Burnet Institute
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VOICE: an ongoing initiative for community engagement

Proposal | 2022 - 2025

Acknowledgement of Country

Burnet Institute Board, staff and students recognise the Traditional Owners and Custodians of the land on which we live and work.

We are proud to acknowledge the Bunurong people of the Kulin Nations as the traditional owners and custodians of the land on which our head office is located and recognise their strong and ongoing connection to Country. Recognising the ongoing impact of colonisation and intergenerational trauma on Aboriginal and Torres Strait Islander people, our position as a leading medical research institute demands that we strengthen our commitment to close the gap in health outcomes.

To do this, we are working to develop and maintain strong relationships with Aboriginal and Torres Strait Islander communities both locally and nationwide. Unequivocally, we need to ensure that Burnet Institute becomes a safe, respectful and inclusive workplace for First Nations people and that research initiatives pertaining to Aboriginal and Torres Strait Islander matters rest in the hands of Aboriginal and Torres Strait Islander peoples.

The Problem

Multicultural communities typically experience disproportionate social and structural disadvantage due to a confluence of factors. Migration experiences, length of time in Australia, English-language proficiency, discrimination and issues with recognition or transferability of skills and qualifications can influence access to housing, education, employment, and healthcare (1-3). While multicultural communities often support one another in their journey into a new country, this may not be enough to overcome disparities across a range of health and social domains. Health inequalities have persisted despite ongoing investment by government in both culturally specific and mainstream services, (e.g. absence of health data available on multicultural populations (4), limited English skills associated with poorer health outcomes (3), and higher COVID-19 death rates(5)).

The COVID-19 pandemic (and other recent events such as floods and bushfires) has both highlighted and exacerbated some of this structural and social inequity. Victorian multicultural communities have experienced disproportionate health harms, social stigma and sometimes limited access to culturally appropriate health advice, information, and support to help guide decision-making and limit adverse outcomes for their communities (e.g. lockdowns of public housing towers with no timely notice nor accessible information (6)).

COVID has also allowed us to identify the systems, organisations and practices that *do* effectively respond to multicultural community needs, and there have been many great successes and innovations. With focus shifting away from the pandemic towards recovery, these responses are now being scaled back, leaving service providers with limited understanding of why certain practices work and how they can be built upon. Communities have become disengaged from health communications despite ongoing risks, while service providers are struggling to maintain staffing resources. In this context, it has become increasingly challenging to meet the current and emerging priorities and needs of multicultural communities – and the way forward remains unclear.

Critical questions to be answered include:

- How can we ensure that recent investments sustainably contribute towards better public health practice with multicultural communities in the future?
- How do we successfully leverage and sustain strengths-based approaches to community development?
- How do we share what we have learned and build systems that support rapid and culturally appropriate responses to emerging public health issues and challenges?

Our plan for VOICE and potential Impact

Community organisations have told us that one of their greatest challenges for sustaining impact is the fragmented service system and short-term funding for services. This has been particularly pronounced during the pandemic, where effective public health responses emerged rapidly in response to emergent issues but were then scaled back before their impact could be fully evaluated and understood.

To address this challenge, and the others identified above, we've conceived of and launched VOICE; a multi-modal program which seeks to create sustainable and innovative ways of harnessing community strengths, sharing learnings, growing impact, amplifying unmet needs and co-designing responses to emerging community challenges.

