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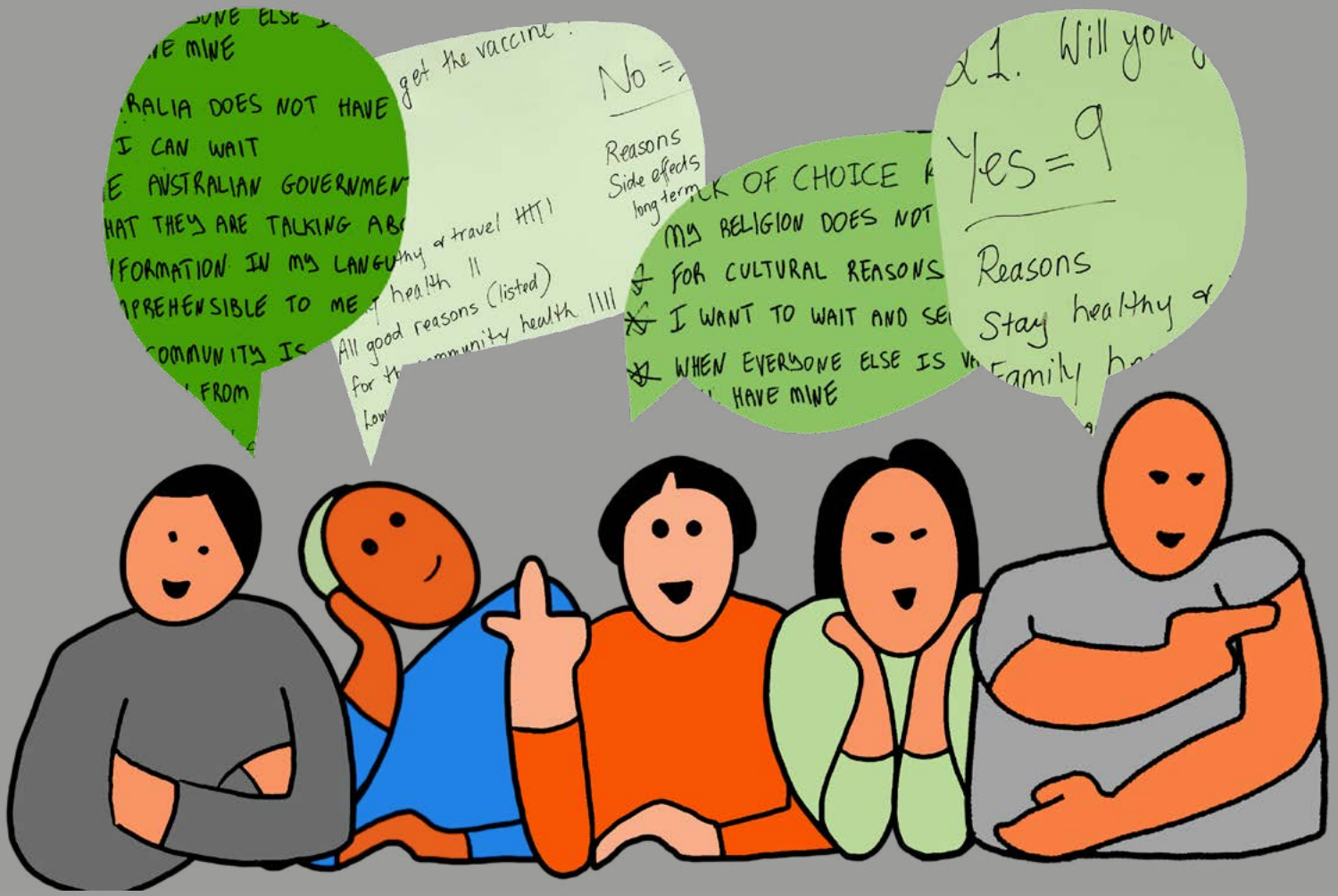
Issues, barriers and perceptions about the COVID-19 vaccine among culturally and linguistically diverse communities in NSW



Issues, barriers and perceptions about the COVID-19 vaccine among culturally and linguistically diverse communities in NSW

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social equity works

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Khalid Zainulabdeen from Red Cross NSW/ACT, Wollongong

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Leissa Pitts Manager, ISLHD Multicultural Health and Refugee Health Service

Talei Vulatha Community Resilience Project Officer Multicultural Communities Council Illawarra

We would especially like to thank the 167 people who participated in our focus groups, all of whom were generous with their time and passionate, clear and fearless in the feedback they provided to the researchers about the COVID-19 vaccine.

AUTHORS NOTE

This report has been written by Robin Miles, Lindy Cassidy, and Audrey Bennett with input to the content and recommendations from Dr Camilla Couch and Patricia McCormick.

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EXECUTIVE SUMMARY

This research was conducted between late April and early June 2021 just prior to the most recent outbreak in Sydney of the Delta variant of COVID-19. Many participants in our study, who were unwilling or hesitant to be vaccinated, expressed the opinion that COVID-19 was not a 'real and present danger' in Australia due to the very low case numbers active at the time.

Australia has been very successful in stemming the spread of the virus through a combination of border closures, quarantine, a first-world health system and expert contact tracing.

It is possible that, were this research conducted today, this hesitancy would be reduced due to the heightened risk of contracting COVID-19 through the more transmissible Delta variant and its presence in the community.

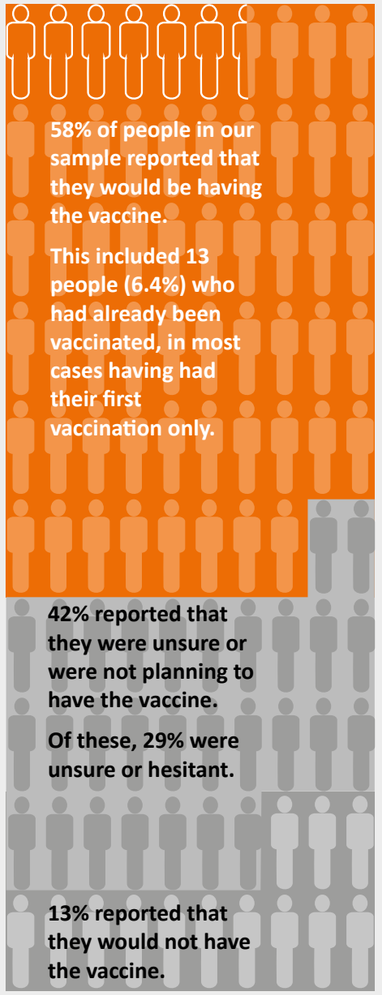
Regardless, the need for vaccine take-up among CALD communities remains high given they can be at increased risk due to factors such as insecure high-risk employment and living in high density households; and to ensure equitable public health outcomes and social, economic and community participation for everyone.

This was a small study of 199 people (our sample), drawn from culturally-diverse communities in metropolitan Sydney and two regional NSW locations. Community members were asked survey questions either online or through focus groups. Separate information was also collected from intermediary organisations working with CALD communities (via a second survey).

The study's purpose was to understand issues, barriers and perceptions in relation to the COVID-19 vaccine among NSW's many culturally and linguistically diverse (CALD) communities. As such, it presents a grassroots perspective. Key findings are presented below.

CALD communities have mixed responses to the vaccine

Like the general population, our study highlights that NSW residents from CALD backgrounds are mixed in their responses to, and confidence in having, the COVID-19 vaccine.



This compares closely to recent data published by The Age and Sydney Morning Herald that suggests 'about a third of Australians are hesitant about getting a COVID-19 vaccine.'[1]

[1] Stephen Duckett. *Too many Australians are hesitant to get vaccinated. Here's how we fix it.* Sydney Morning Herald, May 19, 2021.

A range of factors appear to influence attitudes

Older people (65+) in the survey sample were the age group most likely to report they had had or were intending to have the vaccine, while younger people (18-24) were most likely to express uncertainty or hesitancy.

Country of birth also showed up as a possible indicator for being 'positively pre-disposed' towards vaccination and would be worthy of further research.

Knowing someone who had had the virus or been vaccinated didn't appear to make respondents more likely to get the vaccine themselves.

The most frequently cited reasons for getting the vaccine were a mix of personal safety ('keeping family/self-safe'), altruistic reasons ('for public health' and 'it is the right thing to do'), and the more motivational reason 'to travel'.

Across CALD communities there is a good level of practical knowledge, but still some uncertainty about where to access vaccinations

Focus group participants generally indicated familiarity with the 2 types of vaccines available and the risks associated with each, particularly regarding Astra Zeneca – although this was notably not the case for a group of newly-arrived refugees who had little or no knowledge of vaccinations for the virus.

Over 80% of respondents knew where to go to get vaccinated including GPs, the vaccination hub for Sydney residents and local hospitals. However, a concerning 19% reported that they did not know where to get vaccinated.

Fears and concerns about vaccinations remain

Despite high rates of knowledge about COVID-19 across our study sample, a range of concerns and misconceptions – shared with the wider population – were evident. These included:

- Fear about blood clots caused by the Astra Zeneca vaccine
- Fear about the perceived lack of 'proper' testing of the vaccine prior to rollout
- Lack of certainty about how the vaccine works
- Concerns that the vaccine will make you sick or change your DNA
- Concern that the vaccine is a form of government control
- A belief that if you are healthy, it is better to fight the virus and make yourself and your immune system 'stronger' as a result.

Only a small number of people in the survey sample reported that religious or cultural reasons were a barrier to having the vaccine.

Public health information can be confusing

The focus groups highlighted that conflicting pub-lic messaging, overly-complex information (even when translated), or not enough targeted information were factors in vaccine hesitancy, with comments including:

Nobody knows what to do. My GP doesn't even know what I should do, whether I should have it or not

They say one thing and then they tell you something else….it (the vaccine rollout) is so confusing

The importance of social and mass media

Across all respondents, the most frequently-cited source of information regarding COVID-19, nominated by 41.7%, was Facebook. Among those not intending or hesitant to have the vaccine, 'Facebook' and 'My friends' were nominated as the most commonly relied upon sources of information. For those intending to have the vaccine, SBS TV was the most frequently-cited source of information.

The focus group discussions further highlighted different approaches with regards to health information that need to be considered in the context of public messaging. A number of groups discussed using their GPs for health information and health care, but also relying on the internet (including fitness and wellbeing sites), Facebook and other social media, such as WhatsApp and WeChat, as sources of health information. Younger focus group participants also spoke about obtaining information from additional sources including Tik Tok and Instagram.

Television news, local newspapers and community groups were also highly regarded as sources of 'accurate' information. Some focus group participants identified using mainstream media sources to 'fact check' what they were hearing on social media. Local television news was particularly important in regional locations where people wanted to know what was happening locally and how it would affect them.

Government websites are not the 'go-to' source of information

Government websites were mentioned in the 'other' category of primary sources of information nominated by less than 10% of research respondents. This suggests that they are not the preferred 'source of truth' for CALD communities. A scan of government health websites indicates that a range of useful resources concerning COVID-19, including for CALD communities and organisations supporting them, have been developed. However, as our experience and other research tells us, these websites can be difficult to navigate, rely on a certain level of digital inclusion and digital literacy skills, the information provided can be complex to understand or not in easy-read formats – involving technical terms and jargon; and placing something on a website does not necessarily make it accessible to particular groups in the community, even when translated.

Targeted, tailored messaging is essential

Other recently-published research concerning COVID-19 and CALD communities supports findings from our survey and focus groups and contains key insights relevant to communicating public health information. This includes:

- Resources available on websites often rely on a high level of English language literacy or literacy in a person's first language
- The importance of tailoring messaging to those with lower levels of health literacy who are more likely to endorse misinformed beliefs about COVID-19 and vaccination
- Mass media campaigns should be utilised, but supplemented by decentralised communication strategies that tap into local support networks
- The need to convey information in a way that is meaningful to people, using trusted community sources and multiple channels to reinforce messages.

Drawing on motivational factors is key

On closer inspection, the results of our study suggest that vaccine hesitancy is perhaps better understood as low motivation – or a 'wait and see' approach. Many participants said that they would consider having the vaccine if there was 'more of a reason' to do so.

Reasons given by participants that would motivate them to get vaccinated included:

If I was able to travel to see my family.

If there was more risk from COVID-19 – another outbreak or concern about increased transmission.

If I had to in order to keep my job.

Many participants, even some who were the most vaccine hesitant, said that if being fully vaccinated meant the difference between being able to travel overseas to visit family or not, they would definitely roll up their sleeves and get 'the jab.'

If I could get home to see my mother, I would get vaccinated today!

Again, this aligns with other research which emphasises the importance of building motivational and 'pull' factors into the vaccine rollout strategy and accompanying messaging, in order to increase vaccine uptake among CALD communities. Involving communities in the process, understanding concerns and motivational factors, building trust and testing messaging have been identified as key.

Mother's Group at SydWest Multicultural Community Services, Blacktown

RECOMMENDATIONS

This research is intended to provide a useful, grassroots perspective, from a range of CALD communities across NSW, on issues, barriers and perceptions concerning the COVID-19 vaccine. It is hoped that these findings contribute to a growing body of knowledge regarding COVID-related issues for NSW's culturally-diverse communities.

The research has highlighted that reinforcing the benefits of being vaccinated, rather than dwelling on the risks, is more likely to generate behavioural change and a positive vaccine response from both CALD communities and the general population. It also reminds us of the immense value of the long-standing trust and strong relationships that exist between local, place-based services and the communities they work with – close connections that should be utilised to advance public health outcomes.

