



Supporting COVID-19 Vaccination Program rollout to migrant and refugee communities in Australia

Consultation insights report

August 2021

Introduction

Background

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 has 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. The consultation part of the strategy has been developed and delivered primarily in partnership with MCA-aided SETSCoP and Harmony Alliance.

SETSCoP is a national collaboration of 112 settlement service providers that support migrants and refugees under the Settlement Engagement and Transition Support (SETS) program. The core purpose of SETSCoP is to support SETS providers in the sharing of best practice and expertise for effective settlement and in working collectively to address identified issues.

Harmony Alliance is one of the six National Women's Alliances supported by the Australian Government to promote the views of all Australian women to ensure their voices are heard in decision-making processes. With membership comprising over 80 organisations nationally, Harmony Alliance's purpose is to provide a national inclusive and informed voice on the diversity of issues impacting the experiences and outcomes of migrant and refugee women.

About this report

By August 2021, MCA has held a series of consultations and information sessions with SETSCoP and Harmony Alliance members and wider networks. The sessions focused on key issues and concerns relating to the COVID-19 Vaccination Program rollout to migrant and refugee communities.

SETSCoP information sessions addressed questions and concerns of settlement service providers and provided feedback to the Department on issues arising as part of the rollout. Harmony Alliance held consultations and roundtables, including with women from Pacific and African backgrounds, young migrant and refugee women, and migrant and refugee women-owners of small businesses and entrepreneurs.

The consultations support the Department to better understand the areas of concern with regard to the COVID-19 Vaccination Program rollout to migrant and refugee communities in Australia.

This report presents the consultation insights to date, including key considerations, with regard to:

- COVID-19 vaccine access
- COVID-19 vaccine hesitancy
- COVID-19 vaccine safety and efficacy and
- COVID-19 Vaccination Program communication strategy and outreach.

It is envisaged that this report will inform the inclusive, responsive and equitable implementation of the COVID-19 Vaccination Program.

COVID-19 vaccine access

Accessibility of the COVID-19 Vaccination Program for migrant and refugee communities is crucial to the success of the Program rollout overall. Participants in the consultations identified that several longstanding barriers to health care access experienced by migrant and refugee communities have impacted the access to COVID-19 vaccines. Limited awareness of, and information on, the process to get the vaccine and the clinics available is the main barrier for accessing the COVID-19 vaccines. The current online tools to access this information require a high level of literacy and digital literacy to navigate. Additionally, online systems exacerbate the digital divide as some community members lack access to devices and the internet connection required to access online tools. Migrant and refugee women, particularly women living in regional and remote areas and older women, are the most impacted.

Communication barriers between the official messaging and migrant and refugee communities have been well documented as negatively affecting community acceptance of COVID-19 vaccines. The in-language information and resources have inadequately captured cultural nuances, resulting in failures in adherence.

Receiving accurate information is of vital importance, as migrant and refugee communities are more vulnerable to misinformation about the COVID-19 vaccine. Women in the consultations brought up concerns of conflicting advice coming from mainstream media which is the only source of information for women who lack access to digital devices or internet connection. Settlement service providers also shared concerns about the levels of misinformation through social media and messaging from overseas.

Fragmented information about eligibility and mixed criteria for age eligibility across jurisdictions and throughout the COVID-19 vaccine rollout are identified as obstacles to access. Misconceptions with regard to eligibility based on visa status and access to Medicare are still present among communities.

Key considerations

- Delivering an alternative booking system, and in-language bulk text messages with information on vaccine clinics in the area and the National Coronavirus Helpline to

facilitate ease of access, and bridge the digital divide, literacy and health system literacy gaps.

- Working in close collaboration with settlement and multicultural community sector workers to disseminate information.
- Equipping community and settlement sector practitioners with information and tools that enhance their capacity to serve as a conduit between the Government and communities.
- Developing accessible in-language and digital materials to overcome literacy and health literacy issues.
- Increasing the number of vaccination clinics, including designating migrant and refugee community specific clinics in areas of high demand, as a means of building trust particularly among newly arrived migrants and those who do not have an established relationship with a General Practitioner.
- Balancing the digital and non-digital communications strategy for the COVID-19 vaccine rollout, including text messages, audio-visual materials, and visual materials such as banners and posters.
- Using mobile clinics in areas with a high incidence of COVID-19 and where vaccine clinics are not available.

