Rapid qualitative assessment of COVID health needs in three NSW Aboriginal Communities: Method and Data Report Site 3

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For more information and other publications from this project:

https://www.unsw.edu.au/arts-design-architecture/our-research/research-centres-institutes/centre-social-research-health/our-projects/covid-19-health-needs-aboriginal-communities-nsw

Note and acknowledgement: This report is the last of three reports planned for this study, with earlier data collected in the western Sydney area in 2020 and 2021. The research team thanks Aunty Kym Cama and The Lithgow Hub staff at Western Sydney University for their support of the project. The research is funded through the *NSW Health COVID-19 Research Grants Round 1* and is an extension project of an Australian Research Council Linkage Grant (LP170100190).

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1 Key findings and implications

In relation to COVID-19 vaccines…

Continue current approaches to encourage vaccination and ongoing boosters.

Participants described relatively easy experiences of getting vaccinated, once the initial supply shortages in 2021 were addressed, suggesting that the vaccine delivery processes worked well for Aboriginal people in the area. At the time of the research 88% of Aboriginal people aged 15 and over in the Lithgow LGA had been double-vaccinated. [1] In comparison to our findings in the February 2021 data collection,[2] fewer participants in this setting reported mistrust of vaccine, although some concerns about side effects and safety continue to be raised. Overall, participants recognised the value and importance of vaccines in keeping people safe, and most participants said they (and others around them) had been vaccinated.

Participants easily identified places in their local area where they could be vaccinated, and described very few practical barriers to vaccination, although they said this was not the case in 2021, when local people made special efforts to ensure they could get vaccinated. Health workers also went to extraordinary lengths to ensure community members we offered a vaccination, including bringing the vaccine to people's homes. Interview data suggest that existing vaccine delivery systems have worked and will continue to work, especially when health care workers mobilise to take vaccines to people's homes, and when people themselves make remarkable efforts to protect themselves and their families by getting vaccinated.

In relation to COVID-19 treatments…

Rapidly develop messages to raise awareness of COVID-19 antiviral treatments.

Participants were not aware of antivirals as a possible treatment for COVID-19 infection, or that Aboriginal people are a priority group for antiviral treatment.[3] However participants described many other ways to care for themselves in the event of catching COVID (such as bed rest, staying hydrated, remaining isolated, and seeking medical care if needed); yet antiviral treatments were not mentioned. Relatedly, participants demonstrated a strong desire for more information about COVID-19 management. They described ongoing and active efforts to stay informed about prevention practices and COVID-19 restrictions in an effort to learn more and protect themselves and their families, suggesting that information about effective treatments is wanted and will be well-received and acted upon. Helpful information about antivirals includes: that Aboriginal people aged over 30 years with risk factors for severe illness are eligible; that accessing antivirals happens by completing the SMS survey link that is sent to people after they have tested positive; that a person

[1] Australian Government Operation COVID Shield, 2022, Local Government Area COVID-19 Vaccination Rates: Indigenous, https://www.health.gov.au/sites/default/files/documents/2022/01/covid-19-vaccination-local-government-area-lga-indigenous-population-25-january-2022.pdf [accessed 18 May 2022]
[2] Blaxland, M., Bryant, J., Gardner, K., Beadman, M., Bolt, R., Doyle, M., Graham, S., Newman, C. E., Murphy, D., Bell, S., Beetson, K., & Wilms, J. (2021). Rapid qualitative assessment of COVID-19 health needs in urban Sydney Aboriginal communities: report 2. Sydney: UNSW Centre for Social Research in Health. http://doi.org/10.26190/rgbz-5575
[3] https://www.health.gov.au/health-alerts/covid-19/treatments/oral#:~:text=The%20first%20oral%20treatments%20for,TGA)%20on%2018%20January%202022

needs to register their positive RAT in order to receive the SMS link (but will be sent this automatically if their test was PCR).[4]

Develop positive messages to encourage quick registration of COVID-19 infections.

The sooner a person is tested and registers a positive COVID-19 status, the sooner antiviral treatments can be offered. Participants viewed testing as an effective tool that allowed families to "be on the safe side" (male, over 50 years) however delaying testing was reported, especially if there were mild symptoms. Together with increased awareness about antiviral treatments, speedy testing and registration of positive results will permit communities to avoid severe COVID-19 complications.

In relation to information sharing…

Continue to share public health messages through a variety of trusted sources, noting that mainstream television is a commonly identified source of information.

Most participants said that they got information about COVID-19 through mainstream media, particularly mainstream network news bulletins and NSW Government daily briefings. Televised news was widely viewed, and this information was shared through families and friends.

Some young people sourced information from social media, although they reported doing this carefully, with the knowledge that social media sources were not always reliable. Generally, participants had much more confidence in the public health advice given by NSW government and disseminated through mainstream media, as this provided the most up-to-date information.

Information gained from televised and other media was shared with others and COVID-19 was commonly talked about in family and community networks. This is consistent with other findings from this research that participants wanted to stay informed to keep themselves and their community safe. This suggests that targeted messages (for example about antiviral treatments) will easily gain traction.

