Final Report

Amplifying Aboriginal and Torres Strait Islander Voices

COVID-19 Vaccination Rollout

HCQ
HEALTH CONSUMERS QUEENSLAND

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Contents

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

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At a glance

189 consumers engaged

What was done

- Two online Q&A sessions
- Five Yarning Circles
- One Project Reference Group Meeting
- One solution design workshop
- One online survey for First Nations staff
- Two Rapid Response feedback rounds

The key themes which outline all feedback

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

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

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

Who is Health Consumers Queensland?

Health Consumers Queensland (HCQ) is the peak organisation representing the interests of health consumers and carers in the state. Health Consumers Queensland is a not-for-profit organisation and a registered health promotion charity, who believe in improving health outcomes and experiences for people in Queensland.

Health Consumers Queensland are contracted to Queensland Health to ensure that the Department of Health and the Hospitals and Health Services (HHSs) proactively utilise consumer engagement to influence and lead improvements and deliver better health outcomes for all Queenslanders. This is achieved through a Queensland-wide health consumer network, tailored training and skills development programs, and maximising opportunities for consumer representation at all levels of the health system. Specifically, HCQ have been highly responsive to consumer needs, advocacy and being a conduit for these to QH since the COVID-19 pandemic emergence.

Why did we undertake this project?

The "Amplifying Aboriginal and Torres Strait Islander voices" project (the Project) was funded under Queensland Health's First Nations COVID-19 response for the 2020-21 financial year.

Health Consumers Queensland's consumer network is representative of the Aboriginal and Torres Strait Islander population, however the organisation saw that the way in which COVID-19 impacts on people and communities varies and wanted to ensure these experiences were heard and understood by the health system. The organisation also saw an opportunity to strengthen its representation through engaging a First Nations' consultant who could bring together a First Nations voice to address specific issues concerning the COVID-19 vaccination rollout.

Purpose

The purpose of this project is to:

- Create and implement supportive mechanisms so Aboriginal and Torres Strait Islander consumers are more involved in Queensland Health decision-making at all levels – local, network (HHS/Public Health Networks) and state levels, using the COVID-19 vaccinations rollout campaign as a working example.
- Further develop the network of Aboriginal and Torres Strait Islander consumers involved across the state, to share information, learning and experiences. The aim will be to reduce the current barriers to engagement, collaboration and to improve the integration of healthcare and the experiences of receiving care.
- Grow the number of Aboriginal and Torres Strait Islander people involved in health care decision making at all levels – local, network and state.

- Build a shared understanding and processes between Queensland Health, Aboriginal and Torres Strait Islander Community Controlled Health Organisations (A&TSICCHOs), Public Health Networks (PHNs) and HCQ on consumer engagement in health around COVID-19, to integrate the work that is done at engagement level through to health service delivery.

Role of the consultant

- Draft Project Implementation Plan for approval
- Establish project governance and communications including project reference group, key contacts for Queensland Health, Community Controlled Health Organisations and Health Consumers Queensland
- Updated templates for Yarning Circles based on HCQ's Kitchen Table Discussion methodology.
- Conduct scan of HHS/Dept of Health and A&TSICCHOs' engagement mechanisms with First Nations health consumers.
- Conduct 3 consumer advisory group sessions and prepare a Communique on the project for the advisory group and for key stakeholders.
- Conduct a range of Consumer Engagement between early March and early June such as yarning circles, on-line forums and/or focus groups.
- Consult with stakeholders to establish effective mechanisms to disseminate consumer engagement outcomes and to get their buy-in to act on consumer feedback.
- Evaluate effectiveness of engagement process and outcomes with consumers and staff involved and have advisory group review those findings.
- Data analysis and report draft
- Presentations, report review and final approvals/peer review/Outputs/achievements.

Deliverables

- Create and implement supportive mechanisms to involve Aboriginal and Torres Strait Islander consumers in Queensland Health decision making at all levels
- Understand priority issues for Aboriginal and Torres Strait Islander consumers in response to COVID-19 vaccinations; and
- Share information with relevant health services.