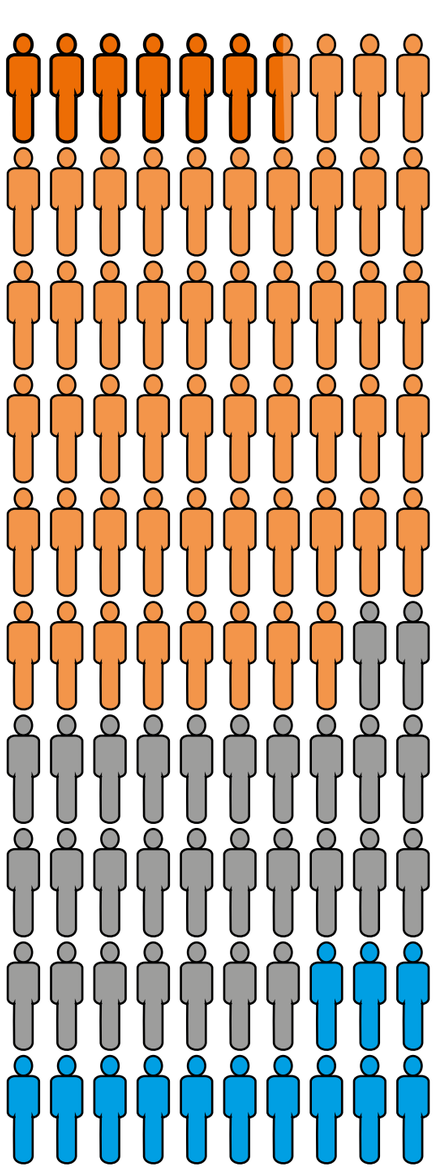
In this context, it is recommended that NSW Health, in partnership with Multicultural NSW, CALD peak bodies and community leaders, use this research to inform ongoing efforts to encourage uptake of the COVID-19 vaccine among CALD communities. The findings indicate that these efforts could be supported by:

1. **direct and early engagement with specialist local multicultural and state-wide ethno-specific community organisations in the development and rollout of any public health campaigns**
2. **strategies to ensure community involvement in, and ownership of, any campaigns with trusted sources such as local community leaders and peer champions**
3. **tailored, targeted messaging across multiple platforms and channels, available in easy-to-read format for English and translated versions**
4. **supporting health care professionals in their role as educators and leveraging successful local programs that increase COVID-19 vaccine literacy and informed decision making**
5. **further research to understand concerns, misconceptions and motivations of priority groups.**

Issues, barriers and perceptions about the Covid-19 vaccine among culturally and linguistically diverse communities in NSW

199 participants
11 focus groups

This small study of 199 people from a range of cultural backgrounds in metropolitan Sydney and two regional locations found that the community is divided in its response to both the safety, need and efficacy of the vaccine.



= 2 people

58% said yes to the vaccine with **6.4%** previously vaccinated

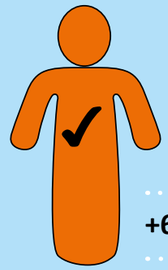
29% were unsure or hesitant

13% reported that they would not have the vaccine

I would get vaccinated...

FEARS & CONCERNS about the vaccine

- Fear about blood clots caused by the Astra Zeneca vaccine
- Fear about the perceived lack of 'proper' testing of the vaccine
- Lack of certainty about how the vaccine worked
- Concerns that the vaccine will make you sick or change your DNA
- Concern that the vaccine is a form of government control
- A belief that if you were healthy, it was better to fight the virus and make yourself and your immune system 'stronger' as a result



More likely to get the vaccine

+65 age group

Health information from online sources (low use of government websites)

- Facebook
- WhatsApp
- WeChat
- Main stream media

Younger group

- Instagram
- Tik Tok

Influence of friends and family overseas

Almost half of the participants knew someone who had contracted COVID-19 overseas. Many people spoke about the impact of COVID-19 on their immediate family including some who had lost loved ones.

INTRODUCTION

This research project has been commissioned by the New South Wales Council of Social Service (NCOSS) to look at issues, concerns, attitudes and barriers to receiving the COVID-19 vaccine in culturally and linguistically diverse (CALD) communities in NSW.

The research was conducted over two months from late April to late June 2021 with data collected just prior to the latest COVID-19 outbreak in Sydney. It was undertaken with some urgency given the following factors:

- the lack of data concerning people from culturally and linguistically diverse backgrounds in larger research studies [2]
- the heightened concern in the community about the potential side effects of, in particular, the Astra Zeneca vaccine which has led to a higher-than-usual rate of vaccine hesitancy in the wider community [3]
- the need to lift the overall vaccination rate in Australia.

Emerging research indicates that misconceptions about COVID-19 in Australia tend to be more common in groups with lower levels of health literacy, including people who speak a language other than English. In addition, the varied experience of and information about COVID-19 transmission and vaccination in overseas countries makes this a particularly interesting issue, given that CALD community members may be having regular discussions with relatives overseas and getting information about COVID-19 from overseas sources.

[2] McCaffery KJ, Dodd RH, et al. ***Health literacy and disparities in COVID-19–related knowledge, attitudes, beliefs and behaviours in Australia.*** Public Health Res Pract.2020;30(4): e30342012. December 2020. First published:5 November 2020. 'There are several limitations to our study. Although our recruited sample was large and diverse, it was not statistically representative of the Australian population. The proportion of Australians from non-English speaking backgrounds was small (6%) since the survey was not translated and required sufficient English skills to complete the questionnaire in English.' (p. 7)

[3] An online survey conducted by Essential Research (April 2021) completed by 1090 people between 21–26 April 2021, found just 43% of Australians think the rollout is being done efficiently, down from 68% in March… The slow rollout and changes to the roadmap also appear to have given rise to vaccine hesitancy, with one in six people (16%) saying they will never get vaccinated against COVID-19, up from 12% last month, while 42% said they will get vaccinated, but not right away. The proportion of people who would be willing to get vaccinated as soon as possible, or are already vaccinated, also declined, down from 47% to 42%.' Essential Report (April 2021)

METHODOLOGY

A mixed-method research methodology was used for this project. However, it was primarily a qualitative approach that aimed to hear directly from people in the community from culturally and linguistically diverse (CALD) backgrounds. The methodology involved:

- 11 focus groups (including one pilot) involving a total of 167 participants from CALD backgrounds and 7 locations: Griffith (1), Wollongong (2), Blacktown (2), Lakemba (1), Mt Druitt (3), Toongabbie (1) and Marrickville (1). These supported participants to answer the survey questions and enabled more detailed exploration of issues and further gathering of qualitative information (see Table 1 below). Identified multicultural and community service organisations with connections to CALD communities in the relevant locations acted as 'intermediaries' by assisting with organising the focus groups, providing bilingual facilitation of discussion and supporting community members to undertake the survey. More information on the focus groups and intermediary organisations can be found at Attachment A.
- An online survey with the same questions as those used in the focus groups was made available. This was promoted via NCOSS networks and the research team's CALD connections and completed by 32 people. The total sample size of this study was therefore 199 participants, made up of members of diverse CALD communities.
- A bilingual multicultural community engagement expert was engaged throughout the project to advise the research team, including in relation to the design of the survey. Bilingual facilitators were used for focus groups where necessary, and guidance was provided by intermediary organisation representatives as required, and in one instance the survey was translated into Arabic. Focus group members were each provided with a $25 gift card at the end of the session and a $50 gift card was donated to the intermediary organisation to provide some additional resources to each group.
- A second online survey was designed to elicit the views and experience of the intermediary organisations in their work with CALD communities. It generated eight responses.
- Two interviews were undertaken with a multicultural health communication expert from the Illawarra Shoalhaven Local Health District and an Emergency Department medical practitioner.
- The online survey responses from the intermediary organisations and the interviews with health staff have informed analysis of data from community members, findings and recommendations.

In addition, the research has been informed by other publicly available research, including findings concerning vaccine hesitancy and uptake[4], and a scan of multicultural COVID-19 health resources available in community languages from the Commonwealth, NSW and Victorian Governments, SBS and Ethnolink (see Attachment 2).

Recruitment for the focus groups

Intermediary organisations and focus group participants were recruited using the research team's extensive connections with multicultural and community service organisations across NSW and drawing on key NCOSS member organisations providing support to, and with longstanding relationships with, CALD communities. To a large extent, the selected locations and the services and supports provided by the intermediary organisations determined the cultural backgrounds that were included in the study.

[4] https://www.ncoss.org.au/COVID-19-research/

Service	Location	Group Composition	Participant numbers
Addison Road Community Centre	Marrickville	Community leaders: - Vietnamese, Chinese, Italian, Greek, Indonesian, Latin American and Portuguese speakers	26
Griffith Community Centre	Griffith	Indonesian and Pakistani women	6
Multicultural Communities Council Illawarra	Wollongong	Arabic-speaking group	22
Multicultural Communities Council Illawarra	Wollongong	Italian older women's group	15
Syd West Multicultural Services	Mt Druitt	Arabic-speaking group	10
Syd West Multicultural Services	Blacktown	Spanish-speaking seniors' group	16
Syd West Multicultural Services	Blacktown	Mothers' support group: - Indian, Sri Lankan, Pakistani and Ghanaian	14
Canterbury City Community Centre (4Cs)	Lakemba	Pakistani, Indian and Sri Lankan women	14
Chaldean League and Western Sydney TAFE	Mt Druitt	Chaldean group	18
STARTTS - Toongabbie Community Centre	Toongabbie	Tamil-speaking group	12
Mt Druitt TAFE – TAFE NSW	Mt Druitt	Work Opportunities for Women group (mixed CALD backgrounds)	14
TOTAL			167

Table 1: **Focus Group Details**

Explanatory note: The focus group at Mt Druitt TAFE - comprised predominantly of CALD women enrolled in a Certificate II entry level course - was used to pilot and refine the focus group process, with survey responses generated by the group included in the final survey results.

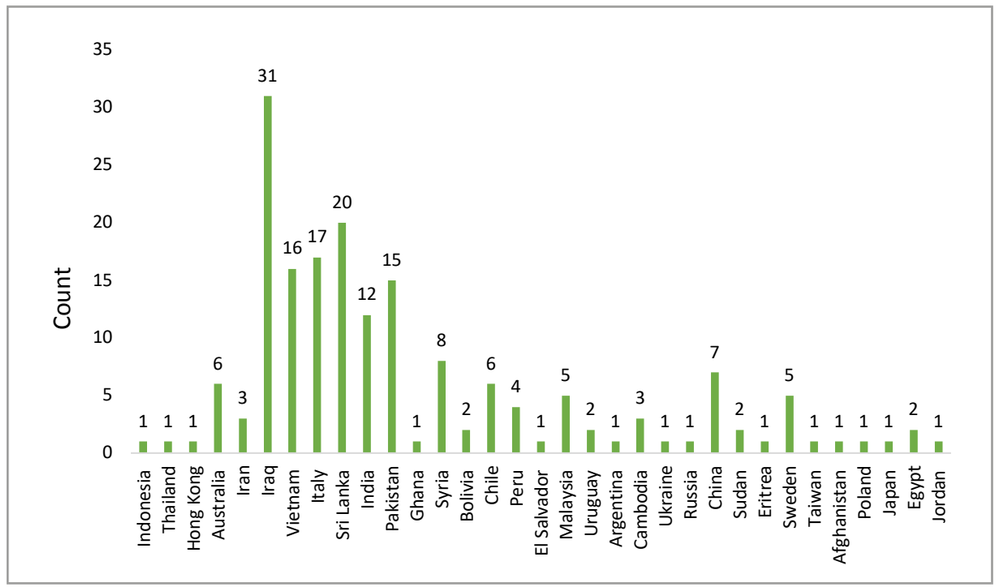


Figure 1: **Country of Birth**

A word about the research design

The research was carefully designed, drawing on expert cultural advice on communication processes and survey design. Focus groups included participant consent forms, incentive vouchers and a one-page introduction to the research for the intermediary organisations. Intermediary organisations and preferred locations were identified and agreed in advance with NCOSS.

The survey was designed in an easy-to-read format, using simple English. Feedback from the Spanish-speaking translator was that it was extremely easy to translate and complete. Other groups commented that they found the survey easy to complete and most groups displayed a solid level of spoken and written English. The research design and conduct also leant heavily on the expertise of the facilitators and their extensive networks which made delivery in such a short time frame possible. The positive engagement and support of the intermediary organisations was also a factor contributing to the successful conduct of the research.

Without fail, the multicultural and community service organisations involved in the research perceived the importance of its purpose and shared a desire to provide NSW Health with feedback directly from their communities, as a matter of urgency.

Demographics of research participants

The makeup of those who participated in the research was diverse in age and cultural and language background. Participants were predominantly women (84%), with men making up only 14.5%. Over half the participants had lived in Australia for more than 20 years which impacted positively on their level of spoken and written English. However, there were quite low levels of English literacy in a number of the groups which made guided survey completion a more necessary but complex process.

