

# Rapid qualitative assessment of COVID health needs in three NSW Aboriginal communities: Method and Data Report Site 2

June 2021.

This report was prepared by Dr Megan Blaxland, Associate Professor Joanne Bryant, Ms Kacey Martin, Mr Mitchell Beadman and Ms Kristy Gardner.

Research team: Associate Professor Joanne Bryant, Dr Megan Blaxland, Ms Kristy Gardner, Mr Mitch Beadman, Professor Reuben Bolt, Ms Kacey Martin, Dr Michael Doyle, Dr Simon Graham, Associate Professor Christy Newman, Dr Dean Murphy, Dr Stephen Bell, Ms Karen Beetson, Ms Jess Wilms, Ms Kaysan Penning.

Organisations: UNSW Sydney, Charles Darwin University, University of Sydney, University of Melbourne, South Western Sydney Local Health District, Nepean Blue Mountains Local Health District

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 second of three reports planned for this study, with data having been previously collected in another western Sydney location, and further data collection planned for the Lithgow area. 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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## Contents

Key findings and implications .....	4
Introduction and research approach .....	7
Data collection .....	7
Research setting.....	8
Cultural context .....	8
Brief description of key issues in site one, August 2020 .....	9
Vaccination .....	11
Reasons to be vaccinated: To live my life! .....	11
Reasons to be vaccinated: Vaccine passport ‘No jab no pub’ .....	12
Reasons to be vaccinated: Protecting self and others .....	12
Reasons to be vaccinated: It’s a vaccine like any other .....	13
Concerns about vaccines: Not confident about safety.....	13
Concerns about vaccines: Need more information.....	15
Concerns about vaccines: Distrust in government and medical systems.....	16
Concerns about vaccines: Fear of needles .....	17
Concerns about vaccines: Practical barriers.....	18
Difference between older and young people .....	19
Best places to be vaccinated .....	20
Facilitating follow-up/booster vaccinations.....	23
Experiences with COVID and public health restrictions .....	25
Negative aspects of COVID and associated restrictions .....	25
Positive aspects of COVID .....	27
Health needs.....	29
Health needs during the COVID-19 Pandemic .....	29
Telehealth.....	30
Mental health during the COVID-19 pandemic.....	31
COVID-19 health needs.....	32
Prevention Strategies.....	34
Staying informed.....	34
Following government guidelines.....	35
COVID Fatigue .....	36
Staying home .....	37
Hand washing and sanitising.....	37
Physical distancing.....	38
Testing .....	39

Masks..... 40  
Other..... 41

## Key findings and implications

### **In relation to vaccine uptake...**

#### **Rapidly develop messages that promote vaccine acceptability**

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

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

Science-based messages from trusted sources seem likely to be successful because the main reason participants gave for feeling sceptical about vaccines was that they were developed quickly and participants questioned whether this was safe. Participants were worried about side effects (especially for older people with underlying health conditions) had heard stories of people dying after being vaccinated. They also expressed worries about putting 'a bit of the virus in my body'.

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

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

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

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

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

#### **Develop strategies to address perceived practical barriers to vaccination**

Some participants expressed concern that vaccines could be costly and unaffordable for many Aboriginal people. In addition, participants mentioned practical barriers such as transport to and

from vaccination appointments, and that trusted health care providers are on hand. Some members of the community would benefit from information clarifying that vaccines are free of charge.

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

Managing expectations about post-vaccine life will be important to maintain trust in vaccines and the vaccination program. This is because the main reason participants gave for getting vaccinated was that it would permit them to return to their 'normal' lives. For young people (16–29 years) returning to 'normal life' tended to be about travel and socialising, for participants aged 30–49 years, it was about returning to 'normal' work; and for older participants (50+ years) it was about maintaining longevity and staying healthy.

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

### **In relation to ongoing COVID prevention...**

#### **Make updated COVID information readily accessible from trusted sources**

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

People are feeling fatigued by the ongoing need to stay up to date with COVID circumstances and comply with ever-changing restrictions.

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

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

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

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

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

#### **Increase existing support and intervention for mental health for Aboriginal people**

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

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

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

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

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

## 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 grant from the *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 the western Sydney metropolitan area and one in regional NSW. The project from which this research 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<sup>1</sup>.

This report 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, ‘Rapid qualitative assessment of COVID-19 health needs in urban Sydney Aboriginal communities: report 2’. 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. An earlier report was released in December 2020 and is based on data from another location in western Sydney.<sup>2</sup>

The report starts with data on participants perceptions of vaccination, followed by sections on public health restrictions, health services and prevention strategies, including participants work to stay informed and follow guidelines, which they are doing with a growing sense of weariness.

### 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. Eight Aboriginal young people were recruited as peer interviewers and took part in two days of face-to-face research 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 vaccines. Peer interviewers were paid for their time at the UNSW student casual rate.

In the three weeks following the research training, the peer interviewers interviewed four people from their networks. To be included, their interviewees needed to identify as Aboriginal, to live in the western Sydney area, to be aged 16 years or older. Upon completion of their four interviews, peer researchers were asked to participate in a debrief interview with a research team member,

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<sup>1</sup> <https://www.arts.unsw.edu.au/csrh/our-projects/what-we-do-well>

<sup>2</sup> For other publications from this research, see <https://www.arts.unsw.edu.au/csrh/our-projects/covid-19-health-needs-aboriginal-communities-nsw>

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 36 in-depth interviews with 35 people, which include 27 interviews conducted by peer interviewers and 9 debrief interviews with 8 peer interviewers, 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 participants included 22 women and 13 men. All lived in the western Sydney area. The number of people in participants' households ranged from 1 to 8 people. They included 24 young people (aged 16–29 years, including 8 peer interviewers); 6 people aged 30 to 40 years; and 5 people aged 50+ years. Participants described their Aboriginal ancestry with reference to eleven different Aboriginal nations, with the most common being Kamilaroi (14), Wiradjuri (10) and Dunghutti (6). While most identified with one nation, eight participants identified with two or more nations.

## Research setting

The research took place in Darug Country, in the local government area of Penrith in western Sydney. In 2016, 4% of people in the local government area identified as Aboriginal or Torres Strait Islander, but the proportion was higher in the suburb of Cranebrook (8%) and its neighbouring suburbs (around 5%)<sup>3</sup>. The socioeconomic status of most of these suburbs is around average for Australia, being ranked in the 6th lowest decile on the SEIFA index<sup>4</sup>. The exception is Penrith which is more disadvantaged and is ranked in the 2nd lowest decile.

The interviews were conducted in February 2021. Metropolitan Sydney had experienced an outbreak of COVID-19 in December 2020, which carried over to January 2021. There were heightened restrictions on the number of people who could participate in social engagements over the Christmas and New Year period. The main outbreak occurred in the northern beaches region however there was a smaller outbreak in Sydney's western suburbs.

Australia had started its staged vaccination roll-out, however vaccination was focused on quarantine and health workers, and not yet available to most of the population, including Aboriginal and Torres Strait Islander people. Data were collected prior to concerns about rare blood clots and the strategic shift away from Astra Zeneca vaccines for people aged under 50 years.

## 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

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<sup>3</sup> Australian Bureau of Statistics, Community Profiles from the 2016 Census.

<sup>4</sup> Socio-economic Indexes for Australia: Index of Relative Socioeconomic Advantage and Disadvantage, from Australian Bureau of Statistics, 2018, Socio-economic indexes for Australia, 2016, cat. no. 2033.0.55.001



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.

### Brief description of key issues in site one, August 2020

An earlier phase of the research was conducted in Dharawal country in south-western Sydney. These interviews were conducted earlier in the pandemic, in July and August 2020. 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.

Key findings in this site were:

- 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.

Testing was a key point of difference between the first two sites. This could be due to participants having become comfortable with the process of testing between the time period of the first and second sites (collected in July 2020 and February 2021 respectively). It might also be because of the easily accessible drive-through testing clinics that operates in the area around site 2, including one that delivers tests in the car park of a trusted local Aboriginal service.