In relation to COVID-19 testing…

Raise awareness that testing remains essential even if people are vaccinated.

As with earlier findings from this project, participants in this setting recognised the value and need for testing and the role it plays in preventing the spread of COVID-19. However, participants also reported that testing was thought to be less important for vaccinated people, or for those with mild symptoms. This suggests it would be beneficial to remind community members of the need to continue testing in order to best manage the disease. Plus, as noted above, early testing and registration of results will facilitate early administration of anti-viral medication.

[4] https://www.nsw.gov.au/covid-19/management/antivirals#toc-who-is-eligible-to-receive-antivirals

2 Introduction and research approach

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 Health COVID-19 Research Grants Round 1 (extension projects)*, as a way to provide rapid evidence to support community and other responses, using strengths-based research approaches. The project aims to collect data from three Aboriginal communities in NSW: two in western Sydney and one in regional NSW. This report is the last of three reports planned for this study.[5] The project from which it extends is an Australian Research Council Linkage Project (LP170100190) which uses qualitative peer-led research methods to understand how Aboriginal young people in western Sydney build sexual health and wellbeing.

2.1 Data collection

Data were collected using a peer-led interviewing method in which a small group of Aboriginal young people from the local community were trained to conduct research interviews with others in their networks about experiences of and perspectives on COVID prevention and health needs. Five Aboriginal young people were recruited as peer interviewers and took part in two days of face-to-face training with the research team. Training was activity-based and included learnings about qualitative interview methods and skills, research ethics, and information to expand their understandings of COVID-19 epidemiology, prevention methods, restrictions, testing, and treatment.

In the two months following the research training, the peer interviewers were asked to select five of their peers to interview. To be included, their interviewees needed to identify as Aboriginal, to live in the Lithgow area, to be aged 16 years or older. Peer researchers were asked to participate in a debrief interview with a research team member, which provided the opportunity to seek more information about emerging topics.

[5] For more publications from this project see: https://www.unsw.edu.au/arts-design-architecture/our-research/research-centres-institutes/centre-social-research-health/our-projects/covid-19-health-needs-aboriginal-communities-nsw These include:

Blaxland, M., & Bryant, J., Gardner, K., Beadman, M., Bolt, R., Doyle, M., Graham, S., Newman, C. E., Murphy, D., Bell, S., Beetson, K., Wilms, J., & Penning, K. (Dec 2020). Rapid qualitative assessment of COVID-19 health needs in urban Sydney Aboriginal communities: report 1. Sydney: UNSW Centre for Social Research in Health.

Blaxland, M., & Bryant, J., Gardner, K., Beadman, M., Bolt, R., Doyle, M., Graham, S., Newman, C. E., Murphy, D., Bell, S., Beetson, K., Wilms, J., & Penning, K. (Aug 2021). Rapid qualitative assessment of COVID-19 health needs in urban Sydney Aboriginal communities: report 2. Sydney: UNSW Centre for Social Research in Health

The findings reported are based on 21 in-depth interviews with 20 participants, which include 16 interviews with Aboriginal people and 5 follow-up debrief interviews conducted by researchers – one peer interviewer did not participate in a debrief interview, another participated in two.

The 20 participants were aged 16 to 71 years and included 10 women and 10 men. 11 participants were aged 16-30 years, 6 aged 30-50 years and 3 aged 50 years or more. 8 participants reported having Wiradjuri ancestry combined with other ancestry, 1 said Kamilaroi ancestry, 7 did not specify their Aboriginal ancestry, and 2 said their ancestors were from the Torres Strait and other Pacific islands.

2.2 Research setting

The research took place on Wiradjuri Land, in the Lithgow area on the Western side of the Blue Mountains in NSW. Local Government Area (LGA) data from this area tells us that 5.7% of the population is Aboriginal or Torres Strait Islander, but this varies throughout the LGA, with nearly twice as many (9.5%) identifying as Aboriginal in one suburb.[6] The LGA is low compared to the whole of Australia, being in the 2nd lowest decile in the SEIFA index, but some suburbs are ranked in the lowest 10% in the country.[7] There are no Aboriginal Medical Services in the area, but there is an Aboriginal organisation which provides cultural, heritage and land management services.

The interviews were conducted through January and February 2022. At the time NSW, and Sydney especially, was experiencing rapidly escalating COVID-19 case numbers due to the Omicron outbreak. Self-administered Rapid Antigen Tests (RATs) had recently become available, but there were substantial shortages in supply. Free polymerase chain reaction (PCR) tests run by the NSW Government were overwhelmed in many areas, due to high demand, and people wanting to be tested waited many hours and were sometimes turned away.

For further context, Lithgow residents had recently emerged from strict COVID-related restrictions. During July to October 2021, the greater Sydney area was in lockdown, with 5-10km limits on movement, schools and non-essential retail closed, and strong encouragement for employees to work from home. Lithgow is located just outside the greater Sydney area, and, while residents did not face such stringent restrictions at first, by August these were introduced in Lithgow. At the time of the research, community members were required to check-in using QR codes and use masks in public in-door areas like shops.