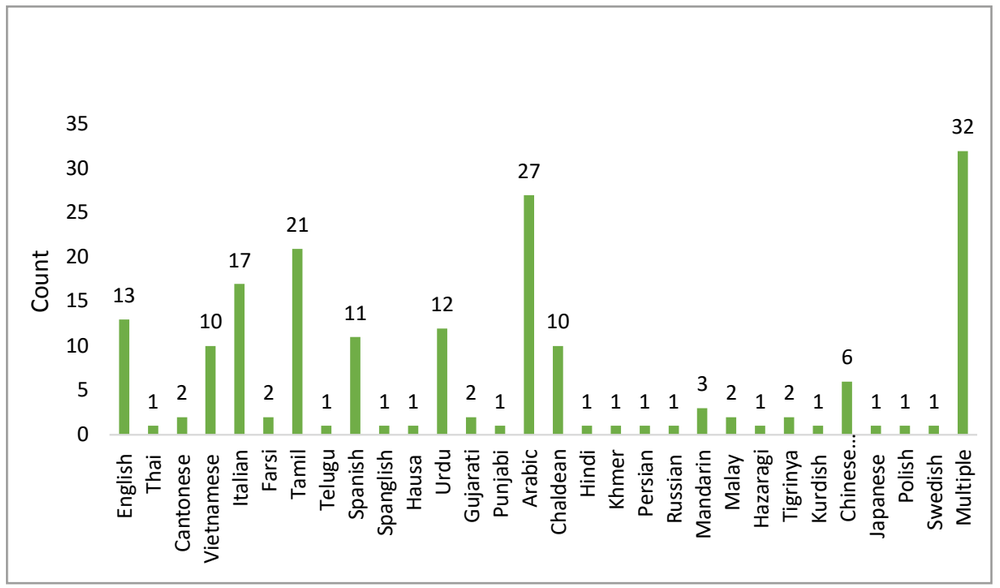


Figure 2: **Language spoken at home**

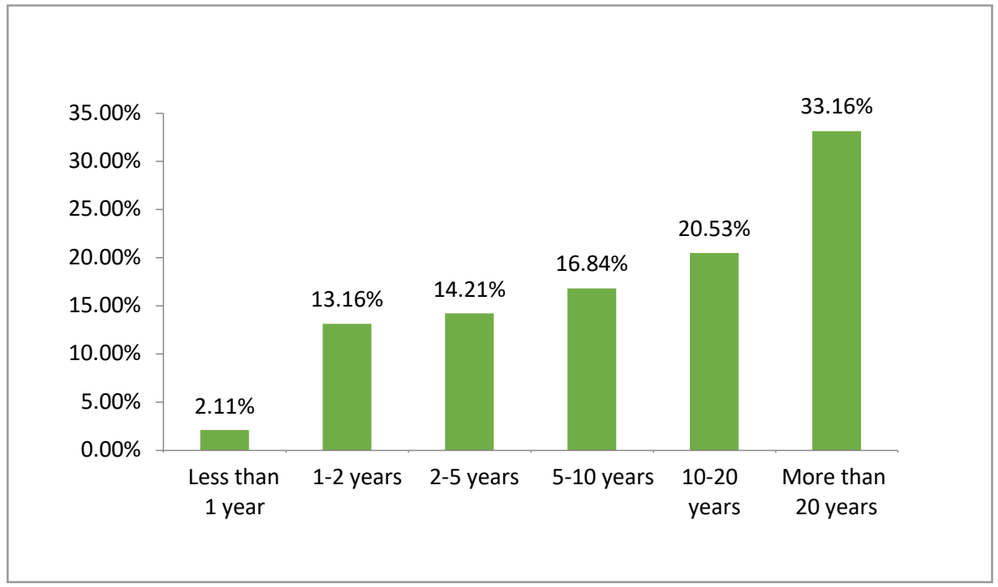


Figure 3: **Length of time living in Australia**

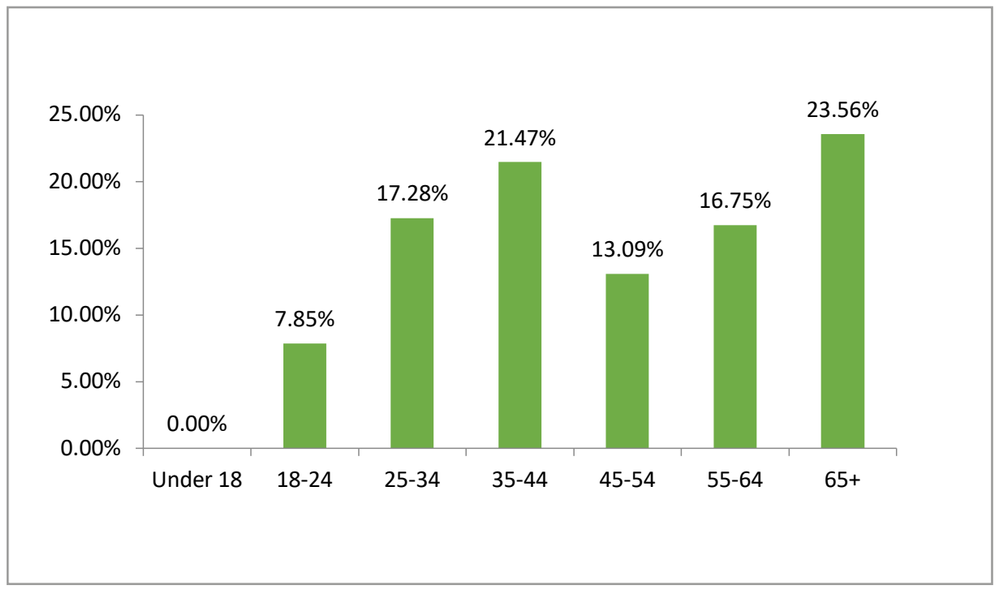


Figure 4: **Age**

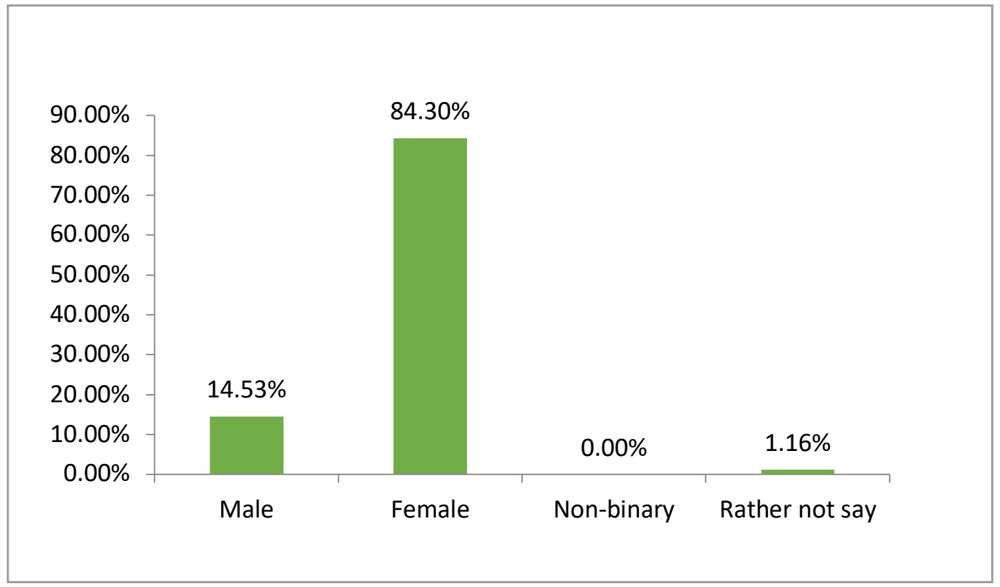
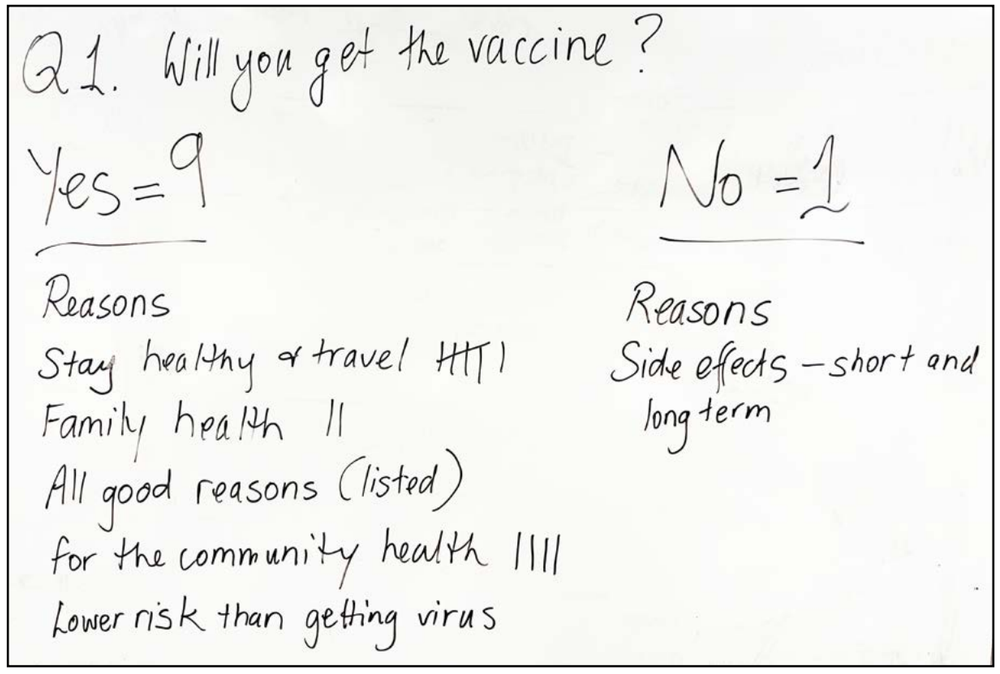


Figure 5: **Gender**



Chaldean Focus Group Feedback Sheet

Research participants were asked:

- **If they were intending to get vaccinated**
- **The reasons why they would, or would not, choose to get vaccinated**
- **If they knew anyone who had already been vaccinated, and if so, who**
- **If they knew anyone who had contracted COVID-19 and if so, who**
- **If they knew where to go to get vaccinated**
- **What sources they used to get information about the COVID-19 vaccination**
- **Basic demographic information; age, gender, country of origin, language spoken at home and length of time living in Australia.**

Having the vaccine or not

Of the 199 participants, 117 (58%) reported that they were planning to be, or had already been, vaccinated, while 78 (42%) reported that they were not planning to have the vaccine (13%) or did not know if they would get vaccinated (29%).

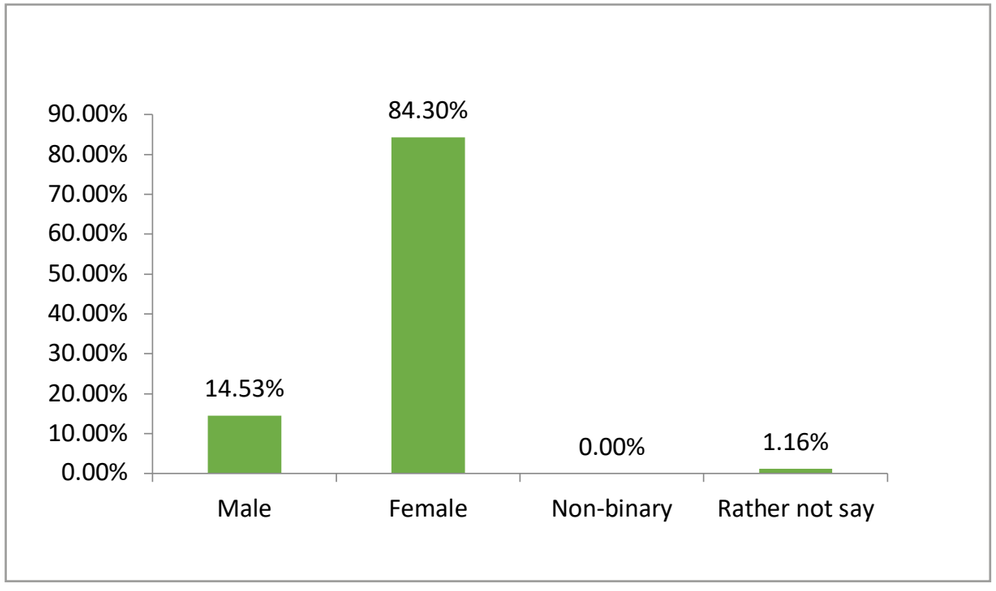


Figure 6: **Are you going to get the COVID-19 vaccine?**

13 people (6.5%) had already been vaccinated (at least 1 dose)[6] with several commenting that they had chosen or needed to be vaccinated for work-related reasons. Others reported that they had been vaccinated primarily for health reasons, to stay well and make sure that their families stayed well. They were also concerned about public health and safety. One of the women in the Lakemba groups from Sri Lanka was adamant that the benefits outweighed the risks, spoke positively about how easy it had been to get the vaccine from her local medical centre and that she had experienced no side effects from the vaccination.

Language	Count	Percent
Urdu	1	
Italian	3	
Arabic	2	
Tamil	3	
Chaldean	1	
Spanish	3	
Total	13	6.5% of sample

Table 2: **Respondents already vaccinated**

75 (42%) indicated a degree of vaccine hesitancy, with 24 participants (13%) reporting that they were not planning on getting vaccinated, while 53 (29%) reported they did not know if they would get vaccinated.

Response	Count	Percent
Not planning to have the vaccine	23	13%
Unsure about having the vaccine	52	29%
	75	42%

Table 3: **Respondents who indicated vaccine refusal or hesitancy**

This level of vaccine hesitancy reflects larger studies in the Australian community. A survey of over 1,000 participants from across Australia conducted in April 2021 by Essential Research found hesitancy rates of 42%, including 16% who indicated they were never going to get vaccinated.[7]

For our survey, responses indicated that age was a factor, with 85% of respondents aged 65 and over reporting that they would have or had

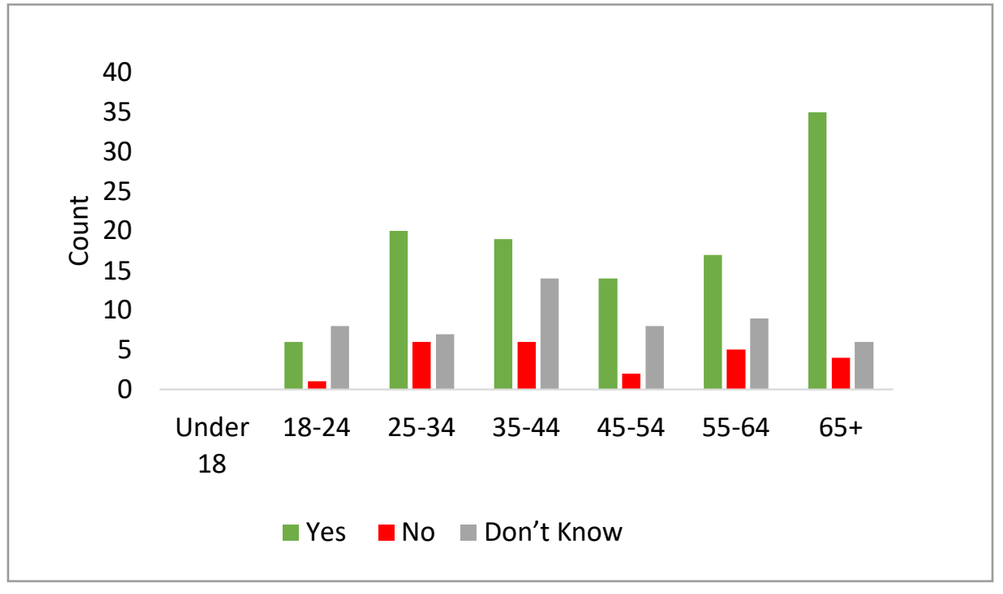


Figure 7: **COVID-19 Vaccine intention of respondents by age category**

[6] The researchers did not distinguish between whether people had received their first and second doses of the vaccine i.e., partially or fully vaccinated.

[7] Essential Research. ***The Essential Report***, 21 April 2021.

already had the vaccine. Those who indicated that they would not be having the vaccine were fairly evenly distributed across age groups, with younger people aged 18-24 being the age group with the highest proportion of participants expressing uncertainty about having the vaccine. The age group with the second highest level of hesitancy, proportionate to other categories, were the 35-44 year olds.

