Title

Communicating COVID-19 health information to culturally and linguistically diverse (CALD) communities: the importance of partnership, co-design, and behavioural and implementation science.

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Author contributions

AW, BK, DG and HS wrote the article, assisted by LZ, MK, WS, FM, MM, MA, MK, MG, DC, EC and EM who are community leaders, working with culturally and linguistically diverse communities during the COVID-19 pandemic. All authors read and checked different versions of the paper as it was developed.

Abstract

Objective: To consider the challenges of communicating COVID-19 directives to culturally and linguistically diverse (CALD) communities in Melbourne and Australia, and present evidence-based solutions to influence policy and practice on promoting relevant health behaviours.

Type of program or service: We reflect on the experiences of CALD communities during the COVID-19 crisis, and particularly the role of community leaders in shaping health behaviours in their communities.

Methods: This article draws on a series of dialogues between CALD community and advocacy leaders, and health behaviour change scientists in July 2020. We present the challenges experienced, and solutions offered, by CALD leaders in communicating health information throughout the pandemic and consider the importance of behavioural and implementation science in reducing inequities in healthcare communication.

Results: During the Covid-19 pandemic, CALD leaders have played a critical role in filling gaps in government messaging by providing up-to-date health advice and cultivating community support for relevant health behaviours (e.g., physical distancing, testing, hand hygiene). Nevertheless, attempts to communicate recommended health behaviours may not be reaching, and/or understood by, all members of CALD communities. In synthesizing the accounts of CALD leaders, three key findings emerged: first, partnerships between CALD leaders, communities and government are key, including the establishment of a national CALD advisory group on COVID-19; second, shifting knowledge into action requires moving beyond disseminating information to designing tailored solutions to reflect the diversity in our society; and third, the diverse needs and

circumstances of people and communities must be at the centre of health communication and behaviour change strategies. Implementation science is needed to action the solutions offered by CALD leaders for equity of access and outcomes in COVID-19 health support.

Lessons learnt: Insights from behavioural and implementation science can inform communication strategies that help align human behaviour with the recommendations of health experts. This coupled with sustained partnership and collaboration with CALD communities, understanding the cultural context and the appropriate tailoring and delivery of communications will ensure health related messages are not lost in translation. These lessons should be applied not only to the current pandemic but to post-pandemic social and economic recovery.

Key Points

- Existing attempts to communicate COVID-19 prevention strategies might not reach or be effectively understood and applied by all members of CALD communities.
- Governments can promptly and effectively communicate health information by partnering with communities.
- Applying principles of consumer and community involvement in engagements between government and CALD communities, and harnessing behaviour change and implementation science methodologies, can help to ensure equity and access is at the core of prevention, treatment and recovery from COVID-19.

Australia documented its first confirmed case of SARS-CoV-2 ("COVID-19") infection on January 25, 2020 and nearly 500 cases daily were being reported by late March. The Federal Government promptly adopted a controlled adaption strategy and, as of July 2020, every state and territory in Australia appeared to have contained the virus, except for Victoria. After Victoria relaxed restrictions in late May, Metropolitan Melbourne and the Mitchell Shires experienced a second wave of COVID-19 in July 2020 and reintroduced restrictions. Widespread outbreaks of COVID-19 in several public housing towers across Melbourne populated largely by people from culturally and linguistically diverse (CALD) backgrounds suggested that attempts to provide health promotion supports and communicate the recommendations of Victoria's Chief Medical Officers may not have reached, and/or been understood by, all CALD community members.

It is often assumed that providing people with information and explaining why people should perform a behaviour will result in compliance.¹ However, behavioural science has demonstrated that achieving desirable behaviours in a target population is accomplished by understanding the needs of the population, and the barriers and enablers to behaviour change. Collaboration is therefore fundamental to successful health promotion.¹⁻⁴ Thus, we came together as an alliance to discuss the challenges faced by CALD communities in communicating COVID-19 health messages and provide solution-focused and evidence-based strategies to inform and empower CALD communities to adapt their behaviours in line with COVID-19 recommendations and to sustain these behaviour changes until a vaccine is available.

Communicating COVID-19 health messages: Challenges faced by CALD communities

CALD community leaders, advocates and bi-cultural health workers have a wealth of knowledge and experience working across diverse communities in Melbourne, Victoria. Whilst they commend the effort of federal and state governments to combat COVID-19, challenges remain when communicating these messages that may arise due to **a lack of**:

- (1) information translation into all the languages spoken in Melbourne;
- (2) testing of translated materials by CALD groups to ensure that messages are understood by people with limited health literacy;
- (3) tailoring translation and messages to specific communities, thereby 'contextualising' the message;
- (4) trusted messengers (e.g. community leaders, advocates);
- (5) appropriate and accessible communication methods (e.g., ethnic radio, newspapers, videos delivered via social media platforms);
- (6) engagement and collaboration with CALD communities and CALD advisory groups representing CALD communities at a state and federal level; and
- (7) CALD voices represented and embedded in government, hospital and community health decision-making.

These challenges demonstrate the complexity of developing and implementing mass public health communication strategies during public health crises.^{5, 6} Understanding how to tailor messages as quickly as they are developed so that they are presented in a

meaningful, relevant and applicable way to all population groups is needed. This will be most effectively achieved by co-designing solutions with consumer and community involvement (CCI).⁷

What are the elements of effective messaging?

Below we outline solutions offered from CALD community leaders, advocates and bi-cultural health workers. The lived experience, expertise and advice of these leaders is integrated with an understanding of behavioural psychology principles and implementation science to highlight how they can be used to inform fast-paced and effective behaviour change.

