

Case Study 1: Testing and Trust: Building Community Engagement and Stopping the Spread of COVID-19 in Victoria, Australia.

The Department of Health Behavioural Change in the context of Rapid Antigen Testing amongst at-risk communities.

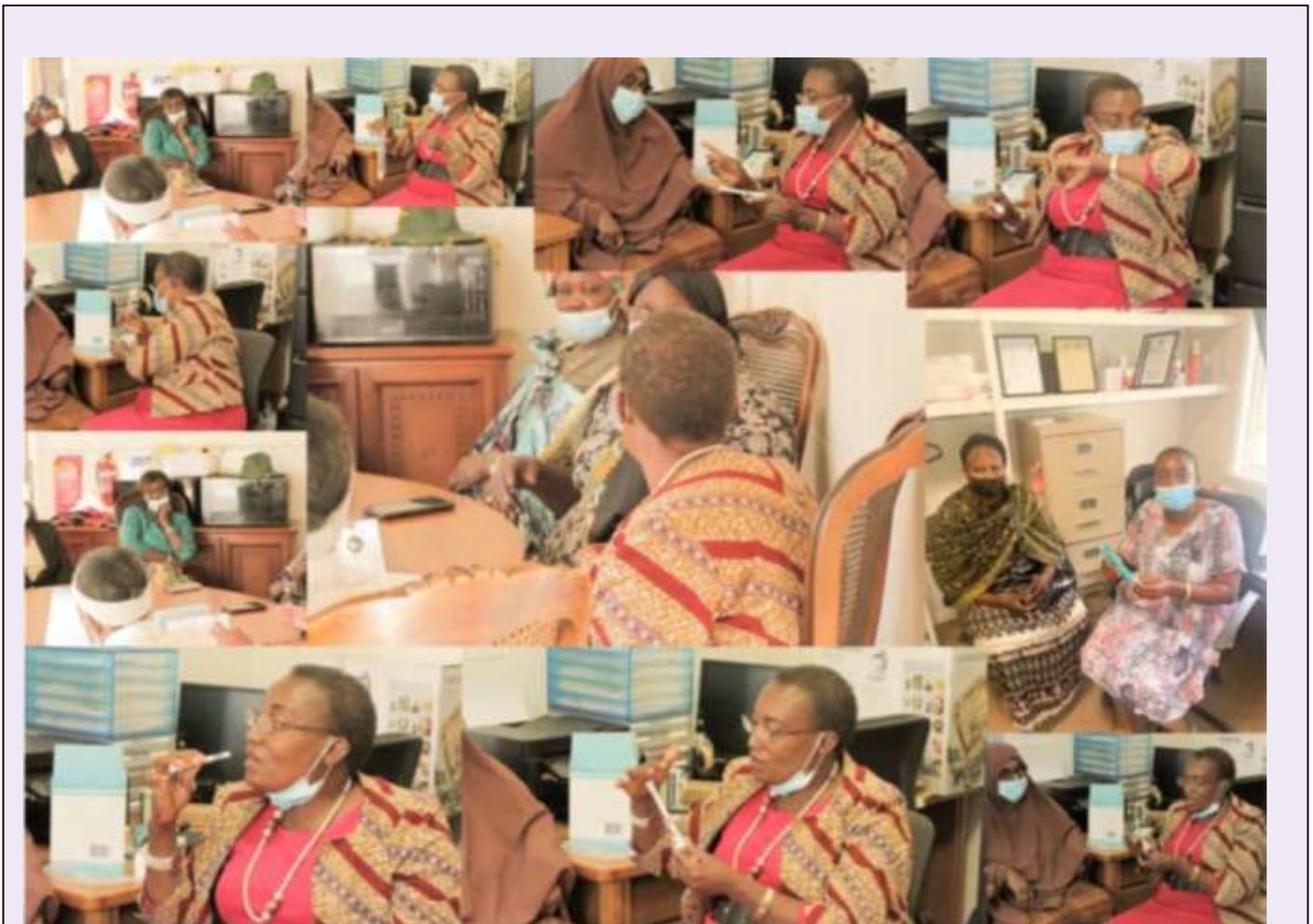


Photo courtesy Selba-Gondoza Luka.

Highlights at a glance (max 500 words)

Identify organisation, sector, and geographical location.

The Rapid Response Engagement Team (RRET) forms a central part of the COVID-19 Response Unit in the Victorian Department of Health, Australia (the department). The RRET engages with multicultural communities in Australia, people living with disability, Aboriginal and Torres Strait Islander peoples and other at-risk groups about COVID-19. The RRET informs the community about public health orders and what it means for them, consults about the efficacy of the testing system, and shares information to help community members access support to reduce the burden of COVID-19. Information is shared in various accessible formats, including language translation, face to face engagement and multi-media communications.

In December 2021, a significant and unprecedented outbreak of the COVID-19 variant, Omicron, hit Victoria with record cases and hospitalisations. The state-wide testing system was quickly over-burdened

with long wait times for PCR tests and results. Rapid Antigen Tests (RATs) were unavailable across the state due to supply chain issues. Hospitals became overwhelmed with large numbers of unwell people. This also led to multicultural communities being disproportionately represented in these statistics.

Engagement objectives, purpose, and scope

Objective: Build trust and confidence within at-risk community members in the state's public health system.

Purpose: Increase access to RATs and promote the self-management of COVID-19 in at-risk communities in Victoria.

Scope: In January 2022, the RRET designed a program to inform community members about the changes to the testing system and distribution of RATs to multicultural and at-risk community members. The program was implemented in partnership with nine Local Public Health Units (LPHUs) across Victoria, who were responsible for COVID-19 management within their local government areas across the state. Over 500 community organisations delivered front-line engagement activities and distributed approximately 340,000 RATs to at-risk community members.

Spectrum level

The IAP2 Spectrum of Public Participation was applied at various levels:

- **Inform:** Communities provided with targeted information about public health orders and how to use RATs. They were trained about legal requirements to report positive RATs to the Department. This was achieved through video production, provision of written and translated materials, phone calls and door-knocking.
- **Consult:** The RRET sourced feedback from recipients of RATs and community organisations. This was used to adapt the program and implement responsive improvements.
- **Involve:** LPHUs were involved in problem solving and decision making through weekly feedback meetings with the RRET.
- **Collaborate:** The program was co-designed in collaboration with LPHUs.
- **Empower:** LPHUs were responsible for establishing local partnerships and had the flexibility to implement relevant engagement. The department supported LPHUs through communications and RAT procurement.