Country of origin also seemed to play a role in people's views about having the vaccine, with high vaccine pre-disposition reported by Vietnamese respondents to the online survey and women in the Italian-speaking group. While participants from Iraq recorded the highest 'yes' response, this was almost matched by Iraqi participants who reported that they were 'unsure' or 'did not know' whether they would have the vaccine. The relevance of country of origin in this regard would be worthy of further research.

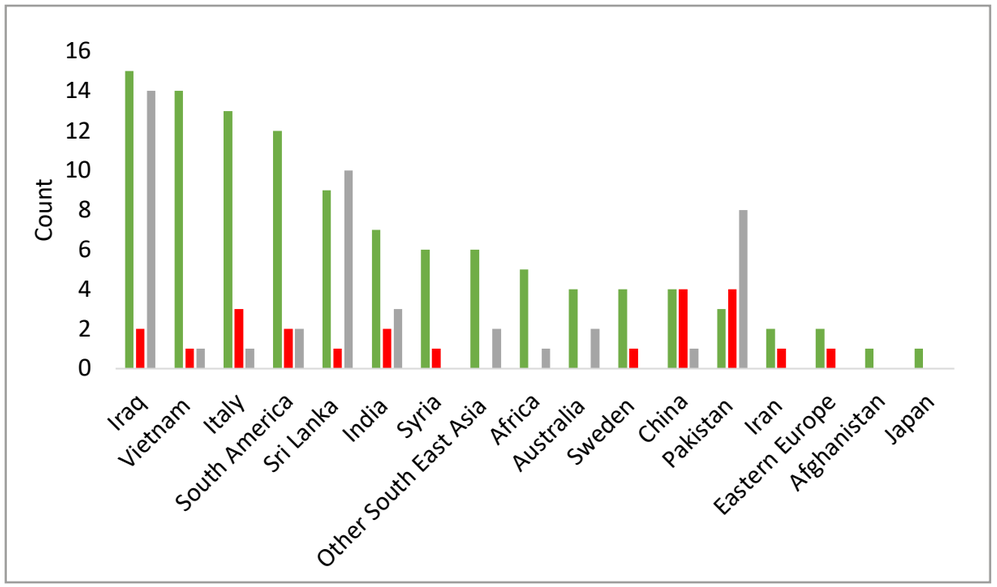


Figure 8: **Respondents COVID-19 Vaccine intention by Country of Origin**

The Italian focus group held in Wollongong was an older women's social group, with all participants (15) aged above 65 years. Most in fact were aged over 75 years, with one participant in her 90s. 87% of the group had either been vaccinated (3) or were planning to get vaccinated (10).

Of course, I will get vaccinated. It is important to do this. It is a very bad disease.

These women were motivated to stay healthy and well, keep their family healthy and well, for public health reasons, to be able to travel, and for general safety. Members of the group also reported that they wanted to get vaccinated so that they would be able to 'dance' and 'socialise'.

Reasons for having the vaccine

I don't want to die.

I'm over 65. I have some health issues. I think it's [having the vaccine] very important to keep safe.

I want to see my family. I usually go every year but now I haven't seen them because of COVID-19. Having it will help.

I am well but my parents are older. It is important to keep them well.

Of the 117 participants who reported that they had either already been vaccinated or were planning to get vaccinated, 'keeping my family healthy and well' (82%) and 'keeping myself healthy and well' (81%) were the two most popular reasons for having the vaccine. This was followed by 'for public health' (70%), 'it is the right thing to do' (62%), and in order 'to travel' (61%). (See Figure 9)

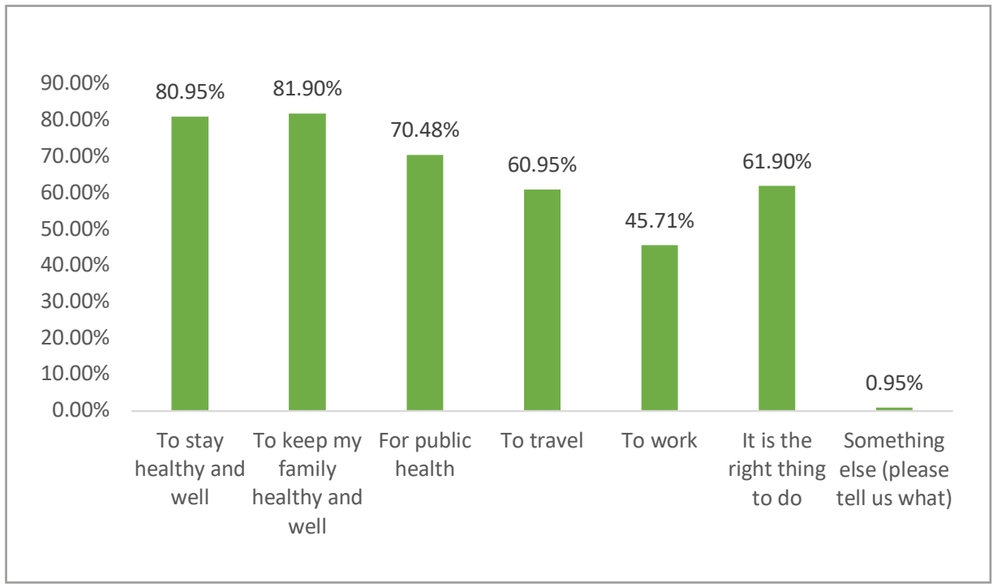


Figure 9: **Reasons for getting vaccinated against COVID-19**

Other reasons that people gave for getting vaccinated included the need to continue working in essential 'front line' employment such as security, cleaning and aged care settings. One woman in the Lakemba focus group who had already had her first dose of the Astra Zeneca vaccine said that 'the benefits outweigh the risks' and, as an older woman, 'I do not want to die.'

All but one of the focus groups were familiar with the different vaccines currently available in Australia, Astra Zeneca and Pfizer. Most participants were also aware of blood clots being associated with the Astra Zeneca vaccine. One group of newly-arrived refugees in Griffith had not heard of either the Astra Zeneca or Pfizer vaccines and had a more limited understanding of the vaccination program in general.

Reasons for not having the vaccine

At the moment the situation is under control and don't feel the need. Also, I have no plans to travel in the near future so I don't see the need.

Of the 42% participants who said that they would not have, or were hesitant to have, the vaccine, 48.65% said that they preferred to 'wait and see' before getting vaccinated.

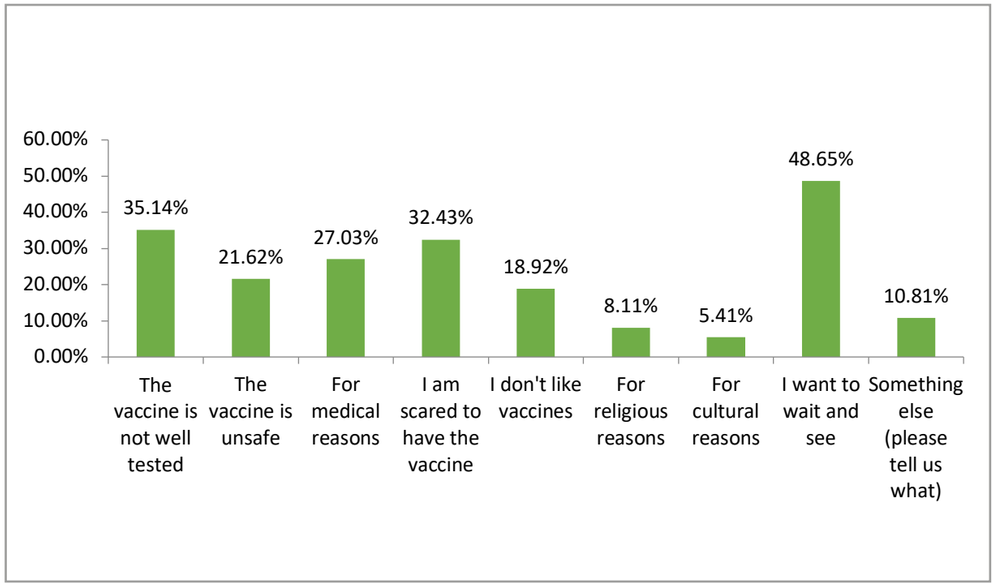


Figure 10: **Reasons for not getting vaccinated against COVID-19**

The perceived 'lack of adequate testing' of the vaccine and 'fear of being vaccinated' also received high response rates, selected by 35.14% and 32.43% of participants respectively. Only 13.55% of respondents cited religious or cultural reasons as being behind their vaccine hesitancy.

Open-ended responses to this question included:

The vaccine is not 100% working. It cannot offer 100% protection.

I will not have it because make me sick.

The discussion in the focus groups about people's hesitancy to be vaccinated focused on a number of concerns which reflected:

- poor communication from a number of trusted sources including GPs and some media sources
- conflicting information about the vaccine from health authorities
- fears about vaccine safety that are shared by the general community
- misconceptions about the effectiveness of, and how the vaccines work.

Issues raised in focus groups as contributing to increased hesitancy included:

- Some GPs being hesitant to recommend vaccination
- The information being provided is conflicting
- The information is overly complex and not comprehensible, regardless of whether it has been translated
- The risk of blood clots
- Perceptions that the vaccines are generally unsafe
- Concerns that some people are dying after being vaccinated
- Not being sure about the risks associated with having the vaccine and being pregnant or breastfeeding
- The perception that there has been a lack of testing of the vaccines prior to rollout
- A lack of understanding of how vaccines work, the composition of the vaccines and what they would do to the body, including making changes to a person's DNA.

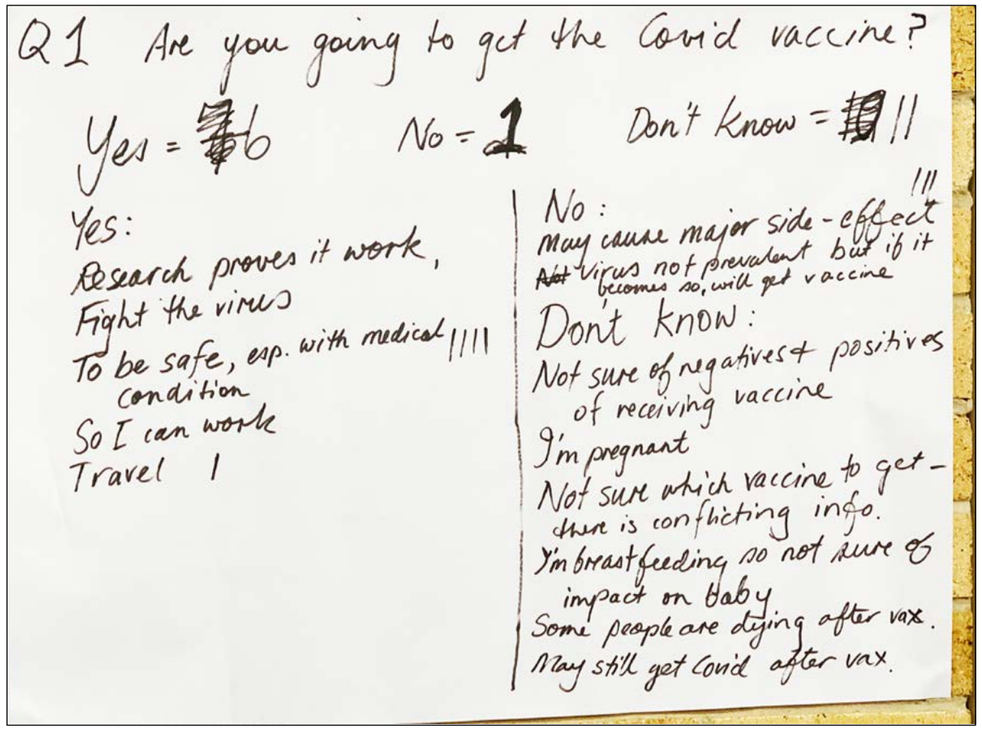
Specific comments included:

I have heard that the vaccine changes your DNA.

They don't tell you what chemicals are in the vaccine.

I am a mother. I am not sure it [the vaccine] is safe for me when I am breastfeeding.

If you are young and healthy your body has the energy to fight the virus. You don't need to have the vaccine. You should just let your body fight it itself.



Tamil Focus Group Feedback Sheet

Confusion about what to do, where to go and the health impacts of the vaccine was a common thread in the conversations around vaccine hesitancy.

Nobody knows what to do. My GP doesn't even know what I should do, whether I should have it or not.

I am not sure what to do. I have spoken to my GP, but they can't tell me whether I should have the vaccine or not while I am breastfeeding

They say one thing and then they tell you something else… it [the vaccine rollout] is so confusing

One woman whose husband worked for a security firm said that her husband had had to be vaccinated in order to keep his job:

He [husband] had to have it. He didn't have a choice. He was fine [no side effects], but I'm not thinking I will have it. I don't need to. I'm a mum, I'm busy. I have to look after my children. I don't know how I feel about it, whether I'm going to have it.

In several focus groups the issue of government control was also raised. A number of people reported strongly that they feared that the vaccine was 'a means that the government was using to control people'.

Vaccine refusal

I never get sick. It is the same for all my family. We have always been strong and healthy so I will be saying no to the vaccine.

Only a small number of participants (24 or 13%), said they would not get vaccinated. Of this group, 21 were women and 2 were men[8]. Respondents were born in ten different countries with a diverse range of language backgrounds.

Country of Birth	Language Background	Count
Pakistan	Urdu	4
China, Taiwan	Chinese (Mandarin/Cantonese)	4
Sri Lanka, India	Tamil	3
Chile	Spanish and English	2
Italy	Italian	2
Iraq, Syria	Arabic	2
Iraq	Chaldean	1
Iran	Farsi	1
Greece	Macedonian	1
Poland	Polish	1
Pakistan	Punjabi	1
Sweden	Swedish	1
Vietnam	Vietnamese	1

Table 4: **Vaccine refusal by country of birth and language background**

[8] This reflects the overall sample bias towards women. The majority of focus group participants were women X with Y participants being men.

Some in this category were adamant that they would not be having the vaccine and had very strong views on it; 'For cultural reasons I won't be having the vaccine.' When we look at responses more closely however, it would appear that many are in fact more 'hesitant' than firm vaccine refusers.