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.

## Vaccination

Participants were asked a series of questions about vaccines to explore if they were planning to be vaccinated, their reasons for or against, and which facilities they thought people should attend to access vaccines.

### Reasons to be vaccinated: To live my life!

Participants of all ages said they would get the vaccine in order to get on with living their lives. However, the reasons they gave varied for the different age cohorts. Younger people were more likely to list travel or social activities, people in the middle cohort more commonly said they'd be vaccinated for work reasons, while the older cohort said they would be vaccinated in order to live longer and stay closely connected with their families.

I don't know. But then I, you know, probably would just because I wanna get out there more and I just wanna live my life. (Female 16-29)

Probably to travel is my number-one thing because I was supposed to travel this year. COVID kicked off so, yeah. (Female 16-29)

But then I know for myself like, if it means that's what's gonna get me back to travelling again and, and, you know, stuff like that, well, I've got no choice, do I? You know what I mean? Like of course you're gonna kind of just go, "Righto." Of course, I'm sketchy on it but you're sketchy on everything. You know what I mean? When it comes to their ... yeah. I don't know. I'd say, if they told me I couldn't like go to Queensland or Melbourne, or if I couldn't, you know, go overseas unless I [0:07:34] then I'd get it. (Female 16-29)

Only if it was a condition to work, you know, 'cause you go to work then I'd probably have to get it done 'cause I need to get income. (Male 16-29)

Well, she ... yeah. Same kind of reason and also she works in the court house and she does do family courts, and she also, like she is very involved with like some of the families, younger kids and a lot of elderly like people as well, so she would have to get like vaccinated with like, obviously, 'cause of her work (Peer interviewer)

Yeah, I'm willing to be vaccinated. I, to be honest, I think it's important that a lot of people are vaccinated so we can get back to the normality of things. Yeah. So I'm willing to sort of speed that up and do my part. (Male 30-49)

I wanna live longer. I wanna, you know, be around, you know, my, my husband and my children. And I wanna see, you know, the future generation who have their own families. (Female 50+)

I'm very willing. [I want to] ensure that I'm around and...When you get vaccinated you're protected, isn't it? (Female 50+)

### Reasons to be vaccinated: Vaccine passport 'No jab no pub'

Two participants reported that they'd heard discussion of a vaccine passport or 'no jab no pub' plan, under which people would need to demonstrate they'd been vaccinated if they wanted to engage in public social gatherings, like eating at a restaurant or going to a bar. One said this would persuade them to be vaccinated, while the other said they could easily find ways around it, like ordering takeaway instead of eating in.

Yeah, I think I'd get vaccinated. Just because I think it's gonna become mandatory anyway for a lot of workplaces. I think ours is gonna become sort of mandatory to get the vaccine. so I think I'm pretty willing to get vaccinated. I'm not too worried about needles anyway. And I've seen a lot of, a lot of rules getting put in place like no, no pub, no jab and stuff...I've seen it like on the news and stuff...just a rule that they're thinking of putting in place, like not being able to go out to a pub if you haven't been vaccinated...I don't wanna miss out on the pub. (Peer interviewer)

If [there is a requirement to be vaccinated to eat in a restaurant], instead of you going in eating in there, you just outsmart them and get a delivery or something like that. (Peer Interviewer)

### Reasons to be vaccinated: Protecting self and others

Participants also spoke about the importance of vaccines for protecting themselves, especially if they were older and/or had underlying health conditions, but also as a means to protect loved ones, mainly parents and older members of families.

Because I have a chronic respiratory condition such as asthma. So I would get it because I probably wouldn't survive getting COVID. (Female 30-49)

*What would be the main reason for you to get vaccinated?* The safety of it. The security, yeah. (Female 30-49)

*If you were to get the vaccination, what would be the main reason for you to get the vaccination?* Well, definitely, my health. (Female 30-49)

‘Cause one of my cousins who I interviewed lives or sometimes goes and visits his dad. Like he’s old and I was like, “Oh,” like, “would you get it for a family member?” and they were just like, “Yeah.” (Peer interviewer)

Yeah. For sure. If I had to get it for my, for my dad or my mum, or my aunties or uncles, I would get it for them. Yes. (Male 16-29)

### Reasons to be vaccinated: It’s a vaccine like any other

Some participants compared the COVID-19 vaccines to other vaccinations, noting that there are many vaccines community members accept willingly, and that they consider the COVID-19 vaccine to be no different.

Well, it’d be like the flu vaccine I guess, as a preventative measure. And I have had the flu vaccine. (Male 50+)

[My children] have been vaccinated from birth, from all of the diseases that have been around, you know, already, and it seems to have done them well. So, you know, this vaccine for a pandemic, it shouldn’t, it shouldn’t be hard. (Female 50+)

### Concerns about vaccines: Not confident about safety

More than any other issue regarding vaccines, participants most often said they were cautious about the vaccines because they were not confident of their safety. They pointed to reports of side effects, including death; and worried that vaccines had been developed too quickly to be tested thoroughly.

[Interviewer: Are you willing to get vaccinated?] Not yet. ‘Cause I’ve heard bad stuff about it. Like apparently two people died somewhere...I’m pretty sure it was in Australia. I’m not sure but I wouldn’t get it personally because of that reason and because it’s new. Like it hasn’t been around for that long and I don’t know what’s in it and what it could do. Like the other day I was on Facebook and they had like this thing about the vaccine. And they, as soon as they put it in this lady’s arm, like she got dizzy and she fainted and everything. So that’s very scary. I don’t want that to happen to me. Like I think they were doing a big thing of the vaccine in front of people too and she got dizzy and fainted, and that. (Peer Interviewer)

It took one year to create a vaccine. I think that’s crazy. I don’t trust it. We’ve probably gotta wait for another country to see the side effects. Because I’m just scared of what may happen. (Male 16-29)

People are dying over in Europe after they take the vaccine (Peer Interviewer)

No, I don’t want a vaccination...I don’t know what’s in it. (Male 16-29)

[How do you feel about, you know, the side effects?] How do I feel about them? Scared. 'Cause I do not know what they're gonna do to my body. Like, if they're gonna make me sick to the point where I can die, like you don't know. Especially with the bad reviews it makes you scared even more. So, yeah, definitely, I'm scared of the side effects of them. (Peer Interviewer)

Developing a vaccine that's supposed to do something, you know, without anything happening to our bodies is just, it's, it's not believable, you know. So I would believe we're not really, we wouldn't really be willing to take the risk, you know, already being so prone to diseases. And with the side effects like not recognised yet, you know, like there could be so much more to it than just no COVID. (Female 16-29)

I personally do not want to be a part of the first strain of a vaccine as well as I, honestly, I've never gotten the flu shot and I've never had a problem. (Female 16-29)

I would like to be vaccinated but as of now, because of the research, they haven't been able to come up with reasons for a breastfeeding mother, so I'm unsure of what the impacts that would have on my child. (Female 16-29)

I think everyone's scared of it, not just Aboriginal people but in general, but everyone, because of how many people died in the UK....Nothing will stop me - the bad stories or whatever - but a lot of the bad press about what happened in the UK might stop other people. (Female 30-49)

I don't want to be vaccinated. I think it takes years to develop a vaccine so I wouldn't let them vaccinate me or my children. (Female 30-49)

Several respondents had particular concerns about the nature of the vaccine – and were especially worried about the idea of a small piece of virus being injected into their bodies. Two were additionally concerned that the vaccine could develop into COVID-19, or into a serious medical issue for older people with poor health.

Personally, I'm a bit sceptical about it 'cause you have to take a bit of the virus to make a vaccine and I'd be a bit scared about putting something I don't know in my body. (Peer Interviewer)

I think that would kind of spook people a bit, knowing that there's little, small bits of actual virus in there and then it could be, you know, there could be a chance you could actually get the virus. 'Cause I heard from in the UK or something they tried a virus and the lady actually got the COVID from the, from the vaccine. (Peer Interviewer)

What if some elders have already some bad like health issues and their body's too weak or frail to fight off that little bit of COVID as the vaccine? (Female 16-29)

## Concerns about vaccines: Need more information

Several participants said that they wanted more information about the vaccines before agreeing to be vaccinated. This young person, for example, said that she would probably be willing to be vaccinated, but she wanted clear information about what to expect and what the risks might be.

