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Pandemic Responses and CaLD Peoples in WA

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Abstract

The COVID-19 pandemic has greatly affected the international community causing acute social and economic hardship. Australia has largely avoided the devastating impacts that other nations have faced due to its isolation, international border restrictions, and the success of state-led responses in eliminating the virus when outbreaks have occurred. That is, until the Delta variant outbreak in June 2021, widely affecting NSW, Victoria and several other states and territories. Western Australia has notably avoided the highly contagious Delta variant due to the McGowan Government's hard border policy and effective management of the pandemic.

In COVID-19 ravaged US and UK, culturally and linguistically diverse peoples have been disproportionately impacted by the disease. Recent findings from the Delta outbreak in eastern Australia show similar outcomes. Of particular concern to Western Australia is the impact Delta may have upon its most vulnerable communities like the CaLD population should the disease infiltrate its tight border. This paper will discuss COVID-19 pandemic responses by the McGowan Government since June 2021 with emphasis on compliance with public health measures and public health messaging, and other factors affecting Western Australia's CaLD community.

Keywords: COVID-19, CaLD Community

Introduction

The World Health Organisation announced a coronavirus-related pneumonia in Wuhan, China on the 9th of January 2020. It declared a COVID-19 global pandemic on the 11th of March 2020 (a disease caused by a form of coronavirus). The crisis has resulted in the lockdown of major cities and towns, and many hospitals have been overwhelmed by infected patients and deaths.

Currently, there have been approximately 245 million cases of COVID-19 and five million COVID-19 deaths worldwide. In Australia there have been 130 thousand cases of the virus and 1,448 deaths (World Health Organisation, 2021).

Whilst much of the world has been greatly impacted by the pandemic, Australia, and particularly, Western Australia, have been impacted to a lesser extent. This may be attributed to Australia's isolation, international border restrictions, and the success of state-led responses in eliminating community transmission of the deadly virus.

However, the emergence of the COVID-19 Delta variant in June 2021, which was first identified in India, changed Australia's COVID landscape. Australia entered a new phase of COVID-19 stress about managing a surge in the highly infectious and transmittable Delta variant and increasing the supply and pace of vaccinations.

According to an internal report of the Centers for Disease Control and Prevention in the US – reported by the New York Times, the Delta variant is as contagious as chickenpox with a reproduction rate of seven. It is more transmissible than MERS, SARS, Ebola, the common cold, the seasonal flu, and smallpox (Mandavilli, 2021).

The Delta variant was introduced into Sydney by a limousine driver – most likely infected by US air crew he had transported. It quickly spread across New South Wales (NSW)

and then into Victoria resulting in extensive lockdowns, further disrupting life for millions of people and businesses.

The Delta outbreak in eastern Australia has not been shared equally amongst different communities. People from culturally and linguistically diverse (CaLD) backgrounds have been identified as a group at high risk of exposure and transmission. It has been known for a long time in the US, UK, New Zealand, and Canada that COVID disproportionately affects CaLD peoples.

Notably, CaLD peoples have a lower vaccinate rate compared to the wider community due to cultural, religious, language and education barriers – and some confusion around public health messaging.

WA's McGowan Government is aware of vulnerable groups and their needs. Having very successfully managed the pandemic from the onset, the government was returned to office in a historic landslide election in March 2021.

It has continued to successfully keep the Delta variant out of WA. The hard work, however, is not done – this pandemic is constantly moving – government, agencies, and police are further developing networks within CaLD communities to ensure the protection of vulnerable communities and a COVID-19 vaccination rate of 80-90% is achieved within following months.

This paper will discuss COVID-19 pandemic responses by the Western Australia Government since June 2021 with emphasis on compliance with public health measures and public health messaging, and other factors affecting Western Australia's CaLD community.

Defining Cultural and Linguistic Diversity (CaLD)

The term culturally and linguistically diverse is used to refer to communities with diverse languages, ethnic backgrounds, nationalities, tradition, and religions. CaLD communities are

composed of members who identify as ‘having non-mainstream cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home’ (Victoria University, 2009).

