# ACTIVE OUTREACH COVID-19 TESTING AND VACCINATION RESPONSE

## Case Study

**Hands Up Mallee (HUM)** is a community-led collective impact initiative in the Mildura LGA, far northwest Victoria. Local leaders started HUM in 2015 when they realised the need for a different way of working to address social, health and wellbeing equity issues in the community.

HUM is a partnership involving the community, local service providers, agencies and all three levels of government, supported by a local Backbone (or support) Team. The initiative uses a place-based approach to co-design solutions for local issues, centring the community's voice and combining it with local data and current research to develop collective action for a better community for children, young people, and their families. HUM is dedicated to their community aspiration of 'a connected community where families matter, and children thrive'.

Some partners and the Backbone Team are continuously involved in the HUM collaboration, while other organisations and individuals contribute to specific HUM initiatives that align with their purpose, activities, interests, and expertise.

Hands Up Mallee's Overarching Theory of Change and associated Key Evaluation Questions serves as a guide to its work.

**Figure 1: Simplified Levels of Journey of Change**

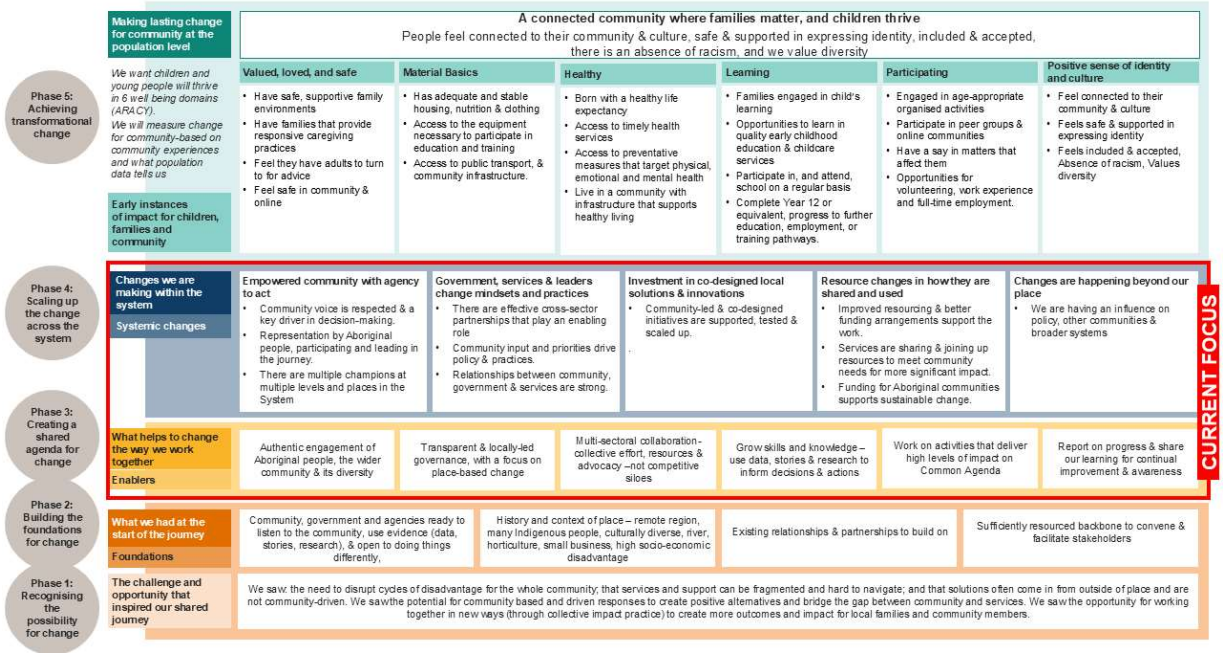

The HUM community identified in 2021 that by working on the enabling conditions there will be a greater likelihood of creating systemic changes, which in turn will lead to creating impact for children, young people and families, and in the longer term create lasting change in the NEST ARACY outcomes at the population level.

Three years on, three case studies:

- The Red Cliffs Project
- HomeBase Hoops
- Active Outreach COVID-19 Vaccination and Testing Response (AOCTVR)

have been chosen to illustrate the tactical work undertaken by the HUM Backbone Team to improve the enabling conditions and identify signs of early systemic changes as a result of this work. They, along with the evaluation report, will serve to inform funders, stakeholders and secondary audiences about the essential, independent and flexible role of the Backbone Team as a facilitator for place-based change.

**Figure 2: Hands Up Mallee's Over-Arching Theory of Change**



# CONTENTS



## List of figures

# SUMMARY

Victoria's approach to COVID-19 vaccination did not have an equity focus. Compared to metropolitan Melbourne, there were limited and delayed opportunities for residents in the Mildura Local Government Area (LGA) to be vaccinated. Furthermore, sub-cohorts in the Mildura LGA experiencing disadvantage, including people experiencing multiple forms of socio-economic disadvantage living in social housing, people living in overcrowded housing, people for whom English was not their first language, people who did not have a Medicare card, people on temporary visas, undocumented migrants, and some parts of the Aboriginal and Torres Strait Islander community, had real difficulty accessing vaccinations. To address this, the Hands Up Mallee (HUM) Backbone Team and partner organisations worked alongside community members to develop, resource, and deliver an **equity-focused Active Outreach COVID-19 Testing and Vaccination Response (AOCTVR)**, which not only empowered the community in an entirely different way from the standard emergency response but also significantly increased vaccination rates amongst the target cohorts.

## What HUM means by 'equity'

**Equity** refers to the principle of creating the conditions for fair and just inclusion of all individuals based on their specific needs and circumstances.[1] Unlike equality, which means giving everyone the same resources or opportunities, equity recognizes that people start from different places and may require different kinds of support to achieve similar outcomes. It means identifying gaps in opportunities, outcomes, and representation, and taking targeted actions to address those gaps not just for individuals but systemically so that everyone can have a good life.[2] HUM has a strong equity focus and works on the assumption that solutions to complex challenges will only be effective and sustainable with the active and meaningful involvement of community, particularly community members experiencing inequity.

## Types of AOCTVR changes covered in this case study

This case study distinguishes between two types of AOCTVR changes:

- **Direct changes**: observable and measurable changes that happened right away because of something specific AOCTVR did.

[1] Glover, A. (2015). Equity Matters in Collective Impact.
[2] Kania, J., et al. (2022). Centering Equity in Collective Impact.

- **Ripple effects:** the indirect changes including new initiatives that emerged because of AOCTVR. These effects go beyond the immediate, observable outcomes and include broader changes that were significantly shaped by the insights, learnings, and practices introduced by AOCTVR. Ripple effects may manifest over time and can extend to areas or stakeholders not initially targeted, demonstrating the wider reach and influence of AOCTVR's work.

  Ripple effects can also contribute to or be a part of **systems change**, especially when multiple ripple effects accumulate over time to create significant shifts within a system. For example, small changes in community practices, influenced by AOCTVR, might eventually lead to larger changes in social norms or policies, contributing to systems change.

## Acronyms

There are multiple acronyms used in this case study:

| Acronym | Description |
|---|---|
| **AOCTVR** | Active Outreach COVID-19 Testing and Vaccination Response |
| **CALD** | Culturally and Linguistically Diverse |
| **CHO** | Chief Health Officer |
| **HEU** | Health Equity Unit |
| **HUM** | Hands Up Mallee |
| **LGA** | Local Government Area |
| **LMPHU** | Loddon Mallee Public Health Unit |
| **MDAS** | Mallee District Aboriginal Services |
| **MRCC** | Mildura Rural City Council |
| **PHN** | Primary Health Network |
| **SCHS** | Sunraysia Community Health Services |
| **SMECC** | Sunraysia Mallee Ethnic Community Council |

## Starting information and context: COVID-19 pandemic in Australia and the Mildura LGA

On 30 January 2020, the World Health Organization (WHO) declared the coronavirus outbreak a Public Health Emergency, and on 11 March 2020, it declared COVID-19 a global pandemic. The first Australian case of COVID-19 was recorded in Victoria on 25 January 2020. In response to the threat posed by COVID-19, a State of Emergency was declared in Victoria on 16 March 2020 by the Minister for Health under the Public Health and Wellbeing Act. This activated the powers of the Chief Health Officer (CHO) to issue directions and set requirements to eliminate or reduce risks to public health. The first direction from the CHO under these new powers included banning non-essential mass gatherings of over 500 people, such as cultural events, sporting events, or conferences. Subsequent directions over the next two years saw the introduction of interstate travel restrictions, movement restrictions such as only being able to travel within a specified radius of home and only being able to leave home for listed essential

reasons, work-from-home orders, temporary closure of schools, closure of non-essential retail outlets, and a mandated vaccination program.[3]

Australia's COVID-19 vaccination program began on February 22, 2021. Initially, the supply of vaccines was limited to priority essential workforce groups, including healthcare workers and aged care staff, and the general population who were deemed at high risk of poor outcomes if they contracted COVID-19, including older Australians, people with an underlying serious medical condition, and Aboriginal and Torres Strait Islander people. As the vaccine supply in Australia increased, the number of people eligible to receive a vaccination also increased. The Commonwealth Government worked in partnership with the States and Territories to ensure a high level of COVID-19 vaccine coverage nationally. High levels of COVID-19 vaccination across the population aged 15 and above was a key component of the strategy to progressively return to pre-COVID-19 life safely.[4]

In April 2021 the Victorian Government implemented Mass Vaccination Hubs, the first of which opened in metropolitan Melbourne and Geelong.[5] A Mass Vaccination 'sub-hub' didn't open in Mildura until June 14, 2021. Prior to that, the closest vaccination hub was a four-hour drive away in Bendigo. As of August 31, 2021, only 50.5% of eligible residents in Mildura had received their first dose of the COVID-19 vaccine, the lowest rate of any LGA in regional Victoria. In part, this was due to the delay in opening a Mass Vaccination Hub in the region, workforce issues, and supply shortages of the Pfizer vaccine.[6] On September 7, the first vaccine mandates were introduced in Victoria for "essential workers" in high-risk workplaces, such as healthcare and aged care settings, construction, and education. These mandates were gradually extended over September and October 2021 until they applied to the entire adult population.