Vaccination rates were high across the state. In the Lithgow LGA, 92% of people aged 15 and over had been double-vaccinated and 88% of Indigenous people.[8] Vaccination rates were high across

[6] Australian Bureau of Statistics, Lithgow Local Government Area Census Community Profiles and Aboriginal and Torres Strait Islander Peoples Profile, 2016.
[7] Australian Bureau of Statistics, Socio-Economic Indexes for Australia (SEIFA), 2016.
[8] Australian Government Operation COVID Shield, 2022, *Local Government Area Geographic Vaccination Rates*, 31 January, https://www.health.gov.au/sites/default/files/documents/2022/01/covid-19-vaccination-local-government-area-lga-31-january-2022.pdf [accessed 18 May 2022]; Australian Government Operation COVID Shield, 2022, *Local Government Area COVID-19 Vaccination Rates: Indigenous*, https://www.health.gov.au/sites/default/files/documents/2022/01/covid-19-vaccination-local-government-area-lga-indigenous-population-25-january-2022.pdf [accessed 18 May 2022]

the state, with most adults double-vaccinated, and some becoming eligible for a third dose. Most high school students had also been vaccinated.

3 COVID information

3.1 COVID rules

Some participants explained that public health rules were not difficult to follow, but that they were so changeable, that it was hard to keep up to date with changes.

> It was hard to follow…It was not hard to understand, I suppose, but hard to follow the changes. Male, 30-50 years, Wiradjuri)

> Well look for myself, I actually found it pretty much near impossible to keep up with the rules because they were changing so quickly, they were changing from … sometimes it was daily, but sometimes it was every hour, it was something different, it was really, really hard to keep up with and for me, myself personally, I was working from home and I started to tune out from it. (Female, 30-50 years, Wiradjuri)

One participant reported that their location made the public health rules particularly difficult to interpret. The Lithgow Local Government Area is just outside of Greater Sydney. This meant that public health requirements in Lithgow were different to those in the neighbouring Blue Mountains. For some on the outskirts of the Blue Mountains, Lithgow is their local shopping district and medical facility, while many in Lithgow travel to the Blue Mountains to work. Given word of mouth is a key source of information (see below), having social and professional networks across the Lithgow and Blue Mountains LGA made interpreting rules difficult. This participant explained that understanding which rules applied in which location was difficult to determine, yet critical because they were worried they would face a substantial fine if they misjudged.

> The rules were very hard to understand. And it was very, very hard as well, because it was different from one LGA to another…Halfway up the mountain it was a totally different LGA with totally different rules governing it, so it was actually really hard. And some people actually worked in that other LGA and travelling you know … even knowing what to do with how you could travel and not wearing masks in the car and then you were with other people out of your household. It was very, very hard to keep up with. It was nightmarish. And let's face it, no one really wanted to get like a $1,000 fine for doing the wrong thing, so it was critical to keep up with it…I have friends who are off the mountain, so we live in different LGAs and it was so weird. Like at one point, people that were in the Blue Mountains weren't allowed to go to school because they were in lockdown, and then people from Lithgow were allowed to come to school occasionally…It was really, really confusing. (Female, 30-50 years, Wiradjuri)

However, the majority of participants in Lithgow said although it was difficult learning and enacting public health rules in response to COVID-19 at first, most said that they had now learned the rules, understood how to stay up to date with rule changes, and knew how to keep themselves and their communities safe. For example,

> I think it was hard for everyone I believe, especially initially. You think, "Wow, there's a COVID case" even if it was three regions over, like even up in Katoomba or something like that, you know, it felt so close. But now it seems to be everywhere. It was hard initially to cope with. You didn't know how long we were going to be in lockdown and how bad it was going to get and you know if you were going to lose loved ones and things like that. But…I think it's the new normal. Definitely not [easy to keep up with all the changes]. You would watch a press conference just to get the latest update you know… and then obviously we

> would Google it and check the COVID resources on the phones and New South Wales regulations and all that…so it was very hard to keep up to date. Male, 30-50 years, Wiradjuri)
>
> It took people a bit of time, it was a bit slow at the start, but once everyone started realizing how serious COVID was and how much it was changing and how many different diseases were there, they started to get the hang of it, watching the news, keeping up-to-date on the COVID situation and hotspots. (Male, 16-30 years, ancestry not known)
>
> They found it pretty hard at the start, but we ended up, they all ended up adapting well to the COVID changes in that. Wearing masks and staying home in that. (Male, 16-30 years, ancestry not known)
>
> Sometimes it's hard to adjust to, but you get on to it, you catch on. You see someone down the street with a mask, you know it's got to be on. (Female, 16-30 years, ancestry not known)
>
> They slowly got into it and then it started getting better and restrictions dropped, so it was a bit easier. (Male, 16-30 years, ancestry not known)

Several participants explained that they regularly checked in with key sources of information in order to stay apprised of developments, as they explain in the following section.

