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

The project

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.

Linked departments and roles to minimise duplication and respect Queensland Health as the lead agency in a health crisis.

What we found

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.

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).

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)

Communities/individuals involved in evaluation

[1] https://www.re-aim.org/
**Recommendations**

**01 Enhancing translations**

There is an ongoing need to create diverse language translations of key messages. These should be concise, simple and understandable.

Transrated messages should be available in a range of formats including audio, video, and graphic versions.

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.

While certified translators are important in this process, the informal translations independently created and shared by multi-lingual community leaders were a key component of successful COVID-19 messaging within many communities. Formally supporting these activities in the future will allow greater reach, acceptability and sustainability of health communication across a diverse range of languages and CALD communities.

**02 Community engagement and development**

Engagement of more CALD community leaders, community members and bicultural health workers is still required.

To support sustainability and adoption, health services need to invest in training, remuneration and support for CALD community leaders and members engaged in co-designing, developing and sharing resources.

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. This 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. Seeking and incorporating their agenda into joint strategies, policy and actions is recommended.