The Approach

This project has included several engagement activities which have contributed to the project deliverables and outcomes. Each of the activities and their outcomes built upon the activity before it, creating an ongoing flow of feedback. These activities included:

- Two online Q& A sessions
- Five Yarning circles held by with 24 participants (blend of online and in person)
- One meeting with project reference group
- One solution design workshop with project reference group
- One online survey for First Nations health staff
- Rapid response team feedback on issues paper
- Rapid response team feedback on the end project report

Online Q and A forums

Two online Q and A sessions were held via Zoom. All participants registered via Eventbrite and a Zoom link was shared via email. The online registration was shared via social media and email.

Q and A session 1 – Tuesday 5 March 6pm – 7pm

The first session was held 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.

Over 179 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. Of this, 63 accounts tuned in with some groups. All up around 100 people watched the session live. The session was recorded and uploaded onto the Health Consumers Queensland YouTube account. The video has been viewed 429 times as at 2 August 2021.

Image: Screenshot of first online Q and A

The questions asked during the session reflect what matters to First Nations health consumers and their community. Many questions were asked in the chat about the COVID-19 vaccination, too many in fact to be asked during the session. However, these were included in the final issues paper.

The session closed with an Elder and experienced health consumer reflecting what had been said (and not said) and summarising key messages.

The learnings and suggestions from this discussion are below:

- **Back to the basics**
  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).
  The lack of understanding about the general information, indicates that the information is too general to be relatable and trusted. The information needs to be specific to and relatable for First Nations people otherwise it will not be accepted.
- **Be transparent**
  First Nations people have a general mistrust with the Australian Government which stems from a history of oppressive legislation that has supported the attempted genocide of their ancestors. The effects of these policies still live today. Therefore, it is imperative that trust and rapport is the foundation for any engagement with First Nations people. To establish trust and rapport, you need to be open and honest.
  Address the fundamental concerns of safety of the vaccine, and the safety of the roll-out program because simply stating that they are safe is not enough. Be transparent and honest, share the whys and the hows. People genuinely want to know what they are putting into their body, how it works and why. People want to be empowered to make informed decisions.
- **Acknowledging diversity amongst First Nations communities**
  While mainstream information can be too general and mistrusted, so can First Nations information that does not acknowledge the diversity amongst First Nations communities. 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+.
  It is important that the needs of all groups within First Nations communities are acknowledged, respected and can provide a voice for how they are engaged. This can be done through stakeholder and consumer engagement, genuinely asking for feedback on whether messaging is appropriate, and providing general information to organisations to tailor themselves, for the unique needs of their clients/community.
- **Empowering and engaging First Nations health staff**
  First Nations health staff can be the biggest advocates for the vaccinations. Given the large number of people who joined were health sector staff indicates that there may be a lack of engagement with staff as well. Health services need to keep their staff updated and armed with the most accurate advice and effective resources to share with their patients and within community. ***"Concerned Elders want to know who in the community is going out to explain this to them"- First Nations Health Consumer.***
  Health services should consider hosting forums specifically for staff with the aim of empowering them to share messaging within community.
- **Empowering community leaders**
  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"*- First Nations Health Consumers.**

Community leaders and Elders need to be involved in the development of strategies to manage potential outbreaks and adverse reactions to the vaccinations. Health services can provide training and information to community leaders who will then share amongst their community how they see fit. This is about empowering community to do what they know best, not forcing a certain way of doing something.

A more in-depth summary of the discussion is presented in **Appendix 1.**

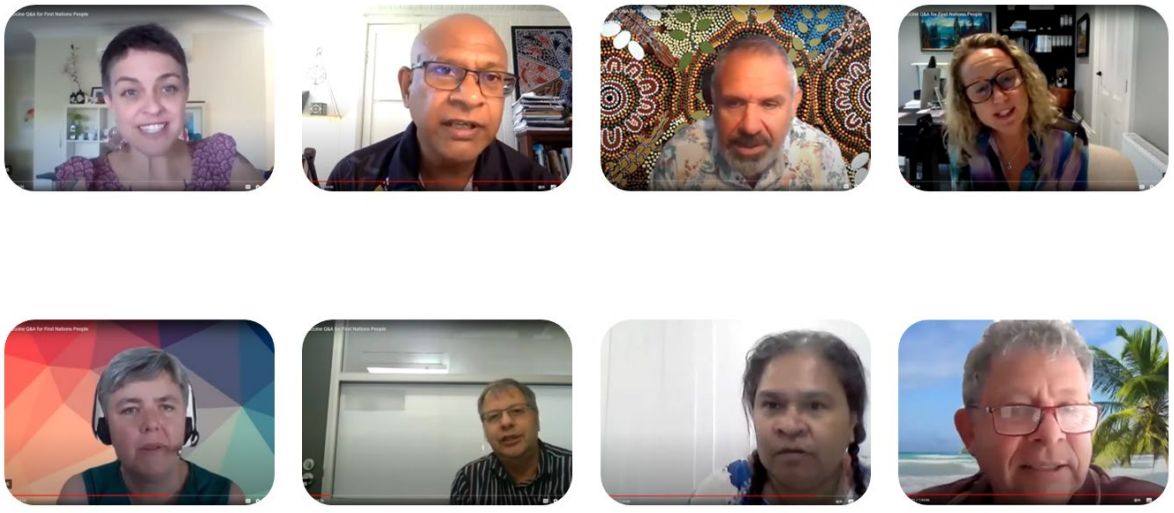
Q and A session 2 - 29 March 2021 9.30am to 11 am