I think I will be willing if I received more information about the vaccine, what's in it, just some side effects that might occur. I think other people would be a bit nervous in getting it only because probably it's been circulating around that some, some people overseas have died. So I think that other people might be a bit worried about, what's in it as well and how it's gonna affect them, and, how much it's gonna hurt and everything like that. (Female 16-29)

This young man was undecided about being vaccinated, and felt strongly that he needed more information to make up his mind. He knew that vaccines were trialled before being made publicly available, but did not feel that he had been made aware of the results of those trials.

So far, it's a 50/50. I wanna take it but, at the same time, I kind of don't. Like I will be willingly to take 100 per cent as long as I know that the risks are profound, like as in there's no side effects from taking it; like, like getting sick or getting paralysed, or end up in the hospital ...'Cause I mean that's why they test vaccines before they send it out to the public but you never can be too careful. (Male 16-29)

These participants agreed that people need more information before being vaccinated.

I just don't believe that there has been enough research. There hasn't been enough communication with the public as to let us know how this vaccination came about. You know, what are the pros and cons with it, you know? Like is it 100 per cent safe?... They don't trust it because, again, we don't know too much about it. We don't know where this vaccine came from, how it was produced, how it was manufactured, what's in it; that sort of stuff. (Female 50+)

To me, I think they need to put a lot more information out about what happens when you do get the vaccine. 'Cause people fear what they don't know...but, if they do know - this is what the vaccine is made of and this is what's gonna happen once you get the vaccine - then you'll probably find that people wouldn't be so scared... and if you've got a bit of COVID in there [the vaccine] and then, are you're going to give it to somebody?... I guess it's just like the flu vaccine: sometimes some people do get sick after they take it and other times, you have people who don't get sick. (Male 50+)

One participant said that information needed to be specific to Aboriginal people so they can understand how they would be affected by the vaccine.

It's always good to be repetitive with the information. But, if, if you were really, you know, wanting to, to make sure that this research hits the mark for our

people, then it's the information now about the vaccine and... what are the risks associated with having this vaccine for our people. (Female 50+)

Others wanted to wait and see how other people faired so they could make a more informed decision.

I don't think [I want to be vaccinated]. I wouldn't really wanna have it at the front of the line. I would be wanting to get it at the back of the line and see where everyone goes from there. (Male 16-29)

## Concerns about vaccines: Distrust in government and medical systems

Tied to the issue of being uncertain that vaccines are safe to use, was a profound lack of trust in governments and health institutions. They argued that Australian governments and health institutions have and continue to routinely treat Aboriginal people badly to the detriment of their health and well being. They said they expected this was happening again with regard to vaccines. Some reported that community members considered that Aboriginal people were being vaccinated first in order to test the vaccines on them, as 'guinea pigs' and argued that Aboriginal people should wait to see how safe the vaccines were for other Australians before agreeing to be vaccinated themselves.

Look, I know of other Aboriginals that have been vaccinated, and they're, they've handled it very well. But it's just me. I've just gotten very, very sick of it and I find that I've been so much better without being vaccinated. Yeah. So I'm just speaking for myself. I don't trust like, like being prescribed medication that is on Closing the Gap because like it is a cheaper brand and I actually have really bad reactions to that medication that's prescribed through Closing the Gap... I get proper medication. Like, if I've gotta spend like \$60 on a medication, I will. (Female 16-29)

I was only talking about this the other day 'cause heaps of white people, I almost said the c-word then, heaps of white people are like, "You're not putting that in my body!" And, "You shouldn't trust the government." And it's like, "Yeah, we fuckin' know." Like, "We've been trying to tell yous not to trust the government for a very long time and now ..." But I think, I don't know. I think like a few of my family are like, "Nuh. Not getting that." (Female 16-29)

I know a lot of people are concerned about, have a lot of theories and are concerned about the government surveillance and shit. It's true. Like you think of it like ... I'm like getting like my theories about COVID but, yeah, safety and government surveillance. (Female 16-29)

I have heard from a lot of other Aboriginal people though that are a bit wary of the vaccination. And I guess, you know, it's something coming from the government and we're just naturally wary of the government...For myself, like,



like I'm gonna get it. I'm not too worried about it. I've had, you know, every other type of vaccination growing up.... but I do know there's a, it's a trust issue. A lot of people don't trust the hospitals or they don't trust the government. (Male 30-49)

We don't know where this vaccine came from, how it was produced, how it was manufactured, what's in it; that sort of stuff. And also I think that, you know, at the end of the day, it's again, and I've heard on the news, you know, that, you know, the Aboriginal communities will be one of the first ones that will be trying, you know, the vaccine. What, again, are we just the fucking guinea pigs for 'em? You know? So I'm not happy with that. Like, you know, give it to a bunch of white fellas first and let's see if them fellas live from it. Then give it to us blackfellas, you know. (Female 50+)

I do know that there is a fear among it being spread amongst the community members that, you know, the, especially with the indigenous communities, remote, indigenous communities being used as test dummies. I don't know how, how true that is but I've certainly heard that and I've heard that being a negative, you know, response to the vaccine. (Female 50+)

## Concerns about vaccines: Fear of needles

There were mixed responses regarding a fear of needles, this fear would stop some from being vaccinated, while others said they were not afraid, and others said they thought their community members shouldn't worry, because it's just another needle like any other.

Possibly a fear of needles. (Female 16-29)

Fear of needles. I'm, 'cause I'm, I really am scared of needles, like bad. (Female 16-29)

It is a high probability [people won't consent to be vaccinated] 'cause fear of needles is one of the world's most (Male 16-29)

Probably not. (Female 30-49)

I have children who fear needles, so that would be another reason why they wouldn't get a vaccine. (Female 50+)

I think people generally have a, a strong aversion to needles - or some people do and I'm one of them - and to get one shot is okay - I mean hard, you know, to bring yourself to do it - and then you have to go back and get another one. I think some people will balk at that. (Male 50+)

Well, everyone shouldn't be aversion to needles 'cause like you go through your schooling year and you get your shots for a school. You obviously get your Year 7 shots and your Year 10 shots. (Peer Interviewer)

Others said that needles did not worry them and so this would not affect their decision to be vaccinated.

I'm pretty willing to get vaccinated. I'm not too worried about needles anyway... Why? I get my bloods taken. (Peer Interviewer)

*Do you think a lot of people that a fear of, have a fear of needles would be willing to get the vaccine?* Probably not. (Female 30-49)

it wouldn't be hard for me. It would be just like a normal needle vaccination. (Male 16-29)

### Concerns about vaccines: Practical barriers

A couple of participants were concerned that vaccines could be costly or that they could be difficult to access, especially for people in rural communities.

I think no if you have to pay money for it and I feel like more rural Aboriginal communities probably not 'cause, you know, where are, where are they going? (Female 16-29)

If it costs me money, I'm not fucking doing it. I'm not paying these cunts to fuckin' ... yeah. (Female 16-29)

A couple of participants were concerned there would be costs associated with being vaccinated. For example, this young woman suggested people attend an AMS to be vaccinated because there she was confident there would be no cost.

Definitely, through Aboriginal medical services or anywhere that they refer simply because of like the cost of it. Like not everyone can afford to do that. Like I am, I'm a single woman with no children. I'm, I'm more than happy to do that for myself. But, if I like, yeah ... So definitely stick with like the Aboriginal medical services and other services that are provided for Aboriginals. (Female 16-29)

This young woman felt it was likely to be extremely expensive to be vaccinated:

It depends if Closing the Gap and that could help, to be honest, 'cause I feel like it would be expensive. It's like it'd probably the same price that you would have to pay to get on a plane to Mars. [Laughs] (Peer Interviewer)

## Difference between older and young people

Participants had thoughts that older or younger people would be more likely to get vaccinated, but they didn't all agree with each other. Some thought younger people would be more likely, others older people.