The term is frequently used synonymously with the phrase multicultural communities. CaLD, however, is the term preferred by federal and Western Australian government departments, service providers and agencies.

Overview of Pandemic Response in WA

When COVID-19 swept throughout the world, the McGowan Government promptly took a ‘hard and fast’ approach which resulted in a minimal transmission of the virus within WA. When a case of COVID-19 was detected in the community, a quick and short lockdown ensued for 3-5 days. This precautionary approach was widely supported by the public.

These protective measures were introduced at a time when 75% of WA’s 278 cases were linked directly to cruise ships (McNeill, 2020). A month of a ‘soft lockdown’ from March to April 2020, and a carefully executed roadmap towards no restrictions from April 2020 to June 2021 demonstrated the McGowan Governments success at quashing the pandemic.

The first case of COVID-19 appeared in Perth on the 21st of February 2020. It was linked to a returned traveller and was managed by authorities – it didn’t spread in the community. Further cases and outbreaks were prevented by strict international travel restrictions implemented by the Commonwealth Government (to non-citizens and non-residents), and WA state border restrictions by the McGowan Government. Hotel quarantine became mandatory for all returning citizens from overseas.

Since the beginning of the pandemic, WA has recorded 1,112 COVID-19 infections (Department of Health, 2021). By contrast, NSW has recorded 72,371 cases (New South Wales Government, 2021) and Victoria has recorded 73,151 cases (Victorian Government, 2021). The McGowan Government's COVID strategies have saved lives and minimised disruptions for Western Australians.

Premier McGowan's strong leadership has grown public confidence and fuelled the state's economic success. The WA Government's 2021-2022 budget shows that its economy is not only the strongest in the nation but one of the best performing economies in the world.

Remarkably, WA's economy has grown by 4.3% during the pandemic (Mark McGowan, 2021) and despite the pandemic being the biggest economic shock since the Second World War, WA's unemployment rate has fallen to an eight-year low of 4.6% (Mark McGowan, 2021).

Though the COVID-19 pandemic has had minimal effect on the lifestyle habits of many Western Australians, the threat of the Delta variant is real and present. As outbreaks continue in NSW and Victoria, vaccination is the best defence against COVID-19. Vaccines like Vaxzevria (AstraZeneca), Comirnaty (Pfizer) and Spikevax (Moderna) protect people from becoming seriously ill or dying if they come into contact with the virus (Department of Health, 2021).

The McGowan Government works to ensure equitable access to COVID-19 public health messaging – the *Roll up for WA* campaign encourages all Western Australians to get vaccinated against COVID-19. In late September 2021, it launched the newest phase of the campaign and announced that all Western Australians aged 12 years and over can receive a COVID-19 vaccine at a state-run clinic or participating GP's and pharmacies (Department of Health, 2021).

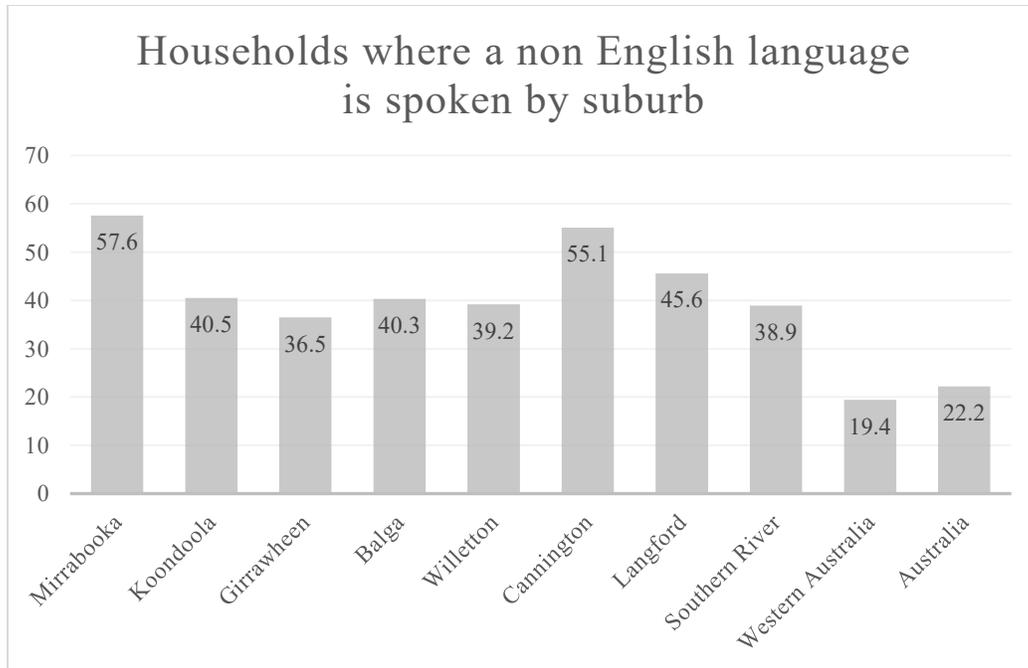
WA's CaLD Communities and COVID-19 Vaccine Rates