Key outcomes demonstrating the impact of engagement are:

1. Sustainable, trusted, and effective partnerships and engagement networks developed.
2. Public awareness about the role of LPHUs in public health significantly increased.
3. Reduced spread of COVID-19.
4. Increased testing and self-reporting of positive results across the state. This was particularly noted in some Local Government Areas after distribution.

Key engagement takeaways:

1. Identify and engage interest groups early and with the appropriate spectrum level.
2. Prioritise local LPHU stakeholders as program leads. This establishes strong foundations for future engagement programs and local level relationships with communities.

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3. Regular communication and feedback from key stakeholders and responsive modifications create more relevant outcomes and stronger relationships.

Key search words: Sector and industry, engagement objective, main engagement method, spectrum level

Public sector, state government, public health, RATs distribution, Community Reference Advisory groups, co-design, briefings, collaborate, empower.

1.0 Objectives

The program was initiated to achieve the following objectives:

1. Stop the spread of COVID-19.
2. Reduce the burden on the hospital and testing system.
3. Support communities to manage COVID-19 at home using RATs through targeted community engagement and education.
4. Enhance partnerships between the Department, LPHUs and diverse community groups to sustain public health gains post-COVID response.
5. Build the trust and confidence of at-risk community members in the state's public health system.

Engagement Objectives, Purpose, Scope – Key Decisions

At the end of 2021, a transition began from a government-led COVID-19 response to a community-led response. Community members were now expected to monitor their symptoms, access RATs, report positive results and isolate/quarantine as per public health orders. This entailed a massive behavioural shift. RAT supply was significantly constrained, amidst a surge in cases and changes to testing requirements for Christmas inter-state travel.

Pandemic behaviours from previous supply issues included disruptive action at supermarkets, hoarding of grocery stocks and panic buying. Public sentiment ranged from disengaged to distressed. Media reporting highlighted failures to suitably engage multicultural communities in the previous phases of the response. These communities were over-represented in positive cases and low testing cohorts. The inhibited supply chain highlighted the requirement for expertly managed, responsive, and pragmatic engagement with supported communities. Sick members of the community were driving to pharmacies state-wide attempting to access RATs.

Any perceived failure to deliver RATs risked generating immense outrage. The immediate purpose was to increase access to RATs, prioritise those shown to be most at risk from past outbreaks, and promote self-management of COVID-19 in these communities to minimise the spread of Omicron.

Key Decisions:

- Urgently implement a three-week project to distribute RATs to multicultural communities and reduce community transmission.
- Translate instructions for conducting RATs and reporting positive results.

The three-week pilot period focused on improving testing, compliance, and isolation rates among members of multicultural communities throughout Victoria. Peak multicultural agencies were invited to select community organisations to receive RATs. These were filtered with alternate provision pathways, including Commonwealth or State Government programs. Hundreds of organisations registered their interest indicating a clear demand for RATs and information.

Key partners and their responsibilities are outlined in Table 1 and the progression of the program's key engagement phases is illustrated in Figure 3.

Key Decisions:

- Devolve engagement to LPHUs to manage relationships with their local stakeholders. The Department to play a support role towards LPHUs to facilitate effective communication and culturally sensitive education with community members and build trust links between critical stakeholders.
- Adapt manual registration process to a digital expression of interest to reduce administrative burden.

Two primary lines of effort were identified for engagement communications – procedural, targeted at LPHU and supported community organisations, and an 'Inform, Educate, & Support' package designed to aid community organisations in delivering uniform messaging in support of increased testing and self-management. Tools in the 'Inform, Educate, and Support' package included:

- 30+ Language pamphlets
- Simple language guides
- Frequently Asked Questions (FAQs) folio & document for community mobilisers (individuals/community leaders responsible for RAT distribution and education to community members)
- On-demand online training sessions
- Pre-recorded instructional video
- Weekly feedback guides
- Working from a base of simplified messaging, engagement with community leadership led to developing tailored messaging using established communication tools – e.g., WhatsApp message groups, audio messaging, print media.

LPHUs fed back that despite increased access to RATs, several at-risk groups were falling through the cracks, including indigenous gatherings and ceremonies, those living rough, people with disability living outside of institutional care and undocumented workers. They requested expansion of RAT distribution to include all of those in need, not just multicultural communities.

Key Decision: Expand the selection criteria of recipients to capture other at-risk community members.

At the time of writing, RAT supply chains are flowing and are accessible to most of the population. Whilst COVID-19 infection rates are still high, the testing behaviours of the Victorian population are now at a desired state.

Key decision: Conclude the program on 29 April 2022.

Finalisation and handover of the program are underway in the final week of April 2022. LPHUs will assume responsibility for procurement and distribution according to guidelines established by the project team. This will ensure the engagement networks are sustained, and that vulnerable people maintain access to free RATs.

2.0 Methodology

The pilot phase ran for three weeks in January 2022 in partnership with three LPHUs across metropolitan Melbourne. Based on relative success and demand of the project, it was scaled up to include the remaining six regional LPHUs and cover all of Victoria.

Table 1: Breakdown of Key Partner Responsibilities

Department of Health Responsibility	LPHU Responsibility
<ul style="list-style-type: none"> • Distribution logistics • Development and monitoring of recipient organisation eligibility criteria • Key messages guidance • Communications tools and resources including key translations (33 languages) and printing • Central role to gather key learnings, resources, and feedback to partners for use project implementation. 	<ul style="list-style-type: none"> • Development and management of lists of recipient organisations, including building connections with these organisations • Management and tracking of distribution coordination • Information and materials to organisations for dissemination • Maintaining and building partnerships to assist in identification of eligible organisations, as well as targeted distribution of RATs

Figure 1 below defines key interest groups apart from the nine LPHUs, along with their roles:

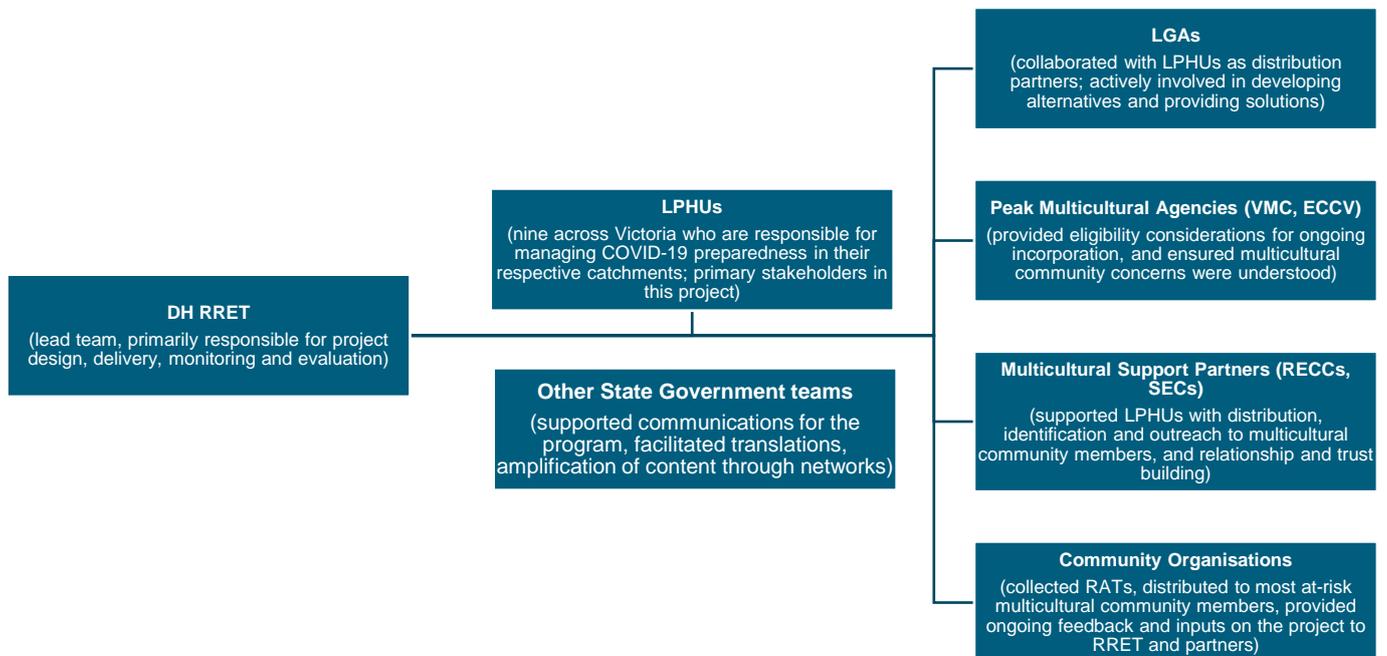


Figure 1: Stakeholders and interest groups in the project and their roles

The RRET empowered the LPHUs as primary stakeholders to own the project in the following ways:

- Daily design conversations and meetings with LPHU engagement leads during the pilot to gauge willingness and capacity to participate.
- Regular (weekly; transitioning to fortnightly) planning consultations on management of roles and responsibilities via phone calls, emails, and online meetings.
- Co-designing terms of reference for RRET and LPHUs, and eligibility criteria for the recipient organisations. Feedback from LPHU engagement leads was incorporated into these, recognising their understanding of needs of most at-risk members of their communities. These were modified following LPHU input as context and scope evolved.
- LPHUs were empowered to design their own distribution models, and form partnerships that assisted them in ensuring RATs reached their communities speedily.
- RRET prepared and provided LPHUs with plain English messaging and guidance. Following feedback, RRET got the written information translated into 30 priority languages and created a video on RAT use for wide dissemination.
- Following LPHU feedback on need to educate community organisations directly, RRET organised weekly online information sessions to answer queries from recipient organisations directly and invited LPHU staff and distribution partners to these. Soon, LPHUs took over this engagement and information responsibility entirely, working with partners they identified and recruited.
- Based on LPHU feedback around the administrative burden of tracking distribution and reporting, RRET automated the process by creating two MS Forms.
 - The first was an [online Expression of Interest \(EOI\)](#), which helped grassroots community organisations to easily access RATs if eligible. Having this online form enhanced program visibility and streamlined communications.
 - The second was an [online Proof of Delivery \(POD\) sheet](#) to be completed at the point of distribution. This eliminated the paper forms which were earlier scanned and reported back to RRET weekly. LPHUs had shared oversight over the master sheet to monitor how weekly distributions across the state were progressing.

Engagement with all stakeholders, including engagement with community organisations chosen through purposive sampling, followed the methods illustrated in Figure 2:

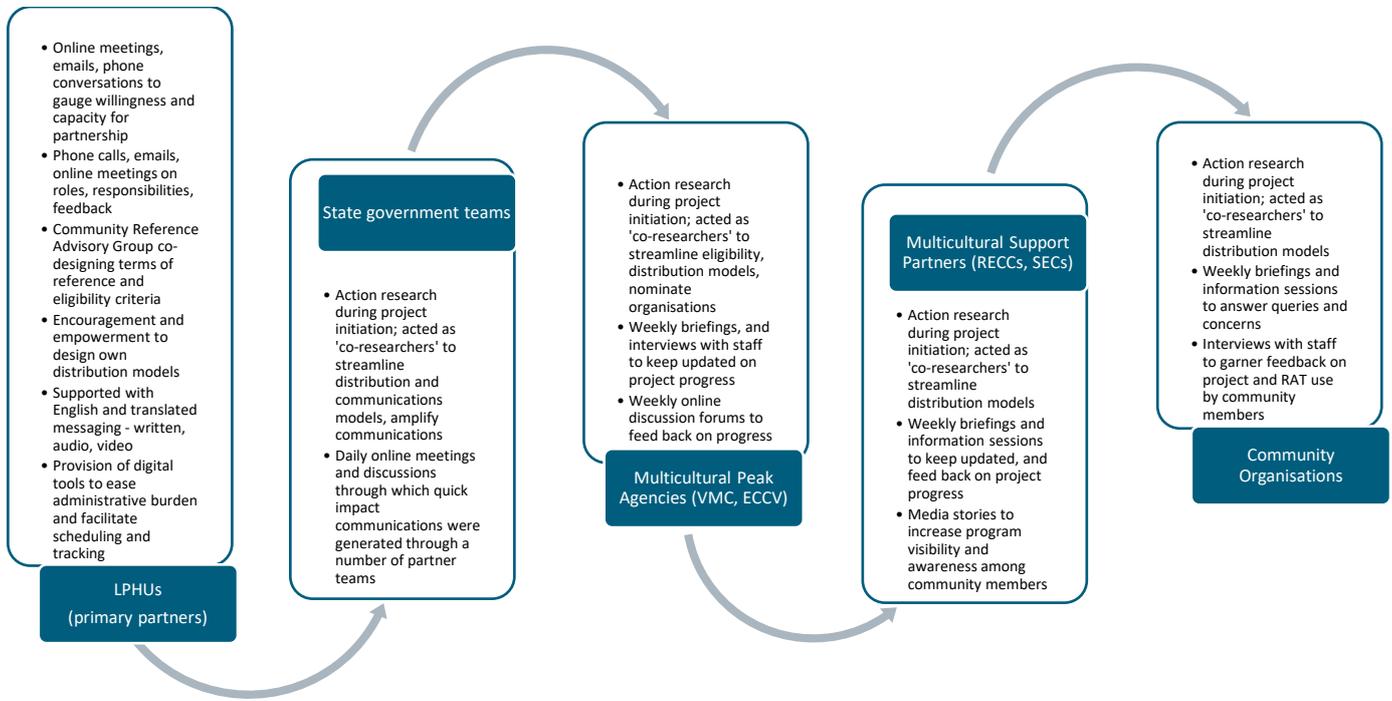


Figure 2: Engagement methods used with stakeholders

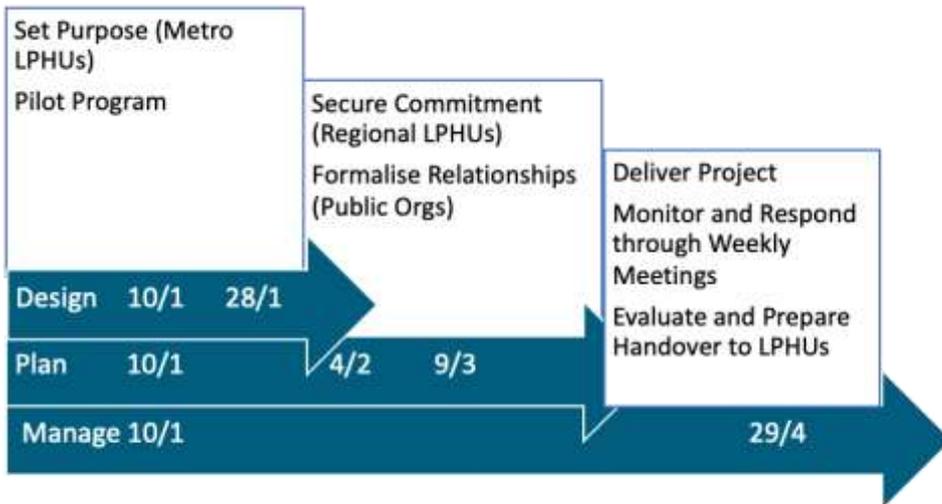


Figure 3: Project Timeline

Table 2: Alignment with IAP2 Core Values for the practice of public participation

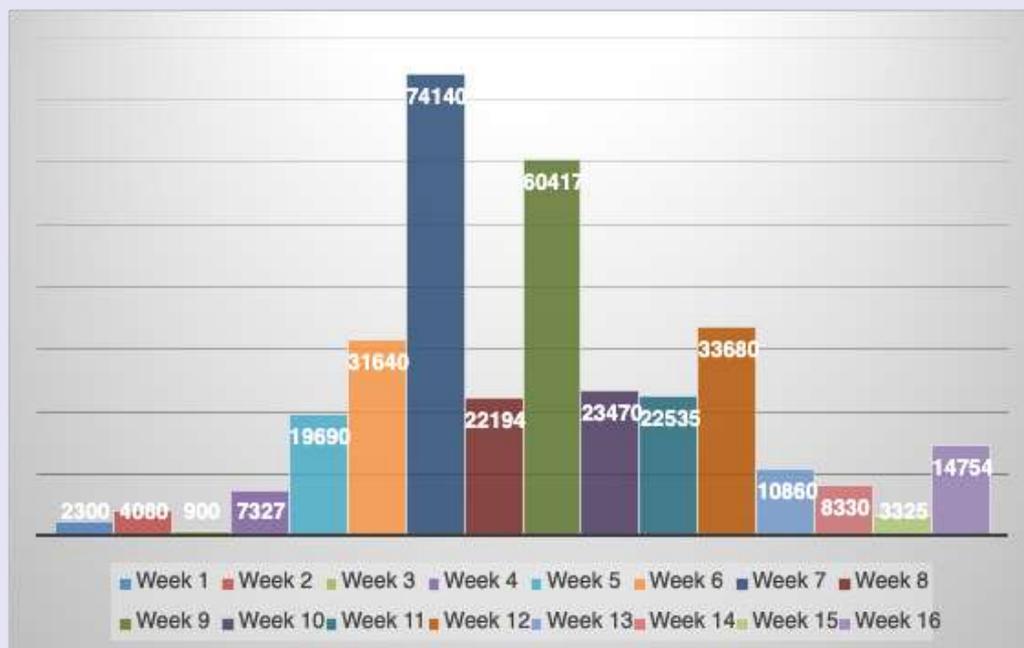
IAP2 Core Values	Example of how this was considered in the design of your project methodology
1. Public participation is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process	LPHUs were empowered from inception to lead program design, distribution methodology and on-board partners. Community organisations and their workforce were the final interface to community members. Their feedback was incorporated into program design, and their education and information needs supported by RRET and LPHUs.
2. Public participation includes the promise that the public's contribution will influence the decision	All participating stakeholders were promised that the program would evolve based on their feedback. Multiple partners fed back the need to expand eligibility during the pilot. This was done as soon as practicable.
3. Public participation promotes sustainable decisions by recognising and communicating the needs and interests of all participants, including decision-makers	Ensuring that needs of key interest groups were met was critical in influencing outcomes throughout the project. When LPHUs shared concerns about the administrative burden, RRET automated key process stages, thus assisting them to continue and encouraging remaining LPHUs to confirm their participation.
4. Public participation seeks out and facilitates the involvement of those potentially affected by or interested in a decision	The RRET team and LPHUs identified and engaged with key partners employing a range of engagement methods. Cross departmental collaboration across state government saw multiple communications teams leveraging their community networks to produce translated written and video content. This raised program awareness and participation among their stakeholder groups.
5. Public participation seeks input from participants in designing how they participate	The RRET team supported various LPHU distribution models (e.g., direct delivery to multiple distribution locations, process automation). Key partners were regularly directed to available digital resources. They requested Q&A sessions to interface directly with the Department – these were conducted on demand.
6. Public participation provides participants with the information they need to participate in a meaningful way	All program documentation was co-developed with the LPHUs and multicultural peak agencies. Updates were communicated upfront, and regularly circulated to all partners. Feedback was solicited weekly at a minimum, via emails and in online meetings.
7. Public participation communicates to participants how their input affected the decision	All partners were informed regularly of their inputs impacting program decisions. This included expansion of project eligibility, as well as changes to distribution logistics. If feedback could not be incorporated, reasoning was provided to maintain transparency.

