

An integrative CALD community response to COVID-19

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Background/Purpose: Sydney Local Health District (SLHD)'s population is highly diverse with both newly arrived and established communities facing intersecting health, cultural and socioeconomic vulnerabilities. Of its 670,000 residents, 55% speak a language other than English.

Disparities were amplified through COVID-19 in areas with a high concentration of culturally and linguistically diverse (CALD) populations that experienced higher COVID-19 transmission rates and outbreaks alongside slower rates of vaccine uptake.

We led a dynamic, culturally-appropriate and hyperlocal response underpinned by co-design practices to enhance rapid access to testing and vaccination.

Approach: Our partnerships with local CALD communities informed the development and delivery of a multi-strategic, coordinated response, establishing an ongoing collaboration mechanism with community leaders to increase testing and vaccination acceptance and uptake.

Through weekly monitoring of epidemiological, testing and vaccination data, we conducted targeted community-outreach and established accessible, community-trusted settings for testing and vaccination clinics.

In-language, culturally-nuanced communication including concierge and system navigation at COVID-19 clinics were embedded in our service models.

Outcomes/Impact: Our response achieved strong vaccination rates in priority CALD communities in SLHD. Through an integrated, patient-centred care approach, we:

- Staffed 372 clinics with bilingual Cultural Support Workers (CSWs), delivering 18,781+ hours of cultural liaison across 56 community-based venues.
- Delivered 66,492+ vaccination doses at community-based clinics, with a higher uptake from overseas-born and Medicare-ineligible patients.
- Produced and tailored 1500 multilingual print, digital, audio resources across 30+ languages. Published 7000+ multilingual messages in ethnic media platforms, reaching 130,000+ community members through social media.

Innovation and Significance: Our CALD-health response applied strengths-based practice with community ownership at its core, identifying needs through deep local knowledge, and implementing a whole-of-system continuity of care.

A trusted multilingual communication strategy was established based on culturally-informed public health messaging, addressing health literacy barriers and health-system navigation needs.

A unique health service delivery model was implemented through integration of CSWs and Interpreters with clinical teams to support CALD patients' journey, from making informed decisions to navigating COVID-19 clinics.

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