The results of the 2016 Australian Census indicate that WA is a multicultural state because of the long history of migration to the nation. Nearly half of Australians were born overseas or have a parent who was born overseas.

WA's most culturally diverse suburbs are Mirrabooka, Koondoola, Girrawheen, Balga, Willetton, Cannington, Langford, and Southern River – for instance, 57.6% of households in Mirrabooka speak a language other than English (Census, 2016).

A recent ABC News report has drawn links between Perth's affluent suburbs and higher uptakes of the COVID-19 vaccination (Shine, 2021). The City of Nedlands leads the inoculation disparity with 80.5% of residents having received their second dose (Department of Health, 2021). This is 28.5% higher than the state average with 52% fully vaccinated.

In the City of Stirling of which includes the suburb of Mirrabooka, 56.2% of residents have received their second dose. Whilst this statistic is significantly lower than that of the City of Nedlands, it is important to note that the City of Stirling also comprises of more affluent suburbs such as Coolbinia, Mount Lawley, and Wembley.



Graph: Households where a non-English language is spoken by suburb

(Source: Census, 2016)

A recent study by the NSW Council for Social Services found that 29% of CaLD participants were unsure or hesitant to be vaccinated and 13% reported they would not get the vaccine (NCOSS, 2021).

Mohammad Al-Khafaji, CEO of the Federation of Ethnic Communities' Council of Australia (FECCA) has called for more data to be collected about individuals' multicultural identity (Evlin, 2020):

“Beyond just looking at postcodes and then making a whole bunch of assumptions about migrants living in a particular postcode, hence, this is what’s happening to migrants all across Australia, I think we need to be a little bit smarter about how we use the data.”

(SBS News)

The Royal Australian College of General Practitioners has also backed the call (Evlin, 2020):

“We could tailor the care and tailor the information to that particular group of individuals that may be at higher risk or may be highly more infected at the moment.”

- Dr. Billy Stoupas

Currently, WA is unable to capture data on vaccine rates amongst CaLD peoples. This indicates that much of what is deduced through data from the 2016 Census and vaccination rates by council area is assumptive in nature. In fact, states and territories have no legal obligation to collect any data on ethnicity, except for people of Aboriginal and Torres Strait Islander background (who are not identified by the CaLD term).

Accurate and consistent identification is important to ensure culturally appropriate service delivery and to address disparities in health outcomes occurring in CaLD communities. It is even more essential in the context of COVID-19.

In the UK, and some of the US, data related to individuals’ cultural and linguistic diversity is collected. This has helped to identify vulnerable members of the community thus allowing for targeted and effective policy implementation and monitoring.

Figures from the Intensive Care National Audit and Research Centre in the UK showed a third of COVID-19 patients admitted to intensive care were from non-white ethnic backgrounds and black patients were 80% more likely to be admitted to intensive care. (Apea & Wan, 2021)

In Australia, CaLD variables include country of birth, languages other than English spoken at home and English proficiency. However, in WA an individual’s country of birth is likely the only data collected in health settings.