The second session was held during the day held with a panel of First Nations health professionals. The panel included:

- Dr Mark Wenitong, Chair, Aboriginal and Torres Strait Islander Clinical Network
- Associate Professor James Ward, Director, UQ Poche Centre for Indigenous Health, The University of Queensland; and
- Associate Professor Margie Danchin, Group Leader, Vaccine acceptance, Update and Policy, Murdoch Children's Research Institute
- Greg Richards, Aboriginal and Torres Strait Islander Health Division, filling in for Haylene Grogan, Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, Queensland Health (as a lockdown that morning).

Over 107 people registered, and 58 people joined (some participants joined in pairs or groups) so number of attendees was higher. People registered from across Queensland: Thursday Island, Kowanyama, Cherbourg, Boulia, Rockhampton and Ipswich. Many of the people who registered were Elders, people living with complex health needs or staff who work in health services across Queensland.

The session closed with an Elder and experienced health consumer reflecting what had been said (and not said) and summarising key messages. At the time, it had been two weeks since Queenslanders in group 1B had started receiving vaccinations and many of the closest Torres Strait islands to Papua New Guinea (PNG) had already been vaccinated. One hour before the Q&A the Premier of Queensland announced a lockdown in greater Brisbane beginning at 5pm that night and mask-wearing for everyone across Queensland.



The pace of questions was slower than the first Q&A which allowed for more conversation on key topics that people were raising questions about. We were able to ask and respond to most of the questions asked in the chat; and the feedback from those who have completed the short survey said

all of their questions were answered. This discussion built on the previous Q & A session and was more about the practical side of the vaccinations rather than general questions. The learnings and suggestions from this discussion are below:

- **Better representation of First Nations people**
  For people to have a sense of security in the process, they need to see themselves reflected in the process. There is a lack of First Nations specific data and information, this makes First Nations people feel like they have been forgotten or excluded from the clinical trials and increases anxiety about the potential side effects. ***"If they haven't been a part of a clinical trial then there is no evidence of our mob for us to promote for our mob." – First Nations Health Consumer***
  One consumer said that the lack of inclusion in clinical trials is another example of attempting to homogenise First Nations people whilst others reported that some Elders now feel like guinea pigs.
  A suggestion to address this is to share more experiences of First Nations people, and to communicate the specific First Nations data so that there is no ambiguity about whether or not the data applies to or includes First Nations people.
- **The role of Traditional Healers – bringing culture into the solution**. Whilst there was acknowledgment that Traditional Healers had not been consulted by Queensland Health as part of the COVID-19 response, there was clear support from the panellists for the system to unite and work together with Traditional Healers.
  The discussion about the inclusion of Traditional Healers is one that goes beyond the COVID-19 vaccination conversation. There is still a disconnect and lack of acknowledgement of First Nations culture in the Western system. This needs to be addressed to ensure that our Traditional Healers have the support and structures in place to become involved in the system. This is something that could be reflected in the development of Health Equity Strategies and other planning activities.
- **Taking the time to have conversations with people on the ground matters.**
  Repeated messages about the safety and importance of having this vaccine and not delaying was stressed for Elders throughout the Forum. However, as one panellist noted: ***"Facts alone don't get people over the line [to have the vaccine]. This is about trust and community."*** As a consumer reflected: Understanding that ***"people and place are bound to cultural confidence. Confidence comes from culture and psyche"*** is vital. ***"These conversations are important with people in place and able to harness the power and energy of our Traditional landscape."***
  These points reiterate the importance of providing spaces where conversations can happen. These spaces need to be spaces where community feel safe. It is up to health services to find out where those spaces are and use them as a way to connect with community.
- **Taking time.** Is it time to reduce the pressure? The tone throughout the roll-out has been one of urgency but one of the panellists acknowledged the importance of taking the time to talk to people, for respecting people's decisions and pointed out that it is not as if the vaccine truck is going out once and not again.
  In clinics, there needs to be an opportunity to have a conversation before committing to having the vaccination. Information stalls at the front of the clinic. E.g. "Come and have a yarn about the vaccination – then make an informed decision".