Feedback – Verbatim Quotes

"Yes (the program) definitely strengthened partnership. We did not have a relationship with DH before... communication from DH very useful... we value the translated material from DH and I request they keep coming." – Community organisation representative in metropolitan Melbourne.

"Thank you so much for thinking of us and our vulnerable community members. I will make sure these are handed out to the right people." Community organisation representative in Albury Wodonga catchment.

RAT Distribution 10 Jan – 29 Apr 2022



- At submission, **339,892 RATs** had been distributed, including 274,357 in Melbourne Metro, and 65,535 in regional Victoria.

Training Video



Rapid Antigen Tests demonstration video created in-house – Department of Health

Extracts from pamphlets given to LPHUs to accompany RAT distribution

Using a rapid antigen test

If you have symptoms, take a rapid antigen test.

There are two types of rapid antigen test available:

Nasal – swabbing each nostril

Saliva – spitting into a tube or sucking on a swab

Most kits will have detailed instructions on how you can do your test.
All kits have a QR code which links to a video demonstration.

If your result is positive, you must report it to the Department of Health at www.coronavirus.vic.gov.au/report or on 1800 675 396. Press 0 for an interpreter when you call.

Understanding your rapid antigen test result

How your result will appear	What it means	What to do next
<p>Negative</p>	<p>It is unlikely you have COVID-19.</p>	<p>Monitor for symptoms.</p> <p>Note: If you are a household contact you must isolate for 7 days even if you receive a negative result.</p>
<p>Positive</p>	<p>It is very likely that you have COVID-19.</p> <p>The result is positive even if the second line is very faint.</p>	<p>Isolate for 7 days and follow the advice at www.coronavirus.vic.gov.au/checklist-cases.</p> <p>Report your result to the Department of Health at www.coronavirus.vic.gov.au/report or on 1800 675 396. Press 0 (zero) if you need an interpreter when you call.</p> <p>Tell people you have seen recently that you have tested positive and they should get tested too.</p> <p>Support is available – see www.coronavirus.vic.gov.au/support for information on how to access it.</p>
<p>Invalid</p>	<p>The test has not worked.</p>	<p>Take another test.</p> <p>If the second test is invalid, you should not</p>

Preparing for and managing COVID-19 at home

This booklet contains important information on:

- preparing to isolate
- managing COVID-19 at home
- understanding your rapid antigen test result.

Preparing to isolate

Have a COVID home care kit with:

- Drinks and non-perishable foods
- Simple pain/fever relief (such as paracetamol/ibuprofen)
- Thermometer (if available)
- Rapid antigen test
- Nurse-On-Call number (1300 60 60 24) and the phone number of your doctor if you have one
- Activities/toys to occupy children.

Managing COVID-19 at home

When you are isolating remember to:

- Open windows for ventilation
- Wash your hands and sanitise surfaces
- Wear a mask when with other members of your household
- Stay in your room away from others as much as possible

Have symptoms or tested positive?

Know when to get help

	Mild	Worsening	Severe
General feeling	Feeling a little unwell but okay. Able to walk around the house and do normal activities.	Feeling very unwell and tired, struggling to take care of yourself.	Having difficulty breathing, cannot take care of yourself.
Symptoms	<ul style="list-style-type: none"> Brunny or blocked nose Sore throat Aches and pains Dry cough or coughing up mucus Tired Headache Loss of taste and smell Not hungry or feeling sick Vomiting or diarrhoea High temperature (over 38 degrees Celsius) Shaking or shivering Feeling dizzy Mild shortness of breath when walking quickly Feeling sad, worried or scared 	<ul style="list-style-type: none"> Mild shortness of breath when walking around the house Unable to eat anything for more than 24 hours Unable to drink anything for more than 12 hours Not peeing very often 	<ul style="list-style-type: none"> Feeling short of breath when resting Finding it hard to finish sentences Really bad chest pain or discomfort in your chest Lips or face turning blue Skin cold, clammy, or pale Really bad headaches Fainting due to dizziness Unable to look after yourself Confused
What to do	<ul style="list-style-type: none"> Rest Drink lots of water Eat healthy meals Keep taking any usual medicines Drink oral rehydration fluids such as Gastrolyte and Hydralyte if you have vomiting or diarrhea If you live alone tell family and friends you are unwell 	<ul style="list-style-type: none"> Call your doctor or Nurse On-Call (1300 606 034) as soon as possible. They will advise you what to do next. 	<ul style="list-style-type: none"> Call Triple Zero (000) and tell them you have COVID-19

