# Rapid qualitative assessment of COVID health needs in three NSW Aboriginal Communities: Data and Method Report Site 1

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For more information about this project:

https://www.arts.unsw.edu.au/csrh/our-projects/rapid-qualitative-assessments-covid-19-health-needs-three-aboriginal-communities-nsw

Note and acknowledgement: This report is the first of three reports planned for this study, with further data being collected in the western Sydney and Lithgow areas in 2021. 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).

## Key findings and implications

**Key findings**

Community members were working to keep themselves, their families and their communities safe, and were actively following prevention guidelines, particularly regarding physical distancing, staying home except when necessary, hand-hygiene and testing. While mask wearing had not been made mandatory at the time, community members were wearing masks.

Of all the health promotion strategies that participants discussed, COVID-19 testing was described as the most confusing and complex. The participants explained that they believed most people understand where and when to seeking testing, but they found the process of testing unappealing; and found being tested to be logistically difficult because of caring responsibilities, transport and transport costs, waiting times. Some were concerned they could contract COVID-19 at testing facilities.

Testing facilities in local, easily accessible, and trusted locations were the most likely to be used. Some participants reported that community members did not trust mainstream health institutions, preferring Aboriginal controlled services. Participants explained that community members particularly valued the drive-through testing clinic that had been set up at the local Aboriginal Medical Service because of the mutual trust and understanding they experience there.

Adhering to guidelines around physical distancing and staying home was negatively affecting local communities. Participants explained that being connected with their families and communities, and being part of community events like NAIDOC, are important. The hardest aspect of COVID was been the disruption to these social connections. Some participants were particularly concerned about the potential impact on mental health if community members continued to remain isolated.

In addition, participants reported that community members, especially their Elders, were concerned they might contract COVID-19 if they attended health services or travelled on public transport.

**Implications**

- Develop health promotion messages that say, "*It's OK to go out"* and that give people strategies to be COVID safe while out

  Participants took COVID safety very seriously and described how strategies such as wearing masks, social distancing and hand hygiene were all important. However, staying home was seen to be the main protective strategy. But staying home also has had strong, negative consequences. Participants told us that being connected with their families and communities, and being part of community events like NAIDOC, are important. The hardest aspect of COVID has been the disruption to these social connections.

  Health promotion messages that explain how to go out safely would help community members maintain their important social connections. In addition, hosting COVID-safe community events would help promote this message, and provide examples for how to be COVID-safe in the community.

- Develop health promotion messages that assure people about the safety of health services and clinics and continue telehealth services

Participants told us there was widespread caution in their communities about visiting health services during the COVID-19 outbreak that was occurring at the time. People were concerned there would be a higher likelihood of contracting COVID-19 in a doctor's surgery, hospital or clinic, because there they would be most likely to encounter people with the virus.

Participants reported that some community members, particularly younger people, have found telehealth to be a useful alternative to face to face visits. But many also thought that telehealth was a poor substitute for in-person health care, and for some, entirely unworkable due to a lack of trust, limited access to technology, the importance of interpersonal interactions which were not so well expressed via telehealth, and a belief that doctors will be unable to make proper diagnoses remotely.

- Help people travel safely by providing community transport for vulnerable people and strongly encourage mask wearing on public transport

Participants observed that attending medical appointments and social gatherings were particularly difficult for older people and more vulnerable community members who rely on public transport. They regarded public transport as a particularly risky environment for contracting COVID-19.

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

Of all the health promotion strategies that participants discussed, COVID-19 testing was described as the most confusing and complex. The participants explained that they believed most people understand where and when to seeking testing, but that: testing is unappealing because of the process; arranging to be tested is logistically difficult because of caring responsibilities, transport and transport costs, waiting times; some people are concerned they could contract COVID-19 at testing facilities.

Testing facilities in local, easily accessible, and trusted locations are the most likely to be used. Some participants reported that community members did not trust mainstream health institutions, preferring Aboriginal controlled services. The participants explained that community members particularly valued the drive-through testing clinic that had been set up at the local Aboriginal Medical Service because of the mutual trust and understanding they experience there.

Promotional campaigns such as the AH&MRC's #swabformob are important for keeping testing rates high in the community, especially because they draw on sentiments of collective care and the need to keep Elders and culture safe and strong. Ensuring that such campaigns are widely disseminated will be important.

- Develop communication campaigns that explain how to isolate while waiting for test results.

There was confusion around the need to isolate while waiting on test results. Participants explained that isolating within the house was usually impossible. Communities need clear messages about how to isolate in a busy house with one bathroom. In addition, there was

concern about the impact on the employment of other household members, if many people needed to isolate.