## The need for a local equity-focused and collaborative response to overcome vaccination access barriers in the Mildura LGA

In late August 2021, against a backdrop of low vaccination rates in the Mildura LGA, limited access to the Pfizer vaccine, and a Mass Vaccination sub-hub in Mildura that had opened two months later than the hubs in Melbourne and Geelong, the HUM Backbone Team started raising concerns about parts of the local population who were not able to access the vaccine because the approach lacked an equity focus. In response to this, the HUM Backbone Team worked closely with local Aboriginal and CALD community Elders and leaders as well as 18 local health and other services and organisations to develop and deliver an equity-focused Active Outreach COVID-19 Testing and Vaccination Response (AOCTVR). The response was continually iterated based on continuous learning and improvement cycles and driven strongly by community members.

## Methodology

This case study forms a crucial component of a broader evaluation encompassing, the *Hands Up Mallee Mid-term Evaluation Report* and two further case studies covering the Red Cliffs Project and HomeBase Hoops.

[3] Independent Pandemic Management Advisory Committee (2022). Review of COVID-19 Mandatory Vaccination orders in Victoria
[4] Australian Government. (2021). Australian COVID-19 vaccination policy.
[5] Silva, K (2021). Brett Sutton gets his first COVID jab as mass vaccination centres open across Victoria.
[6] Testa, C. (2021). Support staff, vulnerable residents wait for Pfizer in Mildura with no vaccination hub.

The AOCTVR case study was developed using a mixed methods approach for data collection drawing on nine semi-structured interviews with key AOCTVR stakeholders, 23 survey responses, and a comprehensive desktop review of 35 documents including:

- Three specific AOCTVR publications detailing the initiative's learnings, insights, outcomes, and success factors: the independent Active Outreach COVID-19 Testing and Vaccination Response evaluation report (2022) by Clear Horizon as well as HUM's 'Working Together, We Can Do It' evaluation video, and 'Having an Impact: Place-Based Collaboration in the Time of COVID-19' blog.
- 32 additional academic and grey literature resources including articles, websites, public reports, local Mildura LGA and Australian Bureau of Statistics data sets, and social media content.[7]

## Data analysis

To create the AOCTVR case study, an applied inductive approach was used informed by a combination of methods to meet HUM's unique needs. This included Significant Instances of Systems and Policy Improvements (SIPSI), Outcomes Harvesting, and Most Significant Change. Qualitative data was analysed thematically and cross-referenced against quantitative data from the surveys and documents. Using an evidence table, the results from different data sources were synthesised and coded. Data from the different datasets was triangulated to make the case study more robust.

To assess the significance of AOCTVR's outcomes, the HUM Backbone Team and partners' level of contribution to outcomes, and the strength of the supporting evidence, three rubrics were utilised. These rubrics were designed by Clear Horizon with input from the HUM Backbone Team and were adapted from those used in the 'Logan Together Community, Maternal and Child Health Hubs' contribution analysis evaluation.[8] The rubric's can be found in Annex 5 of the report.

## Joint sensemaking and verification

To ensure comprehensive coverage and accuracy of the case study content and findings, two sensemaking workshops were conducted: one with the HUM Backbone Team and another with key stakeholders involved in AOCTVR. These workshops were instrumental in gathering feedback on the preliminary findings, identifying potential inaccuracies, and uncovering opportunities for improvement.

To further validate the case studies and assess the significance of AOCTVR's outcomes, HUM's contributions, and the robustness of the evidence, a verification panel comprising four independent experts in place-based systems change was convened. This panel participated in two assessment rounds:

- **Round 1**: was used to identify opportunities to enhance the case studies. Insights from this session prompted the collection of additional evidence through further desktop review and follow-up conversations with interviewees and other key stakeholders involved in AOCTVR or its ripple initiatives. The latter includes initiatives that were a direct result of or significantly shaped by AOCTVR insights and learnings.

- **Round 2**: was used to undertake independent assessment of the case studies against the three verification rubrics and provide final judgments.

[7] A complete overview can be found in the evidence section.
[8] Dart, J. (2021). Contribution Analysis – Logan Together.

# ABOUT THE ACTIVE OUTREACH COVID-19 TESTING AND VACCINATION RESPONSE (AOCTVR)


In late August 2021, after mass vaccination clinics had been occurring in Mildura for four to five months in an attempt to vaccinate the adult population in line with Victorian State Health Department directives, the HUM Backbone Team raised concerns with the CEO of Mildura Rural City Council (MRCC) about parts of the local population not being able to access vaccinations. The HUM Backbone Team believed the vaccination response lacked an equity lens, resulting in members of the community most likely to experience poor outcomes due to COVID-19 being the least likely to be vaccinated. This included people experiencing multiple forms of socio-economic disadvantage living in social housing, Mildura LGA residents living in overcrowded housing, for whom English was not their first language, and who did not have a Medicare card, as well as some parts of the Aboriginal and Torres Strait Islander community.9 The HUM Backbone Team and MRCC worked together to raise this issue with the local pandemic executive, and then developed and secured funding for a local approach to progress equity in the vaccine roll-out over the next month.

In October 2021, a group of HUM partners, along with the HUM Backbone Team, launched the equity centred Active Outreach COVID-19 Testing and Vaccination Response (AOCTVR). Coincidentally, this coincided with an outbreak of the COVID-19 Delta strain in Mildura on 8 October 2021. This outbreak led to an associated state-enforced, week-long local government area lockdown, which was extended by a further week due to persistent high case numbers and lagging vaccination rates. The Mildura LGA was the only area outside of metropolitan Melbourne locked down in the state of Victoria during this period.[10] [11]

The AOCTVR initiative aimed to improve immunisation rates in cohorts the HUM Backbone Team and MRCC believed were likely to be under vaccinated based on information from the local community, the vaccination statistics for the Aboriginal and Torres Strait Islander community, and what was occurring across the rest of Australia. AOCTVR specifically focussed on providing easy access to vaccination and testing opportunities in geographic areas of the Mildura LGA that were known to have a high percentage of social housing and high levels of socio-economic disadvantage according to the SEIFA index.[12] The approach also focussed specifically on reaching migrant and refugee communities including temporary visa holders, and undocumented migrants, as well as Aboriginal and Torres Strait Islander communities.

[9] Clear Horizon. (2022). *Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.*
[10] Crabtree, R. (2021). Vaccination rates 'set to rise' in Mildura, as data highlights rocky start to rollout.
[11] Reid, J. (2021). Local Government Victoria Bulletin: Mildura Enters Lockdown.
[12] Australian Bureau of Statistics. (2023). Socio-Economic Indexes for Areas developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly Census. SEIFA consists of four indexes: 1) The Index of Relative Socio-Economic Disadvantage (IRSD), 2) The Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD), 3) The Index of Education and Occupation (IEO), and 4) The Index of Economic Resources (IER).

Key barriers for these cohorts included a lack of transport options, such as no access to cars or public transport to attend mass vaccination locations, a lack of cultural safety and language barriers at mainstream vaccination clinics, a complicated online booking system, lack of childcare, disinformation about COVID-19 vaccinations, and low understanding of and trust in the healthcare system. There were concerns that failing to reach these groups would lead to a higher risk of a significant local outbreak. From October 9 to November 20, 2021, to help combat the Delta outbreak and increase vaccination rates more broadly, AOCTVR delivered combined COVID-19 testing and vaccination services at 38 pop-up clinics across seven trusted and culturally safe community locations: Buxton Sobee Park, Birralee Avenue Reserve, Flamingo Park, Hornsey Park, Sunraysia Mallee Ethnic Communities Council (SMECC) (vaccinations only), the Red Cliffs Civic Centre and the Merbein Community Hub. Many of these locations were within walking distance for residents from the identified cohorts.