Pamphlet translations – Punjabi and Pashto

COVID-19 ਰੈਪਿਡ ਐਂਟੀਜੇਨ ਟੈਸਟ (RAT) ਲਈ ਕਦਮ ਦਰ ਕਦਮ ਗਾਈਡ

- 1** 20 ਸਕਿੰਟ ਲਈ ਹੱਥ ਧੋਕੇ ਵੱਡੇ ਡੂੰਘੇ ਢੇਰੇ।
- 2** ਠੰਡੇ ਢੇਰੇ ਟੈਸਟ ਡੈੱਕ ਨੂੰ ਖੋਲ੍ਹੋ ਅਤੇ 30 ਸਿਕਿੰਟ ਦੇ ਅੰਦਰ ਟੈਸਟ ਕਰੋ।
- 3** ਠੀਕ ਢੰਗ ਨੂੰ ਡੈੱਕ ਦੇ ਖਾਨੇ ਵਿੱਚ ਘੁੱਲੀ ਅਤੇ ਘੱਟੋ ਘੱਟ 15 ਸਕਿੰਟ ਲਈ 5 ਵਾਰ ਘੁੰਮਾਓ।
- 4** 1.5 to 2.5cm 15 sec x 5 times ਘੱਟੋ ਘੱਟ 15 ਸਕਿੰਟ ਲਈ 5 ਵਾਰ ਘੁੰਮਾਓ ਟੈਸਟ ਡੈੱਕ ਵਿੱਚ। ਖਾਨੇ ਦੀ ਡੈੱਕ ਨਾ ਛੋਕੋ।
- 5** 1.5 to 2.5cm 15 sec x 5 times ਟੈਸਟ ਡੈੱਕ ਦੇ ਖਾਨੇ ਵਿੱਚ ਘੁੱਲੀ ਅਤੇ ਘੱਟੋ ਘੱਟ 15 ਸਕਿੰਟ ਲਈ 5 ਵਾਰ ਘੁੰਮਾਓ ਟੈਸਟ ਡੈੱਕ ਵਿੱਚ। ਖਾਨੇ ਦੀ ਡੈੱਕ ਨਾ ਛੋਕੋ।
- 6** 15 ਸਕਿੰਟ ਲਈ ਹੱਥ ਧੋਕੇ ਵੱਡੇ ਡੂੰਘੇ ਢੇਰੇ ਵਿੱਚ। ਟੈਸਟ ਡੈੱਕ ਨੂੰ ਘੁੰਮਾਓ ਵੇਰੇ ਵਿੱਚ ਘੁੱਲੀ ਅਤੇ ਘੱਟੋ ਘੱਟ 15 ਸਕਿੰਟ ਲਈ 5 ਵਾਰ ਘੁੰਮਾਓ ਟੈਸਟ ਡੈੱਕ ਵਿੱਚ।

COVID-19 ਰੈਪਿਡ ਐਂਟੀਜੇਨ ਟੈਸਟ (RAT) ਲਈ ਕਦਮ ਦਰ ਕਦਮ ਗਾਈਡ

1. ਟੈਸਟ ਕਰਨ ਵਾਲੇ ਦੀ ਸਹਾਇਤਾ ਲਈ ਹੱਥ ਧੋਕੇ ਵੱਡੇ ਡੂੰਘੇ ਢੇਰੇ।

2. ਟੈਸਟ ਕਰਨ ਵਾਲੇ ਦੀ ਸਹਾਇਤਾ ਲਈ ਹੱਥ ਧੋਕੇ ਵੱਡੇ ਡੂੰਘੇ ਢੇਰੇ।

3. ਟੈਸਟ ਕਰਨ ਵਾਲੇ ਦੀ ਸਹਾਇਤਾ ਲਈ ਹੱਥ ਧੋਕੇ ਵੱਡੇ ਡੂੰਘੇ ਢੇਰੇ।

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8. ਟੈਸਟ ਕਰਨ ਵਾਲੇ ਦੀ ਸਹਾਇਤਾ ਲਈ ਹੱਥ ਧੋਕੇ ਵੱਡੇ ਡੂੰਘੇ ਢੇਰੇ।

9. ਟੈਸਟ ਕਰਨ ਵਾਲੇ ਦੀ ਸਹਾਇਤਾ ਲਈ ਹੱਥ ਧੋਕੇ ਵੱਡੇ ਡੂੰਘੇ ਢੇਰੇ।

10. ਟੈਸਟ ਕਰਨ ਵਾਲੇ ਦੀ ਸਹਾਇਤਾ ਲਈ ਹੱਥ ਧੋਕੇ ਵੱਡੇ ਡੂੰਘੇ ਢੇਰੇ।

Community created translated videos



Please click on the links below to view some of the translated videos:

[RAT demonstration video in Punjabi](#)

[RAT demonstration video in Bengali](#)

[RAT demonstration videos in various languages \(South East Community Links YouTube channel\)](#)



Extract from FAQs for community mobilisers

1. How many Rapid Antigen Tests (RATs) will be given to my organisation?

In the early weeks of the project, the Department of Health was able to distribute a maximum of 100 RATs per organisation due to a shortage in supplies in Australia. From February 2022 onwards, eligible organisations can receive more than 100 RATs, as evaluated by LPHUs (Local Public Health Units) and based on available supply, organisation size and reach, and identified needs of the targeted at-risk population.

2. How do I pick up my allocated RATs?

A representative from the Local Public Health Unit, or the Department of Health will contact you to arrange for an appropriate location to pick up allocated RATs.

3. Will I be required to sign Proof of Delivery?

Yes, you will be required to complete an automated electronic Proof of Delivery sheet upon receiving the RATs. Please note RATs must be stored at temperatures between 2-30°C.

4. Who am I able to distribute RATs to?

RATs distributed through this project are for at-risk clients, many of whom are from Culturally and Linguistically Diverse (CALD) communities across Victoria. Eligible organisations:

- Community organisations not receiving RATs through other Government agencies
- Does not include health service organisations
- Does not include council organisations
- Does not include schools or educational facilities (separate distribution program)
- Does not include organisations that solely cover aged care settings (separate distribution program)

LPHUs can make exceptions for Aboriginal organisations that are not eligible for allocations via alternative streams, mainstream organisations that service multicultural cohorts, and other organisations on a case-by-case basis.

Please note, tests should not be distributed to families and friends/organisational staff. Please do not accumulate and store supplies, they are to be distributed as soon as possible.

