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# First Nations COVID-19 outreach and response

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Redesign

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## Summary

Having identified First Nations communities as being particularly vulnerable to the human and cultural cost of COVID-19, Tropical Public Health Services received National Partnership Agreement Funding through the Aboriginal and Torres Strait Islander Health Division to develop strategic and operational responses to the threat of COVID-19 in Cairns and Hinterland's First Nations communities.

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This initiative was funded in two separate funding streams to address the public health principles of early detection and rapid response. While recruiting to the unit, the engagement process began with the mapping of stakeholders and making initial contact to share information. The result was the Tropical Public Health Services Aboriginal and Torres Strait Islander First Nations COVID-19 Outreach and Rapid Response Team that worked in the Torres Strait community to test patients with the aim of keeping everyone safe.

## Key dates

Mar 2020

## Implementation sites

Torres and Cape HHS

## Key Contacts

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## Aim

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- To increase accessibility and utilisation of early detection systems for First Nations people.
  - To engage with First Nations stakeholders to develop mutual understanding and agreement of response processes in the early stages of a community outbreak.
  - To remain flexible and agile in response to community need and constantly changing circumstances.

## Benefits

- Strong relationships and trust built between First Nations COVID19 team and communities, and community organisations.
- Acted as a 'point of contact' between 'government services' and communities to corroborate or gain information regarding COVID-19.
- Demonstrated the wide-ranging benefits of a First Nations Health Equity approach to service delivery, which reached beyond the actual service being delivered.
- Leadership to, and engagement with other services - this initiative has demonstrated to other services the possibilities of better, more effective engagement, while also providing an access point to broker engagement by community organisations.

## Background

With the outbreak of COVID-19 around the world, Australia watched the effects of the pandemic on other nations, and the devastation that was wrought on First Nations communities.

The Navajo experience in the United States was particularly salient with their communities mirroring Australia's First Nations communities in terms of isolation, overcrowding, socioeconomic disadvantage, and pre-existing burden of disease. The experience of some Navajo communities was one of losing all of their elders, which meant that the significant human cost has been compounded by an immeasurable and irrecoverable cultural cost described as 'losing our stories' and 'losing our living libraries.'

Modelling of disease spread in our own First Nations communities suggested that any outbreak would be likely to be difficult, if not impossible to control within the community and would put vulnerable peoples at risk of infection and death.

## Solutions Implemented

- recruitment of a team
- stakeholder mapping and engagement
- development of Case Response pro-formas and completion of these in tandem with community stakeholders

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- engagement with homeless and transient peoples through NGOs and Nurse Navigators
  - procurement of mobile engagement van and development of artwork, decal and fit-out
  - regular community engagement sites established for both swabbing accessibility and information provision
  - delivery of vaccination information sessions in community by invitation
  - training and support of health workers as both Contact Training Support Officers, and Vaccination Providers - the latter in conjunction with the Cunningham Centre.

## Evaluation and Results

- main stakeholders mapped and engaged to share information with a focus on contact tracing, vaccinations, and outbreak management.
- developed a stakeholder contact list with 182 key people involved with supporting Aboriginal and Torres Strait Islander health across the CHHHS region.
- completed over 70 site engagements, both testing for COVID-19 and information sharing around the COVID-19 vaccines.
- developed and adapted a range of vaccine resources for different groups including homeless population, prison residents, Aboriginal and Torres Strait Islander people.
- supported three team nurses to complete their Queensland Immunisation Program Authorisation.
- developed a monthly CHHHS First Nations Covid-19 Newsletter. Worked closely with the Aboriginal and Torres Strait Islander Communications and Engagement team with development on this.
- promoted First Nations COVID19 surveillance via media launch of testing van on 11 March 2021 with media representatives from Channel 7, 9, WIN and ABC present.

## Lessons Learnt

1. Engagement as a foundation for effective disaster management. Early engagement allows issues to be identified and discussed, allows conduits to be created for knowledge flow, and builds trust and capacity. Where possible engagement should be done before there is a crisis to manage.
2. Recognise and Support Local Expertise
3. It was clear from the outset that the open engagement approach of the First Nations COVID19 Response Team was appreciated by First Nations community stakeholders.
4. Local expertise has allowed TPHS to develop knowledge of general movement patterns of homeless people within Cairns and to develop strategies to manage the particular risks that these movements represent for the spread of COVID-19.
5. Value and maintain the Relationships. As the pandemic has evolved, our understanding and approaches to management have changed. It has been important to be proactive in communicating with our community stakeholders so that they do not feel left out of the

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picture, and a knowledge differential is created. Maintaining the relationships has meant that all of our community COVID-19 vaccination information sessions have been by invitation.

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