To enhance the effectiveness and reach of the outreach response, each AOCTVR partner focused on their strengths and expertise. Additionally, AOCTVR used 'Community Champions'; trusted local individuals with strong community ties who knew who the 'right' people were to talk to within local families and encouraged attendance through targeted engagement such as doorknocking, connecting with religious communities, and online chat groups (WhatsApp, Line, Facebook groups, etc.). For instance, to meet the unique needs of Malay residents, a WhatsApp group was established by SMECC with support from a Malaysian Community Leader who translated government health messages into Malay. Another example entails a Burundian community leader creating voice messages in Kirundi to support the Burundian community, for whom written communication is a less effective approach.[13]

They also supported priority groups with reassurance and cultural guidance. This included walking people through the vaccination process, addressing their concerns in their own language[14], assisting with forms, looking after children while caregivers were being vaccinated[15], and allowing residents multiple visits to a pop-up clinic before committing to vaccination. A welcoming environment was created by playing cultural music, offering free food, and greeting people in their own language.

Other success factors of AOCTVR included offering transport support, allowing vaccinations without requiring a Medicare card, reassuring individuals without residency status that they would not be reported to immigration authorities, and providing hard copy vaccination certificates, which were essential for people to keep their jobs. According to attendance data at the SMECC clinics, 32% of those who attended (136 out of 431 people) didn't have a Medicare card.


[13] Follow-up conversation with HUM stakeholder after AOCTVR case study sensemaking workshop
[14] PHN Murray (2021). Translation support at the SMECC clinics was provided in the following languages: Cambodian, Congolese, Haka Chin, Hazaragi, Indonesian, Lao, Malay, Tetum, Thai, Tongan and Urdu.
[15] Salvation Army Sunraysia (2021). Facebook post.

## Active Outreach COVID-19 Testing and Vaccination Response Partners

| Partners | |
|---|---|
| • Aboriginal and CALD Community Elders and Leaders<br>• Bendigo Health - Loddon Mallee Public Health Unit<br>• Connected Beginnings Mildura<br>• Department of Justice and Community Safety<br>• Hands Up Mallee Backbone Team<br>• Mallee District Aboriginal Services<br>• Mallee Family Care<br>• Mallee Sports Assembly<br>• Merbein Family Medical Practice | • Mildura Community House<br>• Mildura Fijian Community<br>• Mildura Rural City Council<br>• Murray Primary Health Network<br>• Red Cliffs Church of Christ<br>• Red Cliffs Resource Centre<br>• Salvation Army Sunraysia<br>• Sunraysia Community Health Services<br>• Sunraysia Mallee Ethnic Community Council<br>• Sunraysia Medical Clinic<br>• Victoria Police (Vic Pol) |

## Contribution of the HUM Backbone Team to AOCTVR

The HUM Backbone Team played a crucial role in initiating AOCTVR and leading the response providing pivotal backbone support, as well as capturing its learnings and impact. The HUM Backbone Team:

- **Raised awareness about the need and advocated for an equity focused targeted response to COVID-19 vaccinations in the Mildura LGA**: The HUM backbone team raised the issue of a lack of equity focus on the vaccine roll-out and advocated for a targeted place-based approach to provide residents experiencing barriers access to COVID-19 vaccinations with the CEOs and senior State Government bureaucrats on the local Pandemic Executive Team.

- **Negotiated access to resources to deliver AOCTVR:** This included securing financial resources through the Loddon-Mallee Public Health Unit (LMPHU) and Murray Primary Health Network (PHN) to deliver the equity-focused AOCTVR in the Mildura LGA, as well as in-kind resources from HUM community partners such as buildings, tents, equipment and volunteers to run the pop-up clinics, as well as food and drinks, transport, community engagement, comms and childcare support.

- **Drew on deep and long-held trusted relationships with Aboriginal and CALD leaders and cross-sector partners** developed over years of targeted social change work in the Mildura LGA to collaboratively deliver AOCTVR. This allowed the Backbone Team to:
  - quickly mobilise Aboriginal and CALD leaders whose role included the provision of (cultural) guidance in the development and delivery of the response, and
  - bring together 18 cross-sector partners to collaboratively deliver AOCTVR.
- **Provided the authorising environment and supported partners to put their ideas into action and successfully navigate barriers, rules, and regulations** preventing effective delivery of the AOCTVR.

- **Maintained a continuous line of communication** through trusted relationships with community members, Elders, and organisational leaders to iterate and adapt the response as required to improve outcomes.

- **Worked in the active outreach vaccination hubs in non-clinical roles.**

- **Captured the learnings and impact from AOCTVR to build an evidence base for locally led emergency management responses** - The learnings and outcomes of AOCTVR are documented in an independent evaluation report commissioned by the HUM Backbone Team as well as HUM's 'Working Together, We Can Do It' video and 'Having an Impact: Place-Based Collaboration in the Time of COVID-19' blog. These resources communicate AOCTVR's learnings, insights, outcomes, and success factors. Having made these resources publicly available and the findings endorsed by multiple stakeholders strengthens HUM's evidence base for its locally led approach.
  Having published findings also increases the likelihood that others will be exposed to and draw upon what HUM learned during AOCTVR to apply it during future emergency responses and other collaborative work.

- **Elevated the learnings from the equity focus taken during the delivery of AOCTVR and applied them to recovery phase activities and other initiatives** such as Fun in the Park.

## Contributions of other HUM partners to AOCTVR

The HUM backbone team worked together with 18 partner organisations as well as Aboriginal and CALD Elders and Leaders to deliver AOCTVR. The specific contributions from these different stakeholders are detailed below:

- **AOCTVR coordination:** MRCC staff partnered with the HUM Backbone Team to provide coordination support for AOCTVR.

- **Mobilised the community**: identified and put effective strategies into action to reach and support the communities and groups that were insufficiently reached by the mainstream vaccination clinics and provided advice regarding the locations, timings, and set-up of clinics - Aboriginal and CALD Community Elders and Leaders, Red Cliffs Church of Christ, SMECC, and Victoria Police.

- **Provided clinical governance, processes, and protocols**: adapted processes and protocols to enable PCR testing and COVID-19 vaccinations on one combined as well as pop-up vaccinations in non-clinical settings - Sunraysia Community Health Services (SCHS) and LMPHU.

- **Administered immunisations and tests**: LMPHU, Mallee District Aboriginal Service, Merbein Family Medical Practice, SCHS, Sunraysia Medical Clinic.

- **Provided support at the pop-up clinics in non-clinical roles**: Aboriginal and CALD Elders and Leaders, Connected Beginnings Mildura, Department of Justice and Community Safety, Mallee Family Care, MRCC, SMECC, Victoria Police.

- **Hosted pop-up clinics:** Mallee Sports Assembly, Mildura Community House, Red Cliffs Resource Centre, SMECC.

- **Resourced AOCTVR:** Murray PHN contributed a $40,000 grant and MRCC provided in-kind support to help establish the pop-up clinics, including tents and other necessary equipment, plus food and beverages to distribute at the vaccination pop-ups. Other HUM partners delivered in-kind support by making their staff available to support AOCTVR, including MRCC and SMECC.

## Journey map

A visual map of AOCTVR's journey can be found on page 13.

## HUM TOC Enablers and Systemic Changes covered in this case study

| Outcome level | Outcomes achieved |
|---|---|
| **Which of HUM's systems change outcomes are addressed?** | • An empowered community with agency to act<br>• Government, services, and leaders think and act differently<br>• There's investment in locally co-designed solutions / innovations<br>• Resources are shared and used in different ways<br>• Changes are happening beyond the Mildura LGA |
| **Which of the enabling outcomes are present in this case study?** | • Authentic community engagement (Aboriginal, CALD, LGBTIQ+, etc.)<br>• Transparent and locally led governance.<br>• Multi-sector collaboration (collective efforts, resourcing, advocacy)<br>• A focus on growing skills and knowledge / Evidence-informed decision making<br>• A focus on activities that deliver high levels of impact<br>• Sharing of progress and learnings for improvement and awareness raising |