One reluctant middle-aged Tamil-speaking woman said, 'If they say we have to get vaccinated then I will.' This sentiment was strongly supported by the rest of the Tamil-speaking group.

Study participants who said they would not have the vaccine were also concerned that 'the vaccine was not well tested'.

The vaccine has been rushed out. It has not been properly tested.

People in this category said that they would 'wait and see' what happens with the wider rollout before making their final decision. This suggests that a proportion of the 'no' group are in fact hesitant rather than outright refusing to have the vaccine.

There were also fears expressed by focus group participants about the dangers of being vaccinated. Participants reported being afraid of the health risks especially from blood clots. Some people distinguished clearly between Astra Zeneca and Pfizer in this regard. However, for many, the distinction between the different vaccines was lost and they spoke of the vaccines generally being unsafe and having a range of unwanted side effects.

Reason for not having the vaccine	Percent	Count
The vaccine is not well tested	54.55%	12
I want to wait and see	54.55%	12
The vaccine is unsafe	36.36%	8
For medical reasons	31.82%	7
I am scared to have the vaccine	31.82%	7
I don't like vaccines	13.64%	3
For religious reasons	13.64%	3
For cultural reasons	9.09%	2
Something else (please tell us what)	9.09%	2

Table 5: **Reasons for not having the vaccine**

Other factors considered

In addition to the broader questions of why people would or would not choose to get vaccinated, the research team used the focus group discussions to explore whether the following factors had any impact on a person's likelihood of being vaccine pre-disposed or hesitant:

- Knowing someone who had been vaccinated
- Knowing someone who had contracted COVID-19
- Knowing where to go to get vaccinated
- The sources people turn to for information about COVID-19 and COVID-19 vaccines.

Knowing someone who has been vaccinated

Of those who responded to this question 125 or 70% knew someone who had already had the vaccine.

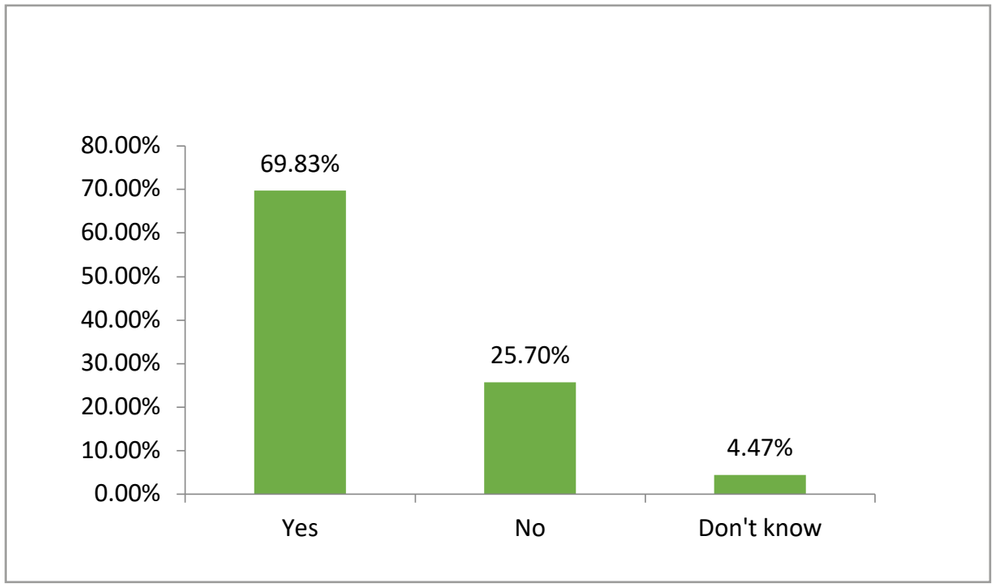


Figure 11: **Do you know someone who has been vaccinated?**

Among the 125 participants who knew someone who had already been vaccinated, 100 identified 'immediate family members' (parents, children, siblings and partners). Some focus group participants reported that all of their family members overseas had been vaccinated. Others reported that their relatives had been vaccinated as a requirement of their employment.

Who	Count	Percent
Other family member	41	31.3%
Sister	24	18.32%
Community member	23	17.56%
Brother	18	13.74%
Father	17	12.98%
Mother	16	12.21%
Work colleague	14	10.69%
Husband or wife	11	8.4%
Son or daughter	10	7.63%
Partner	4	3.05%
Someone else	45	34.35%
Total respondents	131	

Table 6: **Who do you know who has been vaccinated?**

When this issue was teased out further in focus group discussions, a range of reasons were revealed including:

Knowing someone who has had COVID-19

Almost half of the participants knew someone who had contracted COVID-19 overseas. Some reported that all the members of their family or many members of their extended family had con-tracted COVID-19. In the older Italian group, 10 of the 15 women knew someone in Italy who had contracted COVID-19.

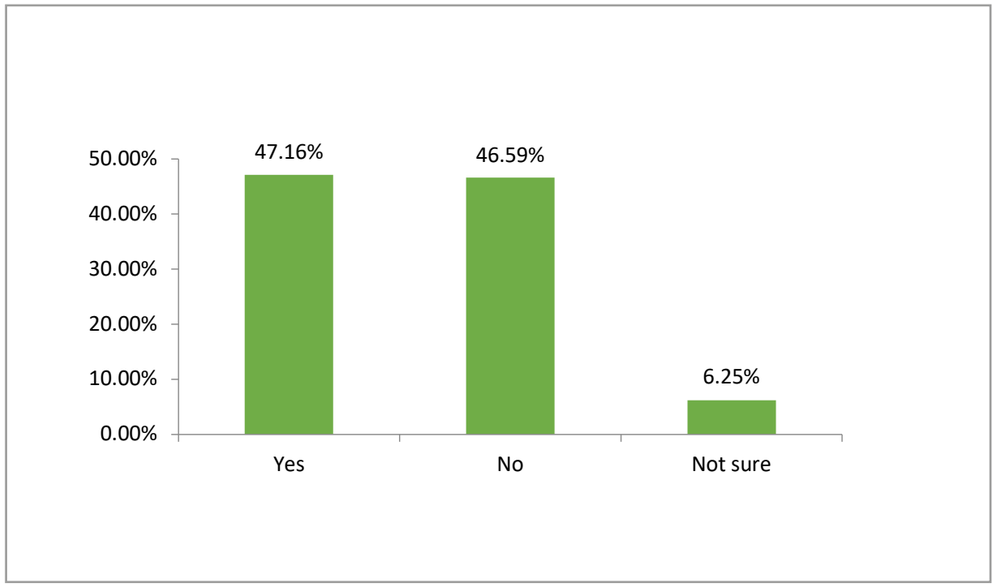


Figure 12: **Knowing someone who has had COVID-19**

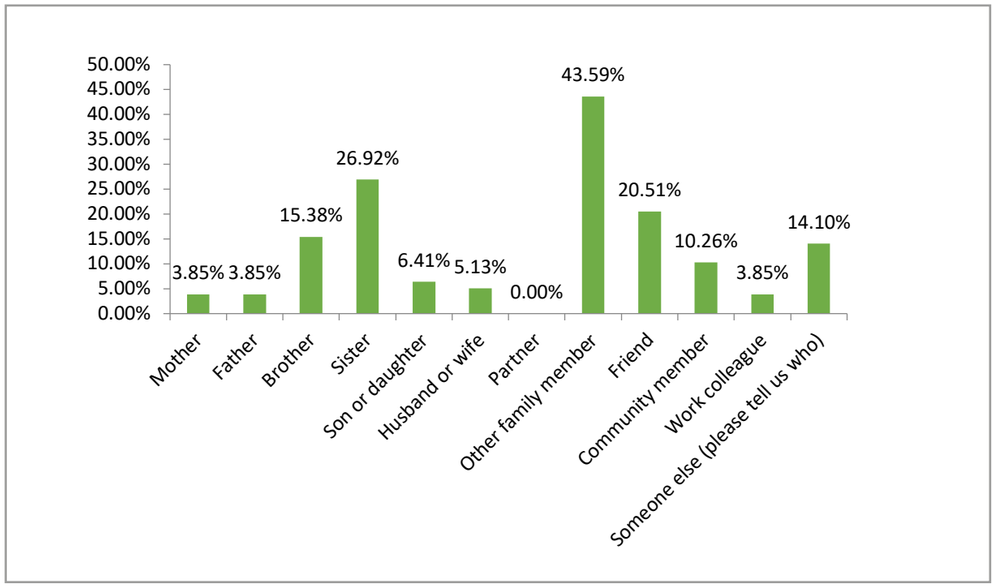


Figure 13: **Who do you know who has had COVID-19?**

Four people in the focus groups knew someone who had died of COVID-19.

All my family back home [Pakistan] got it [COVID-19] but they are all fine now, apart from my father. He died. But he was really sick before he got it. He had lots of underlying conditions. Medical conditions, so he was really unwell before he got COVID-19. But everyone else, they are fine now. They were sick but they got better…
If you are well and healthy you can fight this off.

Surprisingly, knowing people who had contracted COVID-19 did not seem to influence focus group participants' predisposition towards either having the vaccine or being vaccine hesitant. However, the older Italian women's group spoke about the impact that COVID-19 had had in Italy in the early stages of the pandemic and how this had affected them deeply. 13 of the 15 women in this group would have, or had already had, the vaccine.

Knowing where to get vaccinated

115 people (81%) who responded to this question (n=142) knew where to go to get the vaccine. 34 people (19%) reported that they did not know. This included 15 respondents from Iraq, 3 respondents from India, 2 respondents from China, 2 respondents from Pakistan and one respondent from each of the following countries; China, Eritrea, Italy, Sri Lanka, Sweden, Syria and Vietnam. These people were also less sure about whether or not they would have the vaccine. It is possible that their lack of knowledge about where to go to get vaccinated was related to their general level of vaccine hesitancy.

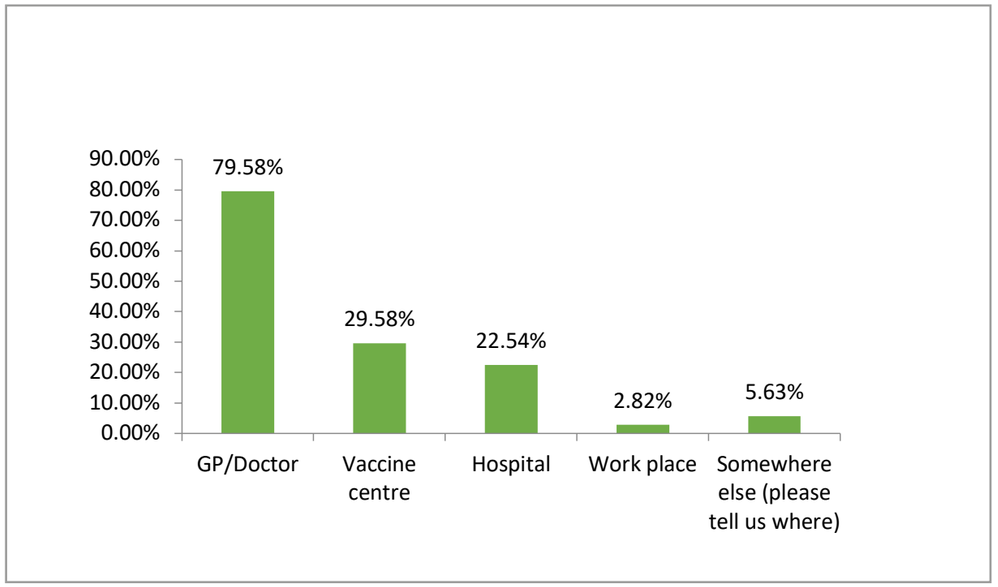


Figure 14: **Where to go to get vaccinated**

From the sample (n=199) GPs were the most commonly identified place to go to get vaccinated, followed by the vaccine centre at Homebush Bay and then hospitals. Other places identified included medical centres and pharmacies.

Sources of information about COVID-19 and the vaccine

The largest single source of information about COVID-19 and the vaccine was Facebook (41.7%).

Facebook. I get my information from Facebook. But if I want to check it, I watch the news on 7 [Channel 7].

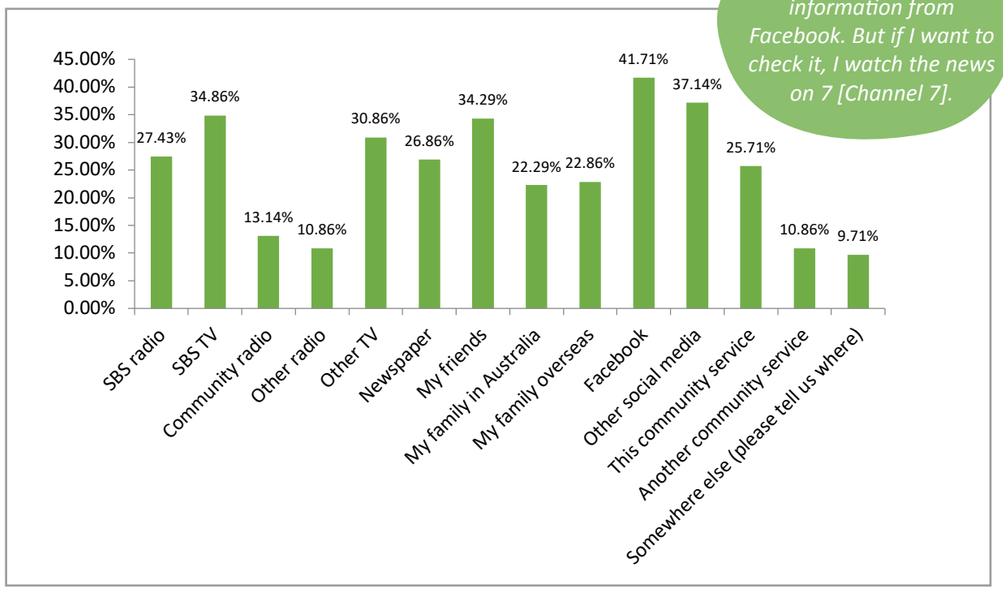


Figure 15: **Sources of information about COVID-19 and the COVID-19 vaccine**

The second largest source of information for people in the sample was 'other forms of social media' (37%), followed by SBS television (35%), my friends (34%) and other television (31%). Other sources of information people reported that they used were the NSW Health website, nightly television news including Channel 7, Channel 9 and Channel 10 followed by the ABC, the Australian government health website, their GP, local Medical Centres and the Red Cross.