3.0 Manage Engagement

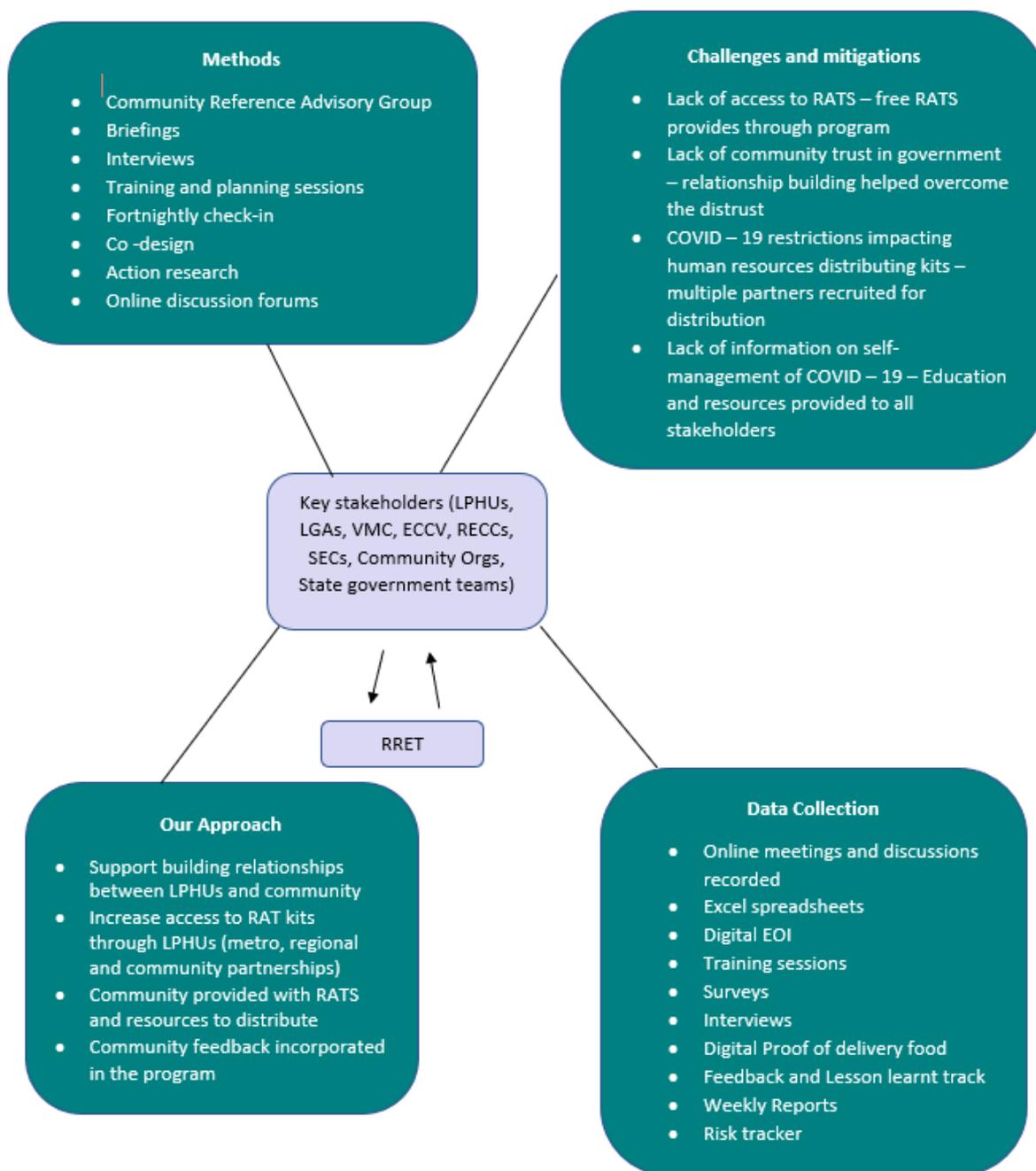


Figure 4: Management of Engagement

Outline the specific challenges (risks and constraints, engagement history if relevant) and describe how you responded to the challenges.

As engagement and delivery was being designed and planned initially, several aspects generated significant risk to program implementation, with potential for reputational impacts to the department. These risks were related to direct supply-and-demand, and included:

- Spoilage, as RATs require storage below 30°C – a significant concern during the Australian summer, and
- Public perception management if test kits were damaged in transit or storage, risking disgruntled stakeholders to pitch this as evidence of “neglect” of their community by the government.

Due to the high-tempo rollout of this project, the accelerated design phase saw the application of standard systemic controls for risk supply chain issues. The concurrent planning cycle saw unique risks centred on well-publicised incoming supply shortages, exacerbated by fervent demand. These challenges were compounded by the human resources constraints of organisational staff being exposed to COVID-19 and having to isolate. The Planning and Manage phases occurred concurrently, allowing for rapid adaptation to changing requirements again referenced in Figure 3. The clearest example of this was in the RRET pivot from an Organisational Implementation to a Behaviour Change model.

In addressing these challenges, community empowerment, and public information and education engagement proved their worth. Using robust and easy to access Proof of Delivery (POD) reporting allowed high fidelity tracking of prioritised allocations, and data-driven justification of re-directed priority delivery. Empowering community organisations via LPHUs to facilitate distribution mitigated HR issues.

Describe the approach to data collection, management, analysis and generating the findings

Due to the speed of project implementation and expansion, comprehensive minutes and action tracker updates were crucial to documenting and implementing partner feedback. The Terms of Reference specified that LPHUs were responsible for ongoing distribution monitoring in their catchments, with detailed records of recipient organisations.

Online meetings and discussion forums	Weekly discussion forums and meetings on eligibility	Q&A sessions	Ongoing meetings and calls to track allocation and distribution	Interviews with community organisations
<ul style="list-style-type: none"> • Eligibility considerations recorded on minutes • Partner feedback and inputs used to formulate terms of reference and related project documentation 	<ul style="list-style-type: none"> • Excel spreadsheets created to document eligible organisations, and for LPHUs to schedule distribution to them • Eligibility documented on publicly shared EOI for transparency, and adapted as project evolved 	<ul style="list-style-type: none"> • Feedback from community organisations documented on project actions tracker • Feedback addressed via email/follow-up meetings/modifications to project documentation, which were shared with collaborating partners 	<ul style="list-style-type: none"> • Excel tracker maintained by RRE to track allocation per LPHU • Paper POD forms initially signed by recipient organisations, scanned and sent back to RRET weekly • POD forms replaced with online MS Forms to be completed at the point of distribution; shared oversight over master spreadsheet for RRET and all LPHUs • Automated EOI to track interest among eligible organisations; shared oversight over master spreadsheet for RRET and LPHUs to schedule distribution 	<ul style="list-style-type: none"> • Representatives of community organisations interviewed to document feedback • Feedback recorded, and actions noted on tracker, loop closed on follow-up meetings/modified project documentation

Reporting

- Information from automated POD mastersheet as well as verbatim feedback from LPHUs and partners were included in weekly reports to Department executive leadership

Figure 5: Approaches to data collection, monitoring, and analysis

With limited RAT supply in the project pilot phase, key stakeholders were requested to nominate eligible organisations for distribution via Excel spreadsheets with shared oversight. This ensured elimination of duplication. As supply increased, LPHUs were given permission to distribute to organisations with an expanded scope, i.e., higher numbers and repeated distributions to organisations with the capacity to distribute widely. Automated EOIs and POD sheets ensured tracking of organisations registering interest and organisations who had received RATs.