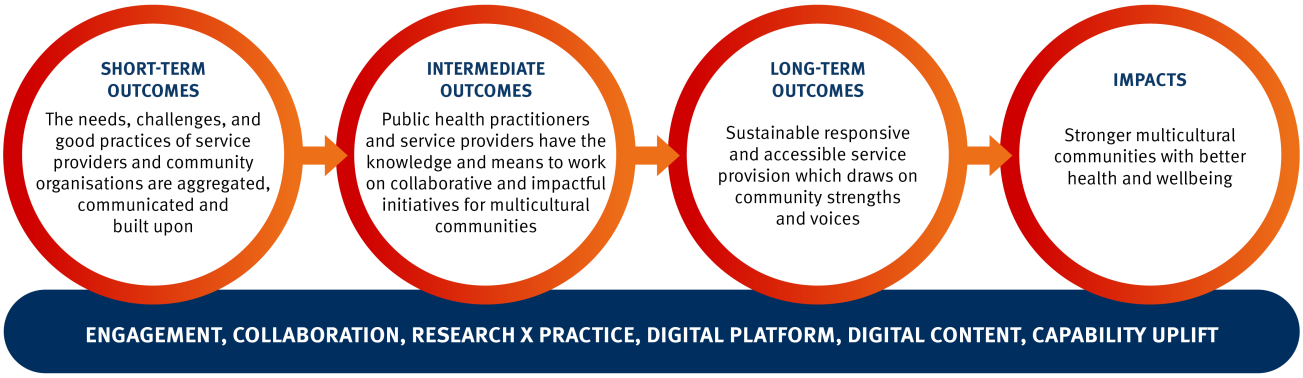
Our program uses a combination of traditional and digital community engagement, along with community and sector collaboration and partnerships, to work towards stronger public health practice in multicultural communities. VOICE is focused on helping communities, service providers and government to work together to achieve more sustainable and meaningful impact.

Our team includes:

- Researchers with expertise in evaluation, epidemiology, public health and program implementation
- Health promoters and clinicians who've worked across a range of sectors
- Community engagement practitioners with experience in some of Victoria's most diverse areas
- Designers and storytellers, who have delivered multi-award-winning co-design programs

Together with our community partners, we're leveraging our collective expertise and experience to deliver better public health practice, generate stronger evidence for community-driven public health responses and scalable and sustainable solutions for multicultural communities.

VOICE Theory of Change



Through engagement, co-design, and research, we have defined the role of the program as:

1. Connecting community organisations with public health practitioners thereby bringing together multidisciplinary and community expertise to guide innovative and effective practice

2. Collecting and clearly communicating information on multicultural community needs and the strengths and opportunities to address them via our digital platform and other channels

3. Creating and sharing stories, tools and resources to grow good practice; showcasing, sustaining and building on the hard work of multicultural communities during the pandemic

4. Building stronger reciprocal relationships between service providers, policy makers, public health practitioners and communities so that multicultural community public health needs are understood and met, including through sustained funding and program evaluation and refinement

5. Strategising how what we do and learn can be applied to other communities facing social and structural disadvantage, and to broader public health and social issues and emergencies

While we have been fortunate to receive an establishing grant from the Victorian Department of Families, Fairness and Housing, we need further funding to continue the program beyond 2022 and fully realise our goals.

The evidence for VOICE

Inequitable engagement with multicultural communities and limited culturally appropriate service provision are not new issues; they existed before the pandemic and remain an issue now (7, 8). The broader social and economic context for many multicultural communities, which often includes large household sizes, employment in insecure work and in frontline roles, co-morbidities and low English proficiency (9), produced a 'perfect storm' for public health risk. This resulted in higher rates of morbidity and mortality (e.g., 6.8 COVID-19 deaths per 100,000 people for those born overseas compared to 2.3 COVID-19 deaths per 100,000 for those born in Australia (5)). As we transition from an emergency response back to a more planned and measured approach, there is a window of opportunity to build sustained relationships and trust with multicultural communities, which may prevent disproportionate health risks and impacts in multicultural communities in the future (10, 11).

During a public health emergency, information is largely collated centrally and disseminated to the community via mainstream and social media. Particularly early on in the pandemic, there was limited dissemination of information in community languages, via multicultural community channels or with careful consideration of culturally appropriate messaging (8, 12-15). The large volume of information that was typically compiled and regularly updated from disparate sources also sometimes produced contradictory advice, increasing community anxiety and reducing likelihood of compliance with health messages and restrictions (13). Multicultural communities reported not being meaningfully engaged in public health planning (16), which exacerbated existing distrust of government and reduced resonance of public health advice (12, 17). The resulting absence of adapted or targeted communications compounded pre-existing distrust and difficulty in engaging with mainstream health services (9, 18, 19).

