Health Issues Centre
Consumer voices for better healthcare

Report

COVID vaccinations - what are the barriers for your family?

A forum for culturally and linguistically diverse women

Online forum - 23 May 2022

Health Issues Centre

Registered Office
805/220 Collins Street,
Melbourne,
VIC 3000

Postal Address
PO Box 7068,
Wattle Park,
VIC 3128

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Executive Summary

The tenth of Health Issues Centre's (HIC) COVID-19 community forums was held on 23rd May 2022, titled *COVID vaccinations - what are the barriers for your family?* Forum participants were women from culturally and linguistically diverse (CALD) backgrounds, with participation limited to thirty women to ensure an in-depth facilitated discussion.

HIC convened this online forum as a component of the Optimise Study which is seeking to better understand how the community is managing and responding to COVID-19 and the measures introduced to stop its spread.

The aims of the forum were:

- to understand any challenges CALD women were experiencing in getting their 5–11-year-old children vaccinated
- to enable participants to hear from and directly question leading health authorities and researchers about the importance of COVID vaccines for their family
- to understand the enablers and barriers for CALD women in receiving their booster shot
- to identify the enablers and barriers of reporting results from rapid antigen tests (RATs)

Forum registration was restricted to women from culturally and linguistically diverse communities. In addition, participant numbers were capped at thirty to ensure an in-depth conversation could be facilitated in a safe environment. Additionally, the speakers, facilitator and HIC staff were all women. The facilitator was well known and trusted within the CALD community. The forum was not recorded to provide a level of security for the women to speak openly and frankly in an interactive session with both the speaker and facilitator.

Key concerns raised by participants are summarised below

> The rapid pace of vaccine approvals for children, in addition to not receiving enough information of vaccine safety for children were major concerns for these women.
>
> Rural and regional communities have limited opportunities to access vaccines for their children creating an access barrier to these families.
>
> Information is rapidly changing which highlights an ongoing role for government sites and relevant media (e.g., SBS) to regularly update information and ensure community leaders have access to current information.
>
> The financial impact of reporting results is real and providing ongoing financial support for COVID-19 isolation and quarantine needs to be considered.

This report summarises the questions, comments, and conversations from the forum under the key themes of 'Children's Vaccination,' 'Vaccine Access,' 'Adequacy of Health Messaging' and 'RATs.'

Introduction

On Monday 23rd May 2022, Health Issues Centre hosted the tenth in a series of COVID-19 forums, titled *Covid vaccinations- what are the barriers for your family*? HIC convened this online forum as a component of the Optimise Study which is seeking to better understand how the community is managing and responding to COVID-19 and the measures introduced to stop its spread.

The aims of the forum were

- to understand any challenges CALD women were experiencing in getting their 5–11-year-old children vaccinated
- to enable participants to hear from and directly question leading health authorities and researchers about the importance of COVID vaccines for their family
- to understand the enablers and barriers for CALD women in receiving their booster shot
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Forum participants engaged with the speakers directly in addition to using the chat functions in Zoom.

Both the speaker and facilitator provided information to the attendees throughout the presentation and discussion that provided a format that was both information sharing and education throughout the session.

The following report provides a thematic summary of participants' questions, discussion, comments, and sentiments.

Methodology

HIC advertised the Forum '*COVID vaccination – what are the barriers for your family?'* through a range of mediums including social media posts (Facebook, Twitter, and LinkedIn), paid Facebook advertising, HIC newsletters and an email campaign. We also sent invitations to CALD community-based organisations, special interest groups and individuals on the HIC database and like-minded organisations such as the Ethnic Community Council of Victoria, Cohealth, Centre for Culture Ethnicity and Health, Gender Equity Victoria, and Victorian Women's Health Services.