In the Lakemba focus group, predominantly made up of women from Pakistan, there was an animated discussion about Facebook which was the major source of information, along with Google searches and community and friendship-based WhatsApp groups. There was a general consensus from most in the group that these were their preferred or most common sources of information and news. However, if they wanted to 'fact check' what they were hearing they would watch the nightly news on Channel 7 or Channel 9 to verify what they perceived could sometimes be unreliable sources.

In the Mt Druitt focus group several of the women with well-developed digital literacy and general literacy skills used health and fitness websites and social media sites as their source of information about 'all things health related', including COVID-19. These women also spoke positively about the information and support they got from the staff at Canterbury Council Community Centre (4Cs) who they could rely on to find out things that they identified they needed to know more about.

In the smaller focus group in Griffith with recently-arrived refugee women who had low levels of English language literacy, there was little knowledge about the vaccines, no awareness of the different types of vaccines and little knowledge about where to go to get vaccinated or find out more about COVID-19 in general. The community service staff and volunteers present at the group were working hard to assist these women to improve their English language skills and support them with translated information.

In the older Italian women focus group in Wollongong, participants reported getting their information from slightly different sources – family in Australia (10 women), Channel 9 (7 women), Italian radio (3 women) and ABC TV (3 women). Only two women used the internet and none of the women reported using Facebook or social media as a source of their information. Several mentioned that they got their information from their GP or specialist doctor and one participant said 'I don't listen to anyone'. In the Spanish-speaking focus group a comment was made that seemed to reflect many of the other focus group discussions:

> *There is so much confusion about it [the vaccine] that I think my GP is the best place to go.*

When 'sources of information' is correlated with the group who said they would have the vaccine (n=104), there is a shift from Facebook being the preferred source of information to 'SBS TV' being the preferred source. The 'vaccine-predisposed' group also had the lowest rate of relying on Facebook as a source of information about COVID-19, though it was still high. The graph below highlights how other 'preferred sources' play out for those intending to have, or who have already had, the vaccine.

For those participants who indicated that they would not, or were not planning to, have the vaccine, 'Facebook', 'my friends' and 'my family' were the sources of information about COVID-19 that were equally most frequently cited, followed closely by 'my family overseas'. 'SBS radio' and 'SBS TV' as sources of information received the lowest mentions from this group. (See Figure 16)

The vaccine-hesitant group were the group who identified 'Facebook' as their most frequent source of information about COVID-19. 'Facebook' was followed by 'other social media' and 'my friends' as the next most frequent sources.

'This community service provider' (the intermediary organisation where the focus group was conducted) was identified by 26% of respondents as a source of information regardless of their intention to get vaccinated or not. The fact that both the 'vaccine hesitant' and those who indicated they wouldn't be getting the vaccine sought information from this source suggests that rolling

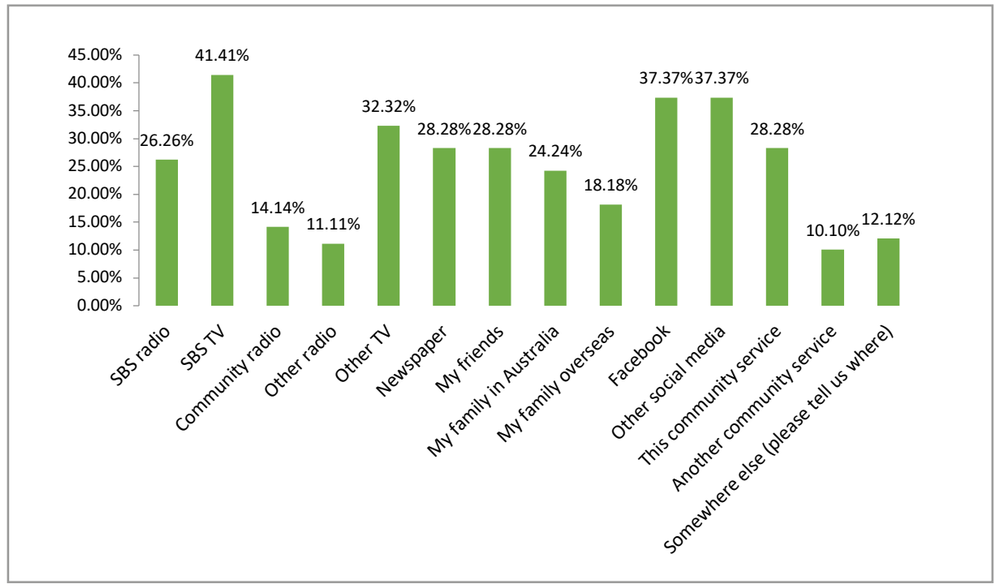


Figure 16: **Sources of information for respondents who were planning to have the vaccine**[9]

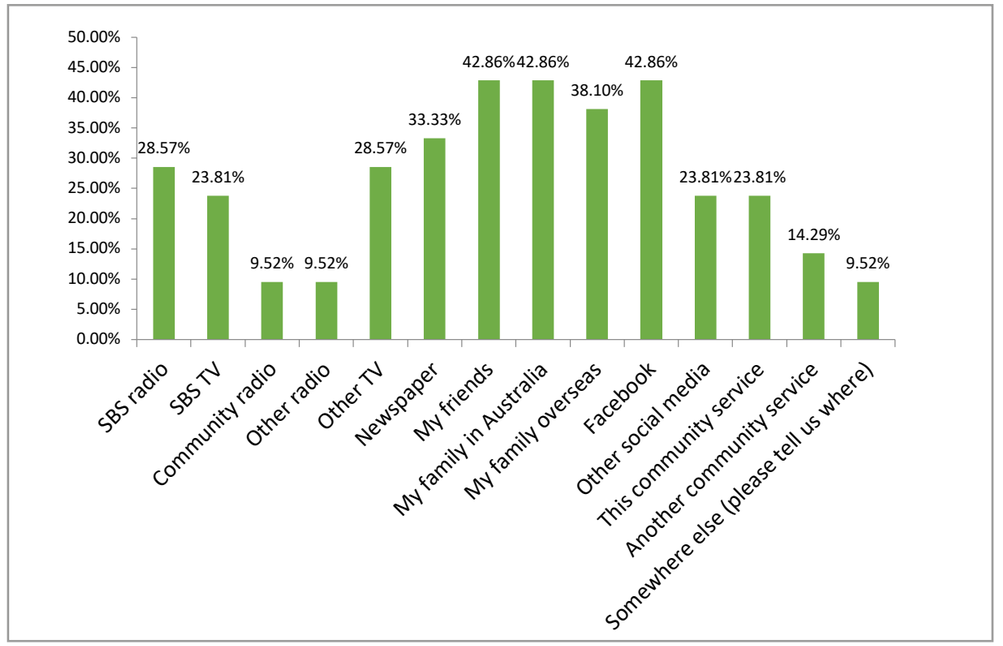


Figure 17: **Sources of information for respondents who were not planning to have the vaccine**

[9] This group of the research sample included a small number of people who had already been vaccinated.

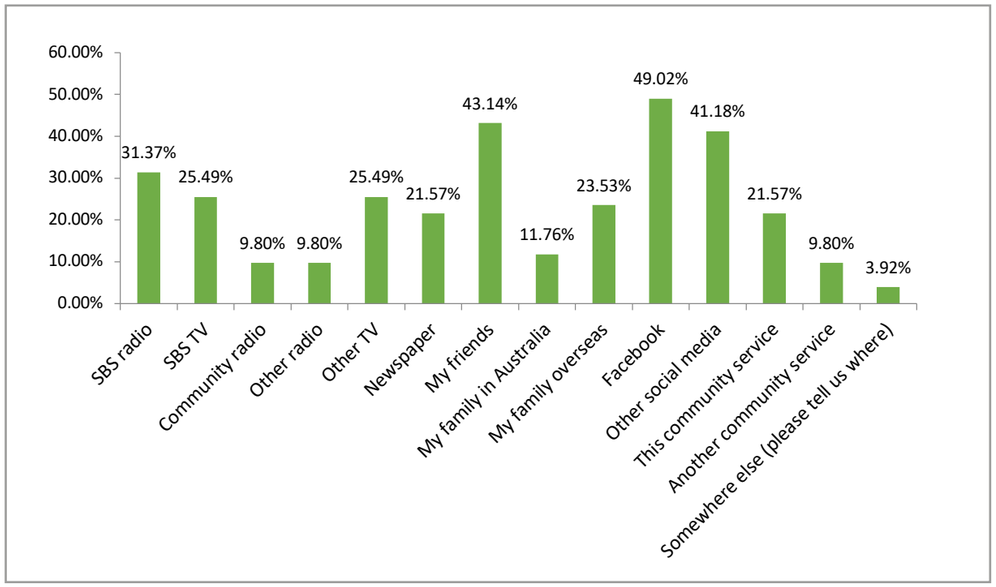


Figure 18: **Sources of information for respondents who 'don't know' if they will have the vaccine**

out positive messaging through trusted community service organisations could be an effective way of shifting people from vaccine hesitancy to deciding to have the vaccine.

DISCUSSION

The context

This research is important given how highly culturally diverse NSW is and the impact this can have on the success of public health messaging to people whose first language is not English. People who were born overseas form almost one-third of the 7,480,228 population (27.6%) of NSW and NSW is home to 33.6% of Australia's overseas-born population. People from around 225 birthplaces have made NSW their home and 21% of the NSW population is from a non-English speaking background. More than 24,000 humanitarian entrants have settled in NSW over the past five years, comprising almost a third (32%) of the national total. The 24,000 humanitarian entrants who have settled in NSW over the past five years came from over 100 countries of origin.[10] Sydney has the largest overseas-born population of all the capital cities.[11]

Hearing directly from people from culturally-diverse backgrounds is important to ensure that policy makers and public health advocates can design responses that are both accessible and understandable to people for whom English may be their second, third or fourth language. A proportion of people in these communities have lower levels of English language literacy and, in some cases, low levels of literacy in their language of origin, so will be harder to reach via traditional or mainstream methods.

It is also critically important that during a time where there is so much 'noise' across media channels relating to the vaccine, the vaccine roll-out, vaccine efficacy and vaccine safety, that we take some time to listen to and understand how this 'noise' is being heard and made sense of by people from culturally-diverse backgrounds.

That said, it is important to reconfirm that the CALD community is not a homogenous group. Our research has found that the views and attitudes of participants from diverse cultural backgrounds towards the COVID-19 vaccine are as varied as they are within the broader community. There are a range of influencing factors including age, health status, how long they have been in Australia, how much news they receive from overseas and how badly impacted by the pandemic their home countries have been.

The research also highlights that people from culturally and linguistically diverse backgrounds get their information about COVID-19 and the COVID-19 vaccine from a wide variety of sources, both formal and informal; and that, for particular groups in this study, there is a high reliance on Facebook over more official sources of information.

Vulnerability

The needs of highly-vulnerable groups within the CALD community have to be taken into consideration. This includes older people who have lived in Australia for many years but have low levels of English literacy – especially writing and reading English and sometimes spoken English – and who are more susceptible to serious illness and higher rates of hospitalisation and death from COVID-19. It also includes newly-arrived refugees who, having low or no English language literacy, lack the connections to, and networks into, the wider community and community supports. It is also the case that some people in these groups are not health literate at all and cannot read and write in their own language.

A key takeout from the health and community service organisation survey responses and interviews undertaken with multicultural health and communication experts for the project, is that literacy levels really do matter. Low levels of health literacy, low levels of English language literacy and possibly low levels of literacy in their own language - especially for some newly-arrived refugees and those who are part of the humanitarian program such as Dari language speakers from Afghanistan, Tigrinya language speakers from Eritrea and northern Ethiopia and Oromo language speakers from Ethiopia - need to be factored into any plans to further promote the vaccine rollout and uptake to culturally and linguistically diverse people in the community. There is a need for

[10] Refugee Council of Australia, Humanitarian Entrants in New South Wales: A resource for New South Wales government agencies, 6-7.

[11] Multicultural NSW, Community Relations Report 2018-2019, 9.

translated materials and information about the vaccines to be tailored to the needs of people in these newly-emerging community groups.

It was reported that in Wollongong there can sometimes be four generations of family members from newly-arrived refugee groups living in the one house. Most of these family members generally have limited English language literacy which increases their risk of not receiving key health messages and, therefore, increasing the potential impact of COVID-19 - in particular, the Delta strain which has proven highly infectious amongst household members.

Vaccine uptake

Not dissimilar to the wider community, more people in our study were planning to have the vaccine than not, and a number had already been vaccinated. In a recent Lancet article (February 2021) 'Concerns and motivations about COVID-19 vaccination', findings from two surveys from an Australian longitudinal study conducted in June and July 2020 included that 'the top three reasons for agreeing to vaccinate were 'to protect themselves and others' … 'belief in vaccination and science' …and 'to help stop the virus spread'. Even among those willing to vaccinate there was some hesitancy about the safety of the vaccine. The Lancet article noted that 'willingness to vaccinate differed by both age and education.' For those who were indifferent or said they would not get the vaccine the top reasons across the two surveys were 'concern about the safety of the vaccine in its development' and 'potential side effects'.[12]

Older people in our study who comprised 23% of the total sample (n=199) were the group most likely to say that they wanted to get the vaccine. 85% of those over 65 said they would have, or had already had, the vaccine. Vaccine predisposition was, however, also strong across other age groups. For the participants in the research, their attitude to the vaccine appeared to be influenced by a number of factors; their own levels of health and pre-existing health conditions and those of their family members and the impact of receiving COVID-19-related news from overseas particularly from people's country of origin. An example of this can be seen in the Italian group in Wollongong where people had received news from overseas early in the pandemic which scared them. This experience 'from home' had influenced most of the women in the Wollongong focus group (n=15) to choose to get vaccinated. The interviewee from the Illawarra Shoalhaven Local Health District also spoke about the heightened concern that they witnessed in the local Italian community in the early stages of the pandemic. Other people wanted to 'stay healthy', and to 'protect the health of others' and for many there was a sense that they wanted to 'get back to some degree of normalcy' and to be able to 'travel overseas to visit relatives.'

Vaccine hesitancy

Of the 42% in this study who appeared undecided or not planning to have the vaccine, many were in fact adopting a 'wait and see' approach before making their final decision. Most participants were interested to hear more information about the vaccines and were opened to getting the vaccine but did have concerns about the safety of the vaccines, especially in regard to Astra Zeneca.