Three community organisations, each servicing distinct cohorts, were chosen through purposive sampling and interviewed to capture feedback on the program and RAT uptake in their communities. This feedback validated the ongoing need for the program and the benefits of engagement and the partnership approach. The feedback also reaffirmed the perceived benefits of the state government working directly with community members.

4.0 Outcomes, impact and insights

Appropriateness and effectiveness of the engagement program, including reach, outputs, outcomes, impact, and actual spectrum level of influence.

Due to the following outcomes, RRET feels that we have more than achieved our engagement objectives through this program:

- Over 340,000 RATs distributed by over 500 community organisations to those most at risk.
- Increased uptake of RAT testing and self-reporting, aligned with long term objective of self-management of COVID-19.
- Reduced spread of COVID-19, increased self-reporting of positive results, community connected with appropriate support, lives saved.
- Improved competency, understanding and knowledge of COVID-19 self-management.
- Changes in attitudes and behaviours towards testing, including improved help-seeking behaviours in at-risk communities.
- Improved public-government relationships, and creation of a powerful network of state-wide engagement practitioners.

Highlights:

- Three Local Government Areas (LGAs) went from under-reporting positive RAT results to matching the state average (55% to 63%) within a fortnight. This resulted from a targeted increase of RAT supply to those LGAs and a purposeful engagement central/LPHU collaboration.
- 40 out of 60 RATs distributed to one association of fruit pickers returned positive results – this was a direct outcome of the LPHU identifying and supporting the association and the community as a priority cohort.

Evaluation of engagement undertaken, insights or lessons learned

A final evaluation of the project is yet to be undertaken. Feedback collected over four months has shown:

- RATs are an effective engagement tool, instrumental in building trust and confidence within the state's public health system.
- The program has strengthened relationships between key stakeholders in the public health system.
- Communities have an improved understanding of the role of LPHUs.
- LPHUs can now distribute RATs through various platforms and use the opportunity to disseminate public health messages.
- Community organisations and community leaders appreciate direct communication from the government. They feel that government trusts them to know their communities and community channels best.
- Some communities felt that their "dignity is preserved" when they can access essential RATs without dealing with bureaucracy during a pandemic.

Innovation and Uniqueness

Leveraging the unique challenges of new technologies (RATs) to influence rapid behaviour change in response to an unprecedented emergency, the RRET established a methodical yet adaptive engagement program. The program assisted to regain the trust of key community stakeholders and set precedent for future emergency responses. This will allow a greater efficiency, engaged community response to local issues and improved design and planning of whole-of-government responses.

The program is acknowledged as an important legacy of the COVID-19 Response in Victoria.

Provide evidence about levels of participant, stakeholder, and organisation satisfaction

"It means a lot to us. We don't have to queue. We don't have to pay, as it is not cheap. We don't have to explain our whole life story to a stranger (chemist staff) when we tried to claim the free ones through our concession cards. We don't have to lose our dignity just to get something as essential as RATs during a pandemic." – Community leader

"We can now see the government wanting to work with common people... the community know who is sick and who is not, and who can deliver the message in their language... Trust is needed. Trust has improved." – Community leader

"Our community leaders shared stories of non-English speaking elders having difficulty accessing rapid antigen tests through pharmacies using their pension cards. There is great energy and a strong sense of commitment from community groups to collaborate with public health units to help protect the health of their communities." – Local State MP

"One client has never had a test before, so it just made it as accessible as possible to use them! Others are the type to not go to the pharmacy and get one, even though they could get free ones with concession card, so it took away any possible barriers to just getting tested if they have symptom." – Regional LPHU staff member

"[Communities]... also worry about the social isolation experienced by vulnerable members of their communities (with many social groups not meeting face-to-face) and see rapid antigen tests as a tool to help restore greater community connection." – Local State MP

"Finding RAT tests for clients had been an issue so for this team having them available has made a huge difference. All of the communities have really appreciated receiving the tests as so many can't afford them. I have had feedback the people are testing now – when they either didn't have access or had to buy them some were just not testing." – Regional LPHU staff member

Media Coverage

Improving access to RATs for Shepparton's multicultural communities



Improving access: Ethnic Council of Shepparton and District, St Paul's African House and Shepparton Central Rotary Club representatives from left to right, Susan Johnston, Chris Parnell, Kate Radevski, Chris Hazelman, David Hardiment, Sam Atukorala and Les Mitchell. Photo by Anna McGuinness

<https://www.sheppnews.com.au/news/improving-access-to-rats-for-sheppartons-multicultural-communities/>



<https://www.youtube.com/watch?v=laCFMD0SenU>

(Program mentioned at 0:36-0:51)



<https://twitter.com/WBFCFoundation/status/1483307765716353025>

(ABC News coverage highlighting program)



Feedback from community organisation

Acknowledgements and to find out more:



Department
of Health

We want to thank the Victorian Department of Health for agreeing to share this case study and insight to advance engagement practice. This case study was co-authored by Adna Farah, Aparna Ravichandran, Jonathan Batten and Sunita Varlamos, and was reviewed by Nichola Krey. Laura Carroll and Alicia Infanti supported the development of this submission.

At the time of publishing, Adna Farah, Sunita Varlamos, Jonathan Batten were employed in the Department in the position of Senior Engagement Advisors, Aparna Ravichandran and Yelena O'Sullivan were employed as Engagement Managers, and Nichola Krey as Director of the Rapid Response Engagement Team. All team members acknowledged have contributed to the program and were included in the write up of this case study.

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For more information:

- [Expression of interest \(EOI\) form used by organisations to access RATs](#)

- [Proof of delivery \(POD\) form used to collect distribution data](#)

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