

COMMUNICATING IN A PANDEMIC HOLLY SEALE PODCAST TRANSCRIPT

UNSW Centre for Ideas: Welcome to 10 Minute Genius, an eight-part series created by the UNSW Centre for Ideas, to provide pause and create a space to engage with new ideas from UNSW Sydney's thinkers, dreamers and envelope pushers, as they help to make sense of the relentless information vortex in which we live. In under 10 minutes, or roughly the same amount of time it takes to get vaccinated against COVID-19, infectious diseases social scientist at UNSW Sydney, Holly Seale, explains how we can achieve good health outcomes for everyone.

Holly Seale: The biggest reminder of how interconnected we all are as humans, has been the COVID pandemic. We're all in this together, is something we've heard a lot. But just how, in this together are we, when it comes to the most important aspects of our response to the COVID-19 pandemic in Australia, and who is being left behind? This is 10 Minute Genius, and that's just enough time to get a closer look at how we need to really understand who we are, if we want to achieve good health outcomes for everyone, together.

I'm an infectious disease social scientist. Yes, I know it sounds strange. But the spread of infectious diseases is innately linked with how we think and feel about infectious diseases, and about the strategies to prevent or control them. So in times like this, we need not only to consider the medical science, but also the science of socialising. There are many types of questions that plague infectious disease social scientists, excuse the pun. Some of the most interesting questions that I think about, are how the differences between people mean that we need different answers to the same health problems. These differences are so important in a country like Australia, where so many of us come from diverse backgrounds, and speak a wide range of languages. COVID has disproportionately affected people from racial and ethnic minority groups, in both infection rates and health outcomes.

I've been looking at how we communicate important health messages to these diverse communities in Australia. And what we found wasn't great. I had a chance to interview key people from multicultural organisations. And they reported that information about COVID was just not reaching some community members. While in other cases, the information available was inappropriate, poorly translated, or not always available in the relevant languages. And although mainstream media was a good source of information at large, it just doesn't reach some communities. In our study, we kept hearing that COVID education resources were often developed in English and then translated. This caused problems, certain words or phrases just didn't make sense when they were translated. One example of this was the government's COVID-19 vaccination promotion campaign, which included the catchphrase, arm yourself. The message didn't resonate well with some communities, including those who have migrated from conflict zones.

If there are differences in media, messaging and word of mouth information from somebody's overseas friends, family, or in their first language, that doesn't align with Australia's health advice, it creates confusion, misinformation, and contributes to mistrust. This confusion can lead to people being disproportionately penalised for breaking public health orders, to greater chances of infection, lower vaccination rates, illness and even death. All because authorities failed to communicate in a way that could reach everyone, regardless of their language and culture. Already, these communities are underserved by health sector communication. And you can see the gap in vaccination in CALD communities is much more complex than just hesitancy or mistrust. Authorities need to be agile and quickly deliver the right information, in the right way, to the right people, before misinformation can take hold. The best way we found is to put community leaders at the centre of consultations, keep messaging simple and timely, provide information in multiple formats and avoid a one size fits all approach.

But most of all, it's important that all levels of government listen to these communities themselves. Listening, perhaps the hardest thing for any government to do. There are still gaps and missteps. But there are also some happy endings, with some of the most diverse communities in our major cities having achieved extraordinarily high rates of vaccination. But the lessons that come from research like this don't only help during this pandemic. If we learn

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from this pandemic, we can hopefully see a healthier and more connected and inclusive Australia in the future. So we can truly be in this together.

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