## Key outcomes

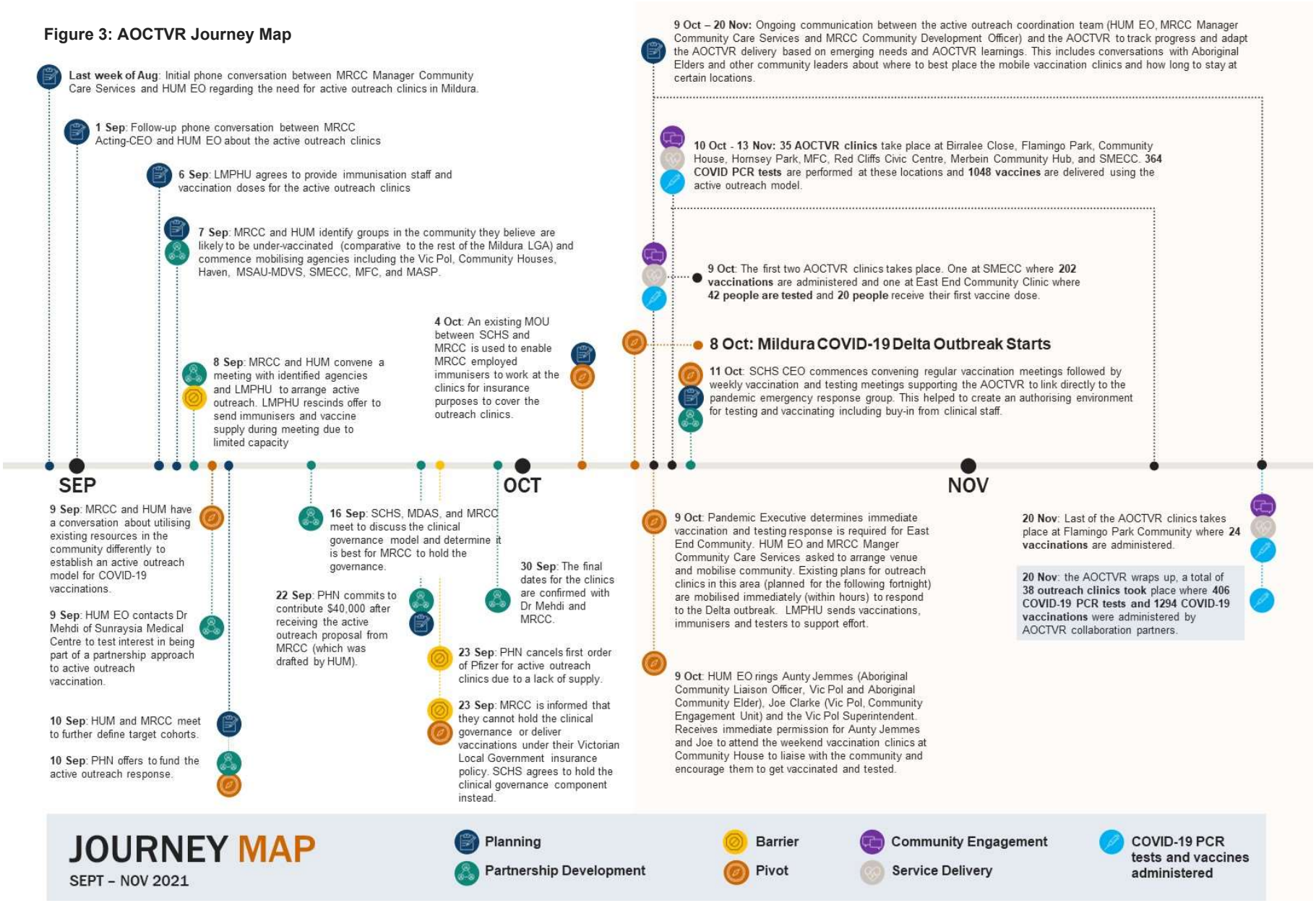
The key outcomes that were achieved by HUM's AOCTVR collaboration are:

**Outcome 1. AOCTVR significantly increased COVID-19 immunisation rates among groups in the Mildura LGA that faced vaccination access barriers.**

**Outcome 2. AOCTVR led to ongoing collaboration and engagement between HUM partners and the community.**

**Outcome 3. AOCTVR identified service delivery gaps for people facing access barriers and contributed to significant improvements.**

**Figure 3: AOCTVR Journey Map**



# KEY OUTCOMES OF THE ACTIVE OUTREACH COVID-19 TESTING AND VACCINATION RESPONSE (AOCTVR)

This chapter provides detailed descriptions of each outcome, highlighting their significance and the contributions made by HUM's AOCTVR collaboration partners in achieving these outcomes.

## Outcome 1. AOCTVR significantly increased COVID-19 immunisation rates among groups in the Mildura LGA that faced vaccination access barriers

AOCTVR directly resulted in a significant increase in the number of COVID-19 immunisations and tests administered to Mildura LGA residents belonging to the target cohorts experiencing access barriers.

**Between October 9th and November 20th, 2021, AOCTVR:**[16]

| ORGANISED | ADMINISTERED | ADMINISTERED |
|---|---|---|
| **38** POP-UP CLINICS | **1294** COVID-19 VACCINATIONS | **406** PCR COVID-19 TESTS |

Additionally, between March 2022 and March 2023, LMPHU administered **a further 1,263 COVID-19 vaccinations** to AOCTVR's target audiences, which included 1,162 adult and 101 paediatric immunisations. This increase was due to the **newly established COVID-19 Coordinator role**, created as a **direct result of AOCTVR** (for more information, see Outcome 3).


[16] Active Outreach COVID-19 Testing and Vaccination Response. (2021). *AOCTVR pop-up clinics vaccination and testing data.*

## Significance of the outcome

The number of tests and vaccinations delivered by AOCTVR may seem small compared to the total number administered in the Mildura LGA during the same period.[17] However, AOCTVR played a crucial role in reaching residents from under-vaccinated cohorts, including those in geographic areas with a high proportion of social housing and high rates of disadvantage, people without transport, and members of the Aboriginal and CALD communities (specifically migrants from non-English speaking countries, refugees, asylum seekers, and undocumented migrants). These groups faced access barriers and were largely not attending mainstream vaccination clinics. A local doctor stated:

> *"People are different, some people need more encouragement, more support to get the same [results], and this is more pronounced in the ethnic communities, especially refugees and people who are uneducated about [the] health system in Australia. We [found] that a lot of these people – 500 / 600, were not immunised [yet] despite all the media advertising [and] talk in the community … Without this special approach [AOCTVR], we wouldn't [have] gotten them immunised." (Service provider)[18]*

For instance, by 10 October 2021, only 60.2% of eligible Aboriginal residents in the Mildura LGA had received a single dose of a COVID-19 vaccine and 33.3% had received both doses. This contrasts with 83.7 per cent of the overall population of the Mildura LGA who had received a single dose by that date.[19] While there is no specific data for the end date of AOCTVR, data from a year later on 22 December 2022 shows that **89.9% of Aboriginal and Torres Strait Islander residents** in the Mildura LGA had received a minimum of one immunisation against COVID-19.[20] [21]

It is highly likely that AOCTVR played an important role in achieving this outcome considering:

- The total number of COVID-19 vaccinations delivered by AOCTVR, and the COVID-19 Coordinator arranged clinics was **2,557 immunisations.**[22]
- Aboriginal people were a key target cohort of AOCTVR.
- An estimate of **479 Aboriginal people aged 15 years and older** received at least one immunisation against COVID-19 in the Mildura LGA between October 2021 and December 2022.[23]

[17] Treloar, A. and Crabtree, R. (2021). Mildura exiting lockdown early, but concerns remain for First Nations population: exact data for the number of vaccinations that were delivered is unavailable, but it's known that on 21 October 2021, approximately 95% of Mildura LGA's eligible population had received their first vaccination dose and 65% had received two doses. Given the total population of Mildura at that time was 56,972 of whom 46,419 residents were 15+ years (Australian Bureau of Statistics, 2021, Mildura 2021 Census All persons QuickStats) this means that approximately 44,098 of them had received their first COVID-19 vaccination dose, and 30,172 their second.
[18] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation. Quote from interview transcript not used in original AOCTVR evaluation report.
[19] Ilanbey, S. (2021). Our communities are in trouble': Aboriginal health services racing to boost vaccination in Mildura's Indigenous population.
[20] Public Health Information Development Unit (2023). COVID-19 vaccination rates for Aboriginal and Torres strait Islander people and selected indicators of socio-economic status, LGA.
[21] Specific data for Aboriginal residents who received double or triple vaccinations unfortunately wasn't found.
[22] 1294 vaccinations delivered by AOCTVR + 1162 Adult and 101 Paediatric delivered by the COVID-19 Coordinator = 2,557 COVID-19 vaccinations
[23] Australian Bureau of Statistics. (2021). 2021 Census *All persons* QuickStats*, Mildura*: The Mildura LGA had a population of 2,621 Aboriginal and Torres Strait Islander residents in November 2021 of whom 1.615 were 15 years or

Based on the above, it appears that AOCTVR delivered a significant contribution to COVID-19 vaccination equity for Aboriginal people in the Mildura LGA.

