#226 - How can community engagement be used to address health inequalities? Lessons from the CCHEP project

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Background/Objectives/aims
For Australia's culturally and linguistically diverse (CALD) communities, a complex interplay of social, cultural, behavioural, and structural factors contributes to disparities in healthcare access and utilisation. Moreover, the COVID-19 pandemic highlighted weaknesses in how health services and governments engage with these communities and worsened existing health inequalities. One potential approach to address these challenges is meaningful engagement and participation of communities in the implementation of health programs and strategies. This presentation will highlight lessons learned from evaluation of the CALD COVID Health Engagement Project (CCHEP) which was established to amplify the voice of Queensland's CALD communities during the pandemic. CCHEP was a cross-sector, partnership-driven initiative, which aimed to reciprocally engage and empower communities, service providers and government to facilitate a successful pandemic response. This included working with community leaders to identify needs, supporting access to appropriate services and tailored resources, and building health system capacity. The project also aimed to improve COVID-19 testing and vaccination rates in CALD communities and supported community-led initiatives with funding.

Methods
A pragmatic mixed-methods evaluation of CCHEP was co-designed and co-conducted between implementation researchers, project stakeholders and CALD

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peer researchers. The evaluation was underpinned by the RE-AIM Framework and aimed to examine the implementation, effectiveness, and sustainability of CCHEP from multiple perspectives. These included community members, leaders and organisations/groups; project partners; health and government organisations; and the project team. Prospective and retrospective data collection included project and reporting data, social media and website analytics, semi-structured qualitative interviews and focus groups, surveys, and implementation diaries. An experienced evaluator, community leaders, and peer researchers performed interviews in the local community and in the participant's preferred language where possible. Qualitative content analysis, descriptive statistics, and triangulation of data from multiple sources were used to inform findings.

Main findings

The perspectives of diverse community members (n=113), community leaders (n=31) and organisational level stakeholders (n=49) were captured. These participants self-identified with 41 different cultural backgrounds and spoke 52 different languages/dialects. The findings of the evaluation demonstrated multi-layered benefits to CCHEP's approach. CCHEP improved the reach, appropriateness, trustworthiness, and effectiveness of COVID-19 information within CALD communities and contributed to better testing and vaccination outcomes. It empowered, valued, and remunerated leaders while strengthening partnerships and improving ways of working across health, community, and government sectors. Most importantly, CCHEP resulted in a critical shift in power and trust towards communities to decide what was required and when and how to be supported.
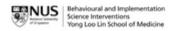
The core components of effective and appropriate CALD health engagement highlighted in the CCHEP evaluation were: in-language communication; co-designed plain English resources; multi-modal delivery formats; accessible and varied dissemination channels; involvement of trusted health providers, community leaders and faith leaders; community-based and community hosted activities; and support for grassroots, community driven approaches to implementation. These strategies were enabled by a complementary and coordinated response from partners with cross-sector leadership.

There was a clear impetus from all stakeholders to continue, as well as replicate, this type of reciprocal engagement approach in the future. CCHEP has contributed to

growing recognition that engaging with CALD communities is a significant component of healthcare implementation, rather than a niche need. Establishing sustainable social and organisational infrastructure to nurture connections and engagement with diverse communities across Queensland should be a key focus of future work, which will have impacts on addressing inequalities beyond the health sector.