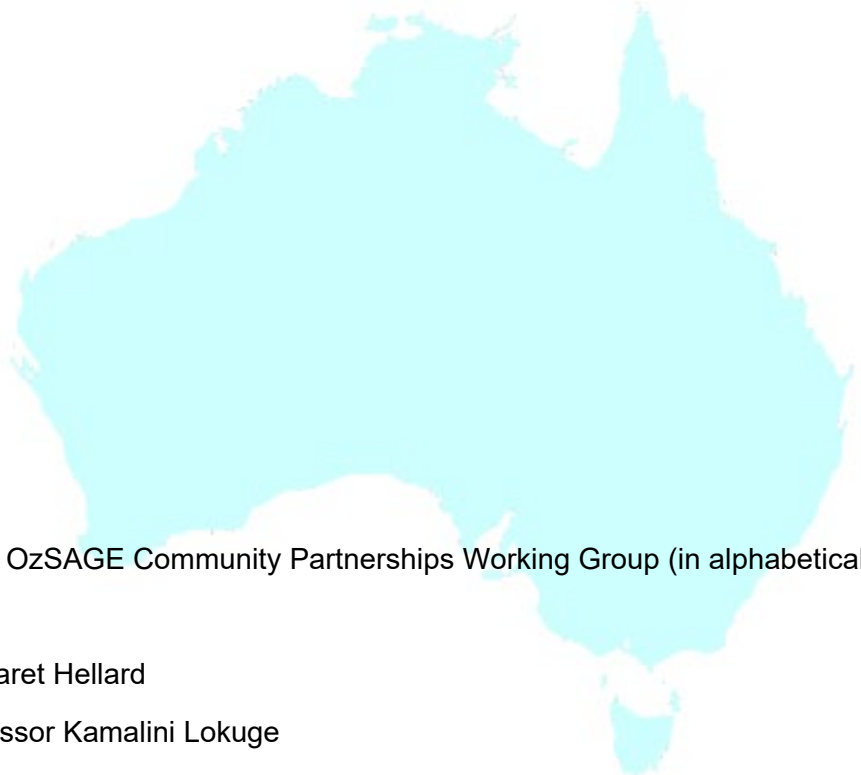
Community Partnerships: An Essential Foundation to Successful COVID-19 Control

No one left behind



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Executive Summary

This OzSAGE advice focuses on the need to build and strengthen community partnerships to ensure acceptable, culturally safe interventions and public health messaging/communications to prevent ongoing outbreaks of COVID-19 in at-risk individuals, communities and groups.

COVID-19 outbreaks are not equally distributed and have disparate impacts on under-served populations. These groups often face barriers to accessible health care (including preventive health care such as immunisation) and many face multiple and intersecting forms of structural discrimination.

These communities may be at higher risk of COVID-19 due to a number of factors including:

Type of work: Over representation in essential work such as aged and disability care, health care, childcare, cleaning and supermarket services (among others);

Living conditions: Living in larger households with essential workers, living in buildings where shared public spaces such as lifts means there is contact between unrelated households, and living areas with less access to primary health care services;

Underlying health and socio-economic factors: Pre-existing chronic health conditions or underlying risk factors. This may include Aboriginal and Torres Strait Islander people, people of certain ethnic backgrounds, people with disability and/or chronic disease, people who are homeless or marginally housed, temporary migrants and people living in congregate and closed settings.

Since the start of the pandemic human behaviour and behaviour change has played a central to our success in responding to COVID-19. Australian expertise in behavioural science and community engagement, along with appropriate economic intervention, is crucial for a rapid response that ensures **no one is left behind**.

Background

For the past 18 months the COVID-19 pandemic has presented major challenges to communities and governments globally in their efforts to reduce the transmission of infection, morbidity and mortality. The development of effective vaccines has led to great optimism that the epidemic will be brought under control.

However, two major challenges to reducing the transmission of infection are ensuring the timely distribution of vaccines to everyone, both in Australia and our region, and understanding the factors driving vaccine hesitancy. Effective vaccines and population-level coverage are also necessary but not sufficient. Even with the highest levels of vaccination, modelling and experience in other countries shows that strong public health programs are vital to control ongoing outbreaks of infection.

Why are communities important?

COVID-19 outbreaks are not equally distributed and have disparate impacts on under-served populations. These communities may be at higher risk of acquisition because they are over-represented in essential, low paid work including aged and disability care, healthcare, childcare, cleaning, security, warehousing, logistics, cold chain and distribution, abattoir, cold store and supermarket services, among others.

They may also live in larger, and more likely to be crowded, households, with multiple essential workers, and extended family support networks, or be recent migrants with few links to social supports. Or reside in apartment buildings where shared public spaces such as lifts means there is contact between unrelated households or areas with less access to primary health care services, and fewer amenities (parks, low-density public housing) that support adherence to public health measures.