It is further highly unlikely that the residents reached by AOCTVR would have been served by mainstream testing and vaccination services without the extensive efforts made to get them vaccination ready. The reasoning behind this is that mainstream clinics couldn't provide the same level of support. To illustrate:

> *"What it takes for the people who are living in that park to actually come forward to be vaccinated took a lot more. The nurses were saying one day someone might have come out, had a little look and walked away. The next day they'd come over and they'd engage and ask questions and then they'd go. And then they might bring their family back and then have a chat. Then on the third day they'd come and get vaccinated." (Government stakeholder)*[24]
>
> *"I saw Dr Mehdi go out and literally sit on the ground next to … an Aboriginal Elder who was sitting outside on her walking frame at the SMECC clinic. She was really anxious about being vaccinated. [He] talked to her for 15 minutes before she agreed to come through and have her vaccination … Those people [doctors & nurses] wouldn't have done that same thing at a universal clinic. So, … it was really important that we had those clinics set up in that way, otherwise those people wouldn't have come through." (HUM Backbone Team member)*[25]

Another reason for the significance of the outcome is that compared to the general population, those supported by AOCTVR were more likely to live in overcrowded conditions, especially undocumented workers. They were also more likely to be in close contact with individuals who frequently move between residences, such as Aboriginal children and youth, and agricultural workers moving between jobs. This significantly elevated their risk of contracting and spreading the virus.[26] For instance:

> *"We visit[ed] the accommodation [of undocumented migrants] and we found [it was] not safe. We also observe[d] other issue[s] along the way, such as [accommodations being] overcrowded. Not healthy. I even took pictures [to] bring to my coordinator because … it's too many people in one spot." (Service provider).*[27]
>
> *"I talked to this young teenage [Aboriginal] boy who lives in an overcrowded house and gets around with no mask … He refused to be vaccinated, but on the third day … he said I'll do it if you do it … and I literally walked him through the whole process, and he was happy to be vaccinated." (Government stakeholder)*[28]
>
> *"We vaccinated the most hard to reach population, … people who are young, very mobile, mostly uneducated and mostly work on the blocks and sleep in the crowded accommodations. So, if one of them gets COVID, [they] can easily spread the infection … Because they are young, they may*

older. Of this group 1451 people (89.9%) had received at least one dose of a COVID-19 vaccine by 22 December 2022. 1451 - 972 (60.2%) eligible Aboriginal residents vaccinated by 10 October 2021 = 479 Aboriginal residents aged 15+ vaccinated between October 2021 and December 2022.

[24] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[25] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[26] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[27] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[28] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.

*be asymptomatic, [but] they can spread the infection to the older people who are more prone to get a severe disease and the mortality rate would go up." (Service provider)*[29]

While it can't be said with 100 percent certainty whether the individuals and groups reached by AOCTVR would not have eventually sought mainstream services if AOCTVR had not been implemented, the evaluation found that many of them likely would not have done so. Among the information provided above. This is further evidenced by their low vaccination rates at the start of AOCTVR despite the availability of mainstream services.

The significance of AOCTVR's outcomes is further highlighted by its recognition from the Victorian Government. AOCTVR received a Victorian Public Health Care Award 2022 in the category 'Supporting Healthy Populations' for its accomplishments.[30]

Beyond its direct results, AOCTVR also had multiple ripple effects, leading to further increased COVID-19 vaccination rates among Aboriginal and CALD residents post-AOCTVR as well as a greater uptake of other health services (see outcome 3 for details).

## HUM contribution to the outcome

### Contribution of the AOCTVR collaboration to the outcome

The 38 pop-up clinics wouldn't have happened without AOCTVR. While all partners delivered valuable contributions, the initiative's success highly relied on the pivotal roles played by the HUM Backbone Team, Aboriginal and CALD leaders, MRCC, SCHS, SMECC, and Dr. Mehdi and the staff at Sunraysia Medical Centre.

No other organisations, aside from the HUM partners involved in AOCTVR, are known to have undertaken outreach activities and targeted approaches focused on reaching residents in the under-vaccinated areas in the Mildura LGA during the Delta outbreak in October and November 2021. Additionally, when asked if people could think of any other factors unrelated to AOCTVR's collaborative efforts that may have contributed to the outcomes HUM achieved, none of the 23 respondents who participated in the HUM evaluation survey provided examples of other organisations or initiatives that may have played a role.[31]

[29] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation. Quote from interview transcript not used in original AOCTVR evaluation report.
[30] Department of Health - Victorian Government (2024). Previous winners of the *awards.*
[31] Clear Horizon. (2024). Hands Up Mallee evaluation survey.

A breakdown of the specific contributions detailing the HUM backbone team and partners' roles can be found under 'Contribution of the HUM Backbone Team to AOCTVR' and 'The contribution of other HUM partners to AOCTVR'.

## HUM's ways of working that contributed to AOCTVR's success

As highlighted above, AOCTVR's success highly relied on HUM's ways of working, drawing on a combination of systems change practice[32] and the collective impact approach[33]. It is important to note that these ways of working are the result of many years of collaborative work undertaken by the HUM Backbone Team and HUM partners and cannot be developed overnight (see the Hands Up Mallee mid-term evaluation report for more information including detailed descriptions of the role of the HUM Backbone Team and HUM's Enablers of Change). An overview of AOCTVR's ways of working and why this was crucial to AOCTVR's success is provided below.

### *Having local leaders spearhead AOCTVR ensured an effective rollout and comprehensive reach of the target cohorts*

Local leaders have a critical role to play in place-based collective impact work, particularly during emergencies and crises within their communities. This includes those in formal positions within local organisations as well as people holding informal community leadership roles.

To swiftly launch AOCTVR, Mildura-based organisational leaders took the lead and urged the Federal and State Government to listen. They also leveraged their deep understanding of the local context, service landscape, and existing relationships with different levels of government and other organisations to effectively work together and align resources.

> *"[While] there was no agreement from the State or anyone else to cover the costs [of AOCTVR] at the time … MRCCs CEO … allow[ed] us to hire tents, equipment, [and] use [Council] services to set up [AOCTVR]. His willingness to organise the logistics and cover the costs of that in the short term and [the] willingness [of SCHS's CEO's] to influence [and establish] the clinical governance, processes, and protocols [of AOCTVR] was crucial." (Government stakeholder)*[34]

Local organisational leaders also provided an authorising environment, empowering their staff to take on tasks beyond their usual responsibilities.

[32] Kania et al. (2022). *Centering equity in collective impact. Standford Social Innovation Review:* To change systems HUM focuses on shifting the six conditions that hold systems in place: mindsets, power dynamics, relationships and connections, resource flows, practices and policies.
[33] Clear Horizon. (2023). UMEL Community Dictionary: Collective Impact is a specific form of collaboration that brings people and organisations together who agree on doing the following five things to help solve a complex problem in their community: 1) Everyone agrees on a joint vision and a plan for change, 2) Everyone focuses on the priorities that the group believes will create the biggest changes for the community. As part of this, each person and/or organisation supports the collaboration by doing what they do best., 3) Everyone communicates to others what they are doing, and the community is actively involved in the work and making decisions, 4) Everyone shares data and evidence about their work and what they are learning, and 5).The collaboration is supported by a backbone team that helps everyone to work well together, step out of their comfort zone, and commit to a different way of working.
[34] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.

*The HUM Backbone Team and MRCC staff, together with SMECC played a crucial role in establishing the enabling environment for Aboriginal and CALD community Elders/Leaders to co-lead AOCTVR. This involved shifting power from organisational leaders to community leaders and trusting their knowledge and expertise, a practice widely embraced by HUM. This shift in power was particularly evident in AOCTVR's community engagement approach and in how the locations and timings of the pop-up clinics were determined.*

*"They didn't talk over us [Aboriginal leaders]. I had that respect because they literally just sat there and listened. I would say … I reckon … if we do it this way, we can … pull it together and they [did it]." (Community member)*[35]

*"A community member came up to me and said you need to go to Hornsey Park. [But I thought] we're only a couple of Ks up the road. [We've] been up the East End previously. I know people were coming from Hornsey Park. I was a bit doubtful, [but we listened and] going to Hornsey Park was the right decision." (Government stakeholder)*[36]

Aboriginal and CALD leaders from many communities were instrumental in mobilising their particular communities and sharing insights to ensure AOCTVR effectively addressed the vaccination access barriers experienced by different groups, making it culturally safe and accessible to all.

*"The ones in the park were driven by Aboriginal Elders telling us where we needed to go and when. It definitely reached people that we wouldn't have reached through the normal process." (Government stakeholder)*[37]

*"The amount of work that community leaders did during that Covid period … They are the ones who really got the word out there. They're the ones who basically got people to come as well as SMECC with the relationships [it holds] with community." (Service provider)*[38]

### *Encouraging and* supporting *a different way of thinking about service delivery to residents facing access barriers supported a mindset shift towards the importance of an equity approach*

HUM's efforts focused on cultivating a shift in mindsets towards recognising and prioritising the importance of applying an equity approach.

Some partners hadn't worked with HUM before, and AOCTVR was their first exposure to HUM's ways of working, which is grounded in systems change and collective impact practice. Several AOCTVR stakeholders held more traditional views on service delivery and the prospect of investing significant

[35] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[36] Hands Up Mallee (2022). Working together we can do it.
[37] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[38] Clear Horizon. (2024). Hands Up Mallee evaluation interviews.

resources to reach what appeared to be a small cohort and having to change their service delivery approach made some people feel uneasy initially. However, the HUM Backbone Team encouraged new partners, particularly those in the health sector, to adopt new ways of thinking. They did this this by helping them understand and see why AOCTVR was important: the communities within the Mildura LGA that were most vulnerable and likely to be hardest hit by COVID-19 had the least access to vaccines.