Regarding young people, participants said:

- They would be more likely to be cautious about vaccines.
- Their bodies would cope better with being vaccinated
- They have children, jobs and responsibilities that mean they do not want to contract COVID-19.

Regarding older people, participants said:

- Their bodies would not cope so well with the vaccine
- Older people are more likely to do what government asks them to do.

Like it hasn't been around for that long and I don't know what's in it and what it could do ... I guess that my mum and dad would 'cause they're older but the younger [people], no. Definitely not. Yeah. So it's definitely a different mindset from older and younger people about that kind of stuff. (Peer interviewer)

I personally do not want to be a part of the first strain of a vaccine... I just, I don't really go much in those kind of vaccines ... I think older people will [get vaccinated] but I feel as though a lot of younger people will have the same opinion as me. (Female 16-29)

I think my body would be able to handle the vaccine, if I was to get it done ... Not so much maybe older people, if they're a bit, not as like healthy and fit. So I think maybe like the younger generation are probably, probably more willing to get the vaccine I reckon. Yeah, maybe. Not, not so much willing but probably more ... Don't know what to say. Like I think they'd just be able to handle it a bit easier than a lot of older people. Yeah. I think it won't take as much of a toll on our bodies than the older people who are a bit more vulnerable. (Peer interviewer)

I think, again, the older generation will take it just because they've been so used to being told from government and white people to do things, and they'll just follow through with it because they don't know any other way. (Female 50+)

the people who would really like be inclined to get it would be like 20 to 30 or 20 to 40 years old because, you know, they're the ones who have kids. They're the ones who are out, breadwinners, all that shit, work and like they're the ones who have the mortgages and all that shit, that needs money and like keep going out to work, to, you know, to have to provide (Female 16-29)

## Best places to be vaccinated

When asked where they felt Aboriginal people would prefer to be vaccinated, participants emphasised that a trusted site was critically important. For some this was an AMS, for some the local Aboriginal community centre, for some a local mainstream GP. One participant, for example, said that while he personally would prefer to be vaccinated by his local GP, he thought other Aboriginal people should go 'wherever the people are comfortable going' because 'it's a trust thing'.

I would prefer if it was just at my GP. If someone's been seeing in a GP or going to the AMS, wherever the people are comfortable going...a lot more people will trust their local GP than they would going to some doctor in a hospital they've never met before...like I said, it's a trust thing. People won't trust taking the word of someone they've never met before. Whereas, if it was with their GP or their local AMS, or something like that, they would be more likely to trust it. (Male 30-49)

I'd say maybe in Aboriginal medical centre or, if there's no Aboriginal medical centre in your area, probably go to the local doctor's or to the doctor that you've been to for years, you've been taking your family for years. Like a doctor that you can, that you know and trust. Just, just no black-market stuff. (Male 16-29)

As for these participants, trust was generally regarded as essential. Many participants did not list a single health provider as the best place to be vaccinated, but instead said Aboriginal people should go wherever they felt safe. For some this meant being able to ask questions of Aboriginal workers at the service, even it is not an Aboriginal organisation. For example, one participant said if people could not attend an AMS, they might visit a medical centre, but thought they would still prefer to speak with an Aboriginal staff member:

A lot of people would go to the AMS...Like everyone may not be able to go to the AMS but they're able to go to...the medical centre...But I think a lot of them would like to see an Aboriginal person there to be able to talk to them about it, especially if they don't understand. (Male 50+)

By comparison another participant thought community centres or an AMS would be best, again because of trust and availability of Aboriginal staff at these services, some of whom would be family members:

I think community centres. Or the AMS. On a more like local scale, you know? Yeah. I think they'd be more comfortable with the AMS because, you know, they're familiar there...Probably [they have family members working there] family, yeah. They're familiar with everyone there, you know. They trust 'em. (Female 16-29)

Many thought their local Aboriginal community service would be the best vaccination site.

But I think they'd feel more comfortable maybe [in] a place like here, like a local community centre that they know and visit often. So they'd feel more comfortable getting it done there or an AMS. (Peer Interviewer)

Largely, participants' confidence in local Aboriginal community services came from experience with other vaccination programs delivered at these places, and where relevant the COVID testing clinics which they hosted.

Well, we used to have like a pop-up van that used to drive around when we'd have like little events here at [the Aboriginal community service]. They would check like your, just your main health and stuff and would give the flu vaccinations through that. I think that would be a really big like thing. We could like really help the indigenous like communities and stuff, yeah, for sure. (Peer Interviewer)

What [the Aboriginal community service] done when they give the hep-c [vaccines], they actually got the doctors out to the community centre and they have two buses, and they picked people up and brought them to their community centre. They put on a morning tea and people got their shots...I actually had to have five shots for that, so on each time that I had to have a shot they put on something for the day. They did it as a group session and they actually got the bus driver to go out and pick people up from their homes, and take them back to the centre. And they had a morning tea, and everyone got their shots. (Male 50+)

On participant said that the Aboriginal community service would be the best vaccination site because of their experience offering COVID testing. She compared her experience with being tested at the Aboriginal community service with another testing site.

It was mad how like [the Aboriginal community service] were doing the COVID testing 'cause...I had to go get tested and like I went to [another COVID testing clinic], which was alright, but I was that fuckin' panicked about it. And I was like, "No." If I went to [the Aboriginal community service], where I've been before ... You know what I mean? So I reckon places where we already go. (Female 16-29)

A number felt strongly the AMS was the most appropriate vaccination site because these services are well used and highly trusted by Aboriginal people.

AMS. It's just like your people. Like it's a place for your people to go to. You're more comfortable. Whereas a hospital it's just everyone. Like ... And there's not really much, like I don't see much blackfella doctors or anything, or nurses. So ... it doesn't feel right to me. (Peer Interviewer)

Probably the AMS in Penrith I'd say would be the best. (Female 30-49)

Well, most Aboriginal people go to the, their local AMS and, and get their, you know, that's where they get most of their medication, and, and check-ups done. So I think the AMSs are the ideal place to be done. (Female 16-29)

Most Aboriginal people use AMSs. In western Sydney, you know, we're familiar with the, with the AMSs and the doctors that we've been seeing for, you know, many years. But, however, most, the, the remaining few of Aboriginal people, you know, should be encouraged to use the centres or use their health professionals...They're confident in using those other health services other than Aboriginal medical services. They know their doctors. They've had a relationship with their health professionals at those centres. (Female 50+)

In contrast, two participants expressed reservations about the AMS as a vaccination site. This participant said that she felt her AMS was too concerned about securing government funding and too little concerned about community wellbeing.

Oh, wow, that's a big one...Back in the day, I would have given my blood, sweat and tears for those places but, over the years, all it is, is monetary. Everyone's just worried about their, their funding and their money coming through, and them being given money off the government. So I think a lot of their wellbeing to the community and to their clients have really declined over the years. So I'm not real sure where a safe place for Aboriginal people is to go to. (Female 50+)

This young woman also said she personally no longer used her local AMS, but thought others might prefer the AMS, or their local community centres or whatever services are most commonly frequented by Aboriginal people.

Oh, look, I don't go to the AMS no more. But, I would say [good places to be vaccinated would be] community centres, AMS and, and just, I don't know...like places where we go a lot of the time. (Female 16-29)

A few participants particularly emphasised convenience and that local Aboriginal community services offer transport to and from their sites which can be very helpful:

All of our medical centres that offer transport. I guess, yeah, like that's mostly what I've grown up around so, yeah. (Female 16-29)

While other suggested home visits for older patients:

Well, I think the AMS should actually visit the elderly rather than the elderly leaving their home to go to the AMS. I mean they have that service. They should use the service to go to the elderly people. (Female 50+)

And this participant said vaccinations should be done in whatever health setting people could access, pointing to the importance of offering a range of places for the diverse needs of Aboriginal people.