# 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. 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.

The first report was released in December 2020 and is based on data from the south western area of Sydney. The second report was released in May 2020 and presents findings from research in another community, also in Western Sydney. This report is designed to accompany the first short report, 'Rapid qualitative assessment of COVID-19 health needs in urban Sydney Aboriginal communities: report 1'. It is a 'method and data' report designed to provide detail about the research design and data collection methods, and to present a fuller version of the data than is available in the accompanying report. For this reason, it is descriptive rather than analytical and presents lists of qualitative interview excerpts to give voice to the participants and demonstrate the depth of the data sample.

## 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. Six Aboriginal young people were recruited as peer interviewers and took part in four days of remote online 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. Peer interviewers were paid for their time at the UNSW student casual rate.

In the three weeks following the research training, the peer interviewers selected three of their peers to interview. To be included, their interviewees needed to identify as Aboriginal, to live in the western Sydney area, to be aged 16-24 years and the same gender as the peer interviewer. (The age and gender criteria relate to the main project on sexual health from which this extension grant originates). After each interview, 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. For all interviews we used the 'third person' interviewing technique which enabled us to document shared views, rather than individual experiences (e.g. interview questions ask participants to talk about the perspectives of 'others in their community').

The findings reported are based on 30 in-depth interviews, which include 18 interviews with Aboriginal young people and 12 follow-up debrief interviews conducted by researchers. Data are

collected as third person accounts and are intended to describe the experiences and opinions of the Aboriginal people and families in the networks of participants.

The 18 participants were aged 16 to 24 years and included 13 young women and 5 young men. 12 were attending high school at the time, and the others were studying at a tertiary level. Seven were engaged in employment and for most this was casual part-time work. 13 of the young people were living with family members. The number of people in their households ranged from 2 people to 9 people.

## Research setting

The research was based in Dharawal country in southwest Sydney, NSW. Local Government Area (LGA) data from this area tells us that 3.8% of the population is Aboriginal or Torres Strait Islander, but this varies throughout the LGA, with 17.6% of people identifying as Aboriginal in one suburb. The socioeconomic status of the area varies, too. The LGA is slightly below average for the whole of Australia, being in the 4th lowest decile in the SEIFA index, but some suburbs are ranked in the lowest 10% in the country. There is a well-established Aboriginal Community-Controlled Health Service in the area that partners with other local health services to provide high quality care to the Aboriginal community.

The interviews were conducted through July and August 2020. At the time of the fieldwork, the young people were living in an emerging COVID-19 hotspot and a temporary drive-through testing facility had just been set up at the local AMS, as well as being available elsewhere in the local area. At the time, the south western Sydney area was experiencing a COVID-19 outbreak linked to the high and escalating case numbers in Melbourne. There was concern that the outbreak in south western Sydney could escalate as it had in Melbourne. This phase of the research involved 18 young people, including peer interviewers, aged 16 to 24 years.

## Cultural context

Cultural practices were included in several ways in this research and doing so strengthened the quality and relevance of the research findings and improved the experience of the peer interviewers. The training sessions used familiar practices of Aboriginal culture as the starting point. Training used familiar holistic approaches, which included multiple ways of learning, including learning through yarning, learning through doing, and learning from respected members of older generations. Intergenerational learning is an important pathway in which knowledge is shared in Aboriginal communities. In addition, the peer-led interviewing method allowed participants to participate in an interview within known cultural boundaries of knowledge sharing and similar to the practice of yarning. Conceptualising the research interview as a yarning process established a safe space for the peer interviewers to learn about and do their work, and meant that interviewers and interviewees could engage in a practice which is familiar to their culture.

## Experiences with COVID, lockdown, and restrictions

At the outset of the interviews, participants were asked about the hardships that Aboriginal people have experienced because of COVID, the impact on relationships and day to day activities such as shopping, and any positive consequences of COVID.

### Negative aspects of COVID and associated restrictions

Participants explained that COVID had negatively affected relationships in their communities, particularly with those who live outside of participant's immediate household. They said their communities couldn't participate in the usual local community events and one noted that she could not readily travel to her home Country and communities.

> How do you feel about COVID? Um well, my family, they absolutely hate it. They were social butterflies and now they're not really social anymore. Yeah. I think just Aboriginal communities, they're very social and they love to be out and about. And due to COVID that's not really been - like you can't do that. I think everyone has struggled with it.
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> For Aboriginal people, I think the number one thing is you can't go back home kind of thing, you can't travel you can't go see your family and I think, as an Aboriginal person, family is number one thing. Just seeing family it's makes you kind of more happier. You know us Aboriginal people we want to get out and be in nature, but because of COVID we can't actually leave the house and do anything - so it's very frustrating just sitting at home when you'd rather be like out in the bush or something, learning and all that stuff.
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> You lose connections, like you feel locked up, locked in from the outside world. […] you're missing your friends, your family.

One participant explained that during difficult times, support from communities and family is especially important, yet during COVID, this support was harder to access.

