

# SETTLEMENT ENGAGEMENT AND TRANSITION SUPPORT COMMUNITY OF PRACTICE – INFORMATION SESSION

Wednesday 16 June 2021

On 16 June 2021, the Department of Health (the department) held an information session with approximately 40 participants of Settlement Engagement and Transition Support Community of Practice (SETSCoP). The purpose was to share information on the COVID-19 vaccine to support participants to inform their communities, and to discuss the challenges migrant and refugee communities are facing during the COVID-19 pandemic and vaccine roll-out.

The department provided an update on the COVID-19 vaccine roll-out, including decisions made at recent National Cabinet meetings, the Expression of Interest for general practices to deliver AstraZeneca, the activation of some rural and regional community pharmacies, and the department's new dedicated [webpage](#) with information for people ineligible for Medicare. An overview of the vaccination booking process was also provided.

An overview was provided of the remote COVID-19 vaccine roll-out, which is focused on category 6 (remote) and category 7 (very remote) of the Modified Monash Model. This overview included an explanation of how the vaccine needs of these areas are being identified and addressed. The remoteness of any location in Australia can be checked [here](#).

The department shared information about the COVID-19 communications products that have been developed to support multicultural communities. The translation of resources is continuing and channels outside of digital technology are being increasingly utilised to better reach multicultural communities. Public relations activities are continuing via outreach to grassroots community organisations, including through the monthly COVID-19 Vaccines Multicultural Outreach Stakeholder Pack. The June edition of the Stakeholder Pack will be provided to SETSCoP participants once released on 30 June 2021.

Participants raised the following questions across the session:

## 1. Communication

- **How will you the department support the dissemination of information at the grassroots level particularly hard to reach communities? Is there any additional information about the community grants funding that community groups can apply for to support the vaccine rollout?**

\$2.1 million has been provided for peak multicultural organisations to support the COVID-19 Public Information Campaign for multicultural communities. The department has engaged Federation of Ethnic Communities' Council of Australia (FECCA), Migration Council Australia (MCA), Settlement Council of Australia (SCOA), and Multicultural Youth Advocacy Network (MYAN) to lead community engagement activities with communities across Australia and to develop culturally appropriate and effective communication materials. FECCA has been engaged to administer a small community grants program to provide funding to multicultural community groups to support them to design and deliver targeted grassroots communication activities within their communities. More information on the grants program is available [here](#).

- **The fear of AstraZeneca is still very prevalent in the community and misinformation continues to spread. Could the department look at more in-language advertisements on social media platforms that are targeted at debunking common myths?**

The department has developed a strategy to address misinformation relating to COVID-19 vaccines where misconceptions are countered with solid, evidence-based facts delivered by

authoritative health experts. This includes addressing misinformation about the ingredients in vaccines. The department will be working with multicultural stakeholder networks, community leaders and members to help address concerns and hesitancy through local level engagement. As part of this strategy a list of commonly asked questions has been compiled and published on the Department of Health website in 63 languages, available [here](#).

The department has also produced a series of in-language videos to address some of the misinformation and concerns expressed by multicultural communities on the vaccine roll-out program. This video series features bilingual health professionals covering topics including how vaccines work, safety and approval processes and messaging reinforcing that COVID-19 vaccines are available for everyone in Australia. These videos will be included in the June Stakeholder Pack being sent to participants on 30 June 2021.

▪ **Will the Vaccine Eligibility Checker be available in other languages?**

Translations are not currently available on the Eligibility Checker. Translations will be available when the department has updated translations according to all of the recent changes to the vaccine roll-out.

▪ **Would it be possible to have experts who can provide answers directly to members of migrant and refugee communities, in response to media reports on side effects of vaccines?**

The department's in-language videos, featuring bilingual health professionals, cover how vaccines work and vaccine safety. These videos are included in the June Stakeholder Pack being sent to SETSCoP participants.