The issue of blood clots has led to considerable fear and hesitancy in the community, and this fear and hesitancy was reflected in our study. Essential Research's survey (April 2021) reported one in six people (16%) indicated they will never get vaccinated against COVID-19, up from 12% the previous month, while 42% said they will get vaccinated, but not right away. The proportion of people who would be willing to get vaccinated as soon as possible, or are already vaccinated, also declined, down from 47% to 42%.[13] This survey was conducted prior to the most recent outbreak in NSW involving the highly infectious Delta strain.

The risk-benefit of having the vaccine needs to be carefully weighed by each individual, ideally in consultation with their doctor, and depending on their circumstances. However, the sources of information that people most rely upon or trust are critical to the dissemination of accurate and clear messaging to dispel the fear surrounding events such as blood clotting and the misconceptions raised in the focus groups. With so many participants in this study getting their information from Facebook and other social media sites, it is vital that these channels are used to promote simple positive messages and for any future community awareness campaigns.

Effective communication

Confusion and misconceptions about the vaccine's efficacy, availability and safety were all issues that were raised in the focus groups. Finding ways to effectively communicate with people with lower English language literacy and health literacy is an important way to address the confusion and misconceptions about the vaccine, as has been discussed in a number of recent Australian studies.

A study[14] by McCaffery et al. (2020) concluded that there are 'important disparities in COVID-19-related knowledge, attitudes and behaviours according to people's health literacy and language.' One of the findings was that 'people with lower health literacy were also more likely to endorse misinformed beliefs about COVID-19 and vaccinations (in general) than those with adequate health literacy. The same pattern of results was observed among people who primarily speak a language other than English at home.' The McCaffery study highlights the importance of tailoring health messages to those with lower health literacy and culturally and linguistically diverse communities. It points out that there are examples of effective management of diverse community needs that use tailored health messages and cites the Western Sydney Local Health District Health Literacy Hub.

The Hub has 'been working in partnership with key stakeholder groups to guide communications to meet the health literacy, and culturally and linguistically diverse (CALD) needs of its population. Structured working groups have been created to prioritise communications to vulnerable youth, CALD groups, the elderly, itinerate workers, asylum seekers and refugees. The aims are to test messaging and build trust with priority populations, to ensure effective communication of the need to sustain physical distancing measures in the absence of a vaccine. Similar efforts are now needed nationally and should start at the time of disease outbreaks in the future, alongside planned mass media and health communication campaigns.'

In the article by Dodd et al. they reinforce the importance of using communication formats which are 'suitable for people with low health literacy and education, and which are appropriate for culturally and linguistically diverse groups and Indigenous populations.' The article argues that it is important to look at motivations and concerns about vaccines when shaping messaging. It also points out that primary care doctors are a trusted source and as such should be supported in delivering information about the vaccines and addressing community concerns. The article states, 'We need to understand and address citizen's concerns that can prevent optimal uptake, build motivations into messaging, and prioritise public trust by informing and involving the community in the process. Supporting health-care professionals in their role as educators will ensure people have adequate and accessible information from a trusted source, to optimise vaccine uptake and ultimately reduce community transmission of COVID-19.'[15]

Recent research by Associate Professor Holly Seale[16] with UNSW Medicine's School of Public Health and Deputy Chair for the Collaboration on Social Science and Immunisation found there is a need to 'decentralise' communications by tapping

[12] R H Dodd, K Pickles, B Nickel, E Cvejic, J Ayre, C Batcup, C Bonner, T Copp, S Cornell, T Dakin, J Isautier, K J McCaffery ***Concerns and motivations about COVID-19 vaccination*** Sydney Health Literacy Lab, Sydney School of Public Health, Faculty of Medicine and Health, University of Sydney published in the Lancet February 2021 p.162 www.thelancet.com/infection Vol 21 February 2021

[13] The Essential Report - an online survey conducted by Essential Research completed by 1090 people between 21–26 April.

[14] McCaffery KJ, Dodd RH, Cvejic E, Ayre J, Batcup C, Isautier JMJ, Copp T, Bonner C, Pickles K, Nickel B, Dakin T, Cornell S, Wolf MS. ***Health literacy and disparities in COVID-19–related knowledge, attitudes, beliefs and behaviours in Australia.*** Public Health Res Pract.2020;30(4): e30342012. December 2020.

[15] Op cit.

[16] https://sph.med.unsw.edu.au/sites/default/files/sphcm/News/Enhancing-supporting-COVID-19-vaccination-program.pdf

into different networking spaces, such as workplaces, local gyms, mothers' groups, and seniors' clubs with a focus on all age groups, regardless of current eligibility. According to Seale, the challenge is 'ensuring emerging information is adapted for the intended audience'. She has also said, 'That's what I'm a little bit concerned about at the moment; there's a lot of resources on government websites, but these terms around blood clotting are very technical. We actually need to make sure that we are breaking them down in a way that will make it meaningful to people. That's not just about translating, it's about being conscious of people's health literacy needs too. So maybe getting some more visuals into materials to try and support that.'[17]

There are a number of multicultural health resources that use community language translations, plain English and videos from CALD community leaders, which can be downloaded and used by services and individuals. However, many of the written resources still rely on technical and scientific terms that require a reasonably high level of English language literacy or high levels of literacy in the translated language to comprehend. Host websites can also be hard to navigate making it difficult to locate resources from simple web searches. A summary of some of the available resources can be found at Attachment 2.

Multicultural Health Units in Local Health Districts have staff who can work with people from culturally and linguistically diverse communities at the local level and translate and contextualise these materials to the needs of the end user. These teams respond to local needs and population demographics and are experts in effective health literacy and health communication with their local communities. They work closely with community and vulnerable groups to build health literacy and improved health outcomes in their communities.

[17] https://theconversation.com/how-can-governments-communicate-with-multicultural-australians-about-COVID-19-vaccines-its-not-as-simple-as-having-a-poster-in-their-language-156097

Case Study – Be a COVID Warrior – Responding to COVID-19 in Multicultural Communities

In Wollongong, the Illawarra Shoalhaven Local Health District (ISLHD) Multicultural Health Service co-designed a community engagement and education program called 'Be a COVID Warrior' which commenced in 2020 in response to the pandemic. This program was designed to respond to the low levels of health literacy around COVID-19, potential exposure to the virus and address fear and stigma in the local CALD communities. The 'COVID Warrior' program reached around 880 people ranging in age from 14 to 85 years. 65% of COVID Warrior participants were female and 35% were male. COVID Warrior participants represented 21 language groups. The outcomes of the program included increased levels of confidence in applying infection control measures, increased literacy and health literacy, and awareness of how COVID-19 is transmitted. Ultimately an improved awareness in applying COVID safe measures was also reported.

In April 2020, the service commenced welfare checks via phone on a fortnightly basis to support socially-isolated multicultural seniors who bore the emotional stress of social isolation. From these calls the ISLHD heard the needs and concerns of seniors in the community. In addition, our experience with CALD communities highlighted the importance of young people as conduits of essential information to adults in community and family groups due to English language access and education.

In response, the ISLHD initiated the 'COVID Warrior' program using bi-cultural high school students through the local high schools. By increasing the health literacy of students at school these 'champions' could talk to their families, including older family members in informal settings and through social media with their peers as a strategy to raise the level of knowledge of COVID-19 transmission prevention and testing. The program became so popular that it was extended into more local high schools and adults accessing the Adult Migrant English Program. The program was supported by local settlement services provided by both Max Solutions and the Red Cross. It was later extended to CALD Seniors through the Multicultural Communities Council Illawarra (MCCI) support programs.

A key component of the program was to provide participants with 'COVID Warrior' Kits which included two reusable masks, hand sanitiser, infographics about COVID-19 symptoms and information about where testing clinics were available locally. MCCI and Rural Australia for Refugees donated reusable masks for every participant.

As the 'COVID Warrior' program was evolving, so was the national vaccine rollout plan. Information was therefore adapted to meet this information gap. For example, adult participants and seniors were supported to understand how to access the COVID vaccine 'eligibility checkers' and CALD people were shown how to use the NSW Health website COVID-19 information pages.[18]

Decision making

How people are currently considering the risk of COVID-19 is influenced by a range of factors including rates of transmission in the community, numbers of new cases, reports in the media of risks and side effects. People tend to base their assessment on what they are currently experiencing and then check this against what they are hearing in the media including, and especially, on social media and from family and friends. Most of the participants in our study spoke clearly and articulately about how they weighed up the risk-benefit of having the COVID-19 vaccine in their decision making. Low case numbers – at the time of conducting the research – and a sense that Australia was 'doing well in safeguarding the community against COVID-19' were significant factors in people's decision not to be vaccinated or to adopt a 'wait and see' approach. Family, friends and social media were reported as having a considerable influence on decision making, as were reports in the media of the blood clotting side effects of Astra Zeneca.

The fact that Facebook was reportedly the most popular source of information about COVID-19 and the COVID-19 vaccine for people in the study raises concerns about the possible dissemination of misconceptions and 'fake news' that may be spread or compounded via social media. Closed social media groups such as WhatsApp and WeChat with family and friends may also lead to people reinforcing their pre-existing biases. These factors, coupled with a sense that Australia is faring well compared to many countries overseas, appear to have resulted in increased vaccine hesitancy among participants of the study.

Factors that were identified as changing vaccine-hesitant participants' perceptions were: an increased risk from COVID-19 and a corresponding increase in the number of infections; and on the benefit side the ability to travel overseas to visit family. In the recent research from the University of NSW cited above, Searle argues that 'there may be other things that we need to now start focusing on … that will start to promote and motivate people, such as the chance to travel more freely for example.' This appears to be borne out by our focus group findings.[19]

Until recently, there have been very low case numbers and few lockdowns across most of Australia and NSW. The recent outbreak from mid-June in Greater Sydney and introduction of the highly infectious Delta variant in NSW is likely to impact on people's assessments of the risk-benefit of having the vaccine and, one would assume, reduce hesitancy rates.

Given the heightened community anxiety caused by this recent COVID-19 outbreak, the production of short, sharp and targeted messaging to CALD groups in community languages that: is accessible and motivational; features community leaders, high-profile celebrities and sports stars from CALD backgrounds; and is directed at a state-wide and local level would appear to be more urgent than ever. It is clear that for messaging to be effective and reach its intended audience, distribution channels should include Facebook, WhatsApp and other social media platforms, as well as trusted sources such as multicultural health workers, multicultural services and through GPs and Medical Centres. If mainstream COVID-19 vaccine

[18] https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx

[19] Op cit.

awareness campaigns are produced in Australia such as have been produced in New Zealand, the United Kingdom and North America, they should include high profile, well-known community figures and sporting stars from CALD backgrounds, and include strategies specifically targeting CALD communities, including groups identified as particularly high-risk.

It is also important that information on vaccines is translated into languages from newer and emerging communities. Other suggestions around reaching these communities include face-to-face meetings organised by cross agency partnerships and peer-led strategies such as mobilising community champions and influencers. Messaging needs to be inclusive and framed around the collective values held by commu-n5.

It is clear that reinforcing the benefits of being vaccinated at this time, rather than dwelling on the risks, is more likely to generate behavioural change and a positive vaccine response from both CALD communities and the general population. Appropriately-designed and targeted COVID-19 vaccine health information that is easy to read in any language, can be conveyed by community leaders and community networks and promotes the positive benefits of getting vaccinated, would be valuable at this time. Building on the work of peer champions, such as the COVID Warrior program, is also a successful model to increasing COVID-19 vaccine health literacy and informed decision making.

Most importantly, positively motivating culturally and linguistically diverse community members to 'get the jab', especially those who are adopting a 'wait and see' approach or are vaccine hesitant, would lead to greater vaccine uptake among culturally and linguistically diverse communities and, therefore, the community as a whole.

ATTACHMENTS

ATTACHMENT 1: A Description of the Focus Groups

Inner West Multicultural Network
Addison Road Community Centre
Date: Wednesday 12 May

A focus group session of members of the Inner West Multicultural Network plus customers of the Food Pantry at Addison Road was held at the Addison Road Community Centre in Marrickville on 12 May at 2.00pm. The session was part of the regular meeting of the Inner West Multicultural Network. The consultation involved about 26 people and was conducted by Rosanna Barbero.

The group brainstormed responses to questions around vaccine hesitancy in multicultural communities and more effective messaging. These responses have been incorporated in the findings of the report.

Griffith Women on Fire Focus Group
Griffith Community Centre
Date: Friday 14 May

This small focus group of women was held at Griffith Community Centre on May 14 at 11am. Marg Couch, Senior Project Officer, Regional Development Australia (RDA)-Riverina and Joanne Fitzpatrick Settlement Engagement and Transition Support Worker from Centacare Southwest NSW were the key links and network contacts for the Griffith community. The Women on Fire (WOF) group was established as part of the Red Cross / Rural Fire Service program, 'Many Cultures, One Community'. Initially it was established to educate women on emergency preparedness and to encourage NSW Rural Fire Service (RFS) volunteering and now has transformed into a community action/support group. The Griffith Soroptimist International now auspice their finances and support the WOF group activities. The focus group was facilitated by Camilla Couch and local community volunteers led by the Griffith Soroptimist Club.

The women in the group were from Pakistan and Indonesia. The group were mainly young mothers with young children and the program had child-minding arrangements. The language level of the women was low, and most were studying ESOL at TAFE. The delivery of the information was limited due to language levels and the lack of bilingual interpreters. Each participant worked one on one with a volunteer to slowly fill in the survey and one woman took the survey home to discuss with her husband. This group experience highlighted the lack of bilingual workers and services in some rural areas.

Arabic speaking group
Syd West Multicultural Services, Mount Druitt
Community worker: Zaid Naoum, Generalist Caseworker, SydWest Multicultural Services
Date: Monday 24 May

The focus group from SydWest Multicultural Services was conducted on Monday 24 May 2021 at Syd West Multicultural Services, Mount Druitt at 3.00pm. It was facilitated by Patricia McCormick and supported by Zaid Naoum, Generalist Caseworker, SydWest Multicultural Services.

There were 10 women and men from Syria in the group. The group were mostly mature to older participants. Most participants required assistance with English and the case worker, Zaid Naoum had translated the survey into Arabic prior to the focus group. Zaid also translated during the focus group.