- **Isolated Aboriginal healthcare workers are overwhelmed with the sense of personal responsibility** for convincing discrete communities across vast areas to have the vaccine. These health care workers have strong connections to the communities they serve rather than the anonymous responsibility other health staff may have in bigger population centres. They urgently need the support and example of senior Elders and Traditional Healers to become vaccine advocates and champions and to spread the word but they need to be resourced to have these conversations and educated in order to mobilise this powerful backing.
  There are already trusted community leaders who want to advocate, but they need to be empowered to do so. Look into training programs and resources to support community champions and leaders.

A more in depth summary of the discussion is presented in **Appendix 2.**

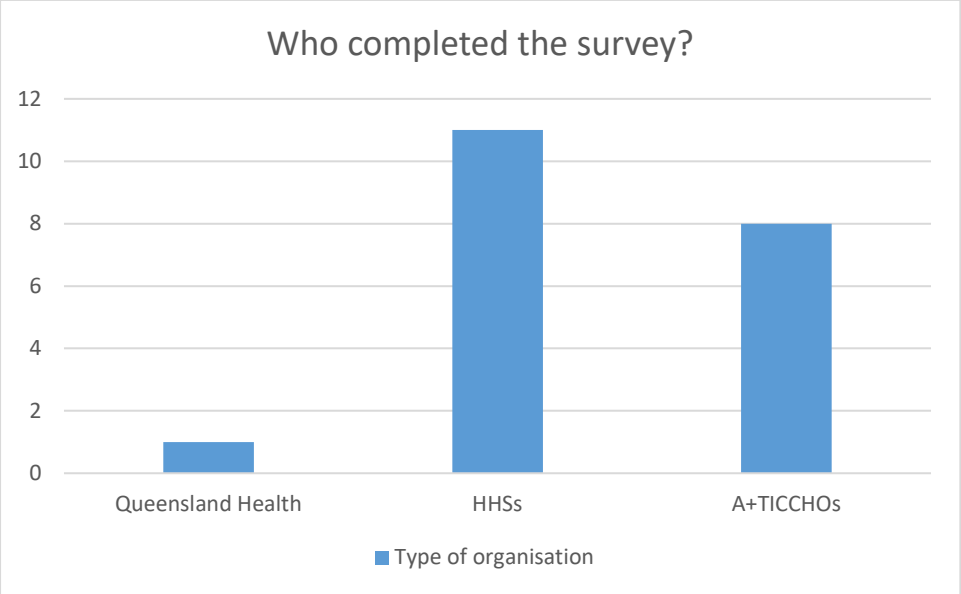
First Nations health staff survey

It was important for HCQ to get a Queensland-wide view on how, when and where Aboriginal and Torres Strait Islander health consumers are already engaged with health organisations across the state to achieve the outcomes of this project.

An online survey was created and sent out to First Nations health staff across jurisdictions. The link was shared via email to First Nations staff in HHSs and A&TICCHOs, via social media and uploaded to the HCQ website.

Who completed the survey?

In total, we received 20 responses from across Hospital and Health Services, Queensland Health and the Community Controlled Health sector as presented in **Figure 1**.



The eleven responses from HHSs came from 6 different regions:

- Darling Downs
- Sunshine Coast
- Central Queensland
- Central West
- Metro North
- West Moreton

This meant nine HHSs did not participate in this survey.