3.2 Sources of information

Participants explain that they and other Aboriginal people in their communities garnered information about COVID-19 from a range of media, family and friends, and health professionals.

> The Aboriginal people that I know in this area, they watched the news, they are on social medial, like yeah … just like typical type of areas that everyone else kind of monitors as well for their COVID information. (Female, 16-30 years, Wiradjuri)

As mentioned in the quote above, mainstream media, especially television news, and social media, particularly facebook and TikTok, were key sources of information, but websites, Aboriginal organisations and posters also featured. Not surprisingly, young people tended to rely more on social media compared to older people who were more likely to watch television news.

Television news was particularly important, especially channels 7 and 9, but ABC news and newspapers were also mentioned. These were important both for vaccine information and also updates on COVID rules and case numbers.

> Probably from the news, the media, that's where everyone's getting it from. (Male, over 50 years, ancestry not known)
>
> I've been watching 7 News my entire life and news is always early and it's always accurate. (Male, 16-30 years, ancestry not known)
>
> [I get COVID information] from the news and from the talk, like from the talk that happens from people that have been vaccinated and stuff like that? Or there's ABC News or whatever it is, that has a lot of stuff in that, [and the most trusted?] 9 News. (Female, 16-30 years, ancestry not known)

> Mainly off the TV, and then just to know it's [the vaccine's] been approved for children and things like that, it was all off TV. (Male, 30-50 years, Wiradjuri)

Some particularly sought information about case numbers, case locations and COVID rules, including from NSW Government media conferences at 11am daily:

> Once everyone started realizing how serious COVID was and how much it was changing and how many different diseases were there, they started to get the hang of it, watching the news, keeping up-to-date on the COVID situation and hotspots. (Male, 16-30 years, ancestry not known)

> I definitely got the updates of how many cases were going around and things like that, like the daily updates at 11am. (Female, 16-30 years, Wiradjuri)

A number of younger people were informed by adults in their families who passed on information sourced from mainstream media news and other sources.

> My [dad] tells me because he usually watches the news and sees what's going on in the news. (Male, 16-30 years, ancestry not known)

> [People get information from the] News. Just the news, TV. [Interviewer: I don't really watch the news. It's scary.] I don't really either. It's just my mum. My mum watches it and she informs me, and I'm like, "Cool." [laughs] (Female, 16-30 years, Wiradjuri)

Conversely, some young people reported that they shared information gleaned from online.

> I think that a lot of the elders got it from word of mouth, like from our mouths, but I think that a lot of the youngers, they turned a lot to like other people on social media and like trying to figure everything out (Female, peer interviewer 2, ancestry not stated)

There were concerted efforts to share information and stay informed between family, work colleagues and community members. Some participants worked in health services, giving them access to quality and timely information.

> My mum usually tells me what's going on and gives me all the updates. (Male, 16-30 years, ancestry not known)

> Yes, definitely, definitely, like from my experience, like whenever we get an update or something about it, mum would tell me or my friends would be like, "Hey guys just a heads-up, like this is the new change in rule, yadda, yadda, yadda" and same at work. Most of where I got my information from was my mum and the place where I work at, because I see them as more reliable than like other people. (Female, peer interviewer 3, ancestry not stated)

> [One of the main ways we look after each other is] talking to each other and communicating. (Male, over 50 years, ancestry not known)

The information they shared included changes in public health rules, vaccine advice and case numbers, but also local community information, particularly about local hotspots. For example:

> I have family members that let me know about the different hotspots that they're located in and warn me about not going to different places because they know there's a hotspot where they've been. So, yeah, there's been times where I've been contacted and told about the hotspots in my area about COVID in that from my family, from Aboriginal people that I know. (Male, 16-30 years, ancestry not known)

For young people, especially, social media was also important.

> I think most people now get their information from Facebook and social media sites or from TV news. That's where they get most of their information. (Male, 16-30 years, ancestry not known)

> I think they were changing a lot and I look a lot at social media a lot and I knew what was going on, but if you didn't have social media or if you work, or if you are a person who watched the news a lot, I think it would be really hard to stay up to date. With everything changing as well, you know, wear masks inside, then you don't have to, and then they changed that again, and the amount of people in your house, that sort of thing, I just think it was very confusing. (Female, peer interviewer 2, ancestry not stated)

However, compared to other sources of information, social media and online sources tended to be viewed more critically, with some young people explaining that these sources were not always trustworthy.