▪ **Where will the new video and audio methods of sharing vaccine roll-out information be displayed? Will they be in-language and if so, which languages?**

In-language videos are being produced on a number of topics including:

- Your COVID-19 vaccination appointment – what to expect
- What is the COVID-19 vaccine?
- Reasons to have the COVID-19 vaccine
- What to expect after you COVID-19 vaccinations (including information about side effects)

These videos will be translated into approximately 35 languages determined by population size with low English proficiency in Australia. These selected languages are yet to be finalised.

▪ **Is there a plan to resource more relationship-focused communication strategies for the most vulnerable in CALD communities, rather than relying on written communication approaches?**

The department has engaged four peak multicultural organisations (Federation of Ethnic Communities' Council of Australia (FECCA), Migration Council Australia (MCA), Settlement Council of Australia (SCoA) and Multicultural Youth Advocacy Network (MYAN)) to deliver consultations within multicultural communities across Australia. In addition, FECCA is administering a \$2.1 million COVID-19 small grants program to provide multicultural community groups the opportunity to design and lead consultations in their communities at the grassroots level. The [COVID-19 Small Grants](#) program on opened on 21 June 2021.

▪ **How is the Department ensuring those who have limited digital literacy skills are provided with up-to-date and accurate information?**

The Department is exploring the use of channels that are not dependent on the audience having access to digital technologies, such as in-language interviews with GPs on community radio and placing posters in GP clinics.

The Department of Health is also holding pop-up kiosks at various shopping centres across Australia, to encourage and support the public with booking their COVID-19 vaccination

appointments. The kiosks will have a registered nurse, a concierge staff member and interpreters for the most prominent language groups within each local government area in attendance.

- **Can the department consider engaging trusted sources for migrant communities such as schools, in efforts to share information and promote vaccination?**

The department is working in collaboration with grassroots organisations for migrant communities, including MCA and SCoA, to extend the reach of the COVID-19 Vaccine Campaign. The department is also working with the Department of Education, Skills and Employment and the Australian Trade and Investment Commission (Austrade) to ensure international students have access to accurate information about COVID-19 vaccines. The department will continue to explore opportunities to connect with trusted sources in communities, including schools, to promote vaccination.

- **Can the department provide resources in simple English so they are easily translatable, and ensure that translations are correct?**

The department's communications team endeavours to use plain English when drafting communication material, including ensuring all words are easy to translate into other languages. The department uses Government translation service provision arrangements which includes mechanisms to minimise the risk of errors in translated material. The arrangements require translators to be accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) and translations to be double checked by a second translator. If typesetting is required, it is done by a translation typesetting specialist and then checked again by a NAATI-certified translator. An additional step of having a translation supplier review a document once live on the website has recently been added to the quality assurance process to ensure any technical issues that occur during the publishing process are addressed.

## 2. Access to vaccines

- **How is the department looking to resolve access issues for migrant and refugee communities caused by the booking process? We have many clients who have been unable to book their vaccine appointments as they do not have the digital skills to book online and cannot get through on the booking phone line as it is inundated with calls.**

There are more than 4,500 GPs, State and Territory clinics, Commonwealth Vaccination Clinics and Aboriginal Community Controlled Health Services providing vaccine appointments across Australia. Each vaccine provider operates their own booking service, which may include an online booking system or phone line, or both. People who are eligible for vaccination can contact the National Coronavirus Helpline for help to use the Vaccine Eligibility Checker and find the details of a clinic in their location. Translating and Interpreting Service National is available 24 hours a day, 7 days a week on 131 450 to assist.

- **Where can we provide feedback on the vaccine booking process?**

Feedback on the vaccine booking process should be directed in the first instance to the individual vaccination provider, as each provider operates their own booking service.

- **How can someone who is ineligible for Medicare receive the vaccine?**

If you are ineligible for Medicare, you can still get vaccinated for free at a Commonwealth Vaccination Clinic or a state/territory vaccination clinic if you are in one of the currently eligible groups (e.g. over 40 years old). You can use the [COVID-19 Vaccine Eligibility Checker](#) to check whether you are in an eligible group and to find a local vaccine provider. More information on getting the vaccine if you are not eligible for Medicare is available [here](#).

