Communication and engagement approaches which share information from official sources through trusted CALD community members are most effective

CALD community members accessed information from multiple sources, but it was most often sought from within their own communities and via social media including WhatsApp groups.

High levels of trust were placed in information shared by Queensland Health/Government sources, as well as that shared by leaders of CALD communities and groups.

Communication strategies being used during the pandemic were meeting the needs of many CALD community members (see Supports) however more needs to be done (see Recommendations and Challenges)

Community leaders used a wide variety of platforms, mediums, and approaches to increase and target their reach. They also had to adapt and tailor messages to meet the needs of their community.

While challenging, they perceived their role working collectively in the initiative to be important and satisfying. They felt supported by regular Zoom meetings and social media groups.

[1] <http://www.re-aim.org/>



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