Given recent surges in racism during the pandemic, there are concerns that CaLD specific data may be utilised to blame or shame CaLD peoples. Data collected, therefore, should be done with sensitivity and confidentiality.

The *WA Charter of Multiculturalism 2004* and the *Equal Opportunity Act 1984* stipulate the WA health system's commitment to equal opportunity and diversity. The implementation of CaLD specific data collection would allow Western Australians to access equitable health services by identifying disadvantaged groups.

Factors Disadvantaging CaLD Peoples

The Delta outbreak in NSW provided valuable insight into the complexities associated with pandemic management and communications in relations to multicultural Australia. Implementing culturally appropriate COVID-19 public health messaging in culturally appropriate places is crucial to empowering CaLD communities.

CaLD peoples that have low levels of health literacy are more likely to be vaccine hesitant and believe in health-myths. A whole-of-system approach involving stakeholders at various levels is required to better inform and maximise inoculation rates.

Some CaLD peoples obtain information and rely upon opinions from their countries of origin, from family members and friends, or news outlets that spread misinformation. In this way COVID mythmaking spreads within CaLD communities.

By comparison, translated COVID information on government sites haven't always been accessible and appropriate for migrant and refugee people with low literacy or low health literacy levels. This stems from the original source materials in English not being suitable, or translations not being reviewed to make sure the information makes sense.

New and emerging migrant communities are most at risk, as many don't have established networks to support them. Resources that have been translated are mostly for established CaLD communities and there may be a lack of tailoring in how messages and information are communicated.

Governments and health officials from various states, territories and federally have provided, at different times, different health guidelines with regards to COVID-19 and vaccinations which have confused CaLD peoples.

They fear blood clots; have a perception that vaccine development was rushed and is therefore inferior and may cause them harm. Some believe the vaccines causes impotence and infertility; others question their effectiveness.

Social media has been instrumental in spreading myths amongst multicultural communities. COVID-19 myths permeate Facebook, WeChat, and WhatsApp with such claims as wearing onion and cloves or even taking the HIV prevention drug PrEP will defend the body against COVID-19. This misinformation is read in first languages that are easily understood and shared amongst CaLD members.

COVID-19 vaccination fears are rooted in misconceptions, past history and mistrust of government and authority. Senior lecturer in Islamic Studies at Charles Sturt University, Dr Zuleyha Keskin stated:

"When I say past history — [I mean] how politicians have talked about Muslims in the past, whether they've connected with the Muslim community, heard their concerns, [and] understood their dilemmas" (2021).

An example from the Delta outbreak in Victoria – nine public housing towers, built as part of the post-war slum clearance and looming over the gentrified inner suburbs of North Melbourne and Flemington were placed into a hard lockdown with no warning. The lockdown was spurred by a rising number of COVID cases in the towers and the evident risk from overcrowded living conditions.

Initially, residents believed there must have been a mass shooting at the towers – so dramatic was the circumstance they found themselves in – they were not allowed to leave their flats – not to shop and not to collect children. It was felt as a massive assault on their sense of citizenship.

“For those of us born here, we work in government, in private industry. We contribute to Australia. We thought we were Australian. And more than that, we are human. And suddenly we were treated differently. It makes you question everything. It was an enormous shock.”

- Barry Berih, an Australian born to Eritrean parents (Gordon & Yussuf, 2021)

WA’s CaLD Communities and the McGowan Government

WA hasn’t experienced the difficult, long lockdowns of NSW and Victoria that have so affected its CaLD peoples – the WA Government is determined to keep its CaLD communities healthy and safe.

Since the Delta outbreak WA Health’s vaccination program increased access to COVID vaccination to CaLD communities through increased vaccine supply, greater availability of appointments (walk-ins are now available at all state-run clinics), targeted information outreach and community advocacy among CaLD community members.

The COVID-19 communications team have made translated resources available and cross-agency collaboration has been a key factor in engaging with CaLD communities.

The Office of Multicultural Interests (OMI) and WA Police's Diversity and Cultural Engagement Unit have been involved in engaging with and delivering COVID health messaging to communities. Both departments have strong direct connections with hundreds of CaLD groups and thousands of individuals from diverse backgrounds.