Trust in institutions is integral to the success of behaviour change campaigns in public health (10, 11, 20). As the pandemic progressed, the multicultural community sector scaled up responses and information provision, leveraging their position as trusted institutions. This important work meant that public health advice was more likely to be followed (14, 20, 21).

Beyond the importance of who is disseminating a message and how (i.e. in community languages and via channels that community uses), the way in which messages are developed also influences whether or how they will be actioned (13, 14, 20, 21). Examples of good practice in communication development include dialogic engagement with community members(13, 20), iterative co-creation of messages (15, 18), upskilling and supporting young people as information intermediaries (14) and providing information in plain language that communities are in a position to enact within their particular context (9). These practices rely on strong relationships with communities, deep understanding of community context and needs (including issues with health or digital literacy) and appropriate resourcing (9-11, 20).

Engaging with communities at moments that are not anchored to risk events (e.g. a pandemic) is also essential to building the kind of relationships, understanding and trust that lead to successful public health initiatives (10, 11). This sustained engagement mitigates risks associated with relying on volunteer community leaders for successful public health activities, where they may only communicate with specific community sub-groups or may selectively pass information on to community members, depending on their availability, knowledge, skills, interest and perspective (12).

Sustained public health practice involves resourcing, skilling and collaborating with a broader range of community members to develop communications, interpret information and iterate as needs and situations change (14, 18, 19). This approach recognises the importance of existing community leaders (19), in tandem with the need to mitigate burnout or the potential for lateral harm by nurturing the health comprehension and promotion skills of younger community members.

Culturally appropriate health advice in community languages needs to be matched with accessible and culturally sensitive service provision to support adoption of health seeking behaviours, uptake of interventions and health outcomes (22-31). While being able to see health practitioners from the same cultural or linguistic background increases access to and quality of healthcare for many (32), in some multicultural communities there are very few practitioners who speak a particular language, particularly where communities are newly arrived. Cultural competence of all health workers (not relying only on bicultural workers), and health services and systems, is integral to addressing health inequities for multicultural communities (33). This relies on more than competent use of interpreters or other individual behavioural changes by practitioners; multimodal engagement, collaboration and the development of rapport and trust are an ongoing project (33). Moreover, doing these things well leads to better health outcomes for communities (34). The creation of platforms and structures which support sustained multicultural community collaboration and partnership, both with government and between practitioners, have been recommended (35, 36) and found to be effective (37).

Our own engagement with community and health service providers working with multicultural communities has revealed similar findings. As evidenced in the literature, bicultural workers have been central to successful public health activities, in particular in pandemic response. We heard that collaboration with communities through methods like human-centred design or co-design builds trust and provides additional means to respond to emerging community needs. Partnership and resource sharing between service providers and communities was seen as enabling more sustainable practice models, but with the caveat that this can't be limited to organisations that have a specific role to work with multicultural communities. Mainstream service providers must also ensure that services are accessible, culturally appropriate, and responsive to community needs. We also heard that strong evaluation practices will support the sector to grow good practice in public health with and for multicultural communities.

What we will do

1. Program leadership

The program has strong leadership from some of the most senior academics at Burnet who bring highly regarded experience from public health research and epidemiology, combined with a long track record of engagement with Victoria's most disadvantaged communities. Program leadership ensures strategic growth and innovation can be planned and resourced for the best possible outcomes. Staff are mentored and supported to grow their capability and collaboration and deliver ever greater value to stakeholders.

2. Community engagement

Our program of work for the remainder of 2022 will build on our broad engagement with stakeholders from across health and community service providers, where we have gathered data on what has worked in engaging communities and public health, what they are finding most challenging in the current environment and where communities see opportunities and priorities for action. In 2023 and beyond we will continue this broad-based engagement, including via the digital platform, to enable us to identify opportunities to provide short term pro-bono consultancy services to support service providers to build capability in research, design and evaluation skills. We will continue our practices of ethically supporting and reimbursing community members and workers to access these opportunities and leverage the best outcomes for their communities.