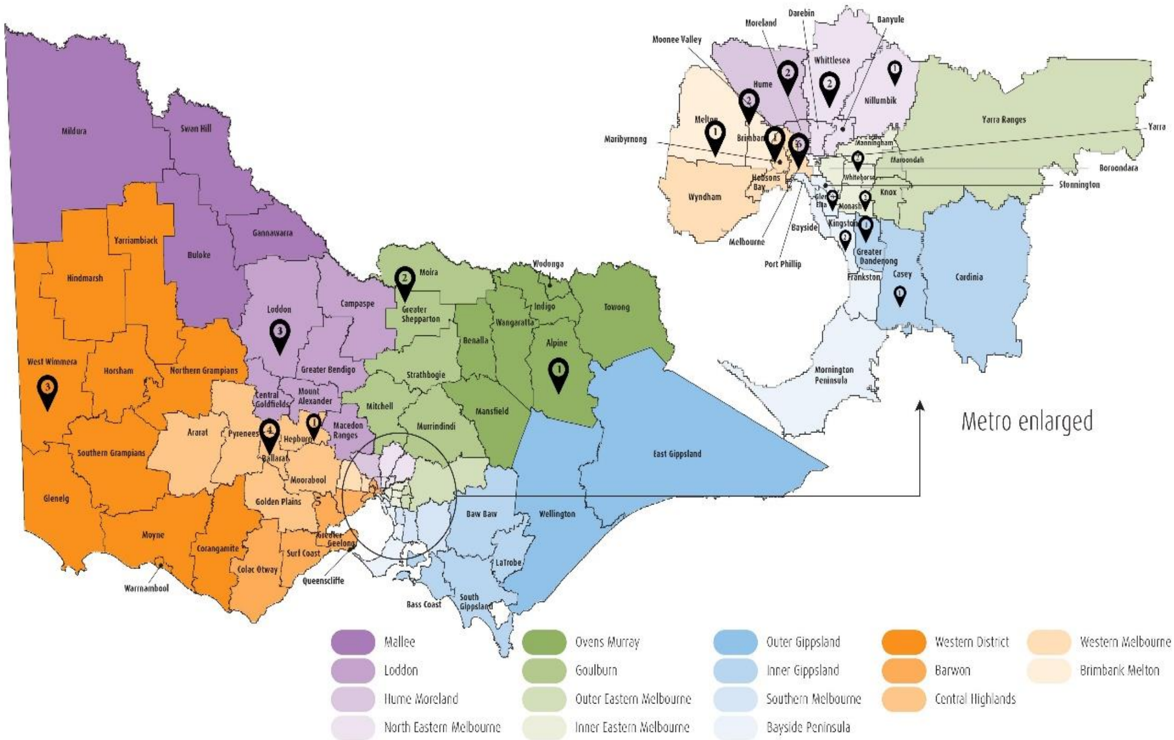
Forty CALD women registered for the forum with a wait list of ten and thirty-one women attended. Participants represented women with and without a health service background as illustrated below.

	Number	%
Culturally diverse with a health service	8	24.80
Culturally diverse without a health service background	23	71.30
	31	100.00

There was a diverse representation of languages spoken at home by participants, with many women listing more than one language spoken at home.

Full details of participants' cultural diversity are in Appendix 1.

Forum participants representation across Victoria is illustrated in the following postcode mapping.



Forum participants represented women from across Victoria as illustrated by this graph.

Speakers

Participants at the forum heard from two expert speakers:

Professor Margaret Hellard, Deputy Director of Programs, Burnet Institute, who provided information on why vaccinations are important for the family in the context of a rapidly changing virus globally.

Alison Coelho, Public Health Advisor, and community advocate who facilitated discussion with the women.

The key discussion areas raised by the speaker included:

- The concern of emerging COVID variants in the community and the importance of knowing who is not being vaccinated and why.
- The infectiousness of the Omicron variants that can infect vaccinated people, and the importance of booster vaccines
- Children's level of vaccine uptake is lower than anticipated and does not offer sufficient protection in the community.
- Motivation and barriers for using and reporting of RATs

Following a brief presentation by Professor Hellard a facilitated in-depth discussion was held with forum participants. To provide a safe and private environment for participants, the forum was not video recorded to ensure the women were comfortable to speak openly and frankly. The women consented to de-identified note taking by HIC staff to produce this report.