The following six community-controlled health organisations also responded to the survey:

- Kambu Aboriginal and Torres Strait Islander Health Organisation
- Goondir Health Services
- North Coast Aboriginal Corporation for Community Health
- Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd
- Cherbourg Regional Aboriginal and Islander Community Controlled Health Service
- Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services

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Summary of findings

The survey included five questions about what engagement was currently taking place in their health organisation (to their knowledge). The questions and a summary of the answers are presented below:

1. **How does your organisation engage Aboriginal and Torres Strait Islander health consumers to help plan, design and evaluate services, policies, communications, cultural protocols?**

- Every organisation does something different, based on local need.
- Mixture of both informal and formal mechanisms in place to engage Aboriginal and Torres Strait Islander health consumers.
- Some of these mechanisms directly engage with the consumers themselves; others do so indirectly by analysing data, feedback, evaluations etc.
- Some staff in HHSs also offered that engagement was done poorly, or not at all.

2. **How has your organisation engaged Aboriginal and Torres Strait Islander health consumers about COVID-19 specifically? (e.g. in planning, designing and evaluating services, policies, communications...**

- Some organisations continue to engage with health consumers about COVID-19 but in other organisations it looks like consumer engagement about COVID-19 decisions did not take place.
- It became clear from some of the responses, that involving health consumers in systems decision making is not well understood and/or potentially done. This is a common issue across all of health – confusion about what collaborating and making systems decisions with health consumers looks and feels like.

3. **Approximately how many Aboriginal and Torres Strait Islander consumers are engaged formally in your organisation? (formally meaning set up in your accounts and on your consumer network list)**

- The results from this question varied greatly and it was clear that some of the numbers referred to service delivery, rather than consumer engagement. This further demonstrates the misunderstanding between consumer engagement at a systems level and supporting consumers to receive healthcare.

4. **Who in your organisation manages your engagement with Aboriginal and Torres Strait Islander health consumers? (Please include their name, email and phone number if possible).**

- The responses here also showed the diversity of ways in which health organisations manage engagement with Aboriginal and Torres Strait Islander health consumers.
- Consumer engagement is led and managed at different levels within an organisation; and with different skillsets and perspectives.

Key learnings

- There is still a misunderstanding about what consumer engagement is – some answers to the questions alluded that the “consumer engagement” may be referring to service delivery rather than formalised co-design or feedback processes.
- Some organisations do not have positions dedicated to consumer engagement, rather it is an add-on to an operational role, which indicates that consumer engagement may not be valued as a specific skillset and position within organisations.

- There are different levels of consumer engagement in each of the organisations, and no consistency in methodology or a centralised support body.

Suggestions for improvement

- There is a need to improve understanding of what consumer engagement looks and feels like – and embed consumer decision-making at all levels of healthcare decision making.
- Consumers can and should be involved in planning, designing, implementing, and evaluating services, models of care, healthcare priorities, communications, policy development and strategies.
- Health organisations need to resource consumer and community engagement positions or upskill their staff in consumer and community engagement.
- Both formal and informal mechanisms are useful ways to meaningfully partner with Aboriginal and Torres Strait Islander health consumers.
- When deciding who is leading consumer engagement for a health organisation, consideration needs to be given to its importance and value; the skillsets and perspectives needed by the staff; and the time it will take to meaningfully develop and build strong relationships with health consumers from diverse backgrounds in the community.

A more in-depth version of the Organisational Scan analysis is presented in **Appendix 3.**

Consumer recruitment

An expression of interest (EOI) to join the project reference group opened on 12 February 2021 and closed on 25 March 2021. The EOI was shared via email and social media. Applicants could print and fill out the form or fill out an online form. This link was shared to existing First Nations consumer contacts, and throughout the Qld Health and HCQ networks.

It was required that applicants identify as Aboriginal and/or Torres Strait Islander and live in Queensland.

Image: Screenshot of first HCQ EOI call out for this Project

The EOI included the following questions:

- Tell us why you are interested in this project?
- Please describe any connections you have to your community (e.g. networks, groups, cultural connections and so on) and if you sit on any health committees already

The EOI provided options for consumers to participate in more than one engagement activity during the project. Applicants could tick several boxes based on what level of involvement they wanted to have. This included:

- Join an invite list to find out about consultations relating to COVID-19 issues such as vaccinations and testing (you choose the ones you would like to participate in)
- Willing to participate in rapid reviews of COVID-19 communications materials or policies and procedures (hear about it and do it in that same day)
- Host kitchen table discussions/yarning circles in your community
- Participate in kitchen table discussions/yarning circles in your community.
- Join a Reference Group for this project that will meet 2-3 times from now until June 2020
- Receive invitations to online Consumer Conversations where people across Queensland tell their stories about their care or experiences in the health system. Health Consumers Queensland feeds this information (anonymously) to Queensland Health to influence change and improvements.