3. Community projects

Our three community projects for 2022 were strategised to complement two pilot projects we undertook in 2021 with Indian young people and Dinka speaking mothers. This year, we are focusing on the Islamic community in Darebin and young people from the Pasifika and South Sudanese communities. These projects are allowing us to develop a deep relationship with community partners, to learn from one another and create innovative practice together. We will test, iterate and evaluate these activities

throughout 2022 and into 2023 to ensure we understand the nuances of why certain things work, how they work and how to reproduce them in other contexts for greatest impact.
In 2023 and beyond, we intend to fund and collaborate on more community projects that respond to needs identified in our traditional and digital engagement activities. Our team will include community engagement, design, research and evaluation specialists capable of effectively managing project resources and timelines, as well as delivering innovative and evidence-based methods and approaches to achieve high impact outcomes which can also be shared and scaled in the sector.

4. Digital development

Alongside these activities, our development of a digital platform to support these programs will help us capture, respond, and highlight emergent community and service provider needs and challenges in real-time. All activities will be sources of data to create engaging digital content and collaborative methods to share with the community sector and government, both via and alongside the digital platform.

The insights we capture will not only guide the products and interventions we develop in 2022 and beyond, they will also assist us in shaping a long-term vision for the strategic role VOICE can play in helping us work towards better public health practice for multicultural communities.

The first iteration of the digital platform will be piloted in late 2022 and early 2023. Following an extensive co-design process with key stakeholders, the set of features in this iteration will be focused on allowing users to **share and access** information about their organisations, key activities targeted at multicultural communities, as well as strengths, needs, challenges and opportunities in their communities. Users will be able to access an ever-growing library of resources, central to which will be analysis, insights and content curated and generated by the VOICE team, complemented by a powerful search function. Resources from creators and authors in the sector will be added to this library, subject to review by the VOICE team and a sector-sourced editorial committee to ensure quality and appropriateness for users of the platform. The VOICE team will also moderate all submissions from users so that content across the platform is useful and relevant and we can readily identify opportunities to amplify good practice and showcase the hard work of the sector.