> Occasionally social media, but you can't always trust that. You got to look up, watch YouTube, find it on the news, type it up on Google, see what's going on. (Female, 16-30 years, ancestry not known)

> The reputable ones, yeah, the NSW Services and things like that, yes definitely [they can be trusted], but certainly not Wikipedia or anything like that or you know, [or] anyone that you know says that you can do silly things, like Donald Trump said, using whatever, whatever, and other people say Ivermectin. And so, you know, you've got to know your resources. (Male, 30-50 years, Wiradjuri)

> I think a lot of social media gets involved there [with people getting vaccinated]. You know, a lot of Twitter and all that stuff, Facebook and all that stuff…A lot of people who get on there, you know, have got negative thoughts about it…Too many people listen to those people…So, that will stop a lot of people [from being vaccinated]. (Male, over 50 years, Kamilaroi)

There was strong support for the quality and trustworthiness of information which came from health professionals, particularly where these were already known to the participants. For example:

> Well when we attended for our needles, I trusted the GP. (Female, 16-30 years, Wiradjuri)

> I think [the most trusted sources are] your local GP and doctors, nurses in that at the medical centre that you go to. Most important like are local GPs in that. (Male, 16-30 years, ancestry not known)

> I see all that sort of [social media] stuff, but when you have to have your vaccine, I had to have an appointment with the doctor…and…I sort of listened to most of the stuff that she was saying. Whereas all the other stuff on social media, I don't know…They're not scientists. They're not doctors. I'm inclined to trust the scientists more than what other people say. (Female, 30-50 years, ancestry not stated)

By contrast, there were more mixed responses about the reliability of government information. Some were not at all confident in governments as reliable and trustworthy sources of COVID information. As the participants below explain, inconsistency over time and across governments undermined their credibility.

> Every health minister in every different state's got a different opinion, so if it's all one thing, they should all be talking the one lingo, but they are not, they are talking about all different

> ways of treatment and everything. So, no-one's got an idea of what's really going on. (Male, over 50 years, ancestry not known)
>
> I don't know. I think there's more going on in the background than they [government] want us to know about. (Female. 30-50 years, Wiradjuri)
>
> I think chopping and changing all the time. I don't think that's worked too good. Just as an example, when people were first getting AstraZeneca, you had to have 3 months in between to say that was best for your health and then all of a sudden, you could get it at lot shorter times in between, and I think it really didn't make people confident in the government. It was more like they were more worried about their statistics rather than what was the best thing for the health of the individual person. (Female, 30-50 years, Wiradjuri)

In part, it seems lack of confidence in government stems from the changeable nature of government advice, rules and responses. Some of the changeability derives from the challenges of managing a pandemic while learning about the virus that is causing it, and being responsive in the face of changing circumstances and new knowledge. But, for some participants, instead of suggesting a responsive government, it suggested an unreliable one that issued advice that would likely change in the future. Moreover, as this participant explained, confidence in government and Western medicine is often not high among Aboriginal communities:

> I also think that they [Aboriginal peoples] have not got a lot, real lot of confidence in Western Medicine. (Female, over 50 years, Wiradjuri)

In a context of more generalised distrust of government and Western medicine felt by many Aboriginal people, changeable advice from governments could confirm a belief that governments are to be trusted cautiously at best.

Despite the strength of historical distrust, many participants did believe that governments were reliable sources of information. For some, this trust was not strong, but they attempted to foster a belief that governments might be trustworthy sources:

> [I get information] from the government. [Interviewer: Do you reckon that's a reliable source of information?] Yeah, maybe. (Female, 30-50 years, Wiradjuri)
>
> I just try and trust the government. (Female, peer interviewer 1, ancestry not stated)

While many others explained that they government was a trustworthy, or even the most reliable, source of information:

> Probably New South Wales Health and your local GP. They're the ones that you probably trust the most…Because the GP is a professional and all that. They're looking after our bodies and they're looking after our health. With the New South Wales Health, it's exactly the same. They're looking after our health. They're looking after our bodies in that and they know what's going in it, you know…They wouldn't give it to us otherwise. (Male, over 50 years, Kamilaroi)
>
> Probably government, like watch the news and see what the government says about it…Because they're the leaders. (Male, 16-30 years, ancestry not known)
>
> I reckon the government and probably the healthcare workers like doctors and all that [are the most trusted]….They know more about it.**…**They definitely would've done heaps of research about it and they got like the statements and audits. All the results and all that. So,

> I feel like the government and probably the doctors are the most trusted. (Male, peer interviewer 4, ancestry not stated)

Moreover, it appears that those who relied on mainstream media sources, did so partly in order to access government information about the pandemic.

Given the strength of historical distrust between Aboriginal communities, government and medical institutions, the strength of belief in government sources is surprising and different from what was found at other sites included in the project. It suggests that public health campaigns have been successful for many Aboriginal people in the area, providing them with critical information at a difficult time, but also a sense of reassurance that government medical representatives are knowledgeable and reliable.