> You know, we don't have those moments to like gather together anymore and I feel like they're really special and important for getting through this hard time and we can't do it because everything sucks.

A couple of participants also pointed to the additional pressure that COVID had placed on households already under strain.

> They can get like mad at each other because they're seeing them too much. Yeah, mad because like they're by themselves and not able to go out.
>
> I feel like when people say like spending time with family is good, like it's good, but like they probably live in a big house and they're not, you know, topped on each other. Whereas you know, a lot of Indigenous people live in a three bedroom house and have four or five people living in a three bedroom house and they're on top of each other. And then it's arguments upon arguments because, you know, food, water, you know, bills, electricity, rent.

But others spoke of the dual positive and negative sides of this experience. For example:

> Well the more people that you have in the household, the more issues it's going to have. But then the more help you'll get. That's the best way to explain it.

> It's kind of a bit of a 50/50 in a negative and positive way, for like Indigenous kids who live in for example and I'm - like this goes for any - any race as well, but particularly with Indigenous people for kids who suffer with […] domestic violence at home, because there is a lot of domestic violence with Indigenous people, especially women. And like alcohol and drug use, then that has increased because you had been isolated and stuck in that home with those people. As well as the positive side if that you live in a supportive family and a loving home like me, like myself and my siblings do, then you form bonds, because you have to learn to get along.

Around a third of the participants discussed the economic impact of COVID, due to changes in employment, especially loss of work:

> I feel like it's kind of all just been the same for everybody really, like even if you're Aboriginal or not, like it's just pretty much – I mean, maybe in terms of like finance and stuff maybe, like uh maybe Aboriginal kids who are financially not stable, they may need to like require a laptop or something from school which would make it a little bit more difficult.

> It's either you choose to pay your rent, or you choose to buy food. So, people…ah, how some families have done it, I reckon is that they've just compromised.

The interviewers asked their participants to reflect on whether young people or older people had found the consequences of the pandemic more difficult. There were a range of opinions, with some considering that the impact had been greater for young people, others on older people, and others strong felt that both younger and older people had struggled. These young women's responses are typical of the most common responses:

> Because older people have got to have a bit more responsibilities of 'how am I going to feed my family? How am I going to work? You know, 'how am I supposed to pay off my mortgage?'. It's mainly financial issues. But with children, it's more like, you know, not having the time to go, not play outside, but play with their friends and stuff.

> It's kind of half and half like for older people they have to go out and do their shopping and you know or get their medications an it's been really hard for them. But then for us young people we you know we hardly see our friends anymore and we kind of miss them like and then and the big thing also is mental health. Umm like a lot of people and myself umm really struggled during kind of lockdown umm with our mental health like we just you know like, we felt like we were alone, and we couldn't see our mates so it was really hard yeah.

Evident in the negative experiences described here are the multiple economic impacts of COVID.

> And because now that COVID had come back, um my work wants me to work like basically every single day. And that's both, both jobs. [Facilitator: So, they want you to work more now that COVID is back?] Yeah, because um a lot of people are stocking up. Because I do work at [food essential service] and everyone is getting [food] […] And because I work at [health service, people have been to certain places where COVID has come up and so they're not able to come into work.
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> And it would've been hard for people who don't get a lot of money or have just lost their job. [Facilitator: Yeah, there's a lot of that, hey? A lot of people lost their jobs. Yeah.] Yep.

## Positive aspects

When asked what positive aspects COVID had on their communities, the participants expressed a diverse range of views. Once again, the impact on relationships was mentioned most, with participants saying they had put more effort into maintaining connections with family and communities, and that they had grown closer with the family members in their households.

> Maybe a time where they can get a bit closer to their family.
>
> I think it's shown people that, you know, you do need family and it's always, you know, you take for granted the time that you can spend with, you know, your grandparents or, you know, your loved ones
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> People are focussing more on relationships now. […] We have more time on our hands to just notice things. Notice things that we haven't before, appreciate things that we haven't before and […] we don't really have excuses for not looking after each other's kids any more.

Other participants said they had more time to work on particular interests and develop their skills, that they enjoyed a break from school during lockdown, that they were saving money because they were not going out and spending so much, that they were using their time better because they were not commuting or going shopping, that they were healthier because they had stopped drinking, were eating better or working out more. A few said they had learned not to take things for granted, particularly family and having access to outdoor spaces.

> I think like we're not really going out to do unnecessary things. Like not spending money on food. […] I think, in a way, it, kind of, makes you realise like you can't really rely on, you know, restaurants being there or movies being open...you kind of got to find like, you know, if you want to something, you've sort of entertain yourself.
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> During COVID I've been able to just relax a little bit and stay home and, I don't know, yeah, I feel like yeah, relaxing, isolating, working on skills, playing some Xbox

## Prevention knowledge

During the interviews, participants were asked what strategies they had observed members of their communities using to keep themselves safe. Some also discussed the challenges in implementing prevention measures, or how these were sometimes facilitated. The most common response, nearly always described as the most important, was staying home, followed by hand washing or sanitising, social distancing, testing, and wearing masks. Other strategies were also raised such as following government guidelines and maintaining good general health.