Discussion of the findings

Major Themes

Children's vaccination

The Pfizer COVID vaccine was approved for children aged 5-11 years on 10th January 2022 with approval for the Moderna vaccine received on 24th February for children 6 years and older. Forum participants expressed scepticism for the changing vaccine approvals particularly for their young children and questioned the safety of the vaccines for their family, as illustrated by this woman:

"The biggest problem for me is to know is it safe? As when it is meant for children this is serious" – consumer

The rapid and changing pace of the vaccine evidence base informing government decision making fuelled uncertainty for these women. The information available to the community was continually changing, difficult to understand and for these women was not well delivered. Forum participants asserted their distrust in the government and health authorities' vaccine messages and the motivations of the government in driving the children's vaccine programs. Children did not appear to be very sick if they did contract COVID:

"When children have COVID their symptoms are usually mild, and for parents they do not appear seriously sick" - consumer

Because they viewed COVID as a disease of the elderly, participants had genuine concerns regarding the evidence that was supporting recommendations for children's vaccination. It was pointed out that vaccination for children was not mandated nor subject to restrictions imposed on unvaccinated children. This absence of restrictions was in complete contrast to the limitations imposed on adult community members who chose not to receive vaccinations and raised doubts as to the necessity of vaccination.

"The government is not making this vaccine mandated for children like the other vaccines children have" – consumer

The unknown impact of the vaccine side effects is a larger concern for parents than the virus as parents were aware that children have a relatively lower risk of serious symptoms if they do contract the virus. Participants felt that other vaccines that children are required to have do not have these unknown side effects.

Providing accessible information and opportunities for the public to ask health professionals questions and raise their concerns is vital to ensure parents feel confident in the safety and appropriateness of consenting to vaccinate their children, as one woman explained:

"I actually had my children vaccinated after I attended an online seminar by the Royal Children's Hospital which addresses my concerns as both my children have autoimmune conditions"- consumer

Convincing their husbands to consent to their children's vaccination is an issue for some participants. In some instances, both parents were fully vaccinated, and it was the husband who refused to allow their children to be vaccinated.

"My husband is against vaccinating our two children 6yrs and 8 yrs. I don't know how I will ever convince him to accept though both of us are vaccinated" - consumer

"My family friend/co-worker of mine is concerned about his child getting the vaccine due to the impact the vaccine had on his wife. She had a bad immunoreaction and had to take multiple medications now. He is concerned that the same effect will be produced in the child" - consumer

For health workers, communicating the safety of the vaccines to their CALD communities continues to be a challenge, as one worker expressed:

"It is hard to convince parents to give the covid vax to young kids, and doubly difficult to convince migrant women/parents. How do we keep the messaging simple?" – health worker

Fertility

The uncertainty of the evidence supporting the vaccine is a major concern for these women especially for their children reaching puberty. Participants expressed concern for any unknown potential impacts on the fertility of their daughters.

"My daughter is ten years old, and I am worried about her fertility and the effect on menstruation" – consumer

One woman spoke of a friend/relative who was five months pregnant and started heavily bleeding after receiving her second vaccine. Her second child was then consequently born permanently disabled. This was confusing and very worrying. She further expanded by saying:

"It is not hard to blame the vaccine was the reason and there is not enough evidence that it is safe" - consumer

The speakers reaffirmed that the COVID vaccine and the boosters are training our immune system to be able to respond to an attack of the virus if this occurs. Clarity about the vaccine and assurance that the vaccine will not affect a young girl's period was explained to participants. The speaker provided assurance that is unlikely that the vaccine was involved in the child's disability and that the vaccine is recommended as protection during pregnancy. This is information that needs to be disseminated in these diverse communities.

The speakers noted the validity of these concerns and emphasised that having the family vaccinated is critical in preventing serious illness to ensure a significant level of protection is maintained in the community.

Vaccine Access

Vaccine access is a significant structural barrier for consumers living in rural and remote communities (such as in Nhill) as one participant explained. The vaccine availability for children was especially inadequate. The insufficient vaccine supply available to some rural GP practices is extremely challenging for these communities.