4 Vaccines

Participants were asked about any challenges they faced in accessing vaccines. The difficulties they encountered most commonly related to availability and to vaccine age guidelines. Only one participant mentioned difficulties with making bookings. In a debrief interview, this peer interviewer was asked to consider if accessing vaccines was more difficult for younger or older Aboriginal people. She said:

> I think it's a mixture, because I think there's different factors making both sides harder. I think it's pretty even, because I think the young ones have an easier time booking it in, finding out where to go and like finding out how to get it done. But then like I also feel like the elderly were very prioritised when it first got released… [but] they also don't know how to book appointments…they both have like their reasons why it will be harder or why a bit easier. (Female, peer interviewer 2, ancestry not stated)

Here, the peer interviewer explained that, on balance, there were challenges and facilitators for both groups. While young people found the booking system and access to online information easier, they faced age restrictions in accessing vaccines for themselves. Older people, on the other hand, found the booking systems more difficult, but had priority of access to vaccines because of their age.

The rareness of comments in the interview about difficulties with booking systems suggests that processes put in place to support Aboriginal communities to book vaccines were successful.

Finding vaccines during times of high demand and reallocations of vaccine resources was far more challenging.

> Now it's really easy, you can just book yourself into the chemist and go straight in, within 15 minutes, but before…I think just due to like purely like a high demand and short supply…that's the only reason it was really difficult and it had all of Sydney … like Sydney was more of a priority than us, so like they started rolling out the vaccinations to more rural areas like us later on, because like Sydney was going off with cases. (Female, peer interviewer 2, ancestry not stated)

As this participant explains, one of the reasons for limited supply was the redirection of vaccines from regional areas to high school students living in Western and South Western Sydney, because those locations were strongly affected by the pandemic. This decision was made by the NSW Government in July 2021 in an attempt to enable year 12 students to finish their studies[9]. Another participant's family had their vaccine bookings cancelled when the vaccine was redirected to Western Sydney.

> Yeah, it was really hard to get our second one. We got called up … we had booked it for however many months later, but then we got called up one night … and there was a lot of people that also got a message saying that their vaccination had gone to year 12, the HSC…A lot of people were really annoyed. It seemed like they were being very biased towards the year 12's, but then it wasn't exactly mandatory for the students. (Female, peer interviewer 1, ancestry not stated)

[9] https://www.health.nsw.gov.au/news/Pages/20210728_03.aspx

Most commonly, the initial challenges with securing a vaccine appointment related to low supply. The peer interviewer explains that with limited vaccine doses, the NSW Government prioritised vaccinating people in Sydney where case numbers were high, which meant the Lithgow area had access to fewer doses than demand. But as medical facilities gained access to more doses, it became easy to secure an appointment to be vaccinated.

As a result, some participants reported travelling considerable distances to be vaccinated:

> It was actually terrible trying to get a vaccine in town here. No trouble at all of course with AstraZeneca because no one wanted it, but I know for a fact that at one of the doctors surgeries here, they had a wait list, it was 100 pages long of people that wanted to get the Pfizer…for my older daughter, we needed it a bit quicker for her because she was planning on going overseas, so we did actually go and drive an hour there and an hour back for her to get her first jab in a different town. But…when she was sort of due for her second one, my own doctor surgery got it and it was much more convenient. (Female, 30-50 years, Wiradjuri)

> I know a lot of people who couldn't get it in their home town and they had to travel outside of their LGA to go get it, which was a bit concerning, because it was kind of like at the point where it was like you can't really leave your LGA, but then we can't get vaccines in our local LGAs, we had to go elsewhere to go get it, which was a little bit concerning, but like if you are willing to travel and then you could get it easy, but understand that people would have wanted to stay in their home town and get it. (Female, peer interviewer 3, ancestry not stated)

Many participants noted that the gradual lifting of age restrictions on who was eligible for vaccination meant that many in the community became eligible at the same time, putting huge pressure on the system and availability. As this participant implies, lifting age restrictions and patterns of vaccination 'brushed us together once' so that many were 'all trying to get it at once'.

> I think it's the amount of people that tried to get it [a vaccine] at once. Like my [dad], my family, we couldn't get it. We tried to get it at the GP and we like couldn't get in until November and that was like 3 months down the track. So, I feel like it was just the amount of people made it really hard, because they all brushed us together once and then there's like how many people in Australia all trying to get it at once. (Female, 16-30 years, Wiradjuri)

Another had a similar experience:

> My age group was held back a little bit to begin with and so once it opened up, all the appointments had already been booked out, so it was really hard to find a time slot. (Female, peer interviewer 1, ancestry not stated)

Most, though, had been vaccinated by the time they were interviewed and explained that vaccines were now easy to access.

> I got mine pretty easily. Male, 16-30 years, ancestry not stated)

> Then we had a few outbreaks and the army came in to do the immunization and then it got a lot easier. When the chemists got Moderna, it was a lot easier. You could get it straightaway. (Female, 30-50 years, Wiradjuri)

These responses suggest that any practical barriers to being vaccinated were appropriately addressed by local health services. The following description by a health worker who participated

in the research, describes a particularly targeted campaign delivering vaccines to Aboriginal people in their homes across the region.

> You know, we used to wait for them to come there and line up for the vaccines and all that stuff. A lot of people didn't worry about it, so…we got a team together and just went door to door knocking and asking for them to get the jab and all that stuff. You got better responses then when you go door to door, knocking and all that stuff…So, we did that. We just brought the [vaccine], gave them their 15-minute wait…They're comfortable in their own homes. Male, over 50 years, Kamilaroi)

Interview data, which rarely described any barriers aside from availability, suggests that strategies such as these were effective in facilitating access to vaccines.

