



Summary of feedback and recommendations

AMPLIFYING ABORIGINAL AND TORRES STRAIT ISLANDER VOICES: FIRST NATIONS COVID-19 VACCINATION ROLLOUT

2021

Contents

Engagement activities overview	2
Overarching principles	2
Key themes.....	3
What our mob ought to know	3
What our mob ought to know: Recommendations	4
What health services ought to know	4
What health services ought to know: Recommendations.....	5
How our mob would prefer this information	5
where our mob would prefer to receive this information: Recommendations	7
Who our mob would like this information from.....	8
Who our mob would prefer this information from: Recommendations.....	9

Acknowledgement of Country



HCQ acknowledges the traditional custodians of the land in which we work and pay our respects to Elders past, present and future for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Australia

This paper was prepared by First Nations project consultant, Lynda Maybanks and the HCQ First Nations Rapid Response team. The content in this paper was collated from the engagement activities with First Nations health consumers across Queensland about the COVID-19 vaccination rollout.

This purpose of this paper to support and inform Queensland Health with their ongoing COVID-19 vaccination communications, messaging and engagement for First Nations Queenslanders.

Engagement activities overview

When: March – June 2021

Who: 189 First Nations health consumers across Qld

What: As part of the *Amplifying Aboriginal and Torres Strait Islander Voices* Project (The Project), a variety of consumer activities occurred with First Nations health consumers across Queensland.

These activities included:

- One online Q & A session with the Chief Health Officer, Dr Jeanette Young and the Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General of the Aboriginal and Torres Strait Islander Health Division, Ms Haylene Grogan and up to 96 online participants
- One online Q & A session with First Nations professionals: Dr Mark Wenitong, Associate Professor James Ward and Associate Professor Margie Danchin, 60 online participants
- One x Consumer Reference Group (CRG) meeting (8 CRG members)
- Five x Consumer-hosted yarning circles with First Nations consumers in (a total of 25 participants):
 - Two x Inner City Brisbane
 - North Brisbane
 - Tambo
 - Townsville
- One solution design workshop with CRG (6 attendees)

The key themes presented below are a collated version of the feedback provided across all engagement activities. An in-depth and extended version of this feedback is presented in the Project Closure report.

Overarching principles

Based on the feedback collated from all the engagement activities, the CRG members at the Solution Design Workshop distilled all of the consumer feedback and determined that there were five overarching principles required to drive the engagement process and approach to addressing the needs of First Nations health consumers in relation to the COVID 19 vaccination program. These principles are:

1. Community led not Community Controlled organisation led
2. Visually and auditorily stimulating and content that is relevant and culturally appropriate
3. Personable, localised and relatable information
4. Investment in sustainable resources to support communities – Invest in community to do what they need to do!
5. Maximise and leverage off existing services and partnerships

Key themes

The CRG members identified the following key themes:

- What our mob ought to know
- What health services ought to know
- How our mob would prefer this information
- Who our mob would prefer to hear this information from

WHAT OUR MOB OUGHT TO KNOW

There is still a lot of basic information that community are not understanding. This lack of transparency and visibility of relatable information stops people from wanting to get the vaccine. The type of questions raised during the sessions are listed below.

- Logistics – how do I book? Where do I book? Do you know what your options are?
- Is there additional information for specific First Nations groups? For example, LGBTIQ+ peoples, youth, Elders, and people living with a disability.
- How safe is the vaccine for First Nations people?
- The stats – how many First Nations people have had the vaccine and how many have had a reaction?

“I need to be convinced that it works on people like me – people that I know who have some sort of conditions I have” – First Nations Health Consumer

- What are the benefits?
- How is the safety of vaccines being monitored? Is this information shared with the public? What are the steps we need to take to be a part of this monitoring program?
- What are the consequences if we don't get it?
- What are the side effects?
- What has been the experience of other First Nations people?
- What is the difference between the vaccines? Who should get what vax and why?
- Who is qualified to give the vaccination and how do they become qualified?
- Can someone help you complete the forms and attend appointments with you?
- What support is in place for our Elders and our mob who experience intellectual disabilities or trauma. Are advocates available?
- How can I prepare for the vaccine e.g. take a Panadol beforehand?

The following statements were made about the lack of communication and information:

- If you're not well-educated about risks you are likely to avoid getting vaccine
- People think that there is no longer a risk of COVID-19 due to low community transmission in Queensland
- Informed consent – Knowing our Human Rights.
- How will health professionals discern when a person is giving informed consent or simply nodding?

- Eligibility – Who is eligible and when? COVID vaccination information is not visible enough.
- Information verification – too much information so who do we listen to?
- Mob experience complex issues
- Mob are aware that someone/people have still contracted the virus after being vaccinated. Where is the motivation to be vaccinated?