Information provision needs more than translation: the importance of partnering and tailoring messages to community values

Whilst translating COVID-19 health information and prevention strategies into different languages is needed, information alone does not lead to behaviour change.¹ Context must be integrated into language translation by partnering with community leaders to understand the barriers to understanding and adopting translated information.⁸ For example, working with CALD representatives will ensure that information is translated into the most appropriate dialects and addresses common misconceptions (e.g., the cost of testing). Further, difficulties in adhering to disseminated health information can be monitored, facilitating community-level behaviour change. During the current crisis, community members who have provided context-sensitive translations have successfully influenced behaviour. For example, some CALD community members believe that if they

go to the hospital for treatment, they will not come back as this is what they have seen happen overseas. CALD community workers have repeatedly called people experiencing COVID symptoms, sometimes hourly, to answer questions, quash misconceptions and reinforce the need to get tested for COVID-19.

Translated messages must be delivered by trusted messengers

Translated information should be delivered using trusted messengers, as the effectiveness of any message crucially depends upon how an audience perceives the credibility of its source.^{9,10} Religious and faith leaders can have great impact when promoting and modelling desired behaviours.¹¹ For many of the CALD communities in Victoria, religious practice and the belief in God are very important and include regularly attending religious services. To support the 'stay at home' behaviour, religious leaders have embraced technology and shifted religious ceremonies online.

Messages need to be delivered using appropriate and accessible methods

Messages must be delivered using different communication methods to support information provision, avoiding relying only on written communication.¹² Recognising that health communicators are competing for the attention of their audience, information should be delivered using methods that are acceptable, accessible and appropriate to the target community.¹³ Whilst some community members do not access mainstream media sources, they do listen to the advice of community leaders over the phone or using online videos.

CALD community leaders use familiar, community accessed, and social media channels to share information. For example, the mainland Chinese community in Victoria, particularly older community members who cannot read English, use WeChat for COVID-19 specific information. The WeChat platform plays an important role in disseminating information immediately, including televised public announcements, into Chinese languages so the whole community can access the messages. Similarly, other CALD communities rely on ethnic language print, radio and TV media.

Blame and stigmatization must be avoided

Infectious disease outbreaks create feelings of fear stemming from historical discrimination experiences, and examples of racism and xenophobia during COVID-19.¹⁴ Care should be taken to ensure that extra efforts to reach and support communities that are disproportionately affected by COVID-19 are not interpreted as singling out particular groups as more likely to spread disease. Not only could this increase instances of racism, it would be counterproductive to health efforts as stigma is a well-documented global barrier to people seeking testing, health treatment or preventive strategies.^{15,16}

A national advisory body to provide advice on COVID-19 impacts on CALD communities.

COVID-19 presents an opportunity to bring together diverse communities. Creating a national advisory body to advise the government on matters of health pertaining to CALD communities is a way to formalise these connections and use them to support successful communication with CALD communities both now and in the future. A CALD Advisory

Group would provide a recognised source from which the government could seek advice and guidance and would also provide a practical and efficient way to streamline communication with multiple CALD communities. This group could be quickly established by drawing on the membership of existing groups like the Federation of Ethnic Communities Councils of Australia (FECCA) whose membership includes State/Territory and Regional Ethnic Communities Councils (ECCs), or their equivalents, as well as publicising at all community consultations, taking particular care to include members of newer migrant groups, such as Syrian and Iraqi refugee in Victoria, who may not have membership in existing networks.

The importance of implementation science

Implementing and maintaining community-based behaviour change programs is complex.¹⁷ Given the impacts of COVID-19 are not being felt equally across all population groups, multidisciplinary and cross-sectoral expertise across the areas of behaviour change, health promotion, public health and health services, social work and education systems, is needed and is just as important as epidemiological, medical, infectious disease, and allied health science and expertise. Embedding effective communication strategies that lead to sustained behaviour change requires implementation science methodologies that facilitate the translation of co-designed strategies into action.⁷ We know “*what*” we need to do; we need to now focus on “*how*” to do this in urgent pandemic circumstances. Possible solutions might include:

- 1) seeking feedback on drafts of translated material by native speakers within target community groups (so that translations are in accessible languages);

- 2) providing community leaders with effective channels for contacting health authorities, to ask questions or request additional messaging support when needed (e.g., how to adjust behaviour during religious ceremonies or community events);
- 3) preceding any major announcement by convening a diverse group of CALD representatives that could flag any major problems in advance and suggest solutions (e.g., importance of sending female health workers for door-to-door swab testing; food support for migrant families in lockdown should be culturally appropriate);
- 4) 'deputising' and resourcing community leaders and health advocates to take the lead on translation and health communication within their communities;
- 5) using ethnic language media to convey important health, safety and community messages;
- 6) reporting measures of ethnicity to the National Notifiable Diseases Surveillance System;
- 7) having regular solution-focused consultations, rather than consultations that are convened only in reaction to a crisis, that create an opportunity for 'collective sensemaking' and co-designing strategies that foster prevention rather than intervention.

Conclusion

While insights from behavioural science can be used to create effective communication strategies, this alone will not lead to behaviour change. As a first step, understanding the cultural context and the appropriate tailoring and delivery of communications will ensure health related messages are not lost in translation. Further, sustained partnerships and collaboration with CALD communities, both directly and through respected leaders and

CALD organisations, will enable more effective communication strategies and the opportunity to enhance activities already implemented by the community. Working in this way provides the opportunity for timely responses to urgent public health needs, such as those experienced during the COVID-19 pandemic.

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