5 Knowledge of COVID treatments

At the time of the research, new oral treatments for COVID-19 had recently been made available[10]. However, to be effective, these treatments require administration as soon as possible after diagnosis. Distribution of these treatments has prioritised key groups with high need, including Aboriginal and Torres Strait Islander people. To explore knowledge and understanding of these treatments, the research asked participants if they were aware of any treatments. However, awareness of specialised treatments for COVID-19 was rare. For example,

> Personally, I don't really know of any treatments for COVID. All I would do, would probably sit at home and lay in bed all day. But other than that, I don't really know of any other treatments. (Female, peer interviewer 3, ancestry not stated)

Like this young peer researcher, most participants were not aware of any treatments being available for COVID-19. When asked, some echoed the peer researcher above, saying that staying home, placing oneself in isolation, hydration, and bedrest were the treatments available.

> It's not really much of a treatment. Just the quarantine. Male, 16-30 years, ancestry not known)

> Treatments are just go home, relax, drink heaps of water, H2O and that, and if symptoms persist, go to your GP. Male, over 50 years, Kamilaroi)

This demonstrates good knowledge about how to manage mild infection with COVID-19. In addition, like the participant above, a number of others explained that if the illness progressed and became serious, that medical assistance should be sought. Two participants mentioned that serious illness could be treated in hospital with ventilators.

> I don't know of any treatments for COVID. I actually haven't heard anything specific other than the fear of being put on a ventilator to help you breathe. I actually don't know any of the other things to treat you for it. I suppose and assume there is some kind of strong antibiotics they probably pump into you. (Female, 30-50 years, Wiradjuri)

> Like when you're very sick from the virus, they will treat you with like breathing stuff and all that, and like I don't know, maybe holding you up at an angle so you could breathe better. I don't know. Male, peer interviewer 4, ancestry not stated)

The little knowledge participants did have of treatments came from personal experience or stories shared from others in their networks who had been infected with COVID-19. Awareness of treatment options was so scant, that a few interviews were used as opportunities to share this kind of information. This participant and the interviewer exchanged information about treatments in their interview, for example:

> Participant: So, I don't know how they treat you, how did they treat you? Did you have an antibiotic or anything?

> Interviewer: No, they just asked me to stay home pretty much. They just said stay home if you, if I have shortness of breath or any other reactions that seemed anything other than the flu, then they said call the ambulance and tell them that I have COVID and what

[10] https://www.health.gov.au/health-alerts/covid-19/treatments/oral#:~:text=The%20first%20oral%20treatments%20for,TGA)%20on%2018%20January%202022

> symptoms I have. (Female, over 50 years, Wiradjuri and Female, peer interviewer 2, ancestry not stated)

In attempting to answer the interview question, a few participants reflected on why they did not know about COVID-19 disease or how it is treated, observing that information of this kind had not been widely shared.

> It's like they don't inform you about what actually happens to the people that get sick…they need to inform people of what actually happens. Some people might not want to see that, but like if you don't actually know what happens and how to deal with it, you're not actually going to understand that it's actually affecting people. (Female, 16-30 years, Wiradjuri)

> I don't think there is a lot of information really available on like the treatments of COVID once you have it, I feel like it's all very preventative and not really focused on like the after, when you actually do get it. (Female, peer interviewer 3, ancestry not stated)

> [It] would be beneficial to know what type of treatment you would be getting if you were to have COVID. (Female, 16-30 years, Wiradjuri)

These findings suggest that Aboriginal people want to know about effective treatments as a way to protect themselves and their families, suggesting a need for new public health campaigns to ensure that Aboriginal people are aware of the availability of antivirus treatments, and of the importance of accessing those treatments shortly after diagnosis.

6 COVID Testing

There was strong agreement among participants about where COVID testing was available in the Lithgow area, and in what circumstances people should be tested. Most mentioned the importance of testing for anyone showing even mild symptoms of COVID-19, and some pointed to public health requirements, for example before holidaying interstate, and where required by workplaces. There was agreement among most participants that community members were continuing to be tested as needed.