In all CaLD communities, local trusted community leaders and representatives play a significant role in communicating with other members of their communities and have proven to be positive ambassadors of COVID public health messaging in WA.

Working in partnership with CaLD stakeholders and other COVID-response agencies, the WA Health Department has successfully delivered a range of COVID vaccine information sessions, presentations, webinars, Q&A sessions, and workshops aimed at local CaLD communities – giving CaLD community members opportunities to ask questions, share ideas and build trust.

The WA Government has engaged on COVID messaging with a range of CaLD community organisations, CaLD community and faith leaders, and other key stakeholders; WA's local government multicultural networks; CaLD-focus groups such as Multicultural Futures, Umbrella Multicultural Community Care Services, Multicultural Youth Advocacy Network, Ishar Multicultural Women's Health Service, Ethnic Communities Council of WA, Metropolitan Migrant Resource Centre; and support organisations including The Smith Family, Mercy Care, Red Cross, Sudbury House, Edmund Rice Centre; WA Council of Social Services.

WA Health has run pop up vaccine information stands at metro and regional community events with high numbers of CaLD attendees and is currently rolling out a program of pop-up vaccination clinics across a diverse range of locations in metro and regional WA.

Many of these pop ups are in geographic areas with significant CaLD populations and in well known, locally accessible locations such as neighbourhood shopping centres (including Bunnings), places of worship and community centres.

Conclusion

Collaborating with local CaLD leaders is key to conveying to CaLD peoples the importance of getting COVID-19 vaccinated – for themselves and their families benefit, and in improving the overall vaccination rate of WA. It requires urgency, and yet time and dedication. It is important the McGowan Government continues to fill any gaps – as it has shown it can do. It is important to learn from the experiences of CaLD communities in NSW and Victoria, and abroad.

As the Member for North Metropolitan Region and the first African-Australian woman to be elected to WA Parliament, I am personally invested in the wellbeing of WA's CaLD community. Recently, I met with CaLD leaders in my electorate office to convey the very important message that they have a vital role to play in encouraging their members to 'roll up for WA' and it is safe to vaccinate. As a FECCA leader explained:

“The [written] translations are probably reaching 80% of the community and that 80% probably also speaks English. It's the 20% we are trying to reach who are disconnected from SBS, social media, etc., but do listen to their community leaders.” (Goodwin et al, 2020)

CaLD leaders strive to help their communities; they feel deeply responsible for the wellbeing of their communities. However, CaLD leaders also require greater practical support. They and members involved in administrating community groups, already volunteer their time generously and often at their own personal expense.

Therefore, what is required is funds, culturally appropriate training, and resources – not only to get the message out about the importance of vaccination to the most vulnerable members, but to gather information that may be of value to the pandemic response team.

CaLD peoples are disproportionately affected by this pandemic – they are more likely represented in essential industries than other people – according to the 2016 Census 37% of Australian frontline care workers were born overseas and 28% are from non-English speaking backgrounds.

During NSW's Delta outbreak – more CaLD peoples were unvaccinated; they needed to leave home to work which exposed them to higher risk and they returned to homes that were more highly populated by family members where the virus was easily transmitted. This is not the scenario I ever want for WA CaLD families.

Many CaLD people are concerned about COVID-19 and especially the Delta variant, how it may affect them and their families, and they want to do the right thing – but mixed messaging by the federal government, and other misinformation has contributed to hesitancy. Fear of authorities has also contributed to hesitancy as some migrants and refugees have experienced state coercion and abuse, in other countries.

CaLD peoples require repetitive, sensitive, and direct messaging from community representatives they may identify with and trust. It would be beneficial for leaders from

multicultural communities to be seen at the sides of government, health, and police officials in the media. Then trust develops.

When CaLD peoples see their leaders valued and considered in this way, they become receptive to public health messages; they are more likely to vaccinate, encourage others to vaccinate, and comply with public health standards – helping to achieve WA’s 80-90% vaccination rate target.

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