> *"We started saying proudly [that] we'd done 10,000 vaccinations, but very poorly we had absolutely missed the community with the biggest health inequities. So, when the outbreak came, the people that were involved in the outbreak were the people that we missed immunising, … people with the biggest inequities, not just in health but in poverty. So, we set ourselves up down near the commission area, thinking it was the right place, but once again, this isn't the community that will access those mainstream health services. As a community health service, we always talked about, we serve the most vulnerable, but actually it was a great learning because we damn well didn't." (Service provider)*[39]

> *"It was a huge amount of resources for a small number of vaccinations. When we were doing mainstream vaccinations, we were doing 500 a day in an eight-hour period. So, it was difficult for the staff to adjust to, we've only done 24, but that's okay, because they're 24 people that really needed it. So, … [we achieved] a mindset change, that what we were doing was really valuable." (Service provider)*[40]

### *Being willing to work outside of their traditional boundaries and adopting new practices were key factors enabling AOCTVR partners to deliver a successful response*

To help combat the Delta outbreak, action had to be taken swiftly. AOCTVR partners identified a need and changed their practices to meet the demands of the health emergency. This included organisations agreeing to work together without having MOUs and contracts in place, pooling their resources, reallocating staff from delivering regular service activities to AOCTVR, and delivering services in unusual locations like parks and community houses. The change of clinic set-up to pop-up locations and the collaborative approach using staff from multiple services to vaccinate together, challenged traditional clinical governance practices.

> *"A collaboration … usually involves an MOU. There is a clear distinction on what organisations will and will not be responsible for, but everyone just took responsibility for basically everything. There was less care or distinction over who was going to get the credit or the glory from doing the work. There [also] was a bit of capacity to just be flexible and pull resources in one area." (Service provider)*[41]

Contributing factors that helped partners change their practices were the emergency situation and high levels of trust among AOCTVR partners, which stemmed from existing relationships and connections. Many partners already knew each other through their involvement in other HUM work or through previous interactions and collaborations outside of HUM. These strong pre-existing relationships facilitated open communication and swift decision-making.

> *"We hadn't even negotiated how we were going to pay [that partner] … when we started. They were like, … we know you've got the money; it's coming … We'll just sort that out later. That is*

[39] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[40] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[41] Clear Horizon. (2024). Hands Up Mallee evaluation interviews.

*pretty extraordinary on a trust level and on a just wanting to do the work level." (HUM Backbone Team member)*[42]

*"[We] might work for different organisations, but … when you've got that history of working together … over a long period … and that understanding of each other. [You can] pick up the phone at any time and say … I'm worried about this, or I've got this idea, what do you think, [can you help]?" (Government stakeholder)*[43]

It is important to acknowledge that while practice changes occurred during AOCTVR, the context of the emergency meant usual funding guidelines for many organisations were more flexible.[44] Therefore, not all changes to ways of working that were achieved are likely to be sustainable. This is particularly true for aspects such as working without MOUs and contracts, especially when collaboration efforts require significant resourcing. Moreover, many organisations have funding arrangements with fixed deliverables, which restrict their ability to align activities and change their service delivery.[45] To help change this, further advocacy will be required from HUM to contribute to mindset and practice changes within government and philanthropic funding bodies to support a shift from output to outcomes-focused funding during non-crises times.

### *Applying a strength-based approach and ongoing communication ensured streamlined AOCTVR delivery*

Each partner supported the collaboration by utilising their knowledge and connections and by doing what they do best, building on each other's strengths, whether that was mobilising the community, delivering vaccinations, or leading the outreach response. This contributed to AOCTVR's efficiency and effectiveness.

*"This is what collective impact is about, [we were] all playing to our strengths." (Government stakeholder)*[46]

*"Each organisation was specialised in [a] certain area of delivery [of AOCTVR] and … they did their job very well." (Service provider)*[47]

[42] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[43] Clear Horizon. (2024). Hands Up Mallee evaluation interviews.
[44] Cortis, N & Blaxland, M. (2020). *Australia's community sector and COVID-19: Supporting communities through the crisis.* Almost three in five community sector workers surveyed out of a total of 744 reported that government provided support by adjusting contracted deliverables. Additionally, 53% reported that government increased funding flexibility.
[45] Clear Horizon. (2023). Hands Up Mallee Progress Mapping Report.
[46] Clear Horizon. (2024). Hands Up Mallee evaluation interviews.
[47] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation. Quote from interview transcript not used in original AOCTVR evaluation report.

*"There are different things we all bring to the table and when we combine those we can actually wrap around community in the most holistic way possible" (Government stakeholder)*[48]

To support the effective delivery of AOCTVR, ongoing communication took place between AOCTVR partners, often informally and outside of business hours. Despite the informal nature of much of the communication, partners knew what was happening, who was responsible for specific contributions, and how their individual and organisational roles contributed to the streamlined delivery of AOCTVR.

*"The communication between each different section along the way was spot on … Everyone was constantly [in] communication with everyone else." (Government stakeholder)* [49]

### *Ongoing strategic learning contributed to a fit for purpose AOCTVR approach resulting in an increase in the COVID-19 testing and vaccination rates*

AOCTVR partners applied an adaptive learning approach, making ongoing improvements based on strategic learning and insights from the vaccination and testing data and community feedback.

*"What we were doing on an almost daily basis was analysing the data that PHN gave us to [help us] understand what was working and what wasn't working." (Government stakeholder)*[50]

AOCTVR's ways of working shaped the clinic environment, creating a positive experience for people coming to get vaccinated. This approach led to higher testing and vaccination rates, as people were more willing to attend and share their positive experiences with family and friends.

*"After I got that vaccination, I talked to my family and said just go get it. Five of them got the vaccination too." (Community member)*[51]

*"She came back with her daughter … and then … her grandson who got vaccinated as well … That word of mouth in community is really important." (Service provider)*[52]

*"They [told] family members. I've just had mine done. If you don't get down and get [yours] done … you're not coming to my house because I'm not having you unvaccinated in my home." (Government stakeholder)*[53]

[48] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[49] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[50] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[51] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[52] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[53] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.


## Outcome 2. AOCTVR led to ongoing collaboration and engagement between HUM partners and the community

Although many HUM stakeholders already had strong relationships, including through their previous involvement in HUM, AOCTVR helped to further strengthen these connections. Additionally, people and organisations with limited interaction prior to AOCTVR got to know each other and learned about each other's ways of working and activities. This led to increased trust and paved the way for future collaborations among existing HUM partners, as well as with those who worked together for the first time through AOCTVR. To illustrate:

> *"In terms of the organisations' relationships, they were strengthened unbelievably … When you come together on [AOCTVR], you … share a bond over what happened [which] you can take forward … I think this really strengthened … the trust between organisations [which] can be used moving forward into other projects and things, so that's good." (Government stakeholder)*[54]

The partnership and collaboration fostered by AOCTVR led to ripple outcomes such as increased knowledge sharing, alignment of activities, and new joint initiatives among organisations in the Mildura LGA.

For example, a SMECC staff member was invited to join a Mildura Base Hospital committee, where they share insights on effective community engagement with senior hospital staff and provide advice to the Health Department:

> *"I'm now a part of the collaborative committee for Mildura Base Hospital … We meet once a month … with their CEO and some others [such as the] head nurse and we're doing collaborative stuff like what we're doing now [AOCTVR]. So, we contribute what we know of the community, what the Health Department may need to do to reach out [to community] and help, which is good." (Service Provider)*[55]

Another instance is organisations now drawing on the Police's community engagement team for support:

[54] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[55] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation. Quote from interview transcript not used in original AOCTVR evaluation report.

> *"It opened communication between organisations. Like organisations were working together that, either (A) have very rarely worked together or (B) have never worked together. [AOCTVR] gave each of the organisations [involved] a bit more of an understanding about what the different organisations do and how … I know that for us [the police], a lot of people think that we [just] go out to arrest people or book people on the road … I don't think they [were] aware of the community engagement [work we do], so it raised awareness for us. Out of it all, we [now] get contacted by other organisations … that call us because they know that we do those different things." (Government stakeholder)*[56]

Specific examples of local organisations reaching out to and working together with the Police due to their positive experience of working together through AOCTVR include[57]:

- The Police providing support to SCHS to get community to take part in COVID-19 clinic feedback sessions and a video about living in poverty, as well as Police staff appearing in a SCHS's video about community engagement.
- A collaboration with SMECC to educate new arrivals and change their perceptions about the role of the Police, which may be influenced by negative prior experiences in their home countries. As part of this several new initiatives were introduced such as Police station tours and education about local laws which resulted in improved relationships between the Police and new arrivals.
- Continued collaboration with and engagement of the local community including young people through East End Community house (the site of the first AOCTVR clinic) leading to strengthened relationships between youth and the police.