Project Reference Group

From the EOI process, eleven people joined the Project Reference Group. The first project reference group meeting was held on 20 April 2021 and all members joined virtually.

The agenda included, introductions, HCQ consumer orientation, review, and approval of the terms of reference, review and approval of the project engagement activities and review and development of Yarning Circle Questions.

After evaluating the meeting notes, the feedback from the session was categorised into key themes. These included:

- **COVID-19 information**
  - This included points and questions that are still not understood in community which indicated that basic information was still not being filtered down and being understood, causing anxiety amongst community.

    This is a spiritual thing – we're not used to putting something foreign into our bodies. – First Nations Health Consumer

- **Communications channels and community governance**
  - This included suggestions for information to be better shared with community, by leveraging off existing communications channels such as community radio, displaying print media in community organisations or local shops and health providers being more proactive and "going into" community spaces.
  - There was an emphasis on hearing experiences from other First Nations consumers. First Nations people want to hear about real life experiences from people who are like them.
- **Stakeholder engagement**
  - This included points about the importance of organisations from all sectors communicating with each other and sharing COVID-19 information.
  - First Nations consumers want to see how the departments are working together.
- **The First Nations LGBTIQ+ voice**
  - Very important points about including the voice of the First Nations LGBTIQ+ community and providing safe spaces, where this information can be shared in ways that are accessible and respectful.
- **Systemic issues addressed as a biproduct of this project**
  - It was mentioned and reiterated that system wide issues would be discussed throughout this project, and there needed to be a commitment from Queensland Health that these issues would be addressed beyond this project.
  - This includes the need to have State-based Close the Gap plans which include the voices of LGBTIQ+ people and people living with a disability.
- **Cultural considerations**
  - Better understanding and value of First Nations culture. It should not be "secondary" to Western medicine. They should work hand in hand.

The key discussion points from this meeting are further presented in **Appendix 4**.

Yarning circles

What are yarning circles?

Yarning is about building respectful relationships. The use of a yarning circle is an important process within Aboriginal culture and Torres Strait Islander culture. The yarning circle principles have been used by First Nations peoples from around the world for centuries to learn from a collective group, build respectful relationships, and to preserve and pass on cultural knowledge.

Many organisations now hold their own Yarning Circles in a modern context as a way to engage with community members. The HCQ Yarning Circles are community consultation sessions based on the HCQ Kitchen Table discussions, which are conversations led by local people for local people. They allow small groups to participate in consultation at a time of day, and in a place, that suits them. We find this is an effective way for First Nations community members to provide their feedback about services, in an informal, culturally safe space, with people who they trust and respect.

HCQ Yarning Circles

The HCQ Yarning Circles include a Yarning Circle Host who is a community member who has said they are interested in holding a yarning circle. HCQ then appoints the hosts to deliver the session and a report and provides them with training to do so. The host is given a "host pack" which includes a Host Guide, and forms for their participants.

Due to COVID-19 restrictions, the Yarning Circle hosts were asked to limit their participants to up to six. Five yarning circles were held by four consumer hosts with a total of 24 participants from across the state. Participants attended either in-person or virtual yarning circles from:

- Inner City Brisbane
- North Brisbane/Caboolture
- Tambo
- Tara
- Sunshine Coast

The Yarning Circle questions

The questions asked in the Yarning Circles were developed in consultation with the Aboriginal and Torres Strait Islander Health Division and the Department of Health's Strategic Communications Branch reviewed and amended by the Project Reference Group. The following first draft of Yarning Circle questions were presented to the Project Reference Group for review:

1. Are you aware of where and when you can receive a COVID-19 vaccination?

2. What are some of the biggest obstacles you or your community face in making informed decisions about getting a COVID-19 vaccination?

3. What are some of the ways health providers can help you make informed decisions about COVID-19 vaccinations?

4. What kind of information resources or education do you think would be helpful for you to make informed decisions about COVID-19 vaccinations? 4a. Where and how would you prefer this information to be available to you and by who?

5.Do you feel you can communicate your needs appropriately and sensitively for your culture, language or other particular needs about COVID-19 vaccinations?