Look, at their local GP. Wherever they can access. I myself personally find that, you know, I'd go to my local GP if and when I do attend medical services. I know Aboriginal services are there to be used and provide amazing services. So, yeah, but, you know, for some of us, it's quite easy just to go to our GP and use them. (Female 50+)

## Facilitating follow-up/booster vaccinations

Participants were asked if they thought it would be difficult to return for the second stage of the vaccination a few months later. Their responses indicated that this would depend on their experience of the first injection.

Some, who were keen to be vaccinated and were not especially concerned about any aspect of the vaccine, said they did not anticipate any difficulty returning for the second injection. Others, however, mentioned that a fear of needles, issues with transport, worry about where they would receive the vaccination and if Aboriginal staff would be present, possible cost and side effects may all make it difficult to return for a follow-up vaccine.

Yeah, that'd be a fuck-around, wouldn't it? Just to get the first, I already, this just me 'cause I fuckin' hate needles but, if I know, like, if I, if I know that that needle's gonna hurt and then it does hurt, fuck going back a second time, you know...[Interviewer: What would help?] I don't know. Make the needle not hurt? No. I know. There's obvious stuff that I know...transport, making sure that there's, Aboriginal services and people that we know from community there, and stuff like that, so that we're prepared for what we're going into. (Female 16-29)

Depending on the effects I got from the first jab would definitely impact my attitude towards a second jab...I do because I think people generally have a, a strong aversion to needles - or some people do and I'm one of them - and to get one shot is okay - I mean hard, you know, to bring yourself to do it - and then you have to go back and get another one. I think some people will balk at that. (Male 50+)

if you feel like crap after and whatever else after the first one, you're obviously not gonna go back and do it again for the second time. (Peer Interviewer)

Provide transport. Make sure the vaccine is free and make sure you have Aboriginal cultural support on site. (Female 30-49)

They might forget that they need a second shot and going out twice as well, so that might be hard. So being the first shot, trying to find transport for that and then trying to find transport again for the second time might be a bit hard for them. (Female 16-29)

This places an imperative on ensuring that the first vaccine injection is implemented in a way that is reassuring and addresses as many community concerns as possible. If not, the efficacy of the vaccination program could be at risk if community members do not return for their follow up injection. Programs run through the community centre, as suggested by a participant above, in which the two vaccines are delivered in a familiar setting in conjunction with a social event, for which transport is arranged, may be a useful approach for some community members. As one

participant said, 'Look, you know, community outreach. Go to existing community services such as wonderful [Aboriginal community service]' (Female 50+).

As with the first stage of vaccination, participants emphasised a need for good community communication.

I guess, you know, a little bit of work in explaining to the mob, you know, the benefits of getting it, you know. Even if that's through flyers, pamphlets, information directed at Aboriginal people to explain, you know, in a way that we all understand what the benefits would be. (Male 30-49)



## Experiences with COVID and public health 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 said that the main negative effect of COVID was a loss of connection with family and community. Staying home and physical distancing, key COVID restrictions, and feeling concerned about transmitting the virus, have had a strong impact where face to face connections are important.

It could be like, well, just the thought of just like being alone I guess... Like that can also be a big toll on their mental, on like your mental state. Yeah. I feel like that would be a massive impact and it can also like pull families apart 'cause like not seeing your family in a long amount of time can make sometimes things awkward or I don't know. With me, I find like not seeing my family in a long period of time it's sometimes awkward because nothing there's like in common anymore because we, you know, don't really see each other as much as we used to. (Peer Interviewer)

Normally, we have like a massive family thing but we could only have like five people and that, so it was a very small Christmas and it wasn't, it didn't feel the same. (Peer Interviewer)

My father has, has really severe lung problems so that's impacted my relationship with him, going to see him throughout the lockdowns and wot-not. (Male 16-29)

I feel like things are getting better now that we're sort of getting a bit more normality into life but, during the lockdown, you know, a lot of people weren't going to visit their nan or, you know, their aunt or uncle ... And that's very important to us as Aboriginal people that we all stay connected. So it felt like, you know, that was a real negative impact during the lockdown. (Male 30-49)

Just not being able to see anyone at all. That's really stressful. Not being able to see my old Aunty has probably been the worst and my nan as well. My nan's in a home, so that's fucked. (Female 16-29)

Blackfellas, Aboriginal, Aboriginal people are known to be getting together and it's just been hard for everybody to connect like how we used to. (Male 16-29)

By adhering to the limits in households and family gatherings. So at one stage I think it was just you could have an extra five people in your house at the same time and that included children. So for a lot of Aboriginal families that was really hard because a lot of families have more than, you know, three or four children. So they can't really go out anywhere. (Female 16-29)

It's, the hardest thing is probably getting together around family, family time. Like there's birthdays, Christmases and, you know, long weekend. (Female 50+)

I'm, you know, stuck in the same house with the same two people and then I go and go to my dad's, and it's just really hard because, you know, you're just, you're stuck. You don't know what to do. Like there's only an amount of time that you can spend with someone before, you know, reaching a breaking point in arguments and all of that. (Female 16-29)

Yes it has negatively impacted mine. I currently split up from my partner due to COVID restrictions and stuff in the hospital. His mental health declined 'cause I wasn't able to be there for him. I was only allowed there one hour a day and, in turn, he thought that I didn't care about him but his mental health declined because he didn't have enough support around him. (Female 30-49)

Accessing food and groceries had been difficult, either because community members were experiencing the economic impact of COVID-19 and have lost employment, or because travelling to the shops, especially when reliant on public transport, was considered risky.

At work, we've had a lot of Aboriginal people call up about food...trying to get hampers...So I think a lot of families have struggled with getting food and, 'cause not being able to work. (Peer Interviewer)

We had one guy we found out he wasn't getting himself any food 'cause he was too scared to go to the grocery store, you know. We ended up having to get him linked-up with like the on-line shopping and all the rest of it. Because of peoples' mental health...they sort of don't want to get out and about. (Male 30-49)

He worked in [NSW Sydney Suburb / Eora], he'd have to catch the train in the morning and walk down to the Eora. And he couldn't do it. He's getting a bit old. He's about, I think he's 76 or something, so he's getting a bit old. So he can't sort of stay on his feet. He's always holding onto something and ... and then the virus come along, so then I think that sort of stopped him from going altogether. I think he's retiring at the end of the year. So, yeah, he's just, just isolated and sort of stayed away from the shops and appointments that he has to go to. (Peer Interviewer)

Some participants said that community members' employment was affected by COVID restrictions or the economic downturn, resulting in hardship for them and their families.

Most of the Aboriginal people that I know, they, we do the Aboriginal dancing so, because of COVID, we haven't been able to really work, 'cause we mainly work in

schools. And I think we missed last year a hundred schools, you know. We lost a lot of our income 'cause of it. (Female 30-49)

Probably employment, getting a job or keeping a job. I know the COVID rates of Aboriginal people have like actually been pretty low compared to white people but that's usually from, 'cause more Aboriginal that have like their own community and don't really like stray too far I guess. (Female 16-29)

A number noted that these negative effects had had an impact on community members' mental health, which are presented on page 31 below.

## Positive aspects of COVID

Participants were asked to describe any positive aspects of COVID-19. While some did not feel that any part of COVID-19 offered benefits, some felt that spending more time at home had been a good experience.

Staying home. Not having to go out. Like we used to all the time. Like we had to get up and go out. But this is a kind of a good reason to stay home for people. To be lazy and whatever. Just be at home where they're more comfortable. (Peer Interviewer)

While others said they have increased communication to make up for missing out on face-to-face social contact, including using digital and social media platforms.