"When only two dates were ever available for children's vaccine appointments, some people will miss out"- consumer

Booster shot

The accessibility and availability of the booster shot in metro and rural locations was not an issue for participants. Rather, the booster not being mandated is the reason for their low uptake. Restaurants are not checking vaccine status and never checked booster shot status these women observed. Participants concurred that as there were no stringent guidelines necessitating booster vaccination there did not appear to be any urgency for the community:

"If it was mandated, we would be first in line" - consumer

For some women they had contracted COVID twice and were not seriously ill and would not be persuaded to have their third booster unless this was mandated by government.

"I was told its 'Vaccination fatigue, first dose, 2nd booster, now the third, for seniors the 4th... "what next" kind of attitude"- health service worker

The speaker explained to participants that we all make health decisions every day that are not mandated by government, such as putting the cooked chicken in the refrigerator to prevent food poisoning. The booster shots are another example of us making decisions to have a booster shot to protect our health.

Health literacy, effective messaging, and trust

Victoria's culturally and linguistically diverse (CALD) communities vary in their COVID-19 literacy and social, behavioural, cultural and health practices. Appropriate communication is essential to ensure vaccine messaging is understood by everyone.

As a health worker stated

"When you are from a multicultural community the whole medical jargon is not well understood. Many doctors do not understand how to communicate to different cultures in a way that is easily understood" – health worker

As health advice is constantly changing or being updated there is a key role in continuing to promote the availability of translated government sites and other key media such as SBS. This will ensure the messages are reaching the target audience or are meaningful for CALD communities. As forum participants expressed

"The messaging is not consistent – now no-one is checking vaccine status" - consumer

"There are so many cases now with the numbers huge, and no one anywhere is talking about this anymore. How can we understand it is important?" – consumer

Forum participants explained that they generally prioritise social networks and interpersonal communication when seeking information and prefer to respectfully engage with their faith leaders who provide advice that is trustworthy. Resourcing these community leaders with material that can use in their social media will provide timely dissemination and understanding for CALD communities. Women additionally recommended employing bilingual communicators as peer educators who have legitimacy when linked to an agency will be trusted by the community.

Participants agreed that given the ease of communication now available on the internet that vaccine misinformation and uncertainty is continuing to circulate in the community. Information coming from social media was of greatest concern for these women. Misinformation and wrong information were difficult to identify for participants, particularly in the context of social media given the array of sources of information that is available.

Consumers need to know where to access the correct information and which information sources are reliable. For many CALD community members, they don't know where to go for COVID information that is continually changing:

"This can be anyone giving this information and for me this is not trustworthy" - consumer

"Any information on social media will spread like a virus, I do not trust it" – consumer

"Government should do mailout to keep residents informed as mailings are still relatively reliable method of communications especially since a lot of the ethnic and elderly residents are not tech savvy and may not have ready access to mass media in their languages" **-** *consumer*

The contrast of the messaging from government regarding the urgency of having the vaccine has dissipated in addition to the easing of checking vaccine status. With more cases in the community that are less severe than earlier in the pandemic the serious nature of the virus has been downplayed for consumers.

"If people are saying I have had COVID and it was not too bad, they were not really sick" – consumer

With the booster shot only mandated for some professionals such as schoolteachers and with no requirement for children to be vaccinated, vaccine messaging for CALD communities must be tailored for their concerns. As the forum participants noted:

"The biggest issue for me is that the vaccine is no longer mandated. You make is mandated and I will be first in line" - consumer

"Case numbers are huge. No one in authority are mentioning the amount of people sick with COVID, it is hard to understand the need for a vaccine now" - consumer

Until recently the Premier and the Health Minster appeared in COVID press conferences daily announcing mandates and public health instructions to Victorians. Without actively searching, it is now difficult to find any information or recommendations for COVID public health advice. As one woman expressed

"I think we have become complacent. We require a health official to give us authoritative information" - consumer

Many consumers from culturally diverse backgrounds have a strong sense of authority in their leaders, especially faith leaders and do follow their advice. Participants suggested that their community leaders be provided updated information and supported to disseminate and promote this new information to their communities.