6. Who is most likely to influence your decision about getting the COVID-19 vaccination? (E.g. Aboriginal and Torres Strait Islander Health practitioner or GP, Influencers in the community etc)

The feedback from the Project Reference Group members was to change the language to strengths based and change the order of the questions. The final version of questions were:

1. What are some of the ways health providers can help you make informed decisions about COVID-19 vaccinations?
2. Do you feel you can communicate your needs appropriately and sensitively for your culture, language or other particular needs about COVID-19 vaccinations?
3. Who is most likely to influence your decision about getting the COVID-19 vaccination? (E.g. Aboriginal and Torres Strait Islander Health practitioner or GP, Influencers in the community etc)
4. What kind of information resources or education do you think would be helpful for you to make informed decisions about COVID-19 vaccinations? 4a. Where and how would you prefer this information to be available to you and by who?
5. What are some of the biggest obstacles you or your community face in making informed decisions about getting a COVID-19 vaccination?

Yarning Circle feedback

However it was clear from the Yarning Circle reports that the discussions went beyond the questions that were asked. Therefore, it was more meaningful to categorise the feedback and the discussions into some key themes, rather than by questions. This demonstrates that Yarning Circles take their own forms, and while structures for the discussion can be put in place, it is important that the conversations can be agile. Without this, the participants may not open and provide the honest and genuine feedback needed.

The key themes that emerged included:

- **Clear and factual information**
  - Consumers expressed that there is an overload of information, and they don't know what to believe. There is a need for the information to be clear, factual, and consistent.
- **Myth busting**
  - The overload of information has created anxiety, and a breeding ground for rumours and myths. There is already a mistrust between First Nations people and Australian governments, so if these myths are not addressed it could be more damaging to that relationship and have adverse health impacts on the community.
- **Proactive engagement**
  - Consumers expressed the need for health services to go beyond posting on social media and updating their website. People will not search for information if it is too hard to find and not in a place where they would usually find trusted information. Health services need to be proactive, come into community and share information, make relationships, and have a yarn.
- **Personalised information**
  - People will listen to information that is relevant to them. If First Nations people do not see themselves represented in the information, they will reject it. There is a history of First Nations people being excluded, so if they are not explicitly told that the information is for them, they will not accept it.
- **Localised information**

- Every community is different. The only real consistency is that community know what is best for community. Health services need to try to find out what this is and use it.

- **What's working**
  - Consumers stated that text messages from their local community-controlled health organisation is very helpful. They want more of the interpersonal communication like that.
- **The issues**
  - Some consumers feel like First Nations staff in the hospitals and clinics are not accessible. They feel as though they are too busy for them.
  - Some clinics do not feel welcoming and culturally safe.

These are further expanded on in **Appendix 5**.

Solution design workshop

A Solution Design workshop was requested by the Project Reference Group during the first Reference Group meeting. This workshop would allow the group to discuss recommendations about communications and engagement in a productive space and in a group setting.

It was requested that the workshop was in person, as the group expressed the importance of establishing an interpersonal relationship with the other participants to get the best possible outcomes from the workshop.

The workshop was held at the Qld State Library in South Brisbane on 10 June 2021 from 3:30pm to 7:30pm. HCQ covered the travel and accommodation costs for any participants who do not live in the Brisbane area. Six consumers attended in total, five in person and one joined on-line.

The workshop outline was determined by the key themes emerging from the feedback to date, inclusive of the first Reference Group meeting, and the Yarning Circles. The Project Consultant expressed the importance of using the limited time as practically as possible, and that instead of repeating key points, we would discuss the key points and themes to date and then build on them.

The feedback was categorised into the following:

1. What do our mob want to know?
2. What do health services need to know?
3. How do our mob want this information?
4. Who do our mob want this information from?

Solution design workshop outcomes

The feedback from the Solution Design workshop built on the feedback to date and was discussed and added into the existing categories. Recommendations were then added for each of the categories, as the feedback could naturally be broken into statements and suggestions.

Summary of Feedback document

It was important that the consumer feedback and findings were fed back to Queensland Health throughout the project to ensure that any First Nations COVID-19 vaccination communications materials included a First Nations consumer perspective. This paper was emailed to Queensland Health on 20 July 2021 and uploaded to the project web page for all stakeholders.