WHAT OUR MOB OUGHT TO KNOW: RECOMMENDATIONS

It was recognised that our mob need culturally informed communication tools and information. It is recommended that:

- A step by step process – before, during, after – Visual flow charts, poster and/or video to be made
- Create videos of someone going through the whole process from booking to after the vaccine has been taken.
- Care plans could be used in conjunction – for our mob to be more informed and empowered to look after our own health.
- In the future COVID-19 vaccinations be included in health checks.
- Develop a decision-making tree. The tree would be a diagram that presents all the decisions and their potential outcomes for different groups of people i.e. scenario planning.
- Provide pros and cons about COVID-19 vaccination.
- Myth-busting the rumours or false information – Queensland Health in collaboration with Aboriginal Medical Services (or Queensland Health as main endorser of the information given by other providers).
- Sharing research results. The hard facts and statistics relating to First Nations people
- Talk about the potential impacts on family – First Nations people prioritise the needs of family and community before their own – **family centred care**.
- Communicate the risks to our elderly population who we live with or have close contact with (still need to take precautions).

WHAT HEALTH SERVICES OUGHT TO KNOW

It was recognised that our mob need culturally informed health services. It is recommended that health services are informed and educated about the following:

- Historical segregation impacts of First Nations people
- Historical impacts of LGBTQI+ peoples
- Creating a safe space – What makes a culturally safe space?
- Some First Nations consumers have concerns about confidentiality
- Our First Nations populations have diverse needs i.e.
 - Aboriginal

“The impact of getting a blood clot from the vaccine is more worrying than getting sick with COVID-19” – First Nations Health Consumer

- Torres Strait Islander
- South Sea Islander
- ALL DIFFERENT
- A large percentage of First Nations people do not use community-controlled health services.
- We want to have conversations about the vaccine with people we know and trust.
- Some people won't ask questions but might have questions or don't know what questions to ask. If someone does not ask questions assume this and explain everything anyway.
- Health literacy – Booking in, completing forms, having conversations.
- Not everyone has digital access.

WHAT HEALTH SERVICES OUGHT TO KNOW: RECOMMENDATIONS

It was recognised that our mob need culturally informed health care services. It is recommended that:

- Doctors (and all health care professionals) need to talk with patients, using culturally informed communication strategies.
- Know about the statistics of First Nations vaccinations and the risks.
- Check with the person getting vaccinated if the messaging is understood before proceeding.
- Use a respectful, calm and measured communication style.
- Get a health worker or nurse to explain it with you especially for Elders and people with intellectual disability.
- Have an Aboriginal Health Worker or nurse assist especially when engaging with men and women Elders plus anyone who might require assistance.
- Explain very clearly what is going to happen.
- Consider the needs of Elder's and those with complex health conditions.
- Ask questions in two or three different ways to check understanding so as to ensure that informed consent is given.
- Training for community members and leaders about how to talk about COVID-19 i.e. with Grandchildren who care for their Grandparents etc.

HOW OUR MOB WOULD PREFER THIS INFORMATION

It was recognised that our mob need culturally informed communication processes and resources. It is recommended that:

- **Yarning** processes be adopted as a communication method. Interpersonal relationships are a fundamental value for First Nations people. Our culture is a narrative culture steeped in oral history. It is through story telling/yarning that we pass on knowledge and maintain relationships.
- No pressure – take the time to talk and encourage **INFORMED** decision-making.

- Use a range of communications channels, but use the **SAME** information.
- It is not so much about the information but more about **WHO** it is coming from.

Information from a trusted source:

- Campaigns with trusted First Nations people – not all celebrities, also respected community leaders
- A logo or sticker to “validate” COVID-19 information, clinics and places we can receive trusted information and advice
- Testimonial videos tailored for each community/region – real community members talking about their experience

The language must be:

- Strengths based
- Clear
- Translated for communities where English is not first language
- Make the information relatable. How does my decision impact on my family? Example stories/ case studies.

Visual cues

- Having a hard copy of follow up information and info on different vaccines – have hand-outs colour coded for each type of vaccine
- Interactive boards in the waiting rooms or in community organisations with translated information e.g HITnets in remote communities.

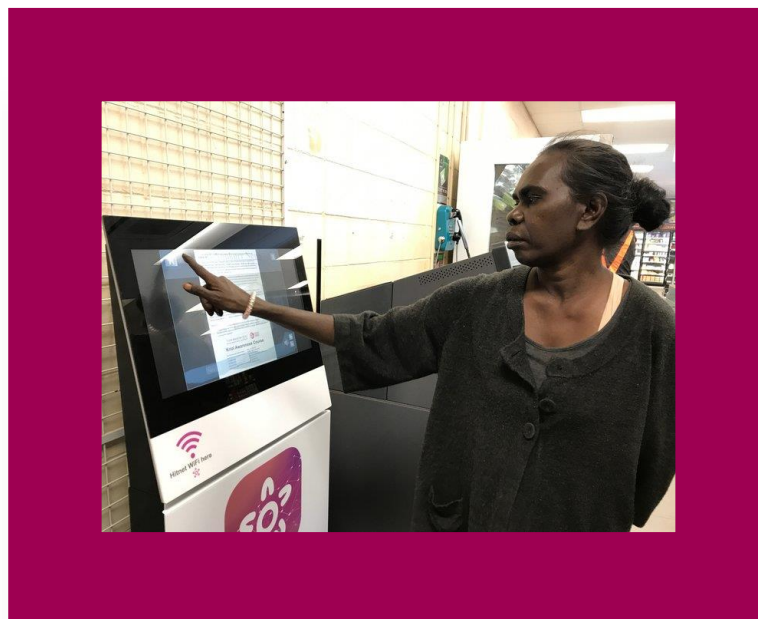


Image: HITnet kiosk in a remote Aboriginal community¹

¹ <https://neoproductsgroup.com/hitnet/>

WHERE OUR MOB WOULD PREFER TO RECEIVE THIS INFORMATION: RECOMMENDATIONS

It was recognised that our mob need culturally informed engagement processes. It is recommended that:

- Safe spaces are created for community to have conversations about the vaccine before making the decision to get the vaccine.
- Our mob want to talk to someone face to face about the vaccination before committing to an appointment.
- Use existing community forums/activities to host information stalls at local events – NAIDOC, Sports Carnivals, Community days – Live demonstrations
- Come into our spaces and share the information. Be proactive.
- Share information through school programs FOGS, Deadly Choices

Leverage off community media and organisations:

- Multi-platform media campaign for our communities
- TV ads would hit a wider group – needs to be delivered in a positive tone
 - Having representation from diverse group of people
 - Shown during times that a lot of people are watching (e.g. footy half-time break, during news etc.).
- Short video clip explaining vaccine in simple terms, as well as its side-effects, provide link to factsheet at the end for further information – targeted ad on TV or social media
- Post cards with vaccine information and vaccination locations/dates/times
- Local businesses could have vaccination information in payslip notes
- School newsletters
- Text messages
- Koori mail
- Local newspapers
- Local radio – questions answered on talk back radio. Call in and ask a question to a health professional – Facebook Live sessions
- Podcasts with First Nations health professionals and community members about their experience
- Local radio e.g 98.9FM, 4RRFM, 4MOB, CAAMA Radio¹



Image: Example of a community information stall – Winnunga Nimmitjah²

WHO OUR MOB WOULD LIKE THIS INFORMATION FROM

First Nations consumers involved in this project have stressed the importance for the message to have credibility. The only way that messages can have credibility with First Nations people is if the message is coming from someone that they know and trust. This stems from a history of mistrust with Australian institutions. The consumers talked about how every community has champions who are known and trusted. Community identified champions should be empowered by government and the broader health sector to deliver the message in their community in a way that only they know how.

- Community can share information in their own communities but there's just not enough right information or support or back up to have conversations in rural communities.
- The public sector just doesn't have the relationships with the community. Mob Law still shapes communications and relationships, and it is important when English is their last language.
- Hospitals should invest in engaging and empowering community to create and distribute the information

"Our law with kinship relations dictates who can speak with who and who can't. Our hospitals fail us when we can't see ourselves in there and they can't see or understand us" **First Nations health consumer.**

² <https://tacklingsmoking.org.au/wp-content/uploads/sites/5/2019/05/Tackling-Indigenous-Smoking-in-the-ACT.pdf>

WHO OUR MOB WOULD PREFER THIS INFORMATION FROM: RECOMMENDATIONS

It was recognised that our mob need culturally informed communication strategies, tools, and information. It is recommended that:

- ALL health services – community doesn't care what specialities or sector you are in they want information about COVID-19. Health providers and services should have all the information or know where to get the information from.
- Queensland Health campaigns should utilise First Nations people, First Nations music, First Nations artwork
- Empower the services with information about vaccinations
- Community opinion leaders need to be identified and empowered
- Youth – First Nations social media influencers
- Tiktok and snapchat sponsored posts
- Give out First Nations specific Qld Health info packs – facts to support community
- Local community hotlines who are trained with information about COVID-19 vaccinations and who to go to for more information
- These types of jobs could be for retired or resigned First Nations health professionals.

Here are suggestions for the types of people and organisations that should be empowered to share information with community:

- | | |
|--|---|
| <ul style="list-style-type: none">• Trusted community health professionals and leaders• Aboriginal health workers• Elders• Traditional healers• Social services outside of health• Community social media pages and groups• Schools and early childhood centres• GPs• Counsellors• Volunteers | <p>Services who come into the home (workers to train with COVID-19 vaccine information)</p> <ul style="list-style-type: none">• Blue nurses• Aged care services• NDIS services• Bus drivers• Home doctors/ Doctors to your doors• Other groups to train with COVID-19 vax information• First Nations professional alliances and peak bodies• First Nations health researchers• Paramedics |
|--|---|

The consumers in this project talked about the importance of collaboration outside of health services. First Nations people and families are frequently connected with several different social services. Partnerships with these services could be a way to share information with community in a safe and trusted setting. Each community has a certain place or places where community gather. For example, local community centre, the local football club or even a local shop. These safe places and trusted services in the community are good places to have information and hold information sessions (specific places should be identified with community leaders and community members).

Here are suggestions for the community centres that could be accessed:

- Social services NGOs
- Community centres
- Dry out centres and rehab centres
- Murri watch
- PCYCs
- Homeless shelters
- Youth shelters
- Services Australia – Medicare and Centrelink
- Correction centres
- Local shops in rural and remote communities
- Council buildings
- Sporting clubs