COVID-19 vaccine hesitancy

Vaccine hesitancy has been the focus of some of the publicly available research available about the COVID-19 vaccine rollout in Australia.¹ Most of the existing and available research, however, either has a small sample size or does not offer any disaggregated data for migrant and refugee communities.² It is relevant and appropriate for the Department to undertake specific research on vaccine hesitancy among migrant and refugee communities with a view to tailoring the messaging.

Participants in the consultations observed that vaccine hesitancy is unevenly distributed among migrant and refugee communities, and among migrants and refugees of different genders and ages. Drivers of vaccine hesitancy include factors such as trust, convenience, and complacency. Further, drivers vary over time and are context specific. Younger women reported being more reluctant to get vaccinated due to fear of side effects, especially the unknown long-term side effects, while some of the older women in the consultations already had, at least, the first dose of the vaccine.

¹ Nicholas, B., Ben, E., Matthew, G., Kate, S. (2021) Change in vaccine willingness in Australia: August 2020 to January 2021 Murphy, J., Vallieres, F., Bentall, R. P., Shevlin, M., McBride, O., Hartman, T. K., McKay, R., Bennett, K., Mason, L., Gibson-Miller, J., Levita, L., Martinez, A. P., Stocks, T. V. A., Karatzias, T., & Hyland, P. (2020). Preparing for a COVID-19 vaccine: Identifying and psychologically profiling those who are vaccine hesitant or resistant in two general population samples.

² Miles, R., Couch, C., McCormick, P., Cassidy, L., Bennet, A. (2021) NSW Council of Social Services, Issues, barriers, and perceptions about the COVID-19 vaccine among culturally and linguistically diverse communities in NSW.

A study conducted in Australia in March 2021 associates low health literacy and education levels with vaccine hesitancy.³ These considerations are highly relevant to refugee and vulnerable migrant cohorts, making them more susceptible to the misinformation about the vaccine and its purpose. Further, women noted that they received conflicting information from their communities, Australian media, Australian Federal and State/Territory Governments, and media and government information from their countries of origin. This led to feelings of ‘information overload’ as they did not know which information to prioritise.

Understanding the particular needs of each community provides the basis for creating more efficient vaccination program approaches and tailoring the program to achieve higher vaccination rates. Participants in the consultations highlighted the importance of messaging that reinforces the connection between vaccination and reopening of borders as a potential incentive, given the impact of the border closures on individuals’ lives and mental health.

Some in the community are concerned about the potential impact of their vaccination status on their employment and family reunion. In this regard, they noted that some countries such as the UK, France, Israel, China, the US and the EU were already implementing COVID-19 passports and certificates.⁴

Key considerations

- Utilising trusted locations for migrant and refugee communities as drop-in centres for vaccinations (e.g., refugee health services, settlement and community services, schools, shopping centres, community centres, local churches).
- Enhancing perceptions of government through regular and open communication with community groups and organisations tapping into existing avenues for community engagement and collaboration.
- Delivering in-person information sessions in accessible language through trusted individuals, such as health practitioners from CALD communities.

COVID-19 vaccine safety and efficacy

COVID-19 vaccine safety has been consistently raised by participants in the consultations. The lack of information during the early stages of the COVID-19 Vaccination Program rollout addressing community concerns with regards to side effects and their severity, a limited number of vaccine trials, and the relatively new technology used for developing the vaccines contributed to the initial misconceptions and fears around the COVID-19 vaccines.