I'd like to think that we've jumped on board of the great social-media ways of communicating, you know. Like I've seen it like just within my, again, going back to my work. We've certainly done that and I think, you know, everyone has like found amazing ways to be creative with their communicating skills. Unfortunately, for those that don't have access to the Internet, they've definitely been left behind in that aspect. (Female 50+)

Good things? I think everyone is a little bit more concerned about each other and talk to each other a little bit more on the phone. And, you know, the communication lines are more open than it normally would. (Female 50+)

Some reported that community members were more connected with family during COVID than they were previously due to the prevention strategy of staying home.

I think that, for people who have big families that stay in their house, maybe that they're connecting more with the families in their house now because they have to be at home and they have to actually spend time with the people inside their house. So usually, if they go to work and don't have, don't have much time at home, they're now having all this time at home and being able to form relationships with other people in their household. (Female 16-29)

I can work from home with my first job, so that's been alright...I'm already home when she gets home from school. But other than that, no, nothing. (Female 16-29)

I mean it really gave us an insight to just appreciate what's around us, to just pause in life and to just, you know, look outside and just spend time with people who are your family, and like with the mob and everything, you know. (Female 16-29)

On the whole, however, as explained in a debrief interview by one of the peer interviewers, the negative consequences of COVID-19 outweighed the positive for many people in their community:

A lot of people were a bit, they didn't really know what to say [to that question]... 'Cause a lot of people like lost their jobs and got put out because of their jobs. And then because of that what, they couldn't pay their bills maybe and everything. So then like their mental health too was probably decreasing 'cause they thought like, "I can't provide for my family." (Peer Interviewer)

## Health needs

### Health needs during the COVID-19 Pandemic

Participants reported that attending to health needs has been difficult because community members are worried that attending medical appointments puts them at risk of contracting the coronavirus. They said community members avoided or delayed medical appointments in order to avoid being in high risk sites. They were not only concerned about contracting the virus themselves, but also taking the virus home to their families.

I think it's happening [avoiding medical appointments] because they're obviously scared that someone else in the area has symptoms or COVID and they've got that fear of taking it home to their families or obviously contracting it themselves. (Female 30-49)

I feel like more people now are less inclined to go to a doctor's appointment unless it's like really necessary, because no-one wants to expose themselves to getting COVID. So they might like put off a doctor's appointment. (Female 16-29)

I've seen it happen. I think it's just the contact. You've gotta go to the hospital. Everybody's there, you know. Other people might be sick. And then you've gotta go back home to your family, your loved ones. You don't wanna take that back home so it's just stopping them from leaving [home] altogether. (Male 16-29)

I think that two reasons why [people are avoiding medical facilities] is that people don't want to go to the doctor's just in case other people have COVID in the doctor's setting. Also I've noticed that doctors and GPs are asking people that have symptoms not to come in so they're actually making the decision to tell people not to come in to see them. So I think that's impacting everybody as well. (Female 16-29)

Several gave specific examples of people avoiding appointments.

It happened with my mum. She ended up cancelling a lot of appointments last year when the COVID spikes were up more. She was even scared when like the COVID spikes weren't high and when Sydney had no new numbers. She didn't really wanna go and have to sit in a waiting room full of people. (Female 30-49)

I had a football injury and I had to go to the doctor's, but I refused to go because I was, I was legit scared. I was scared that, you know, someone would be at the doctor's for their flu-like symptoms and need to get checked for a COVID slip or something ... So yes I've been a part of that. And I honestly don't blame anyone that has used that as an excuse to not go to the doctor's because it's, you know, it's life-threatening, this disease. (Female 16-29)

Old Aunty didn't wanna go. She had to go to Emergency and she didn't wanna go 'cause she was scared ... she had like a surgery that she was meant to go for and she kept putting it off, like trying to cancel. But she'd been on the waiting list for

ages and we were trying to say like, “You’ve gotta go,” but she was like, “Fuck that.” (Female 16-29)

## Telehealth

Participants had mixed views about remote online and telephone-based health care delivery. Some thought that health service delivery was positive because it kept community members safe by helping them avoid physically attending health clinics, or travel by public transport. They also said telehealth was very convenient. Others said that telehealth services were not always appropriate because of a lack of understanding of technology, difficulties accessing technology or data, a lower quality of communication when not face to face, poor hearing among Elders and older members of the community. Some also thought that delivering services remotely meant it would be difficult to make a diagnosis.

Generally participants through telehealth was most difficult for older Aboriginal people.

Not many of our mob understand phones yet. It’s not like everyone’s got the luxury of having a phone. Especially [the Elders]. With their hearing and all that stuff. (Male 16-29)

Not only did they think the technology could be challenging, but they also mentioned that it is difficult for people who have hearing difficulties, as is communicating wearing masks.

A lot of, well, not a lot but there are people out there that do not have access to the Internet or a computer, or a laptop, therefore, it’s made it harder for them to [access] the health service. They may not have access to a telephone either. (Female 30-49)

Mum wasn’t good at hearing so it was a bit difficult for her at times because she relied on reading peoples’ lips. But she could no longer do that either because the doctors wore masks. So for these sort of people I think it is a bit difficult for them to convey their illness over the phone. (Female 30-49)

By contrast, this participant said medical consultations conducted by telephone worked well for some, including older people.

I think that’s been a good thing for a lot of Aboriginal people. I know a lot of our clients that have been using the tele-health and they really like it because, you know, they don’t have to, especially some of the oldies, like they can just have that phone consult with their doctor for something small and they don’t have to go to the whole trouble of going into the GP. (Male 30-49)

For myself, as a 51-year-old Aboriginal woman, it’s no problem with me. But, if anything, it’s actually been easy for me because then I don’t have to get in the car, travel over to my doctor’s or whatever like that. He’ll just give me a ring. We’ll have a consultation on the phone...I needed to get some more scripts [we

spoke on the phone, then], all I had to do was go and get them from the chemist. So it works good for me. (Female 50+)

Another said that home visits were a better alternative for older people because communication is never as good by telephone as it is when done face to face.

I believe someone to come out to them, especially with the older people who are housebound...And I think people understand better when you're face to face because when you speak to people, you can see whether they don't understand it. Whereas over the phone you can only hear it in their voice if they, you know, if they want to say it. But, when you face somebody, you can see their body reaction. (Male 50+)

Some thought telehealth maybe easier for young people because they didn't have to leave home to attend medical appointments.

Depends if you have Internet and phone; a phone and phone credit, and all that. And probably easier so they don't have to travel usually on public transport. (Female 16-29)

For the young people, I reckon that would be a lot easier just, just so it's just quick and easy. But for the elders they might not be able to do it 'cause they don't, they really don't know how to work electronics (Female 16-29)

Some Aboriginal people don't have access to phones or Internet, especially the older generation. They're not too sure. Like they don't know much about Zoom and it's a little bit harder for them to connect to their healthcare and GP providers. I think maybe in the younger generation it's okay but in the older generation it's been a bit hard for them. (Female 16-29)

For the younger ... younger people, yeah, it's alright, but a lot of older people like mess with phones and that. So it's harder for them to get onto their appointments. (Male 16-29)

## Mental health during the COVID-19 pandemic

Participants were concerned that staying home and physical distancing, because of their impact on connections with family and community, had affected the mental health of some. Particularly when coupled with the impact of an economic downturn and job loss. Young people raised this issue most, who found the lock down periods with strict limits on socialising particularly difficult.