- **Is there opportunity for bilingual support workers to be present at vaccine sites?**

Some bilingual workers are already being employed at vaccine sites. The department understands their importance and will continue working to support them.

- **Is it possible to look at outreach vaccination clinics at shopping centres, schools and sporting clubs? This could help address some of the access issues faced by migrant and refugee communities.**

The Australian Government's COVID-19 Vaccination Strategy includes vaccination through workplaces, residences, mass vaccination clinics and general practices. At this stage of the roll-out, vaccination sites include state and territory clinics, Commonwealth Vaccine Clinics, general practice, Aboriginal Community Controlled Health Services and pharmacies.

The Government may consider other sites for COVID-19 vaccination delivery in the future, however presently the focus is on delivering vaccinations via the currently operational vaccine sites.

An additional 840 general practices will soon begin delivering COVID-19 vaccinations to increase the access to AstraZeneca vaccine within areas of limited availability. This is in addition to the approximately 4,400 general practices that are currently participating in the program, taking the total number of practices participating to approximately 5,100.

Over 450 general practice commenced administering the AstraZeneca vaccine from 21 June 2021, with another approximately 240 commencing from 28 June 2021.

The remaining will commence in July.

- **Is there any demographic data on uptake of the vaccine in people from CALD backgrounds?**

The Australian Immunisation Register uploads all immunisations but does not capture cultural background or languages spoken. The department is currently looking to improve this, including through the newly-established CALD COVID-19 Data Working Group. This working group will collaborate with the department to explore options for the collection and usage of multicultural population health data to inform the vaccine roll strategy out for CALD communities.

- **Is it possible for the Australian Government to incentivise vaccinations through tax deductions, vouchers or other financial benefits?**

GPs are being incentivised to deliver the vaccine through the Practice Incentive Program, which provides bulk billed payments for vaccinations and vaccine suitability assessments. There are currently no direct financial benefits provided by the Australian Government to individuals who have received the vaccine.

The Therapeutic Goods Administration (TGA) has issued a new instrument allowing businesses to make representations (i.e. speak and distribute material) about COVID-19 vaccines, including to encourage vaccinations, provided they do not reference specific vaccine brands or make false or misleading statements about the vaccines. The TGA also allows incentive programs in relation to COVID-19 vaccination, such as the rewards program proposed by Qantas.

The TGA has issued guidance for businesses. The Department of Health will work with the TGA on any future iterations as necessary, and seek to link the information in with the existing Safe Work Australia and Fair Work Ombudsman workplace guidance on COVID-19 vaccination.

### **3. Remote roll-out**

- **How are you communicating with people from migrant and refugee backgrounds who are living in regional areas about the vaccine roll out?**

The department engaged the services of four key peak multicultural organisations (FECCA, MCA, SCOA and MYAN) to assist with developing content and disseminating key COVID-19 vaccines information to their multicultural networks and communities across Australia. This will include

delivering local level community information sessions to communicate key information and to help address any misinformation about the COVID-19 vaccines to multicultural communities that may not have access to digital technologies and channels.

FECCA's small grants program will also assist multicultural community organisations to deliver communication and engagement activities to their communities and networks at a grassroots level, including regional and remote locations.

The department also works in collaboration with the Department of Home Affairs and Services Australia to share key information about COVID-19 vaccines to multicultural communities, at a targeted and local level, through Community Liaison Officers and Multicultural Service Officers.

▪ **How are myths about the vaccine being addressed in regional areas?**

The department has developed a strategy to address misinformation relating to COVID-19 vaccines where misconceptions are countered with solid, evidence-based facts delivered by authoritative health experts. The department will be working with multicultural stakeholder networks, community leaders and members to help address concerns and hesitancy through local level engagement.

▪ **Where can we find more information about community pharmacies?**

Information on the pharmacy roll-out is available [here](#).