This paper included all of the feedback from the engagement activities to date (on-line Q&As, yarning circles, reference group meeting and the solution design workshop), with key considerations and recommendations. The full summary is presented in **Appendix 6.**

When the session was complete, the consumers were asked to identify the key top 5 points. These included:

1. **Community led and not Community Controlled organisation led**
   Consumers expressed that not all First Nations people access community-controlled services, and that engagement with community-controlled organisations does not mean engagement with community.
2. **Visually and auditorily stimulating and content that is relevant and culturally appropriate**
   Written language is a western form of communication. First Nations people have used visual and oral communication for centuries prior to colonisation. It is preferred that organisations that create messaging for First Nations people adopt these communication styles that are visually, auditorily stimulating in collaboration with local consumers.
3. **Personable, localised and relatable information**
   First Nations people have historically been excluded from institutions and from society in general. So if communications is not clearly for a First Nations person (i.e. First Nations artwork or people etc) then they will not take notice of it. Communications need to reflect First Nations culture and people to be relevant.
4. **Investment in sustainable resources to support communities – Invest in community to do what they need to do!**
   This is a key theme through all feedback – Health services need to identify key community people and organisations and work with them to distribute information. Health institutions may not have the trust and rapport of the community, but they can empower and support those who do.
5. **Maximise and leverage off existing services and partnerships**
   Further to the fourth point, health services can leverage off from the existing partnerships and reputations within community to share messages. Relationships with trusted organisations and services will widen the community reach and demonstrate that health services are committed to proactive community engagement. This demonstrates how health services can "go into" community spaces, rather than expecting community to come to them and to access information their way.

The findings were also presented at the Queensland Nursing and Midwifery Council (QNMExC) on 15 June 2021 and shared in a COVID-19 Vaccinations communications key messaging workshop held with Queensland Health Strategic Communications and the Aboriginal and Torres Strait Islander Health Division on 22 June 2021.

Rapid response

A Rapid Response team of consumers was established as part of this project to enable quick consumer review and engagement in situations where an urgent response is required. This was to reflect the ever-changing COVID-19 information. The group was utilised far less than anticipated, but its' existence provided peace of mind for HCQ, in the fact that we had the capacity to provide a consumer perspective on all urgent matters if needed.

The Rapid Response team would be texted or emailed to provide feedback on a COVID-19 related document within a 12-hour timeframe or less. If the consumer agrees, they are sent the document and remunerated for their time up to 2 hours.

Three Rapid Response members were sent a draft version of the *Summary of feedback and recommendations* document. The original text and consumer amendments are presented in **Appendix 7.**

Consumer contributions to this document

The draft version of this document was sent to the whole reference group for review. The full consumer amendments and suggestions are presented in **Appendix 8**.

Next steps

This report will be sent back to Queensland Health to support their communications and engagement activities with First Nations health consumers.

While this project focused on the COVID-19 vaccinations, much of the feedback and recommendations are system wide. This includes the need to adopt a more consumer led approach to consumer and community engagement, which focuses on empowering and supporting community to share health information and to be involved in decision-making (at all phases from planning and implementation through to evaluation).

Health Consumers Queensland have been in discussion with Queensland Health about how the learning from this project can be applied to the rollout of the Health Equity framework. It is anticipated that the implementation of the recommendations will be explored through the development of Health Equity strategies.

A First Nations Health Consumer body

A part of this project is to build the cultural capability of Health Consumers Queensland. A total of 22 people across the Health Consumers Queensland "family"- all staff, some of the Board and key consumer representative leaders, attended the whole-or-organisation cultural capability training. This one-day training workshop supports Health Consumers Queensland to explore and identify next steps to build the cultural responsiveness and impact of the organisation. The organisation is actively considering next steps including first steps towards the development of a Reconciliation Action Plan.

The organisation could consider commissioning some artwork that could be used across the organisation. The artwork would support the consumer-identified need to make sure communications are visually stimulating and speaks directly to First Nations consumers.

Further, Health Consumers Queensland has been aware throughout this project there is a need to support and grow First Nations consumer engagement across the state, but that HCQ may not necessarily be the appropriate organisation in the longer term. This work was out of scope for this project but engagement on what is needed, and who would be an appropriate organisation to lead this work is important. While several health services already have their own consumer reference and/or advisory groups, a mechanism that oversees and supports First Nations consumers at all points in the health system is still needed. Further discussions about the establishment of such a mechanism is something that HCQ will continue to advocate for.

HCQ
HEALTH CONSUMERS QUEENSLAND

Contact us

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