I think obviously mental health is a very big issue in all Aboriginals and suicide, and depression and stuff. Their rates have increased in Aboriginal community. And I definitely think having nothing to do, like in lockdown you weren't even allowed to go out for fun, for leisure or anything, and then, you know, the

essential workers and people who lost their job, that might have resort to, you know, being more bored and possibly leading to alcohol or drug-taking just to keep themselves, like, entertained perhaps ... And they wouldn't have had their community base because, you know, that's what we're all about is community and family, and mob. And, without that connection and community, and family, they sort of get lost I guess. (Female 16-29)

Well, just the thought of just like being alone I guess ... Like that can also be a big toll on your mental state. I feel like that would be a massive impact and it can also like pull families apart, 'cause like not seeing your family in a long amount of time can make sometimes things awkward or I don't know. With me, I find like not seeing my family in a long period of time it's sometimes awkward, because nothing there's like in common anymore because we, you know, don't really see each other as much as we used to. (Peer Interviewer)

With my sister, she has really bad like depression and anxiety, and that, and ... even before COVID came, actually, she still had a problem with it. But it's gotten a bit bad because she's just been stuck in the house. (Peer Interviewer)

My mental health's been really bad. I haven't gone to the doctor's 'cause I'm just scared I'm gonna get this fuckin' COVID. (Female 16-29)

## COVID-19 health needs

Participants were asked where they think would be the best places for Aboriginal people to seek help for issues with COVID-19. Possibly because few had direct experience with COVID-19 health issues, or had known anyone in their family and community networks who had contracted the disease, some participants did not have strong views on this. On the whole, those who did suggested that hospitals or GPs were the best place to go, while others said Aboriginal health services would be preferable. An important feature of the research setting was that an Aboriginal Medical Service (AMS) had only recently opened in the area, after many years of no Aboriginal specific services, which may mean some community members had established connections with mainstream medical services.

I don't know anyone that's had it so that one's pretty hard to answer, but I'd imagine anyone that thought they really had it, or got a positive test, would go get tested and then you'd probably be admitted to the hospital, I'm guessing. (Male 30-49)

Bottom line, if I think that I've got something, I'm not going, sitting in the doctor's surgery for two and three hours: I'm going straight down to the hospital. And I've advised that to people, "...present yourself at the hospital because they have to check you. They have to test you." (Female 50+)



I think the best place is for our people is AMSes but I know that there are a lot of our people in community that don't use AMSes. So, you know, I think it's the peoples' preference. It's their choice where they, where they wanna be treated. (Female 50+)

AMS or the hospitals, for sure. (Male 16-29)

Probably the best one would be the one here at [the local Aboriginal service where there is a drive through testing clinic] They're efficient. They're fast. You get the results within 12 to 24 hours which then, if they're negative results, people are able to get back to work quicker. (Female 30-49)

Some participants were not sure about what kinds of support were available, understanding that people were asked to isolate at home with no further assistance.

I didn't realise that places that you get help, like, 'cause all, all the media and everyone always says say like, if you get sick, if you get tested, stay home. And there was no, like there was obviously no treatment. Like they can admit you into a hospital but they only put like I-V drip and that onto ya. (Peer Interviewer)

The hospital... Well, there's no real helping get COVID, is there? Just get investigated where you've been. No support. No anything. If you even get COVID, you're just told to piss off and isolate. Like that other one, couple or whatever. They weren't supported. They were investigated probably, you know, dealing with all their symptoms and shit, if they were bad. Then everyone's hating on them. (Female 16-29)

## Prevention Strategies

Most people mentioned a combination of hand hygiene, testing, mask wearing, physical distancing and staying home as key ways to prevent COVID transmission. However, one of the key strategies that participants used was to keep up-to-date with the latest information about outbreaks and restrictions.

Some of the discussion in the interviews related to the experience and impact of the lockdown period in 2020, while others were more focused on their present experiences and strategies for staying healthy.

## Staying informed

Various participants' statements indicate that staying informed was critical to helping people learn about COVID prevention strategies and how best to implement these practices in accordance with geographic contexts and restrictions.

I believe with social media these days everyone's more aware. So I think the communities out in rural areas definitely have been taking care of their elders and keeping up with the things on social media, news outlets, to make sure they're aware. (Female 16-29)

It's all over the news and everywhere for them to see. So anyone that's got a TV or a mobile phone knows that you need to social distance and isolate. (Male 16-29)

I think people know enough about it. I think there's a lot of information out there at the moment and I think a lot of the Aboriginal community actually take it fairly seriously. (Male 30-49)

Well, my role working with the community and pretty much listening to everything that's been said through government policies and what's on the news. Like people have been listening to whatever they've been told and to the restrictions. So I feel like, as a country, we've done pretty well. (Male 16-29)

News media and social media were identified as key sources of information about COVID which may raise concerns for people without ready access to both or either of these platforms.

Some people probably do need more information, especially people who don't have access to television and social media, and there are people out there that fit that category. But for the people who have access to social media and television, [they] should be well aware of what it is they're dealing with and how to protect themselves. (Male 50+)

If you're not feeling well or... if you're watching the news, or people are telling you that there's... you know, here's where a hotspot is. I think the media has done, you know, really well in letting people know where, in Sydney, where the hotspots were. You know... I think everybody has access to news, whether it's on a TV, radio or you're just yarning about it in your family circles. (Female 50+)

Some participants spoke about how people shared information with each other. People can thus play an active role in both staying informed and helping to inform others.

And because my brother works at [a] hospital like, as soon as a new hotspot would pop up, he'd be one of the people that would find out and then like tell us and let us know. (Peer Interviewer)

A lot of people that come here, they watch the news and they sort of give you little updates when they come to work about it and stuff. (Peer Interviewer)

I think people do talk about COVID. Not generally that I know but like sometimes it's come up. Like... if there's a new like news report on it, then that's the new word on the street for a bit. (Peer Interviewer)

One peer interviewer explained that even though he and his friends try to avoid talking about COVID-19, they do still make sure that they check in with each other about new developments and changes in government guidelines.

We don't wanna talk about vaccines ... It's just we don't talk about it. It's just even though like we're probably like, oh, like we'll probably bring up like, like COVID that like about like, "You wanna go here?" but then they'll be like, "Probably can't because of COVID." Like "if you want?" something like that. Yeah. Other than that, we don't like talk about the subject ... We just carry on with our lives and treat it like it's, you know, like, even though it's obviously bad, we treat it like isn't even there ... The only time it really ever gets talked about [is] if new restrictions or something comes in. Like you say, "Now we've gotta wear a mask. Now ..." like that's the only really time it ever comes up because like you just say to someone, "Yeah, well, we've gotta wear a mask now. New COVID restrictions." And then you just have that little, "It's shit but whatever." Like, "Why have we gotta do that?" And then the conversation's finished. (Peer Interviewer)

## Following government guidelines

A number of participants said that community members stay safe by following NSW Government guidelines. These participants clearly understood the guidelines, and, as indicated above, sought out information about ongoing changes to rules and requirements.

I mean the main ways we've been protecting ourselves is, you know, not going out unless we have to and wearing a mask, like we had to do for like a month. Like we just like we were just ... like following the rules like any other regular person ... And it was important for our family to, you know, realise that, how important it is to just stay safe. (Female 16-29)

We are all doing, well, the people that I know, the Aboriginal people that I know, they're doing the right thing. (Female 50+)

Just trying to keep safe. Trying to understand, you know, what it's really about, protecting yourself, protecting my family and just trying, you know, to follow the rules of COVID restrictions. (Female 50+)

Some said they endeavoured to ensure others follow guidelines, too, but that policing others could be difficult.

Social distance like when they all go out. Make sure the kids are doing it too when they're out or whatever. (Female 16-29)

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

[people protect themselves] by adhering to the limits in households and family gatherings. So at one stage I think it was just you could have an extra five people in your house at the same time and that included children. So for a lot of Aboriginal families that was really hard because a lot of families have more than, you know, three or four children. So they can't really go out anywhere. (Female 30-49)

## COVID Fatigue

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

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

And people, you know, are tired of lockdown [Yep] so, you know, they're just gonna go out, regardless, and, you know, not care. (Male 50+)

I know he's over it 'cause he's had to deal with this thing for over a year now and he's, he's, he's never believed in it. So something he doesn't even believe in is

holding him back. So he's been, he's been over it for a while I think. And other people are probably over it. Having to isolate every single time another case comes up. (Peer interviewer)

## Staying home

People spoke of staying home more than usual, especially during times when COVID is more prevalent or their health is more vulnerable.

So we didn't really leave much. Didn't go places. Didn't do much but just stay at home. People went from working at home, working instead of working there, at their job place or that's if they had like an office job, doing that. (Peer Interviewer)

## Hand washing and sanitising

Hand sanitation was widely accepted and generally described as a simple measure that community members undertake. A number of participants were pleased people had learned to be better about handwashing.