The strategies which participants described as most difficult for their communities to observe were staying home and social distancing – because of their high impact on social relations. Testing was also discussed as difficult, and participants felt that knowledge around testing was not as high as other measures, it was considered to cause high levels of discomfort, and be logistically difficult due to transport and the subsequent isolation requirements. These challenges are outlined in more detail below.

### Staying home

When asked about prevention measures in their communities, the participants mostly considered staying home to be the most effective and most important undertaking in their communities.

> Staying home is probably your most effective protective measure, just try not to go out if you can

> Listening to what the government are saying, so knowing how to wash your hands properly, wearing the appropriate equipment to stay safe. So, wearing hand sanitiser, wearing the masks. But mostly staying home unless you need to go out.

Most participants felt that people in their communities understood the importance of staying at home.

> I feel like they know that it's important, like very important because it is one of like the main ways you can stop the spread and I feel like if you have a mandatory job, um, it's not very possible but if you're told to quarantine, then you should.

> just the general stuff like masks and um like social distancing and everything, like I feel like everyone's been a part of that and everyone's like been contributing and keeping away from the virus and stuff.

But one said she thought people were going out when they should not.

> I feel like a lot of people aren't taking it seriously so they're leaving the house. [Interviewer: what reasons do you think people will have for going out?] They could either be going cause they like genuinely need to go shopping, and stuff. Or like they're essential workers where they need to go out. But I feel like a lot of people are just going out to see their friends because they miss them, or you know seeing family because they haven't seen them in a while.

However, staying home had negative consequences. The negative impacts of COVID-19 outlined above were largely as a result of staying home which made it difficult to maintain relationships, and some felt this had a flow-on effect to mental health. As one young woman explained:

> Well, I think with Aboriginal people there's a lot of mental health, um so being tucked away in a, in a house and not being able to go anywhere is very - would be very hard for someone, especially an Indigenous person who have gone through traumatic stages um and you know, can't be able to go see someone. And um, um, you know, they might be able to Zoom here and there, like Facetime, but I mean that's not - I feel like it's not the real thing.

## Hand washing and sanitising

Most participants said that hand washing or hand sanitising was common and seen to be important.

> I believe ah, sanitisation in the Aboriginal community is definitely prevalent, yeah, like, very prevalent. Um, first thing you'll do if you want to meet someone, are your hands washed, don't worry mate, I've got my hands washed, that's it.

> I do think people do use hand sanitiser. Not everyone, cause some people are stubborn, but yes I do believe people use hand sanitiser.

> I feel like they know that like sanitising and washing your hands is important. So if you do happen to catch it or – like it stops the spread. They know that. They would know that.

Only one young person had a misunderstanding of hand washing and sanitising. But, as the following quote demonstrates, this misunderstanding was such that this young person believed in a highly safe approach that involved both washing and sanitising.

> There's a lot of people that don't actually know how to do it properly […] some of them [will] be like "oh I just washed my hands I don't need to put hand sanitiser on." But actually you need to put hand sanitiser on.

Many reported that hand sanitiser was unavailable initially.

> At the start of COVID, it was very hard to get hand sanitiser, but I feel like people are using it right now, especially in schools

At the time of the interviews, some participants said that hand sanitiser was widely available in public places, making frequent hand sanitising easier. When asked if there is enough hand sanitiser and soap available, these participants answered:

> Yeah. I think there is, sure.

> Yeah. Every shop has a hand sanitiser, school has hand sanitiser dispensers, people have little packaging of hand sanitiser.

> There's like lots of things [dispensers] at the shops for the hand sanitiser. [Facilitator: Do you think it's hard to access them though?] No.

Others said the cost of sanitiser was prohibitive such that some members of their communities could not afford to buy it.

> They have upped the price on hand sanitiser. Like for - I want into the chemist the other day and there was this little tiny one and that was five dollars. It wasn't even two for five dollars and I said, no, like what are youse - what, is it gold?

> I would guess like more, more help with food and more sanitary things, like hand sanitiser, just, just the necessary stuff. And to be able to, to stock up and be able to have breakfast and to be able to go to the shower and wash, wash your body with some soap. Because I know soap is getting expensive as well.

While the participants quoted above called for organisations to help community members with essential items including soap and hand sanitiser, another had appreciated the items that a local Aboriginal organisation had distributed:

> Hand sanitiser was provided in that package that I mentioned earlier - the [local medical centre 1] transport dropping them off.

## Social distancing

On the whole, the participants described social distancing as difficult in their communities. A few spoke about how they personally, and others in their communities, liked to be physically close to others when socialising.