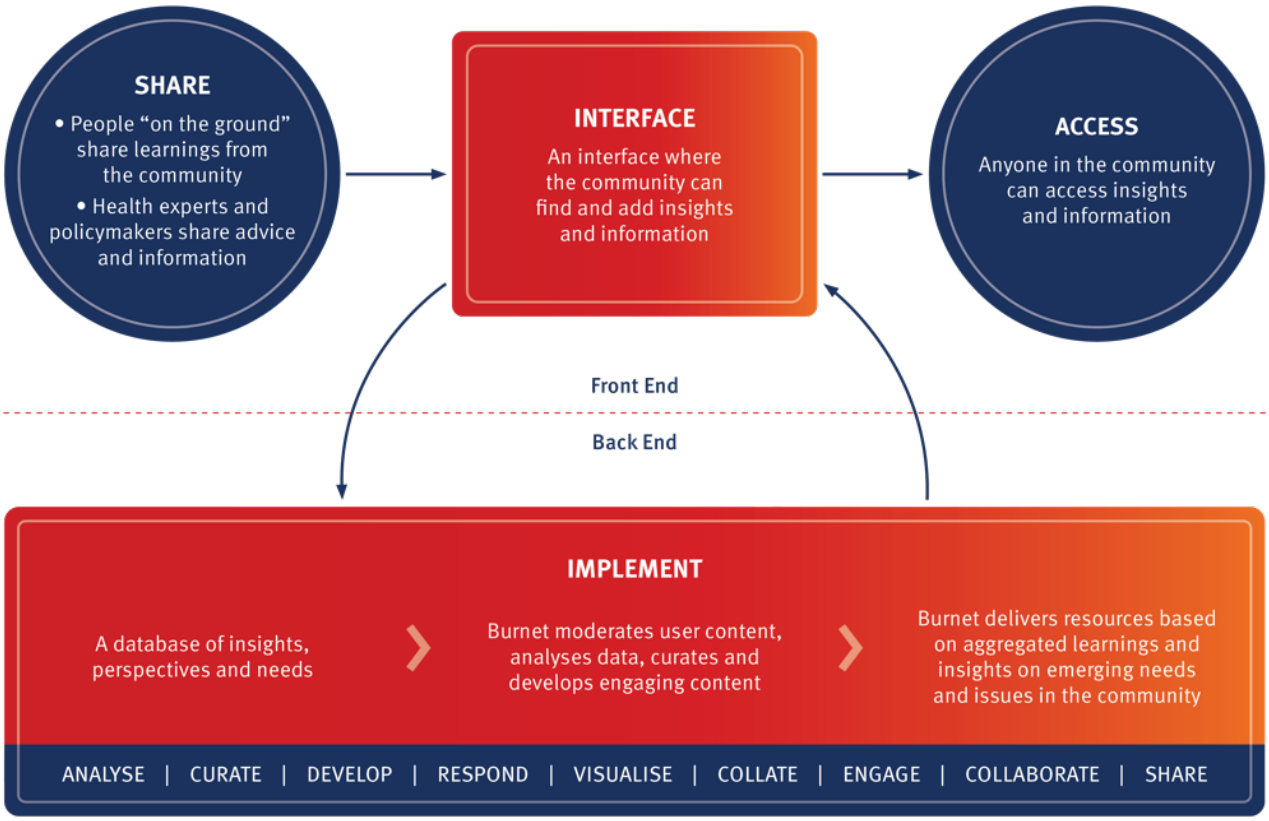
In 2023, the next iteration following the pilot will **personalise** the experience of users on the platform, tailoring the content they see to their needs and interests. Functions added in this phase will create a visible feedback loop between communities and government so that emerging needs and issues can receive a timely response. Direct communication functions between individuals and organisations will be created to streamline interactions across the platform. Additional features will include video and image support for user posts, a service provider map and surveys and polls. This iteration will also respond to any issues identified in the pilot phase.

A further iteration in 2023 will enable users to **collaborate** on the platform in real time. This will include facilitating connections between experts and people needing support, enhanced communication functions and the ability to access and interact with visualisations of trends, needs, insights, opportunities and challenges by locality.

A design sprint in 2024 and an annual maintenance and support program will ensure that functionality and features are consistently available and developing in response to user needs and patterns of use.

Our award-winning partners at TODAY will provide experience and visual design, content strategy, front and back end development and solution architecture expertise. The VOICE team will include talented individuals with skills in content development, communications strategy and delivery, human-centred design leadership and execution, quantitative and qualitative research and evaluation expertise, database support and provision of moderation and maintenance to ensure user experience is vibrant, meaningful and seamless.

The digital platform will allow service providers to share and access insights, while Burnet simultaneously analyses data inputted by these users to generate resources and insights:



Activities Planned for 2022

1. Engage with multicultural communities and community organisations to understand current and emerging needs, challenges and strengths and gather information on what worked during the pandemic, what was less successful and other opportunities that were not fully realised but bear further exploration
2. Co-design and launch the VOICE digital platform (partnering with Today Design)
3. Deliver two collaborative pandemic recovery projects with community partners (Australian Multicultural Foundation, Islamic Museum of Australia, Your Community Health, Centre for Multicultural Youth, Monash Action Lab)
    a) Needs identification, co-design and service delivery for Islamic community in Darebin
    b) Mentoring and training of Pasifika and South Sudanese young people in skills which support innovative public health practice
4. Develop content for the digital platform based on the above activities
5. Evaluate our community projects, digital platform and engagement work and communicate insights with partners, digital platform users and government.

