



Wednesday 10 March 2021

Summary: COVID-19 vaccine Q&As with Aboriginal and Torres Strait

Islander health consumers

With Queensland's Chief Health Officer, Dr Jeanette Young and Queensland's Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, Aboriginal and Torres Strait Islander Health, Ms Haylene Grogan.

When: Tuesday 4 March from 6pm to 7.30pm

179 people registered and close to 100 attended (some joined in pairs or groups). People registered from across Queensland: Mt Isa, Bamaga, Tambo, Cooktown, Ipswich, Whitsundays. Many of the people who registered were elders, or people living with complex health needs, or staff who work in health services across Queensland. Their questions reflect what matters to them and their community.

Many questions were asked in the chat about the COVID-19 vaccination and we didn't get a chance to ask all of them. We have grouped the questions into themes.

Themes	Specific questions asked by consumers in the chat
Fundamental questions about the vaccine	 How does the vaccine work? How far apart should you have the doses? Will you need yearly top ups? How safe is it for people with chronic health conditions, allergies, asthma, over the age of 65 and living with a chronic health condition, previous poor responses to vaccines? Elders present in the room here this evening are very concerned that there has not been enough testing of this vaccine with people who have chronic diseases. They want to know that they will not drop dead from having the vaccine and how it may affect the chronic disease medication they are on. Can our people on dialysis or transplant, chemo, or post chemo, other immunosuppression, complex comorbidities - go ahead with the vaccine or is it safer to wait?
Clarifying questions about the rollout	 How will people in 1B will be notified and the plans for roll- out in remote communities? How is this different to the usual flu vaccination roll-out? Is QLD looking to use the ACCHO's / nurse only clinics in remote communities for the Astra Zenica rollout?

Summary of themes: What people were asking

Information and communication	 How will information be provided at a local level in way that consumers may want it (colourful images, not text heavy) The need for good, clear, messages that meet the needs of a diverse group of Aboriginal and Torres Strait Islander people for example is there an LGBTIQ+ package for more discreet communities? Concerned Elders want to know who in the community is going out to explain this to them. A number of First Nations region-based consumers may be a bit jammie about getting the vaccine and are contemplating going bush as they did in the early COVID days. What additional steps are HHSs and QH taking in small remote communities and towns to build First Nations consumer confidence? Especially where First Nations health-workers are non-existent on the ground.
Consent	 What constitutes informed consent information to be provided to every consumer? How do you intend to provide the education/information to every elderly, disabled, Aboriginal and Torres Strait Islander person in Qld. Questions about how will people consent and how will staff discern when a 'yes' may actually be a 'no'. Can this form be simpler? https://www.health.gov.au/resources/publications/covid-19-vaccination-consent-form-for-covid-19-vaccination
Responsibility for adverse consequences	Who is responsible/accountable for any adverse consequences for the mass roll out? Elders are asking questions wanting clarity about if a Community Council is responsible for allowing the program in the community and consequences of this if there are any side effects. The Commonwealth bought the vaccines and made the plan with the priorities 1a 1b. Are they responsible or the individual health professionals giving the vaccines in community (either at a GP practice, hospital or a community controlled clinic) or is it the Community Council who allowed the vaccination program in? What measures are in place for any adverse reactions to the vaccines and how will individuals be fully compensated for injury during this trial experimental phase? Note the words in italics, it seems that some people feel like this is still in the experimental phases and may feel like test subjects.
Mandatory	Can you tell me if the vaccine will be mandatory for aged / disability home care workers in the community or better still, essential service workers?
Remote/discrete communities	In discrete rural and remote communities will everyone be vaccinated at the same time i.e. community members, health staff? How well equipped are we to handle potential adverse reactions of a remote area consumer to the vaccine? Including the coordination of retrieval flights.

What these questions tell us and suggestions for change/improvement

- The fundamental questions asked about the safety and roll-out of the vaccine demonstrates that key messages are not reaching all of the community. People are seeking answers for their own decision-making and the information they have may not be enough (it might be too general and not specific for their own lived experiences and health conditions).
- Trusted community health professionals and leaders need to be able to share key messages about the vaccine and its rollout across communities in Queensland.
- That a range of communication channels is necessary to reach and reflect the needs of diverse groups within the Aboriginal and Torres Strait Islander people of Queensland including those who live with a disability, multiple chronic conditions, in remote communities, are family carers or health workers, or who identify as LGBTIQ+, for example.
- Given the large number of people who joined were health sector staff, consider hosting forums like this specifically for staff. They are key information sharers and need good information to share with health consumers/ community members.
- Careful thought needs to be given when making policy decisions about the roll out of the vaccine for Aboriginal and Torres Strait Islander people including the responsibility of community elders/owners; how the rollout will impact people in remote communities and what strategies are in place to manage adverse reactions (especially in remote communities); the strengths found in communities across Queensland based on ancient pathways and kinship and how this might support roll-out and information about the vaccine.
- Consider ceding/sharing central control of some of the communications to communities and enabling local leaders to develop their own communications which work for their own communities.
- Addressing the fundamental concerns of safety of the vaccine, and the safety of the roll-out program, is critical to the success of the planned vaccination roll-out for all eligible Queenslanders and specifically, Aboriginal and Torres Strait Islander people. Simply stating that they are safe may not be enough for some Aboriginal and Torres Strait Islander people (and other Queenslanders as well).

Feedback from Q&A participants

Following the Q&A we asked people to complete a short feedback form so we could see what worked, and how we could improve future Q&A sessions. Thank you to everyone who responded. We had 12 people complete the short survey and we will use this feedback to make sure our next Q&A session is even better.



With the information you heard tonight, has your confidence



Would you find another vaccine Q&A session with a key person in Queensland Health useful?



Where are you accessing information about the vaccine from?





If you will choose to get the vaccine, where would you like to get