The group had a general facilitated discussion about the questions in the survey and then completed their individual surveys at the end of the focus group session. Their survey responses have been included in the general survey responses.

Canterbury City Community Centre (4Cs) group
The Cottage, Lakemba
Date: Tuesday 25 May

The focus group from Canterbury City Community Centre (4Cs) was conducted on Tuesday 25 May at the Cottage at 28 Croydon Street, Lakemba at 10am. It was facilitated by Robin Miles and supported by Romana Waseem, Community Worker from 4Cs.

The group was comprised of 14 women from Pakistan, India and Sri Lanka. The women ranged in age from 23 to 65. Most were fluent English speakers however one woman required translation into Urdu from one of the other women in the group to answer the questions directly.

The group had a general facilitated discussion about the questions in the survey and then completed their individual surveys at the end of the focus group session. Their survey responses have been included in the general survey responses.

NSW Chaldean League group
Community worker: Randa Goriya
Date: Tuesday 25 May

The focus group from NSW Chaldean League, Mount Druitt was conducted on Tuesday 25 May 2021 at 10.00am at the NSW Chaldean League premises. It was facilitated by Patricia McCormick and supported by Randa Goriya, a community worker for the NSW Chaldean League in Mount Druitt. Randa translated the introduction and prompts for the discussion and helped the participants to complete the survey. Most of the group required help to do the survey.

The group of twelve participants were all Chaldean and were mature to older in age. They were a mixed-gender group.

The group had a general facilitated discussion about the questions in the survey and then completed their individual surveys at the end of the focus group session. Their survey responses have been included in the general survey responses.

Arabic speaking group
Red Cross premises, Wollongong
Date: Tuesday 25 May

The focus group took place on Tuesday 25 May at 3pm at the Red Cross premises at Wollongong. There were 22 women and men participating in the group. The focus group was facilitated by Camilla Couch with support from Khalid Zainulabdeen, Bilingual Support Worker, Humanitarian Settlement Program (ACT & NSW).

There were diverse ages in the group ranging from young people to older aged. Most of the group were younger recently-arrived refugees from diverse backgrounds. There was also a smaller older cohort of participants with higher literacy levels and stronger community engagement with the local services in the area. Camilla Couch facilitated the focus group which was conducted in Arabic and English with the Arabic translation provided by Khalid Zainulabdeen.

The group had a general facilitated discussion about the questions in the survey and then completed their individual surveys at the end of the focus group session. Their survey responses have been included in the general survey responses.

Work Opportunities for Women group
Mt Druitt TAFE
Date: Wednesday 26 May

The Work Opportunities for Women (WOW) focus group was held on Wednesday, May 26, 11:00 – 1:00pm at Mt Druitt TAFE. It was facilitated by Camilla Couch and built on the knowledge gained in the previous session on critical and analytical thinking. The WOW group is a TAFE Certificate level course.

There were 14 women from diverse cultural backgrounds in the group. The group were mainly Muslim women with school age children, and some were mature aged. Due to the learning focus, the group was facilitated as a class with guided discussion on the issues and careful analysis of the questions. No translation was needed due to the educational context. The students were adept at using IT and completed all the surveys online.

STARTTS Tamil group
Toongabbie Community Centre
Community worker: Sivaharani (Harani) Mayuran
Date: Thursday 27 May

The focus group consisted of 18 female participants who were younger to mature aged. The focus group was held at 10.00am at Toongabbie Community Centre in Targo Rd Toongabbie.

The focus group was facilitated by Patricia McCormick and supported by a community worker, Sivaharani (Harani) Mayuran, from the STARTTS Tamil Group.

The group had mixed levels of spoken and written English. The introduction and discussion prompts were translated by the community worker, Sivaharani (Harani) Mayuran, and she and the more proficient students supported those with low literacy to answer the survey questions.

The group had a general facilitated discussion about the questions in the survey and then completed their individual surveys at the end of the focus group session. Their survey responses have been included in the general survey responses.

Spanish Speakers Seniors group
SydWest Multicultural Services, Blacktown
Date: Tuesday 1 June

The Focus Group took place on Tuesday 1 June at 11.00am at the Blacktown Showgrounds and consisted of 16 participants (15 women and one man). All participants were born in countries in South America. Their English-fluency levels varied and one of the members of the group translated the survey questions and discussion into Spanish.

The group had been meeting for several years. The group was facilitated by Lindy Cassidy and was supported by Sree VithyaHarilingam, Day Respite & Social Support Team Leader at SydWest Multicultural Services, Blacktown. The group were mature aged to older participants.

The group went through the survey questions together and individually completed their survey form. There was a more focused discussion on some key questions after survey completion. The translator assisted considerably in this process.

Italian Speakers group
Warrawong Community Centre
Date: Monday 7 June

The focus group of Italian speakers was held on Monday 7 June at 10.15am at the Warrawong Community Centre. It was facilitated by Camilla Couch and supported by John Paul Troiani and Sofia Lema from Illawarra Shoalhaven LHD Multicultural Health.

There were 15 women in the group. The group were mostly mature to older participants and was conducted in Italian and English with translation provided by John Paul. This group meets regularly and is supported by a number of services in the area, especially multicultural health.

The group had a general facilitated discussion about the questions in the survey. Due to little or no literacy, the individual survey responses were then collected into one response. These survey responses have been included in the general survey responses.

Mothers Group
SydWest Multicultural Services, Blacktown
Date: Thursday 10 June

The focus group took place on Thursday 10 June at 10.30am and consisted of 14 young women, 13 of whom had a CALD background. The focus group were mainly mothers from a support group at SydWest Multicultural Services in Blacktown.

Eight of the women were born in India, two from Pakistan, two from Sri Lanka, one from Hausa, Ghana and one was born in Australia (the Australian born young woman was a social work student helping with the group). Lindy Cassidy facilitated the group with support from Wilma Garguath a project officer from SydWest Multicultural Services.

The group varied in age. One was between 18-24 years old. Seven were aged between 25-34 years. Six were aged between 35=44 years. Given their age and circumstances most of the group did not consider themselves eligible at this stage for vaccination. This was an important difference from other focus groups, in that the emphasis was more on what they would do once they became eligible.

Participants did not require assistance with spoken English. The group went through the survey questions together and individually completed their survey form. There was a more focused discussion on some key questions.

ATTACHMENT 2: COVID-19 Vaccine Information in multiple languages

The following sites/apps provide translated information about COVID-19 vaccines.

Type of information
Key information on getting vaccinated in New South Wales and on the vaccines available. The website uses an automatic service to translate the content into different languages.

Source of information
NSW Government website

Link
https://www.nsw.gov.au/COVID-19/health-and-wellbeing/COVID-19-vaccination-nsw/getting-vaccinated

Type of information
COVID-19 Resources section on the Service NSW app. The app has a link to NSW Government website information on "Getting a COVID-19 vaccination" (see above). It also includes a link to COVID-19 vaccination resources in other languages available from the Department of Health.

Source of information
Service NSW
NSW Government

Link
Service NSW App

Type of information
A range of translated resources on COVID-19 by title including a factsheet on COVID-19 Vaccine AstraZeneca (ChAdOx1-S).

Source of information
NSW Health website

Link
https://www.health.nsw.gov.au/Infectious/COVID-19/Pages/translated/resources-by-title.aspx

Type of information
A Digital COVID-19 resource library with translated materials.

Source of information
NSW Health website

Link
https://www.health.nsw.gov.au/Infectious/covid-19/Pages/digital-resources.aspx

Type of information
A Multilingual Community Toolkit on the COVID-19 vaccination program to assist community workers provides easy to read resources videos and links to key services and resources.

Source of information
NSW Health website

Link
https://www.health.nsw.gov.au/Infectious/Covid-19/Documents/NSW-COVID-19-vaccination-program-presentation-20210527.pdf

Type of information
The NSW Multicultural Health Communication Service offers health resources and information in a wide range of languages. It has translated resources on COVID-19 and links to translated resources on COVID-19 vaccination.

Source of information
Multicultural Health Communication Service is a New South Wales-wide health service hosted by South-eastern Sydney Local Health District (SESLHD).

Link
https://www.mhcs.health.nsw.gov.au/

Type of information
COVID-19 vaccine information addressing key questions about COVID-19 vaccination and includes videos, posters, tiles, factsheets and audio material. Translated into 63 languages.

Source of information
Department of Health
Australian Government website

Link
https://www.health.gov.au/initiatives-and-programs/COVID-19-vaccines/COVID-19-vaccine-information-in-your-language

Type of information
This information addresses some common misinformation about COVID-19. Translated into multiple languages.

Source of information
Department of Home Affairs
Australian Government website

Link
https://covid19inlanguage.homeaffairs.gov.au/misinformation-and-truths-about-coronavirus

Type of information
Australian and international news and information about COVID-19 and COVID-19 vaccines is available on the SBS Coronavirus Portal in more than 60 languages.

Source of information
SBS website

Link
https://www.sbs.com.au/language/coronavirus

Type of information
Information provided about COVID-19 vaccine rollout and safety in languages other than English.

Source of information
Department of Health and Human Services
Victorian Government

Link
https://www.coronavirus.vic.gov.au/translated-information-about-COVID-19-vaccines

Type of information
Health Translations provides translated materials on health and wellbeing. Information about COVID-19 is regularly updated, includes some information on vaccination and is available in over 60 community languages.

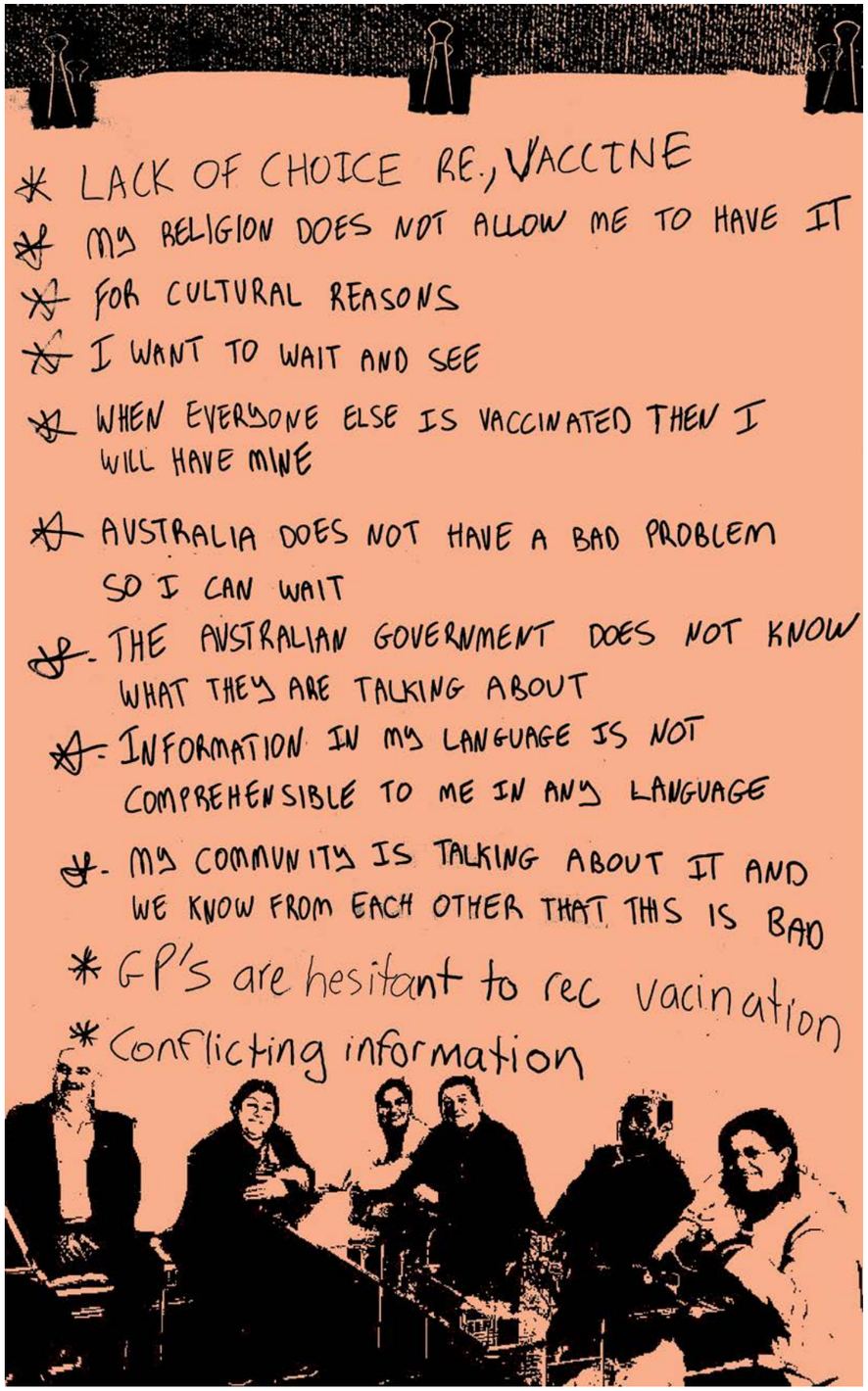
Source of information
Victorian government initiative

Link
https://www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentEnglishResource-All?Open&x=&s=Coronavirus

Type of information
A one-stop shop for translated materials in multiple languages on COVID-19.

Source of information
Ethnolink Language Services

Link
https://www.ethnolink.com.au/COVID-19-coronavirus-translated-resources/


* LACK OF CHOICE RE.; VACCINE
* MY RELIGION DOES NOT ALLOW ME TO HAVE IT
* FOR CULTURAL REASONS
* I WANT TO WAIT AND SEE
* WHEN EVERYONE ELSE IS VACCINATED THEN I WILL HAVE MINE
* AUSTRALIA DOES NOT HAVE A BAD PROBLEM SO I CAN WAIT
* THE AUSTRALIAN GOVERNMENT DOES NOT KNOW WHAT THEY ARE TALKING ABOUT
* INFORMATION IN MY LANGUAGE IS NOT COMPREHENSIBLE TO ME IN ANY LANGUAGE
* MY COMMUNITY IS TALKING ABOUT IT AND WE KNOW FROM EACH OTHER THAT THIS IS BAD
* GP's are hesitant to rec vacination
* Conflicting information