> [Peer Interviewer: You know our mob, our mob's really hug feely.] [Interviewee laughs…] and for me personally as well, I'm a massive hugger and like touchy feely person, that's what you said right, touchy feely. […] So I find that a really like weird thing to negotiate, so navigate during this time and it's something very odd. Because usually when you see people you give them like a hug and they're like, "Hey sis how you're going" and you can't so it's very awkward. I feel like you're walking and then you stop and you look at each other and you're like hi. Then you proceed with the conversation, it's very odd. […] you can do the little COVID handshake and bump some elbows and touch some toes or something. [laughs]
>
> I'm just like, I have to be close to someone or I feel left out.
>
> I think the whole world personally has probably done it pretty poorly. […] So I think social distancing was just hard for a lot of people because they wanted to have fun and they wanted to dance, you know. A lot of people wouldn't even shake hands with each other or, you know, um, or a lot of people would shake hands with each other. I remember the first time I… I came home when it first like started, it wasn't very big but it first started, I didn't know whether or not to hug my own mum, right. […] I think it's just, it's just been hard from a social aspect.

As well as affecting his capacity to socialise, one young man explained that playing sport was difficult because of social distancing rules.

> They wouldn't even let us like pass the footy around or chuck a Frisbee or whatever we had or play basketball. They took the hoops down. Um, yeah, they took the hoops down […] like at our cafeteria, we had to sit a certain distance away […] like there's only three people allowed to a table. […] it's just like we can't talk to anyone and like you were saying, it's so awkward, like just talking to – like silent for the whole dinner.

One participant explained that she had not fully engaged in social distancing until she needed to be tested for COVID-19. Then she felt the full import of the risks she may have taken with the health of close family and friends.

> I won't lie, before I got my COVID test I was like, oh yeah it's whatever and then when I really had to contemplate, like deal with the idea of like, oh my god, do I actually have COVID, have I actually just passed this onto my [family member 2] because I've been at her house. Like have I actually just given this to my family, to my girlfriend, to her family, have I done this. It was horrifying, I was mortified, I was so scared.

Two participants pointed out the contradictions in government rule on social distancing, with the requirement to stay distant not applied in schools. The different approaches in school compared to other contexts were confusing and made it difficult to know how seriously they should take social distancing requirements.

> We have social distancing things in place, but the schools don't bother with them at all. Like we're jammed into a classroom and all right next to each other. […] It's almost like…like it doesn't matter in a sense because if we're that close to each other in a classroom, then there's no point in social distancing. So, I feel like yeah, the one thing that we have kind of failed to do. And I don't think it's necessarily our fault. […] Well, it would confuse us. Because if the government is telling us to do that and we're doing another thing at school, it's kind of conflicting. It makes you think 'is it really important?'

> there's just a lot of contradictory sort of messages out there in terms of COVID restrictions anyways. Because for example, I know the Black Lives Matter protests were a massive scapegoat for so many people who just wanted to like be like, oh look at them protesting, look now they've given everyone [unclear 0:35:18.0] blah blah blah. But you know, at the same time, like so many schools are still congregating. […] There's thousands upon thousands of young children in one environment and that's not problematic.

## Testing

In the interviews, many participants said that people in their communities knew where to find COVID testing facilities:

> There's really only two areas in the community for you, they either go to the AMS or hospital

> You could attend the hospitals, they have facilities that have the testing, and like I mentioned before [there is COVID] testing at [the AMS] and like some medical centres do have testing as well.

However, they gave mixed response about their communities' understandings of the circumstances in which people should be tested. Some said that people knew to get tested if they had any cold or influenza symptoms or had not symptoms but could possibly have contracted the virus:

> People should know when they should get tested as in if they start to develop symptoms of the COVID. Of course, you should get tested if you are concerned. But if you think that you're okay and you don't have any symptoms, that you could possibly be all right, [if there is a chance you might be infected] you should also get tested for your own safety and the other people around you.
>
> A lot of people I know have been like, I don't even know, like I happened to be at this bar etcetera where there was a confirmed COVID case, I'm going like right now to get the test. Everyone I know so far has been super quick about getting their test results and getting checked.
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> I feel like it's pretty much just like common sense, like if you're having the symptoms and stuff that like, that then obviously like you need to get tested.
>
> I think they do know when to go get tested, because you know, majority of the time, they say they have a cold and then they'll go get tested so.

While others felt that community members did not know, or felt that sometimes testing was not necessary as they might only have symptoms from a common cold and not COVID.

> I am, so like yes, <u>they know where to get it</u>, but I don't think they know <u>when they should go and get it</u>. [emphasis in original]
>
> I don't think that everyone knows unless they want to know – if they've been paying attention to the media or the news, then maybe they would know.
>
> They don't want to have it [the COVID test] and so they put it off. So they don't want to admit that they have it, so they put it off.
>
> Personally, I don't think, you know, if you don't have the symptoms, why get tested like, you know you can have a cough, but it might not be COVID.

