Aboriginal communities need to be at the forefront of the COVID-19 vaccination campaign

Thileepan Naren, Dallas Widdicombe

THE COVID-19 PANDEMIC and its potential devastating impact on First Nations people has been extensively contemplated and the potential devastating impacts on First Nations people due to health and social justice issues widely postulated.1 Aboriginal and Torres Strait Islander communities and health organisations in Australia were proactive in trying to plan for the pandemic and mitigate any adverse outcomes.2 The results of this foresight and preparedness were that Aboriginal and Torres Strait Islander communities were spared any significant impact during the first wave of the pandemic in 2020.3 A significant reason for the success of Aboriginal and Torres Strait Islander communities in warding off the impacts of COVID-19 was that each community and often the Aboriginal Community Controlled Health Organisation (ACCHO) understood how to effectively communicate health information and health risks to community members in a manner that was meaningful.4

Unfortunately, the COVID-19 vaccination rollout has not taken the above learnings and implemented them. Aboriginal and Torres Strait Islander people were priorities in the national scheme as either in phase 1b or 2a. 5 Despite this prioritisation within the

national vaccination rollout scheme, we, as a country, find ourselves in a situation where communities in western and northwestern New South Wales. predominantly populated by Aboriginal and Torres Strait Islander people, face a significant COVID-19 outbreak that could threaten to overwhelm local health infrastructure, an issue that local communities had forewarned the Government about as early as last year.6 There are concerns that the Aboriginal and Torres Strait communities with ongoing low vaccination rates will not benefit from the lessons learnt in western and northwestern New South Wales, mainly involving Aboriginal and Torres Strait Islander people in decision making.7

How did it get to this? One could point to the limitations in vaccination supply, variable logistical chains, inadequate and confusing health messaging and active COVID-19 vaccination misinformation. However, many respected commentators have pointed out that the Federal Government has not sufficiently empowered local communities and health services or consulted with these services about a vaccination rollout strategy or how to deliver an appropriate message to community members.8,9 The vaccination rollout was a national project, and not enough thought appears to have been given to the differences between Aboriginal and Torres Strait

Islander communities throughout Australia - instead, these different and disparate communities were treated as one homogenous group. Although consultation was undertaken at the start of the vaccination rollout, uncertainties in vaccination supply and the variety of vaccinations able to be administered did not empower ACCHOs or local health services to adequately engage with their local communities. Continuous consultation and dialogue throughout the vaccination rollout, increased information about vaccination supply and vaccine types and receptiveness to feedback from ACCHOs about particular geographical or community issues regarding COVID-19 may have aided in improved vaccination rates among Aboriginal and Torres Strait Islander communities and would have empowered ACCHOs to engage with their local communities with more certainty. This has proven to be a missed opportunity, as the role of ACCHOs in delivering superior primary healthcare outcomes and adequately addressing the social determinants of health is already well known. 10 ACCHOs have shown that they have been quick to transition to telehealth during COVID-19, and this has resulted in some ACCHOs increasing engagement with community members as well as increasing practice income.11

The evidence for a more collaborative relationship and the potential beneficial

impacts it can have on Aboriginal and Torres Strait Islander vaccination rates lies in the data coming out of Victoria. A regional ACCHO in Victoria trialled an Aboriginal Health Practitioner-led COVID-19 vaccine clinic that resulted in a significant increase in vaccination rates among the local Aboriginal and Torres Strait Islander community.¹²

The events in western and northwestern New South Wales are tragic and likely could have been prevented if local community concerns had been heeded, and it appears that history is repeating itself throughout Aboriginal and Torres Strait Islander communities in Australia. The path forward is to ensure that Aboriginal and Torres Strait Islander people do not experience increased morbidity or mortality due to COVID-19 and have access to an adequate vaccination supply, and this is of paramount importance. The only way forward to ensure that Aboriginal and Torres Strait Islander people are vaccinated is by engaging with, working with, consulting with and listening to Aboriginal and Torres Strait Islander communities and trying to implement local community solutions to aid in vaccination uptake.

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