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Rapid qualitative assessment of COVID-19 health needs in urban Sydney Aboriginal communities: report 2

Why we did the research

- » Rapid qualitative research methods are commonly deployed in complex health emergencies to identify the health and service needs of populations. In NSW, Aboriginal community-controlled organisations, and other Aboriginal services, have responded rapidly and effectively to the COVID-19 threat by drawing on the strengths in communities to care for each other. This research was funded by a NSW Ministry of Health COVID-19 extension grant, as a way to provide rapid evidence to support community and other responses, using strengths-based research approaches.

When we did the research

- » The interviews were conducted in February 2021.
- » Metropolitan Sydney had experienced an outbreak of COVID-19 in December 2020, which carried over to January 2021. There were heightened restrictions on the number of people who could participate in social engagements over the Christmas and New Year period. The main outbreak occurred in the northern beaches region however there was a smaller outbreak in Sydney's western suburbs.
- » Australia had started its staged vaccination rollout, however vaccination was not yet available to Aboriginal and Torres Strait Islander people.
- » Data were collected prior to concerns about rare blood clots and the strategic shift away from Astra Zeneca vaccines for people aged under 50 years.

How we did the research

- » Data were collected using a peer-led interviewing method in which Aboriginal young people were trained to conduct interviews with others in their community about their experiences of and perspectives on COVID prevention and health needs. Further information about the research method is available in a substantive research report available from the Centre for Social Research in Health website.

Where we did the research

- » The research took place in Darug Country, western Sydney area. In the Penrith Local Government Area, 4% of people identify as Aboriginal or Torres Strait Islander - the proportion is higher in Cranebrook (8%) and the surrounding suburbs (around 5%). The socioeconomic status of most of these suburbs is around average for Australia, being ranked in the 6th lowest decile on the SEIFA index¹. The exception is Penrith which is more disadvantaged and is ranked in the 2nd lowest decile.

Who we included in the research

- » The findings reported are based on 36 in-depth interviews, which include 27 interviews conducted by peer interviewers and 9 debrief interviews with 8 peer interviewers, conducted by researchers.
- » The 36 participants included 22 women and 13 men. All lived in the western Sydney area. The number of people in participants' households ranged from 1 to 8 people.
- » The 36 participants included 24 young people (aged 16–30 years, including 8 peer interviewers); 6 people aged 30 to 50 years; and 5 people aged 50+ years.
- » Participants described their Aboriginal ancestry with reference to eleven different Aboriginal nations, with the most common being Kamilaroi (14), Wiradjuri (10) and Dunghutti (6). While most identified with one nation, eight participants identified with two or more nations.

¹ Socio-economic Indexes for Australia: Index of Relative Socioeconomic Advantage and Disadvantage, from Australian Bureau of Statistics, 2018, Socio-economic indexes for Australia, 2016, cat. no. 2033.0.55.001

What does the research tell us we need to do:

» In relation to vaccine uptake...

Rapidly develop messages that promote vaccine acceptability

The majority of participants were cautious about vaccines but did not have a firm view about whether they would get vaccinated, and only a handful had strong negative views. This suggests that well-designed health promotion messaging could shift neutral or ambivalent attitudes towards attitudes that are more positive about vaccines.

In our study, even within families there was a broad range of attitudes to vaccines, based on factors such as age, perceived vulnerability to COVID-19, concerns about the development of current vaccine products, and general disposition, as described here by a young study participant:

*Aunty, I'm pretty sure said that she would give it a go. But then she also said that it takes like years to even get like the flu vaccine...spot-on. And like they've made this one pretty quick...And then I can't remember if my brother and sister said they would or wouldn't. I think my brother said that he wouldn't 'cause he's just, he's just a bit apprehensive...he doesn't really understand, I guess. But, I know Mum would get it because [her asthma means] if she got COVID, she like she wouldn't probably survive it.
(Woman, 16–30 years)*

Throughout the pandemic, and despite feeling 'COVID fatigue', participants described how they actively pursued and engaged with COVID information as a strategy to protect themselves, their families and the community. Because of this, we believe a well-designed promotional messaging campaign about COVID vaccines (focussed on issues raised below) would be welcomed.

Focus vaccine acceptability messages on providing detailed and accessible *scientific* information about three specific concerns

Science-based messages about safety and efficacy from trusted sources seem likely to be effective because the main reason for scepticism about vaccines was a sense that the current vaccine products were developed too quickly, which participants believed had compromised their safety.

It took one year to create a vaccine. I think that's crazy. [I don't trust it] We've probably gotta wait for another country to see the side effects. Because I'm just scared of what may happen. (Man, 16–30 years)

Participants were worried about side effects and had heard stories of people dying after being vaccinated. Other specific concerns that participants reported regarding vaccines were:

- » Beliefs that vaccines include a fragment of the virus, which could make people sick and infectious. Participants worried about putting 'small bits of actual virus' in their bodies.
- » Beliefs that older people with underlying health conditions were more vulnerable to developing COVID-19 from vaccines.
- » Beliefs that the side effects of vaccinations could be just as damaging to people's health as COVID-19. Some participants viewed the risk of vaccines as higher than the risk of COVID-19, especially given that the risk of catching COVID-19 in the community was low to non-existent.