In particular, participants in the consultations reported the spread of false information about how mRNA-based vaccines work. Misinformation about the Pfizer vaccine interacting with and altering the DNA of the individual has spread faster and more effectively in some migrant and refugee communities than the official messaging. Equally, misconceptions that certain

³ Dodd, R., Cvejic, E., Bonner, C., Pickles, K., McCaffery, K., (2021) Willingness to vaccinate against COVID-19 in Australia. *Lancet Infect Dis.* 2021 Mar; 21(3):318-319

⁴ BBC News (2021) Covid passports: How do they work around the world?, 27 April.

unethical ingredients were used in the COVID-19 vaccines, such as embryos and animal origin ingredients, reinforced the hesitancy of some members of the community. The arguments with regard to the urgency of developing a vaccine to protect the global population from COVID-19 in record time challenged the perceptions of safety towards the COVID-19 vaccines, while the emergence of fatal adverse effects linked to AstraZeneca vaccine led to panic and mistrust in some communities and impacted the confidence of those who were willing to get vaccinated. Participants in the consultations reflected on the extensive coverage in the media—which is the only source of information for some members of communities such as older people and those with limited internet access—and the changes in the health advice as factors that exacerbated the distrust.

The lack of research and information about the interaction between the COVID-19 vaccines and other medications, as well as the long-term effects of the vaccines on maternal and reproductive health, were reported as key concerns for people with pre-existing health conditions and younger women, respectively. The development of new mutations of the virus and the efficacy of the vaccines against COVID-19 variants were consistently raised in the consultations. The lack of information in this regard and the prospective need for booster doses are increasing concerns for those who are in doubt. These are further exacerbated by the faster spread of the Delta variant and the effect on cohorts previously perceived as least vulnerable, such as children and younger people.

Key considerations

- Developing targeted messaging on the safety and efficacy of the COVID-19 vaccines against new variants of the virus.
- Developing up-to-date advice on long term effects of the COVID-19 vaccines on women’s health.
- Addressing, and responding to, specific concerns in migrant and refugee communities to stop the spread of misinformation.

COVID-19 Vaccination Program communication strategy and outreach

Participants in the consultations emphasised that migrant and refugee communities have unique health needs and are heterogenous groups. To ensure trust in the COVID-19 Vaccination Program rollout, a communication strategy that aligns with the needs of communities is key. In this regard, participants reflected on a divide between communities and the government in view of the barriers affecting communities.

Translated information was recognised as useful, however, some gaps need to be addressed. The COVID-19 health advice has been translated into community languages but kept the same formal register as English, not being suitable for all health literacy levels in communities. Translations have not been tested to ensure the messaging is understood and appropriate for communities. The messaging often failed to capture the nuances necessary to build trust and engagement with communities.

Inconsistency in the availability of translated information across the COVID-19 Vaccine Program rollout contributed to the spread of misinformation that is still evident in some

communities, requiring community members and community workers to bridge the gaps by developing in-language resources and educating their communities.⁵ Translated materials were reported as often targeting languages with a greater number of speakers in Australia. This represents a risk for smaller communities and particularly for more recent migrants and refugees who may not have strong connections within communities.

Understanding migrant and refugee communities' perceptions with regard to vaccine uptake and vaccine hesitancy is necessary to tailor communication strategies, to ensure that messaging is meaningful and relevant to all community members. An example of the need for such tailored messaging offered by the participants is the intergenerational conflict with older women, who traditionally act as role models for younger women, willing to get vaccinated while younger women are more exposed to anti-vaccination movements and misinformation on social media.

Key considerations

- Developing translated materials in partnership with communities to ensure accessible and effective translations.
- Utilising messaging on platforms that are accessible and most used by community members who do not access official channels (i.e., government websites), such as community radio, Kakaotalk, WeChat and Viber.
- Communicating through points of authority for various community cohorts, as relevant and appropriate, including community and faith leaders, health practitioners from migrant and refugee communities, and social media networks.
- Maintaining a dynamic communication strategy that addresses specific emerging concerns and misinformation in real-time.
- Supporting social infrastructure that can promote the COVID-19 Vaccination Program rollout to communities.

⁵ ABC News (2021) Multilingual women are countering vaccine hesitancy in Victoria's culturally diverse communities. 16 May