▪ **What defines an area as regional under the vaccine roll-out strategy?**

The department is using the Modified Monash Model (MMM) to determine the remoteness of different locations in Australia. The MMM ranks everywhere in Australia from 1 (metropolitan) to 7 (very remote) based on population and distance to services. The remote roll-out is focused on category 6 (remote) and category 7 (very remote). More information on the MMM can be found [here](#).

▪ **Where can we find more information about the vaccine roll-out in regional communities?**

For information on specific regional areas, please refer to the relevant state or territory government website or Primary Health Network website.

▪ **Who is eligible in regional areas to receive the vaccine?**

Eligibility in regional areas is the same as in all other areas of Australia. More information on eligible groups in Australia can be found [here](#).

#### **4. The vaccine**

▪ **Why are there two types of COVID-19 vaccines and why are they targeted at different age groups?**

The Australian Government entered into a number of agreements for COVID-19 vaccines. AstraZeneca and Pfizer were the first two of these vaccines that were provisionally approved by the TGA and had supply available. The Australian Technical Advisory Group on Immunisation (ATAGI) provided advice to Government on which demographic groups were most at risk from COVID-19, and vaccinations were prioritised for these groups. ATAGI found the risk of TTS (Thrombosis with thrombocytopenia syndrome) following vaccination with AstraZeneca Covid vaccine is higher for people under 60 years of age, and so recommended to Government that these younger groups should receive Pfizer instead of AstraZeneca. The Government has accepted the medical advice of ATAGI.

▪ **Are embryos used in the vaccine ingredients?**

No, none of the COVID-19 vaccines contain cells from embryos. In the manufacturing process for the AstraZeneca COVID-19 vaccine, a laboratory derived cell line generated from a single fetus from 1973 is used to produce the active component of the vaccine. The cells are removed during the vaccine manufacturing process and no cells are present in the final vaccine presentation.

- **Will vaccination affect the fertility of young men or young women?**

For the COVID-19 vaccines assessed so far by the TGA, no evidence of any effect on fertility has been observed in non-clinical studies. More information on this is available [here](#).

- **Is there any new information on the long-term side effects of both vaccines?**

Vaccination adverse effects and safety are monitored by the TGA and [AusVaxSafety](#), an Australian Government funded active safety surveillance system that complements the work of the TGA. AusVaxSafety is conducting comprehensive active safety monitoring of all COVID-19 vaccines being used in Australia. This is to ensure that the vaccines are safe and to provide clinician and consumer confidence in the vaccination program.

Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose. Given the sheer number of vaccines administered globally to date, common, uncommon and rare side-effects would have been detected by now. What's more, scientists have been testing these vaccines in clinical trials since mid-2020, and both the Pfizer and AstraZeneca vaccines have shown excellent safety results.

Minor side effects after either the AstraZeneca or the Pfizer vaccines are relatively common, but most last no more than a couple of days. Common reactions include pain, redness and/or swelling at the site of vaccination, mild fever and headache. Serious reactions are extremely rare.

- **Is there evidence that vaccine uptake is leading to less transmission of COVID-19 in communities?**

The primary purpose of COVID-19 vaccines is to prevent individuals from developing severe disease and death from the SARS-CoV-2 virus. There is promising evidence that in addition to substantially reducing an individual's chance of getting sick, there is a significant reduction in the chance of transmitting the virus to others.

In April 2021, Public Health England reported preliminary results of a large study of SARS-CoV-2 transmission involving more than 365,000 households in the UK with a mix of vaccinated and unvaccinated members. Individuals who tested positive to COVID-19, but had been immunised with one dose of either the Pfizer or AstraZeneca COVID-19 vaccine, had a reduced likelihood of infecting others by 40–50 per cent compared to transmission from unvaccinated individuals. This data suggests that, if someone is infected with SARS-CoV-2 after being vaccinated, they may be only around half as likely to pass their infection on to others, compared to unvaccinated people who become infected.

While this study brings welcome news, there is still much we need to learn about how COVID-19 vaccines affect transmission. More information about the effectiveness of vaccines will become available over time. The department continues to monitor evidence as it emerges.