Science-based messages about vaccines are likely to be welcomed and successful. These messages should focus on three key elements:

- » Build confidence in the scientific technologies used to develop vaccines and their rigour
- » Clarify the viral genetic material used in vaccines and that they do not contain the SARS-CoV-2 virus
- » Provide accurate information about the risk of vaccine side effects compared to other vaccines and common medical conditions.

Build trust in vaccine messages by making them specific to Aboriginal audiences

There was some distrust in government and medical institutions, and a view that governments do not do the right thing by Aboriginal people, as demonstrated by many past mistreatments. For example, some participants interpreted the prioritisation of Aboriginal people in early-stage vaccine roll-out as a strategy to 'test out' the vaccines on Aboriginal people: they believed they were being used as guinea pigs and preferred to wait until others had been vaccinated.

You know, the Aboriginal communities will be one of the first ones that will be trying the vaccine. What, again, are we just the fucking guinea pigs for 'em? So I'm not happy with that. Like, give it to a bunch of white fellas first and let's see if them fellas live from it. (Woman, 50+ years)

Messages like the video message from Professor James Ward² provide a model for COVID health promotion because he is a trusted infectious diseases scientist, an Aboriginal person, and he provides straightforward and accessible scientific information about COVID. Finding ways to roll this message out locally will be important.

Develop strategies to address perceived practical barriers to vaccination

Some participants expressed concern that vaccines could be costly and unaffordable for many Aboriginal people. In addition, participants mentioned practical barriers such as transport to and from vaccination appointments, and that trusted health care providers are on hand:

[To encourage booster shots] there's obvious stuff that I know...transport, making sure that there's Aboriginal services and people that we know from community there, and stuff like that, so that we're prepared for what we're going into. (Woman, 16–30 years)

Some members of the community would benefit from information clarifying that vaccines are free of charge.

Consider ways to manage expectations about vaccines and what life will be like after vaccine rollout

Managing expectations about post-vaccine life will be important to maintain trust in vaccines and the vaccination program. This is because the main reason participants gave for getting vaccinated was that it would permit them to return to their 'normal' lives. For young people (16–29 years) returning to 'normal life' tended to be about travel and socialising, for participants aged 30–50 years, it was about returning to 'normal' work; and for older participants (50+ years) it was about maintaining longevity and staying healthy.

² <https://www.health.gov.au/resources/videos/covid-19-vaccination-video-professor-james-ward-how-do-covid-19-vaccines-work>

If COVID restrictions will be ongoing after vaccination, this should be made clear wherever possible including information about what limits there might be on a return to 'normal' life, what the timeframe is, and what ongoing COVID prevention measures might be needed.

Relatedly, if ongoing vaccination for COVID will be required over the next 2–3 years, it will be important to communicate this early and often so that mistrust about COVID vaccines and the vaccination program does not become entrenched. The vaccine information disseminated now will impact people's willingness to return later for follow-up or new vaccines. For example, some participants said returning for a booster shot depended on their experience with the first vaccination. They said that if they were not given appropriate information at first vaccination (for example if they are surprised by unexpected side effects) then they may not be willing to return for the booster.

If you feel like crap and whatever else after the first one, you're obviously not gonna go back and do it again for the second time. (Man, 16–30 years)

» In relation to ongoing COVID prevention...

Make updated COVID information readily accessible from trusted sources

Seeking information and staying informed and up-to-date about COVID prevention and the latest restrictions appears to be one of the main strategies that participants used to protect themselves and their family and community. This involved keeping up with televised and radio news media and social media and talking with others who were believed to have the latest information, such as those who work in health care.

A lot of people that come here, they watch the news, and they sort of give you little updates when they come to work. (Man, 16–30 years)

People felt 'COVID fatigue' due to the ongoing impact of restrictions and the need to be constantly on top of the changing rules. Mostly participants found the ongoing impact on their family and community social engagements difficult, but a couple said they avoided discussing COVID except when necessary to share new information. Speaking of Aboriginal people in general, one of the peer interviewers reported widespread fatigue:

I think they're just over it to the point they, they just want to ignore it. They don't want to talk about it anymore where, when it was fresh, they probably talked about it a bit more 'cause it was something new. But it's been out for over a year now or something, so I think they're just over that. Over talking about it. Over wanting to talk about it. Over having to talk about it.
(Man, 16–30 years)

Continue providing easily accessible testing at trusted services and promote testing as a way for communities to protect themselves and keep each other safe

While maximising vaccine uptake will be important in coming months, keeping on top of testing rates is essential as it is the main strategy to keep the community safe when managing outbreaks. Participants spoke positively about COVID testing, which was a marked difference to participants we interviewed in August 2020 who were hesitant about being tested, worried it would be unpleasant, and worried about isolating afterwards. Participants at this site talked about testing as just another prevention strategy. Most participants had been tested themselves, or knew someone else who had. And, while they found it uncomfortable and inconvenient, they did not regard it as too much of a hassle.