I think everyone is using it [hand sanitiser]. I mean I use it every time I go into a, a different place, building, a shopping centre, a bathroom, whatever...I've seen heaps of people use it. And, like I said, everyone knows the, the risks of not using it, you know. The risk of catching, of contracting COVID-19. (Female 50+)

Well, at work, they, you do see visitors and people coming in for their doctors' appointments every will use the hand-sanitiser bottle every now and then but workers like in my line of work we use it every opportunity we can get. 'Cause, if we kind of don't, we're kind of just setting a bad example. (Male 16-29)

I make sure my children wash their hands constantly. I've put hand sanitisers on their schoolbags and hand wipes. I make them wear a mask when we go into the shops and, and I basically keep everything clean. I wash their clothes daily. (Female 30-49)

Making sure we have hand sanitiser in the car. If we come in from the shops or something, sanitise our hands so we're not bringing sort of any germs home. (Male 30-49)

## Physical distancing

Most participants reported that physical distancing was not easy. Participants found it difficult, either because they don't personally want to be physically separate from people, or because other people don't distance. Some specifically reported that physical distancing was at odds with cultural ways of being physically close with others.

In like social-distancing wise? 'Cause I'm young and still go out to the pub and club, and that, when you're sitting at your group of friends with your table and ... 'cause you gotta sit down when you, 'cause they had the restrictions - can't dance or nothing now; you've gotta always be seated - like, when you're with your group of friends at the table, we're like, we're seated. Like we, we just you just sit next to them like you're at a dinner table. There's no, we're not spaced over there or ... We're just all, we're all cluttered around the table and so, yeah. (Peer Interviewer)

Of course, it has been. It's not an easy thing. It's, you know, people, you know, especially for our people when we see each other, we want to hug or shake hands, you know. It's, that's been the hardest for some of our people that you can't, you know, you can't have that sort of interaction with your, with your family much. (Female 50+)

For me it has 'cause it makes me miss my family. I feel like, if you give them a kiss or a cuddle, or something, you know, they feel awkward. Like it's, I think it's driving a wedge between us, like family and that. Like people are going, "Oh, that's a bit unsafe to give you a kiss," or, "It's unsafe to give you a cuddle, even shake your hand," you know. I've seen people like touch feet instead (Female 30-49)

It's put a toll on our tradition, you know, of physical touch. Like that's a really big thing for us as a mob, you know. Like it's disrespectful not to, you know, greet and kiss your elders, you know. But now there's just this toll of this, you know, disease that it's taken on us. It's, it's been really bad. It's, it's been very hard to socially distance while being respectful to everyone around us in our community and, you know, having the normal traditions. (Female 16-29)

Aboriginal people like to greet by giving a hug and a kiss and that on the cheek, and I think maybe going out to a restaurant and something, and not being able to sort of like, I don't know, not ... like having to social distance would be a hard thing 'cause we all like to sort of be together and, yeah ... But I think I'm not sure. Not so much. I think a lot of younger people sort of don't like to social distance. If you go out to like a pub or something and they tell you to sit down or, or like stay seated apart from each other, like 1.2 metres or whatever it is, they sort of, you see a lot of younger people getting pulled up for that. (Peer Interviewer)

## Testing

Among participants, there was strong agreement that people in their communities know where to get tested. And most participants also agreed people know when to get tested. Moreover, most could tell a story of going for testing themselves or of someone else they know who had been tested. While they did not speak favourably about the actually testing process, particularly the nose swab, they generally thought it was bearable and acceptable.

Yes, they've had tests. They didn't like it due to the thing going half-way up into their brain. (Female 30-49)

The only reason I got tested [was] because I was actually, I went to [a shopping mall that a COVID case had visited] and I was there, like during that timeframe. Yeah, I just wanted to go get tested, so ... Like I waited a few days just in case something like kicked in and that. But nothing kicked in, but I still went and got tested just in case. 'Cause they did say like you might not get symptoms. (Peer Interviewer)

I think there's enough signs around to show where you can get tested. I've been to a couple myself and been tested, and my children. You just follow the signs or follow your instructions from your GP if you're not feeling well. (Female 30-49)

I heard some people who've got tested saying it's, it's a pretty invasive thing when they stick that stick down the back of your nose and down your throat. And it can be painful. And other people say it's a piece of cake, so I think it depends on the, the person's attitude, their physiology and the, the skill of the person wielding the, the, the stick or the swab, whatever it is. (Male 50+)

Some said they knew of some reluctance to participate in testing:

I think they know, but I think they just forget to go. So, because they've got so many things on, a little bit of a sniffle they think may not be anything. And then they may go somewhere and then it's, it turns out to be COVID. So, and then that's spread around. So I think people get too busy to go to get tested and I think they slacken off a bit because they've already had one testing so why should they have another test? (Male 50+)

I think a lot of people know when they should get tested, when they get a scratchy throat and that, but I also think that people don't wanna get tested because then they have to isolate and they have already been isolated enough, so they don't wanna do it anymore. (Female 30-49)

One participant helped with testing in a nearby clinic providing support to Aboriginal community members who had shown up for testing:

I feel like I was a part of a team sort of helping, helping people get tested and telling them like when there were a few people that were sort of a bit worried, and just sort of calming them down, and telling them it's alright. "Doesn't sort of, doesn't really hurt. I've had it done multiple times and it's all good. Just chill out," and, yeah, they sort of listened to that advice and they don't stress out as much. So, when they do come and do the test, they're sort of a

bit calmer and ... so, yeah, being around, and being around the people that were there at the time, like the [pathologists], they were, they were really good. And they were, yeah, really understanding and gentle, and yeah, they were good people to be around. (Peer Interviewer)

## Masks

Participants tended to describe wearing a mask as something important that community members should do. Mostly, they mentioned masks in passing, without much detail, which suggests it was a fairly straightforward measure. But, a number of people found it difficult.

Like they're just doing the basic stuff, like mainly wear a mask everywhere. Some, actually, now that I think of it, actually, like a lot of people don't actually wear masks. 'Cause I was at the train station and there was plenty of people that weren't wearing masks...I was wearing a mask, personally, like on the train, on the platform. Like I wear a mask everywhere I go. I don't take it off unless I'm drinking or eating, or something. (Peer interviewer)

[You] can wear a masks and all that stuff but I don't like wearing a mask 'cause a mask makes me feel uncomfortable...Also ... What's it called? Claustrophobic. Also a little bit claustrophobic. (Male 30-49)

[It's hard for older people if] they might have to wear a mask which might interfere with their breathing, especially on like hot days. (Female 16-29)

One participant explained difficulty accessing masks at first, but then once they did secure some masks, told the interviewer about how they had made sure everyone in their family had one.

I just think it was at one stage, when it was mandatory, everyone to wear masks, I tried to access some masks from an Aboriginal medical service and was told that they don't give masks out to the community, "But we'll give you one if you've got an appointment to see the doctor." And I thought [Wow!] that was quite, you know, wrong. Like they're a medical service. An Aboriginal medical service. Why wouldn't they have a, a pack of disposable masks, you know, on hand to give out to community members should they need them? So, you know, I was in the position, because I worked, I went and bought, oh, goodness, about six to eight masks, and I just gave them out to everyone in the family. I said, "Here you are!" ... I done the right thing that way. (Female 50+)



## Other

Just one participant mentioned the need to register with QR codes when visiting shops and other public venues. He thought that some members of the public do not know about the QR registering system, cannot use it because they don't have the right technology.

And I think a lot of times people will go into a shop without realising that there's a little thing there that you have to use your phone for. Now, with older people and probably with a lot of Aboriginal people, they're not gonna use their phone when they go into a shop at all. Well, not at all. I shouldn't say that. A lot of people do. But younger generation ... But a lot of older people would not have that, which is probably another reason why, you know, they'd rather stay at home. (Male 50+)