Some communities are at risk of more severe COVID19 health outcomes. This could be due to pre-existing chronic health conditions or underlying health, social or economic risk factors. This can include but is not limited to Aboriginal and Torres Strait Islander people, people of certain ethnic backgrounds, people living in rural and remote areas, people with disability and/or chronic disease, people who inject drugs, people who are homeless or marginally housed, temporary migrants, and people living in congregate and closed settings, including aged care and residential settings, mental health facilities, public housing towers, prisons and immigration detention centres.

These groups often face barriers to accessing health care, including preventive health care such as immunisation, and many experience multiple and intersecting forms of discrimination. Extra efforts are required to ensure these groups are not put at increased risk due to their social and structural disadvantage or the nature of the work they do to maintain societal functioning, and are not left behind. This includes prioritising vaccine uptake in individuals, communities and groups most at risk from COVID and providing financial support for people to get vaccinated, test and isolate, and adhere to public health restrictions.

Designing community partnerships

Human behaviour and behaviour change will be central to our success in responding to COVID-19 over the coming 12 months. Three key components of the COVID response that are influenced by human behaviour are: 1) vaccine uptake; 2) prevention of transmission through adherence to non-pharmaceutical interventions (e.g. lockdowns, mask wearing ensuring adequate ventilation in closed spaces) and; 3) maintaining high levels of testing so that outbreaks can be detected and managed.

Evidence from the current COVID-19 pandemic, and from public health programs in general, demonstrates that the vast majority of people will engage with public health measures and behave in a way that is beneficial for them as individuals and for the community as a whole, if barriers related to understanding, access and acceptability are addressed.

Adequate financial support and paid leave by governments ensures people who need to take time out from work to be tested, self-isolate or quarantine, attend a vaccination appointment or recover from vaccination side-effects, provide care for children in these circumstances, or who lose paid work because of industry shutdowns, are compensated. People are unlikely to follow public health orders if the alternative is loss of income, particularly if they are already living with significant financial insecurity.

There is a need for co-designed interventions that leverage Australian expertise in behavioural science and community engagement, as well as appropriate economic interventions to support behaviour change. Given the current crisis with COVID-19, there is also a need for a rapid response. Working in partnership with communities will be essential in ensuring that **no one is left behind**.

Recommendations

1. Address structural and economic barriers to uptake of public health measures such as testing, quarantine, isolation and vaccination by incorporating paid leave and financial support, including for parents/caregivers and particularly for those living with significant socioeconomic disadvantage. This should include working with communities to identify the structural and economic barriers they face and the kinds of support they need.

2. Utilise an intersectional approach to implement co-design partnerships between communities, public health practitioners, behavioural scientists and others to identify factors that influence behaviours that prevent or mitigate COVID-19 transmission and to develop and disseminate acceptable and culturally safe interventions. This approach requires a shift from communications-based engagement strategies to operational partnerships based on meaningful involvement and co-design of programs and services.

3. Ensure that communities are empowered and resourced to engage in co-designed intervention development and delivery. Where previous relationships do not exist or are limited, immediate work needs to be undertaken to develop relationships with individuals and groups within communities who are trusted by community members and to leverage these relationships and networks of trust to identify and develop inclusive and acceptable strategies to effect change. The San Francisco model used for LatinX communities of Motivate, Vaccinate, Activate is a successful example of a community driven approach.

4. Enhance the collection and use of data on COVID infection, health outcomes, and vaccination to help identify specific groups and communities where vaccine uptake and adherence to other key measures are sub-optimal. It is important that data on the outcomes of COVID in specific groups and communities are collected and analysed to inform policy and ensure programs are based on evidence. Further work is needed to understand specific barriers and strategies for intervention in some populations and how these may change over time. Guiding principles should ensure the use of data that identifies communities in strong consultation with communities and in ways which do not increase the risk of stigmatisation.

5. Work with communities to identify existing interventions and strategies to support vaccine uptake and provide opportunities for states/territories to coordinate and to disseminate these learnings/resources where appropriate. This could include setting population-specific or local-level vaccination targets, adapting and translating culturally appropriate resources to address information needs and preferences, strategies to identify community champions and training and other support for local community champions including peer workers, bicultural workers, culturally diverse healthcare workers and case workers and interpreters.

6. Directly address misinformation and false vaccine narratives through the development and dissemination of targeted resources and tools.These should involve local community members and healthcare workers with shared backgrounds to maximise impact.

7. Identify the system issues that impact on vaccine uptake by evaluating traditional vaccine delivery strategies (GPs, pharmacy) compared to non-traditional approaches (pop-up, drive through and mass vaccination clinics, in-place/mobile delivery) and the impact of structural supports such as paid immunisation leave.These learnings are important to inform future pandemic plans, as well as ongoing vaccine delivery, including booster programs.

8. Consider the use of small grants to enable communities to design tailored strategies to address their own identified needs. This has been used successfully in Canada to initiate programs including the promotion of testing and COVID-19 vaccination in homeless populations and promotion of vaccine uptake in Indigenous communities.