Activities Planned for 2023

1. Collaborate with multicultural communities and sector to understand and prioritise critical social and health needs and build responses via traditional and digital engagement
2. Deliver four collaborative projects with community partners which address high priority identified needs
3. Build and maintain engagement with the digital platform and pursue longer term development of platform features and functions in collaboration with TODAY
4. Develop and deliver ongoing, tailored content that responds to audience needs for the digital platform; video, audio, graphic and written content which tells public health stories, showcases good practice, identifies unmet needs and creates tools and resources that communities and sector can use to develop and sustain their practice
5. Build connections and collaborations between government, community, research and beyond to deliver innovative and equitable public health practice for multicultural communities
6. Mentor and train multicultural young people to develop skills in public health practice
7. Continue to evaluate everything we do and use findings and insights to iterate our practice and create learning opportunities for the sector
8. Offer a pro bono limited consultancy service (a minimum of 10 consultancy services provided) to multicultural community organisations which supports them to gather data, create insights, co-design products and services, evaluate practice and understand and grow their impact
9. Employ a diverse team of people to deliver these activities
10. Considerably expand the organisations we are partnering with, including a particular focus on organisations working with rural and regional communities, those focused on refugees and asylum seekers and people with intersecting needs and identities (for example people from multicultural communities with disabilities).

In 2024 – 2025

We will have set up a sustained structure that enables us to work with communities to identify key priorities and then employ strengths-based approaches to address specific challenges with increasing impact and increasing community leadership and control. The foundations that we create in 2022 and 2023 will enable us to expand the volume and reach of our work.

We intend to:

1. Expand our pro bono consultancy service to a minimum of 15 services provided per year
2. Expand the number of collaborative projects to six per year
3. Apply the VOICE model with a community experiencing social and structural disadvantage
4. Apply the VOICE model in a pressing public health issue
5. Deepen our evaluation of the VOICE program to measure longer term impacts and outcomes of activities from 2022 onwards and measure short term impacts of points 3 and 4 above
6. Continue to develop the digital platform to meet the needs of service providers, government and other stakeholders

What we will do

Long term outcomes	Intermediate outcomes	Short term outcomes	Outputs	Activities
Strengths based approaches Communities feel heard and engaged	Government and sector working together Culturally appropriate health information is accessible to service providers	Strengths and opportunities are identified	Engagement with service providers, partners and government	• Regular meetings • Data collection and entry • Collaboration on projects
			Analysis of data collected during engagement	• Analysis strategy developed • Regular analysis and synthesis conducted
			Content development based on data collected and analysed by VOICE team	• Content and communications strategy developed • Digital content developed and shared • Reports for stakeholders developed and shared

Responsive, sustained and sustainable service provision Communities feel heard and engaged	Effective public health information dissemination Culturally appropriate health information is accessible to service providers	Needs are identified and shared	Database development and maintenance	• Database fields developed • Database programmed • Existing data entered • Ongoing data entry • Ongoing review and development of database utility
			Digital platform open-sources and shares needs, challenges, practices	• Contribution, moderation and editorial guidelines developed • Moderation and publishing of community-contributed information
			Content development, needs and opportunity identification	• Content developed based on open-source data • Opportunities identified for community projects or consultancy based on open-source data
Accessible and culturally appropriate health services and information for communities Communities feel heard and engaged	Culturally appropriate health information is accessible to service providers Effective public health information dissemination	Culturally sensitive public health information is accessible	Community projects	• Deliver existing projects • Create public process for new projects • Identify new project opportunities from VOICE engagement • Assess proposals and select new project partners • Deliver future projects
			Pro-bono consultancy	• Create public process for consultancy opportunities • Identify consultancy opportunities from VOICE engagement • Assess requests and select recipients • Deliver selected consultancies
			Networking and capability building	• Develop approach to connect needs and capabilities via digital platform • Develop sustainability strategy

				• Deliver networking and learning connections
			Content development	• Content developed based on community projects, consultancy services and networking activities
Responsive, sustained and sustainable service provision	Government and sector working together	Stronger reciprocal relationships	Governance	• Review and review VAC and Executive roles and approaches • Form editorial committee for digital content
			Sustainability	• Develop and maintain digital platform audience • Evaluate and iterate all VOICE activities

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