> Obviously, just to be on the safe side, you know. Probably if they're going away or if they've got symptoms, yeah, go and get tested. Don't wait for the last minute. Male, over 50 years, Kamilaroi)

> I think they made it quite confusing there for a little bit, but most recently I think they've just said, "Just get tested when you have symptoms," which has made it a bit clearer, but made it not as good when people are asymptomatic. But anyway, in town we know that it's out at the hospital, the showground or you can get the rapid tests from the showground. (Female, 16-30 years, Wiradjuri)

On the other hand, a few thought some community members were not always taking tests whey they should, noting that some delayed if they had only slight symptoms, particularly if they were fully vaccinated:

> I don't think people are getting tested as much because I feel like a lot of people are vaccinated and feel like they don't have to. I feel like also if you're vaccinated, you can't as much tell when you need to get tested. Like if you get the slightest bit of a flu, I feel like you should probably get tested, but I feel like a lot of people don't see the importance in that because like they're vaccinated, so it's not their problem. (Female, 16-30 years, Wiradjuri)

> Well, yes, but probably a lot of people and myself have held off getting tested just because it might just be a bit of a scratchy throat or something, and then you go and get tested and it's negative anyway, but yeah, you do tend to hold off a little bit before you get tested. Male, 30-50 years, Wiradjuri)

While testing was generally felt to be readily available, some noted long wait times at drive through testing centres, or the scarcity and high cost of Rapid Antigen Tests available for purchase, for example:

> There's always a short supply [of Rapid Antigen Tests] and…because I've personally been through the drive through [for PCR] tests and it can take up to a 4 or 5 hour wait, so more rapid tests I need in the future. Male, 16-30 Years, ancestry not stated)

A handful of participants expressed concern about the reliability of Rapid Antigen Tests, sharing stories of negative RAT results followed by positive PCR tests.

> I've been told that there's too many false readings on the rapid tests and bloody, no one seems to know anything about them and how can you go from … when you got a test first up, it took 4 or 5 days, now they reckon they've made something that can do it in 2 minutes, it's a load of bullshit. Male, over 50 years, ancestry not known)

> It's bad because most people who have COVID, that's on the rapid test and they are getting that negative, but then when they went to get the actual test, it came back positive and like

> I've been hearing on the news, that you should just get those tests, because the rapid tests aren't very accurate and the professional just reckon to get the normal tests, but that's not very good…But they are very hard to get as well…It would probably just be easier to get a normal test. Male, peer interviewer 4, ancestry not stated)

And two participants were concerned that testing centres were potentially sites at which COVID-19 could spread. One observed that uninfected people contract COVID-19 from others at testing centres:

> No one wants to line up in a line to get tested for COVID in a line full of people who could possibly have COVID and that…So, I don't think many people want to be in a crowded area in this time during COVID. Male, 16-30 years, ancestry not known)

While the other had a family member had similar concerns, but was also worried they could infect others by attending a testing centre if they had the virus themselves:

> [Mum and brother were] very worried about going to the hospital and giving it to other people. The testing grounds in [town] where we needed to get tested was near the hospital, like right next to it. So, [they] had to go near a hospital to get tested. [They] didn't really want to…they were worried about getting other people sick, [worried that] people in the hospital could have the virus as well…they were pretty worried about it. Male, peer interviewer 4, ancestry not stated)

One participant was concerned that being observed in a testing queue would lead to assumptions and gossip in a small community:

> I think too, the worry as well that you know if you are seen standing in line or in waiting in the drive through clinic to get a COVID test, people are going to recognise you or your car or something and immediately assume that you've got the Corona and spread that little tit bit around everywhere and then you know, if you are seen up the street or something, you will probably get slammed on Facebook or something or they'll ring the coppers on you, you know and it may not be true. (Female, 30-50 years, Wiradjuri)

Later, the peer interviewer who conducted this interview, reflecting on their discussion, agreeing,

> [This] is definitely a very gossipy town…if you are in the line at the COVID clinic and someone who has like a little nosey nose and knows everyone's business, might go whisper somethings around town. (Female, peer interviewer 3, ancestry not stated)

7 Similarities and differences with other research sites

Like those in other research sites, participants in Lithgow reported caution among some community members about attending medical facilities for routine or specialist treatment because of concern that these would be high risk sites for contracting COVID-19.

As in other sites, participants had a range of reasons to be vaccinated, or for being concerned about being vaccinated. Reasons to be vaccinated included

- Protecting family and community members as well as themselves
- Being able to return to a more 'normal' life

Concerns about vaccines included worries about

- safety due to the fast pace at which they were developed
- side effects, either mild side effects having a short impact, or serious side effects with long term consequences, even death.
- Short term side effects mentioned included: soreness at the vaccination site, nausea, headaches, fatigue
- Specific serious side effects mentioned included blood clotting and stroke, infertility, heart inflammation and miscarriage
- Connected to concerns about vaccine side effects were discussions about which vaccine would best. Participants had a strong preference for Pfizer over AstraZeneca, because of a strong associate with more serious side effects with AstraZeneca. However, some serious side effects were discussed in association without specifying a particular vaccine.

In contrast to other sites, participants at Lithgow did not mention concerns that they would contact COVID-19 from the vaccine, nor did any participant say that the vaccine contained live coronavirus.

In contrast to other sites, participants in Lithgow were less likely to say that keeping up to date with public health rules was difficult and tiring. In Lithgow, participants explained that it was difficult at first, but easy enough now they had got used to what to do – both to stay informed, and to stay safe.

In contrast to other sites, participants in Lithgow were more likely to say they trusted mainstream medical practitioners as a source of information and less likely to say that having an Aboriginal person provide information was helpful.