Regardless of the levels of knowledge around testing they perceived in their communities, many participants raised concerns about the tests. Most of these related to the actual testing process, to logistical issues around attending a testing clinic, and concerns regarding the challenges of being in isolation while waiting for test results.

A number said community members were concerned about the testing process, saying that it was disgusting and/or caused high levels of discomfort.

> One of my friends got tested and she said it was awful. She said, you know, using the same stick to go in the mouth and up the nose in both nostrils was terrible […] I think people are more worried about getting the test, like no-one wants a stick up their nose. So I think that's probably what's pushing people back from getting the test. I don't think they're so worried about it being positive, I think it's the actual test.

One said that she was concerned that Aboriginal people had a worse experience of the COVID test because of racism in the health care workforce.

> You know dad kind of got like a bit of blood coming out of his nose. Umm I think, like I know this might sound a bit rude to like white people, but I do find, and I do

> hear stories of like Aboriginal people going in to the doctors or the COVID place, and people being really hard on them. I don't know if that's like a like a race thing, but you know I don't ever see that happen with white people. I think it might be a bit like you know racism or whatever.

Some observed that it was logistically difficult to arrange testing because of challenges with transport and caring responsibilities, and isolation after testing due to housing circumstances, caring responsibilities and an inability to leave the home for employment:

> Someone was waiting four hours the other week.
>
> When I got COVID tested the other day, like, I saw women going in, like mothers going in with their kids […] and then like I'm eavesdropping on the questions they were being asked. And they were like, 'Do you have kids at home?' and they're usually like, 'Yeah.' Like, 'After you get your COVID test you need to be able to self-isolate for three days, are you going to be able to do that?' Essentially all the mums were like, 'No, I have three kids that I need to take care of' and I imagine that's the same with a lot of our mob and our families. It's upsetting and sad because you know, it's just like, as much as it's we need to be able to self-isolate, it's essentially impossible. After my COVID test when I came home, like there was no way I would be able to separate myself from [Paulette] and [Haya], like we live in the same house. Like what, what am I meant to do? I don't have a separate ensuite and a separate kitchen.
>
> A lot of people might not be able to get to that place to be able to get tested. So then, they're waiting for that long to try and figure out transport or if they have kids that are left at home because of school, you know, they have to figure out who's going to look after them and, you know, how long it's going to be or if they need to have money. It's just all of those certain things can kind of lead up to the one thing of just, it'll just be too stressful, and that person can't go because of all these things they need to figure out.
>
> You know, because sometimes testing can be in another suburb and youse have got to figure out how to get there […] There are a lot of buses that come out to the community, but sometimes buses - you need to have money for the bus. And sometimes Aboriginal people don't even have a dollar to even go get what they need.
>
> My whole family had to get tested because they work in health. [It was] stressful, stressful. Because while you are waiting for your results back you do have to stay at home and not work.

Some participants were worried about contracting the virus during or close to being tested, or about the accuracy of the test:

> They all said that um at first it was, you didn't know if the person in front of you had COVID. You didn't even know the person behind you had COVID. Like it was scary and um like you were, you were stressing over what the results would be,

> even if you knew you didn't have it because you never know, you could've contracted it literally like 10 minutes before you get the test.
>
> Because of COVID people have been too scared to actually go to medical centres and hospitals to actually contract COVID. So, you know, the drive-in ones are okay.
>
> The tests are not perfect, they give false positives and negatives at times and especially since, um, yeah, just is as a simple fact that having other people in the area who potentially have a disease makes someone anxious.

## Masks

When asked how Aboriginal people in their communities protect themselves from COVID, a number of participants listed mask wearing. Unlike other preventative measures, often, regarding masks, they did not comment further, merely saying that masks were one example of the practices they have observed. However, the interview questions did not include prompts regarding masks whereas they did prompt regarding the other strategies which were most commonly raised. In this context, it seems significant that so many young people raised masks as effective strategies. Most often masks arose as part of a list of preventative strategies and were offered without much detail.

> Wearing like a face mask going out.
>
> I've seen people wearing masks and stuff.
>
> Not going out without wearing a mask.

One young woman said that public transport was a particularly important location for mask-wearing:

> From personal experience, I can say that I've mostly been wearing masks whenever I go out, especially on public transport, I try to wear a mask where possible.

Another said that masks should be provided to communities so they have access to them when they go out in public.

> Obviously handing out masks to communities, so, if they need to go out shopping and stuff. They've got some sort of way to have, or de-risk of getting it.

Another noted that the more people wear masks in public, the more likely it is for others to wear masks in public.