The differences between sites 1 and 2 (collected in July 2020 and February 2021 respectively) could be due to participants having become comfortable with the process of testing. It might also be because of the easily accessible drive-through testing clinics that operate in the area around site 2, including one that delivers tests in the car park of a trusted local Aboriginal service. A couple of participants thought community members were not seeking testing as much as they should.

Most of the time you have to like get like a little, like a cob swab up the nose. So it could, it will hurt your nose if you're a first-timer. But then, if you have to go get a check again, you'll know what to expect and how much it will hurt. (Man, 16–30 years)

Consider ways to help people manage their cultural obligations to family and community as well as their obligation to COVID safety, which they take very seriously

Participants reported that loss of connection with family and community was the main negative impact of COVID. COVID restrictions, especially staying home and physical distancing, and concerns about spreading COVID are affecting relationships with family, friends and communities. This is noted to have a particularly negative impact for Aboriginal families and communities, where in-person contact and communication with families is seen to be very important (participants in site 1 and site 2 noted this). While participants in site 1 reported that they were not seeing family and friends, participants in site 2 reported that they were but that this required careful management to maintain COVID safety: they spent less time than usual with family and friends, limited numbers, and kept distance when they did socialise.

Blackfullas, Aboriginal people are known to be getting together and it's just been hard for everybody to connect like how we used to. (Man, 16–30 years)

Indigenous families, with the extended families, where they've got family members just dropping in, well, you had to, you know, draw the line somewhere and say, "Well, no". So, I found myself in that boat, telling family members that there wasn't actually any room or that it was really not a good time to come and stay. (Woman, 50+ years)

» In relation to promoting the uptake of care for other health conditions...

Increase existing support and intervention for mental health for Aboriginal people

Participants said that the COVID prevention measures of staying home and physical distancing, as well as the impact of an economic downturn, had taken a toll on the mental health of some in the community. The impacts on mental health were most often raised by young people and most often discussed with regard to the periods with the most stringent restrictions on socialising.

Just the thought of just like being alone I guess... Like that can also be a big toll on their mental, on your mental state. Yeah. I feel like that would be a massive impact and it can also like pull families apart. 'Cause like not seeing your family in a long amount of time can make sometimes things awkward...because we don't really see each other as much as we used to.
(Woman, 16–30 years)

One of the most devastating stories was reported by a participant who described her relationship breaking down after her partner was admitted to hospital because of mental ill health. Visiting restrictions meant she had limited opportunities to see him, leading him to believe she no longer cared about him.

Continue with health promotion messaging that assures people about the safety of health services and clinics

As reported by participants at site 1 in August 2020, participants in the current study were wary of attending medical appointments for fear of contracting COVID and passing it onto their families. Participants gave examples of themselves or others in their networks avoiding health facilities, even when they needed medical attention.

It happened with my mum. She ended up cancelling a lot of appointments last year when the COVID spikes were up more...She didn't really wanna go and have to sit in a waiting room full of people. (Woman, 30–50 years)

Health promotion messages should continue to explain that health services are COVID-safe and provide advice about how community members can visit clinics safely. Promoting remote consultations, as described next, will continue to be beneficial.

Continue to offer a range of remote health services, including consultation by telephone and in-person outreach

Participants had mixed views about remote online and telephone-based health care delivery. Positive appraisals of remote health service delivery were related to keeping community members safe because they did not need to physically attend health clinics or travel on public transport, and because it was convenient. Negative appraisals of remote services were related to limited understanding of technology, difficulties accessing technology or data, a lower quality of communication when not face to face, poor hearing among Elders and older

members of the community, and that remote services posed challenges to making an accurate diagnosis.

Not many of our mob understand phones yet. It's not like everyone's got the luxury of having a phone. Especially [the Elders]. With their hearing and all that stuff. (Man, 16–30 years)

I think people understand better when you're face to face because, in, when you speak to people, you can see whether they don't understand. (Man, 50+ years)

Generally, participants described telehealth as more difficult for older people; however one participant, who worked in a community service, disagreed arguing that telephone consultations worked particularly well for some older people. A number of participants suggested home visits were an important alternative.

I think that's been a good thing for a lot of Aboriginal people. I know a lot of our clients that have been using the tele-health and they really like it... Especially some of the oldies, like they can just have that phone consult with their doctor for something small and they don't have to go to the whole trouble of going into the GP. (Man, 30–50 years)

This report was prepared by Associate Professor Joanne Bryant and Dr Megan Blaxland.

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For more information about this project, visit:

arts.unsw.edu.au/csrh/our-projects/covid-19-health-needs-aboriginal-communities-nsw

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