For some forum participants they are relying on their own experience and using this as evidence to draw their own conclusions regarding their health

"I have already had COVID and now I am immune. I remember as a child our parents would send us to chicken pox parties to get chicken pox" - consumer

Social conformity

A separate but important issue for these women is the pressure of social conformity, with some CALD communities being much more susceptible to external pressure as expressed by this participant

"I was called stupid by another person in the shopping centre for wearing a mask" - consumer

Reporting Rapid Antigen Tests

Forum participants expressed their frustration in not being able to access the required reporting option for their Rapid Antigen Test (RAT) in a language other than English. The RAT reporting template available online to the public is in English and presents a major barrier for CALD communities to both understand and comply with reporting mandates as this woman illustrates

"The RAT test report was easy if you are able to read and write English, but it will be hard if you can't read and write. Some people may choose not to report because they feel it's not important anymore"– health worker

For community health workers the initial difficulties with access to RAT kits by the public prevented the appropriate promotion of these kits to their community in a timely and appropriate manner.

"Lack of access to affordable RAT kits (especially during the initial period of shortage) had caused a number of people to shy away from self-administration of the test and reporting, especially if the symptoms were mild" – community health worker

Until the recent isolation requirements were changed for close contacts, reporting the positive result of one family member meant the entire family had to isolate. This was not possible for all participants with employment responsibilities, as expressed by this woman:

"and by not reporting a positive RAT ensured income could be maintained" - consumer

Summary

The forum highlights several key themes government and researchers should be cognisant of when engaging with CALD women and their families regarding COVID vaccination.

It is critical, according to participants, to recognise the role of faith and other community leaders and to seek their engagement in communication planning for their communities.

Confusing information that is delivered in inappropriate or inaccessible formats for CALD communities will further alienate diverse communities.

Technology for the reporting of positive self-administered Rapid Antigen Tests requires translated options to be available and accessible to diverse cultural communities. This report also highlights the impact on financial security of reporting results, it is not just a matter of if you can report your result. Ongoing financial support for COVID-19 isolation and quarantine requires consideration.

The results also illustrate key principles that, if adopted, may facilitate uptake and acceptance:

- Further information and resourcing are required so that the CALD communities better understand why it is important to vaccinate the entire family including the recommended booster shot dependant on age and health condition.
- Recognition of the important role of community faith leaders and bilingual workers in developing culturally appropriate and resourced communication strategies to reach these communities.
- Increasing access to vaccination in rural and remote regions.
- Developing electronic reporting templates for RATS in accessible languages to CALD communities
- The financial impact of reporting results is real and providing ongoing financial support for COVID-19 isolation and quarantine needs to be considered.
- Creating opportunities for CALD consumers to ask health experts questions in environments where they can easily access and feel comfortable in participating
- Review how the changing requirements for QR code check-ins requiring vaccination status to be displayed are disseminated to the CALD community
- The transition from government mandated to self-responsibility for health measures is more clearly explained to reinforce the ongoing importance of health measures and consistency with other personal health practices.
- Recognise that some consumers will rely on their own lived experience of symptoms, severity, and side effects to inform decisions for their children in the absence of clear information from the authorities.

Appendix 1 – participant languages spoken at home

Languages Spoken at Home	Numbers	Percent %
Arabic	2	4.3
Cantonese	2	4.3
Croatian	1	2.2
Dari	2	4.3
English	9	19.6
Filipino	1	2.2
Gujrati	1	2.2
Hindi	4	8.7
Hokkien	1	2.2
Kurdish	1	2.2
Maltese	1	2.2
Mandarin	6	13.0
Marathi	1	2.2
Punjabi, English	1	2.2
Russian	1	2.2
S'gaw Karen	5	10.9
Spanish	1	2.2
Tamil	1	2.2
Turkish	2	4.3
Urdu	3	6.5
	46	100.0