> It sounds silly but I know a couple of people, including myself, who feel like when other people aren't wearing masks, you feel significantly less compelled to wear one. You feel as though you might be perceived as maybe even a bit strange or a bit odd or excessive because you do wear one. But it is like a weird social status quo thing. Whereas if everyone is wearing a mask you're going to wear a mask, but if no one's wearing a mask you don't want to wear one.

Another young woman said that she thought people in her community did not like to wear masks for cultural reasons:

> Aboriginal people don't tend to wear masks just because it's, you could say it's a cultural thing, it's mainly a cultural thing.

### Other prevention strategies

Some participants raised other prevention measures as important. For some, these were general approaches to staying informed and following the rules:

> I feel like a lot of its education
>
> Listening to what the government are saying,
>
> Following the rules.

Others spoke of being careful when out and about

> be safe, be mindful of what - where you are, what you touch, who you come into contact with.
>
> not doing stupid things
>
> avoiding public transport

One said that people were using bush remedies, and others felt people should taking care their health in general:

> Taking care of themselves. Like I know a lot of people, like a lot of Aboriginal people, they've kind of used like bush tucker as like remedies […] and just like all that natural stuff. I don't know if it helps but yeah, they've just done that.
>
> Attending the medical appointments …not related to COVID

## Perceptions of Risk

Discussion of risk arose in a number of the interviews, most often in response to a question about how Aboriginal people in their communities feel about COVID-19. Risk was also commonly raised in when participants were asked about attending health facilities.

Participants said that they and others in their communities, were generally worried about COVID, and very concerned about the health of Elders and older people in the community. They reported widespread understanding of the heightened risk for older people and people with compromised immune systems from COVID, and so were fearful of the possible impact of the illness on Elders, who, as the following young person says, 'are such important community members.'

> I think that already we're a susceptible group to health and illnesses, and to have, you know, a worldwide pandemic go across, especially that could wipe out our Elders and our elderly, who are such important community members. It's definitely been a really scary time. And I mean, families are like one of the most important connections that we have, like within our mob, so it's definitely a really scary time to know that just engaging with the world could mean endangering your family's life, endangering those people in your community that you care about.

> There's a lot of older people scared because or even younger people, they're scared for their Elders because some are sick right now and if they do get COVID they could possibly die from it. So that's probably one of the biggest worries for them. Even for younger kids too, if their immune systems aren't up to speed with others, that they can get COVID and pass from that too.

> Yeah, a lot of them are worried like obviously the Elders because it affects you know as they said, older people are a lot more than the younger people. That, yeah, it's just really worried about like, basically our grandparents.

As noted early in the report (See Experiences with COVID and Prevention Knowledge), the participants felt that COVID-19 had a negative impact on relationships between members of their families and communities, because so many in the community were staying home and social distancing. The quotes above indicate the strength of concern among participants, particularly about Elders.

# Health needs

## Health needs during the COVID-19 Pandemic

A series of questions asked participants to consider the impact of COVID on community members accessing health services, not for COVID related concerns, but other health needs. Many had observed that community members were not accessing health services as much as they would ordinarily, because of concerns about contracting COVID. They noted this as a particular concern for older members of the community.

> People don't want to go in [to health services] because of fear of transmission. That's a very real fear. I feel because of the rate of transmission right now and the fact that our area is currently a hot spot, people don't feel secure in the responsibility of others.

> I know a few people haven't really been going to their doctor's surgery because they just don't want to leave the house and like risk catching the virus.

> I thought I might be getting sick and my mum wanted me to go to the doctor's but at the same time she didn't, because the doctor's is where everyone that has corona is, you know.

A number of the participants pointed out that it was especially risky to attend health services for the many people in their communities who rely on public transport:

> Medication has been harder to receive for some who don't have transportation. Yeah, a lot of the Elders. [Facilitator: Transportation isn't as easy, public transport isn't as easy.] And buses in particular are a huge, huge vehicle for bacteria, so, there's obviously a lot of, a lot of just being scared.

One young person explained that the challenges of attending medical appointments safely was compounded by a more general caution among Aboriginal people around engaging with mainstream health systems:

> Like Indigenous people are already pretty sceptical of going to doctors, at least I've found. A lot of people are sceptical until like um they're aware of like an AMS within the area. Then they're probably more open to going and getting a check-up.

Another young person pointed out that health information is encouraging people to stay home, but noted that not accessing health care is also risky:

> I think Elders and all that, they – there's so much on, you know, internet saying, you know, "If you go out, you're going to catch it." So they're thinking it's safer to stay at home. But really the safe option is to go and get the medical attention that you need.

The participants knew of local health services that had moved doctors' appointments to telephone or online consultations. They had mixed responses on telehealth. Some thought it was good to be able to avoid medical services, where there was a risk of catching COVID-19. But many also thought that telehealth was a poor substitute for face-to-face health care, and for some, such a poor

substitute that it was basically unworkable. The issues they described were a lack of trust, no access to technology, the importance of interpersonal interactions which were not so well expressed via telehealth, and, so, an inability for doctors to make proper diagnoses.