A specific collaboration that emerged directly from AOCTVR learnings was the **Fun in the Park** pilot. This initiative, involving four AOCTVR partners: the HUM Backbone Team, MDAS, MRCC, and SCHS, along with the Mildura Lions Club and Sunraysia Arts and Learning, ran from March to May 2022.

Fun in the Park aimed to further test the active outreach approach as a way for services to meaningfully engage with and support community members facing service access barriers in geographical areas where there is a high percentage of public housing and high levels of socio-economic disadvantage according to the SEIFA index. The pilot was also developed to ensure that people living in AOCTVR's geographical target areas had access to accessible Covid Recovery phase activities instead centralised activities only which repeated the "mass vaccination model" approach in the recovery phase.

HUM stakeholders involved in delivering the pilot reported that Fun in the Park helped them strengthen their relationship with the community, transitioning from a traditional provider-receiver dynamic to a more collaborative partnership[58]:

> *"We are close with the community now … They know we can help them and they … [are] comfortable to ask us [for help] and they trust us." (Service provider)*[59]

> *"I received a phone call and text from a parent who wanted to offer their time and expertise as an early childhood educator. They offered to help run activities … Community are not only participating in events but [also] want to [help] make them happen." (Service provider)*[60]

[56] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[57] Follow-up conversation with HUM stakeholder after AOCTVR case study sensemaking workshop
[58] Hands Up Mallee. (2022). Fun in the Parks Pilot Evaluation.
[59] Clear Horizon. (2024). *Hands Up Mallee evaluation interviews.*
[60] Hands Up Mallee. (2022). Fun in the Parks Pilot Evaluation.

Moreover, HUM partners involved in Fun in the Park collected valuable insights on effective outreach strategies, which are now shaping their organisational practices and service delivery alignment. An illustrative ripple effect of AOCTVR and Fun in the Park is the integration of kindergarten enrolment alongside Maternal and Child Health Services at MRCC Supported Playgroups. This initiative offers families easier access to health check-ups for their children:

> *"I started running a supported playgroup at a community house … and we've started to bring Maternal Child Health along there. So that if people need something, they don't have to go and book an appointment, they can just pop in. So that was quite a big shift that probably wouldn't have happened prior to [AOCTVR and Fun in the Park]". (Government stakeholder)* [61]

Several respondents also mentioned that they believe AOCTVR has led to increased usage of services post-AOCTVR by community members who attended the AOCTVR pop-up clinics due to positive experiences with the organisations delivering AOCTVR. This in return has led to increased trust and community members feeling more comfortable to reach out to these services.

## Significance of the outcome

Enhanced knowledge sharing, activity alignment, changes in practice, and interagency collaboration in the Mildura LGA signify important outcomes. According to the literature on place-based systems change [62] [63] [64]and consistent with HUM's theory of change[65], these results indicate positive shifts to multiple of HUM's systemic outcome areas, particularly 'government, services and leaders change mindsets and practices' and 'changes to how resources are shared and used'.

Additionally, the observed changes are also expected to help strengthen local service delivery in the Mildura LGA. Collaboration and service alignment, combined with a willingness to test new ways of working such as bringing services to people instead of expecting them to come to the services, are anticipated to contribute to local services that are more innovative, efficient, effective, accessible, and sustainable.

## HUM contribution to the outcome

There are evident connections between AOCTVR, and the ripple effects highlighted. The examples mentioned all feature individuals and organisations that either hadn't previously worked together and/or involved a new initiative that directly built upon AOCTVR learnings.

[61] Clear Horizon. (2024). *Hands Up Mallee evaluation interviews.*
[62] Kania, J., & Kramer, M. (2011). Collective Impact.
[63] Cabaj, M. & Weaver, L. (2016). Collective Impact 3.0.
[64] Kania, J., Kramer, M., & Senge, P. (2018). The water of systems change
[65] Hands Up Mallee. (2021). Overarching Theory of Change.

## Outcome 3. AOCTVR identified service delivery gaps for people facing access barriers and contributed to significant improvements.

AOCTVR played a crucial role in identifying and addressing gaps in existing service delivery, encompassing COVID-19 testing and vaccination services as well as broader service provision.

In response to the success of AOCTVR, a new COVID-19 coordinator role was established in the Bendigo Health - LMPHU and based in the Mildura LGA. Prior to this all roles sat in Bendigo, and responses were developed from Bendigo, 400 kilometres away. The COVID-19 coordinator position was responsible for organising additional pop-up outreach vaccination clinics across the Mildura LGA over a 12-month period, targeting residents requiring an equity centred response. Like AOCTVR, these clinics were strategically located in accessible and popular places such as AOCTVR pop-up locations, shopping centres, the RSL club, and workplaces with high numbers of migrant workers. To illustrate:

> *"We were setting up pop-up vaccination clinics in many places across our community. We'd set up at a farm in Merbein, vaccinating 20 people who had just arrived from the Philippines or the Community Hall in Nangiloc where there was a large Islander population working on local farms. We'd set up at the local shopping centre and in the Mall, vaccinating a wide range of community members or we would pop up in parks across our community in locations where transport or other accessibility barriers may be a concern. We wanted to ensure we were reaching all parts of our community, making accessing the vaccine as simple as possible" (Now former COVID-19 Coordinator, LMPHU)* [66]

The COVID-19 coordinator, through LMPHU in collaboration with local partners such as SCHS, Sunraysia Medical Centre, and SMECC facilitated the organisation of 99 additional vaccination outreach clinics between March 2022 and March 2023. Beyond COVID-19 vaccinations, these clinics also offered flu immunisations and the Japanese Encephalitis Vaccine (JEV):[67]

**TOTAL NUMBER OF LODDON MALLEE PUBLIC HEALTH UNIT VACCINATIONS AND CLINICS MARCH 2022 – MARCH 2023**

| 1162 | 101 | 179 | 999 | 99 |
|---|---|---|---|---|
| ADULT COVID-19 VACCINATIONS | PAEDIATRIC COVID-19 VACCINATIONS | FLU VACCINATIONS | JEV VACCINATIONS | CLINICS |

In February 2022, the Japanese encephalitis virus was detected in Victoria, a rare but potentially serious infection of the brain spread through mosquito bites. [68] Recognising the increased risk of Japanese encephalitis among farmworkers spending extensive time outdoors, LMPHU worked with SCHS and SMECC to reach and vaccinate community in general and then more specifically clinics at SMECC to vaccinate the CALD community, particularly those working on farms in the region. Leveraging insights gained from AOCTVR, the JEV clinics were strategically planned and executed, with the relationships established during the COVID-19 outreach efforts directly contributing to the successful rollout of the JEV vaccine.[69]

[66] Clear Horizon. (2024). Hands Up Mallee evaluation interviews.
[67] Loddon Mallee Public Health Unit (2023). Vaccination pop-up clinics data March 2022 – March 2023.
[68] Better Health (2024). Japanese encephalitis
[69] Follow-up conversation with HUM stakeholder after AOCTVR case study sensemaking workshop

In March 2022, when the COVID pandemic was under control and the funding for the delivery of COVID-19 vaccination efforts stopped, LMPHU ceased delivering clinical services (immunisations) and refocused its efforts on other health priorities. However, under the banner 'Outreach Vaccination Program', SCHS continued its active outreach vaccination clinics, delivering weekly services to administer COVID-19 as well as other vaccinations to the community.[70] [71]

An important ripple effect of AOCTVR is that health partners involved in delivering the pop-up clinics now have a better understanding of the needs of residents experiencing access barriers. For example, the (now former) CEO of SCHS stated in 2022:

> *"As a community health service, we've changed the way we're operating completely. We've always prioritised the vulnerable groups, but it's been very much within a medical model, whereas now, we understand that we actually need to be in the community and that we need to better understand the social determinants of health and the impact that they're having on the health inequities within our community. It's been a huge lesson for us." (Now former CEO of SCHS)*[72]

In a direct response to their AOCTVR learnings, she shared that SCHS made the decision to establish a Health Equity Unit (HEU):[73]

> *"The purpose of this unit is to be responsive to community health needs through exploring, incubating and translating practical approaches to reduce inequities surrounding the Social Determinants of Health. Underpinning the unit is an evidence-based and data-informed approach, coupled with extensive qualitative and quantitative evaluation, to foster a culture of continuous improvement. Programs within the HEU are built upon genuine community engagement [and] SCHS works closely with HUM to ensure program delivery meets the needs of the community" (Sunraysia Community Health Service, 2021/22 Annual Report)*[74]

Additionally, SCHS employed a local nurse to deliver vaccination services through outreach (JEV, COVID-19, and Flu Shots) as well as in locations regularly attended by families and youth including the Family and Child Hub, and HomeBase. At both these sites all National Immunisation Program funded vaccines by age/medical condition are administered.[75]

Lastly, AOCTVR influenced the development of SCHS's community paramedic model 'CP@CLINIC', which operates in accessible community locations and is led by specially trained community paramedics who run drop-in clinics where community members can access holistic health support including health checks, general health advice, and help with navigating services.[76] [77]To illustrate:

> *"Community paramedics might go to the Merbein Caravan Park [where] residents live [with] high needs [and] high health complexities … [with whom] they've built trust. They are [also] going out to*

[70] Follow-up conversation with HUM stakeholder after AOCTVR case study sensemaking workshop
[71] Sunraysia Community Health Service (2023). 2022/23 Annual Report.
[72] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[73] Clear Horizon. (2022). Active Outreach COVID19 Testing and Vaccination Response (AOCTVR) evaluation.
[74] Sunraysia Community Health Service. (2022). 2021/22 Annual Report This includes the delivery of HomeBase, the Family and Child Hub, Community Paramedic Model, the Social Health Volunteer Program, and the Care for Complexity in Community Health trial (the 3C trial) which is a research partnership with the Violet Vines Marshman Centre for Rural Health Research (La Trobe University). This is a pilot trial of a new model of chronic disease care for clients experiencing health inequities and is built on prior extensive community consultation as part of a PhD project.
[75] Sunraysia Community Health Service (n.d.). Vaccinations: COVID-19, Japanese Encephalitis & Flu shots.
[76] Sunraysia Community Health Service. (2022). 2021/22 Annual Report
[77] Sunraysia Community Health Service (2023). 2022/23 Annual Report

*Red Cliffs resource centre, where we vaccinated [as part of AOCTVR] and they're getting great numbers through …They're seeing people who may not have seen a health professional for a very long time but are then getting referred …and their health issues are being addressed." (Government stakeholder)*[78]

The community paramedic model has been successful in reaching people who otherwise likely wouldn't have achieved the health support they needed. In 2022/23 for example, SCHS ran 160 community clinics where they delivered 543 consultations to 115 individuals of whom 34% didn't have a regular GP. Of those visiting the drop-in clinics, 19% were linked or referred to a GP, 23% were connected to other healthcare services and 26% were referred to social support services for assistance with food, income, or housing.[79]

Although discussions about the model, originally developed by McMaster University Canada, were already in progress, AOCTVR insights significantly shaped its local adaptation. AOCTVR's learnings provided crucial understanding of community needs, leading to improvements ensuring effective outreach to residents experiencing substantial vulnerability. Like AOCTVR, the Community Paramedic Model initially made use of 'Community Connectors', individuals with established connections to the cohorts who effectively engaged community members facing access barriers. Additionally, food was distributed to help address significant food insecurity experienced by this cohort and used as an incentive to encourage people to attend and access much needed healthcare services. While the use of community connectors and food distribution is no longer part of the current approach due to discontinued state funding for these components, these elements were instrumental in establishing the local model, fostering trust, and engaging community stakeholders. Community outreach, a strategy also adopted from AOCTVR to meet the target cohort where they are, continues to be a part of the Community Paramedic Model today.

Further to the AOCTVR's ripple initiatives mentioned above, a growing number of organisations are recognising the importance of embedding community voice into their ways of working. For instance:

*"The Emergency Services are certainly more open to listening to community and more collaborative with us and us being community leaders and multicultural voices, deciding what it's going to look like and what it's going to be like. That's been one change that's been really good." (Service provider)* [80]

## Significance of the outcome

The highlighted outcomes are significant as they signify enhanced access to and utilisation of vaccination (including COVID-19), health, and other essential services among residents facing socio-economic disadvantage and barriers to mainstream services. These outcomes are important given the heightened vulnerability of these populations to health disparities. Although it is premature to observe shifts in health outcomes at the population level, the proactive support provided through the various initiatives mentioned, is expected to lead to either improved health outcomes for individuals or the

[78] Clear Horizon. (2024). Hands Up Mallee evaluation interviews.
[79] Sunraysia Community Health Service (2023). 2022/23 Annual Report.
[80] Clear Horizon. (2024). Hands Up Mallee evaluation interviews.

prevention of illness due to the preventative health measures they have received. This early intervention and support are pivotal in reducing long-term health inequity and fostering a healthier community.

Moreover, AOCTVR's approach has set a precedent for future outreach initiatives, demonstrating the value of community-led, responsive, and tailored service delivery in both the response and recovery phases of emergency management:[81]

**Figure 4: ACOSS - Emergency Management Cycle**


- **Response phase**: "the assistance and intervention during or immediately after an emergency. Focus is on saving lives and protecting community assets."[82]
- **Recovery phase**: "the coordinated process of supporting emergency-affected communities in reconstruction of physical infrastructure and restoration of emotional, social, economic and physical wellbeing."[83]

## AOCTVR contribution to the ripple outcomes that were achieved

Key stakeholders directly involved in initiating and/or delivering the initiatives that were highlighted above stated the following:

- The professional who was recruited in the LMPHU's COVID-19 coordinator role, shared that the position would not have been established without AOCTVR taking place first. This was confirmed by staff from SCHS and Sunraysia Medical Clinic as well as key stakeholders from other organisations such as MRCC, the HUM Backbone Team, and SMECC.
- The (now former) CEO of SCHS who held that position at the time the decisions were made to establish the Health Equity Unit, Community Paramedic Model, and a vaccination outreach nurse position confirmed that:
  - The Health Equity Unit and vaccination outreach nurse position both stemmed directly from AOCTVR learnings and results
  - The Community Paramedic Model was notably shaped by AOCTVR learnings.

Although it cannot be asserted that SCHS would not have introduced these initiatives or roles without AOCTVR happening first, it is highly improbable that they would have occurred in the timeframe they did or would have been implemented in their current form without the insights and experiences garnered from AOCTVR.

[81] Australian Council of Social Services (ACOSS). (n.d). Emergency Management: Prevention, Preparedness, Response & Recovery.
[82] Australian Council of Social Services (ACOSS). (n.d). Emergency Management: Prevention, Preparedness, Response & Recovery.
[83] Australian Council of Social Services (ACOSS). (n.d). Emergency Management: Prevention, Preparedness, Response & Recovery.

# CONCLUSION

Without AOCTVR's equity-focused response, the most socio-economically disadvantaged people in the Mildura LGA community would not have achieved the vaccination levels they did by the end of 2022. AOCTVR succeeded where four months of mass vaccination efforts had failed, delivering significant numbers of vaccinations to migrants and refugees including people that were undocumented or didn't have Medicare cards, Aboriginal community members, and residents living in areas in Mildura and surrounds with a high proportion of social housing.

AOCTVR's targeted approach significantly raised vaccination rates among high-risk groups who were not being adequately reached by conventional approaches. Consequently, AOCTVR played a crucial role in preventing the spread of COVID-19 among those facing significant barriers to vaccine access and who due to their level of socio-economic disadvantage were already experiencing poorer health and higher illness rates compared to the general population.

**This success was made possible by the pivotal role of the HUM Backbone Team, who:**

- Advocated for an equity-focused approach in the face of a predominant emphasis on mass vaccination clinics that were failing to reach residents experiencing significant socio-economic disadvantage.
- Secured funding for AOCVR.
- Leveraged long-standing relationships with key community members in the Aboriginal and CALD communities, empowering these members to take on leadership roles in driving AOCTVR.
- Convened a diverse collaboration of agencies and services to deliver AOCTVR.

The HUM Backbone Team's leadership and coordination were instrumental in the success of AOCTVR's equity-focused vaccination effort, demonstrating the power of a community-driven, targeted approach in addressing public health challenges.

The HUM Backbone Team also prioritised capturing the impact and lessons learned from AOCTVR through an independent evaluation, an evaluation video with key stakeholders which was shared publicly, and a blog. These resources highlight the key factors that contributed to the successful local emergency response. By understanding these factors, future crisis responses can be improved both within and beyond the Mildura LGA. Additionally, this effort underscores the importance of listening to community voices in driving local change, potentially shaping future approaches to community engagement.

However, despite the strong outcomes achieved by AOCTVR and its significant impact on various initiatives, such as Fun in the Park, the COVID-19 coordinator role in Mildura, the Community Paramedic model, the Health Equity Unit at SCHS, the roll-out of the JEV vaccine, etc., the local and state emergency management practices and policies have been resistant to implementing long-term practice changes. As far as the HUM Backbone Team is aware, there have been no written changes made to local Emergency Management processes and guides.

This resistance was evident when the HUM Backbone Team's Executive Officer and MRCC Manager who were both heavily involved in AOCTVR were invited to a Covid-Debrief session, while the Aboriginal and CALD community leaders, who played crucial roles in leading and delivering AOCTVR, were not included despite advocacy efforts to have them at the table.

The above demonstrates the importance of HUM's work and the HUM Backbone Team's focus on building the enabling conditions for change. Without this work, long-term systemic changes and population level changes for children, young people and families and the Mildura LGA won't be possible.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## Cite this case study:

Jongsma, F., O'Connor, K. & Gregg-Rowan, C. (2024). *Active Outreach COVID-19 Testing and Vaccination Response Case Study*. Prepared by Clear Horizon for Hands Up Mallee, August 2024