> I feel it [telehealth] is harder for Aboriginal people just because we don't have access to a lot of this technology.
>
> Some people just might not have the resources and other people might not have the education to actually, what the word for it? [Facilitator: Navigate that technology maybe?] That's it. Yeah that's what I'm saying. But then even over the phone it's not like they're going to have a sense of like what the actual issue is. You could just sit there and name symptoms and them symptoms could not even lead to COVID but because of it being COVID season, they're just like, 'alright, you probably will have COVID'.
>
> From what I've heard, you can't even see doctors at the moment, you have to call them […] And I feel like talking to doctors on the phone, you have to be a lot more descriptive and explain your issues a bit more. Where usually you can just go in and be okay look at my face, this is what's wrong. [laughs] This is what's going on. So I definitely think for some people that could be a deterrent. But I mean it's also beneficial in other ways in the fact that obviously you don't have to get on those high risk, like transport options and small rooms to see them. So there are pros and cons for both.

## Mental health during the COVID-19 pandemic

A number of participants raised challenges with mental health as a key difficulty for people in their communities during the pandemic. There were no specific interview questions about mental health, but the topic was raised by six interviewees. As noted in the section above titled 'Negative aspects' of COVID-19', those who discuss mental health viewed it as an extremely serious consequence of an inability to be in regular contact with family and friends. This young person described mental health challenges in detail:

> Mental health, I would say. That would be the main one. […] Because that at least would affect your motivation. Getting up, trying to [unclear: 01:38] for yourself. […] Because I feel like people, well, everyone's social to an extent and doing it all over line, it's okay, but it's still not in person, I guess. One thing that's kept people quite struggling, actually. [Facilitator: […] I know my family in particular, had this kind of mentality that you've got to tough it out.] Oh man that's, well really that's my [Uncle's] motto. You tough it out. Like it's more difficult than that. You can't just toughen up mental health. […] I feel like with some Aboriginal people it's more like, I don't know, not that it's gas lighting, but it's like 'no the issue isn't that bad, I just wait till it gets worse'.

Two of the participants felt that mental health services were not adequately addressing the needs of their communities during the pandemic:

> I think with Aboriginal people there's a lot of mental health, so being tucked away in a house and not being able to go anywhere is very - would be very hard for someone, especially an Indigenous person who have gone through traumatic stages and, you know, can't be able to go see someone. And they might be able

> to Zoom here and there, like Facetime, but I mean that's not - I feel like it's not the real thing. […] Like you can't see them physically, they can't help you, they're just - it feels like, that you're just watching a TV, basically.
>
> Like I said earlier COVID has also mentally affected everyone and I don't feel like a lot of the like places around us have like provided those services for them to go and like get the sort of like help they need to recover from this.

## COVID-19 health needs

When asked where people in their communities would access support for COVID health needs, the participants spoke more highly of Aboriginal health services than mainstream health services. They regarded the affordability, understanding, nature of service, and tailored information and advice that an AMS provides as better and more approachable for members of their communities.

> There's a lot of them – like our local uh like doctor centres and stuff that are a lot more like inviting to Aboriginal people like EPA or, you know, they'll provide you stuff. But I go to the one near [the main street] and like they have an Aboriginal thing so you can get like free appointments.
>
> Initially it [COVID testing] wasn't at your local AMS, just because they didn't have those services available yet. Now those, those services are widely available at most general practitioners, including AMS's […]so I think now that we have these services available, it's like, "Okay. We can, we can probably go to the AMS now and they can give us some advice and um those precautions and tell us what to do and give us a bit more time."
>
> Even like the AMS have a testing facility for COVID […] and I think that was a good thing to have as well. […] because it's an AMS they understand like, a little bit more about their patients because, you know, it's people that have been going there for years. And it's Aboriginal identified, like, so, they know what, like how our bodies are and how they react to certain things. […they've] Sort of brought it to our attention that, you know, 'you shouldn't be doing this, you shouldn't be doing that'. If you have any queries or questions, you're able to call them up.

Others said the best places to go for COVID health needs were hospitals and COVID testing centres. One noted that drive through testing centres were particularly useful:

> Because of COVID people have been too scared to actually go to medical centres and hospitals to actually contract COVID. So, you know, the drive-in ones are okay.

There were a few participants who were uncertain about where members of their communities would access help for COVID health support.

> Ah that's actually a hard one.
>
> Probably just the doctor's, yeah. Like there's not many other places where – they could maybe go to their uncle's and – uh, no. I think, I think, yeah, it'd mostly just be hospitals and stuff like that.

Um, oh, the doctors in [unclear 0:06:40.0]. Um, that's the only one that I can think of [unclear 0:06:47.1].