Aboriginal COVID-19 Vaccination Ambassadors

23 November 2021



Vaccination Program Update

12+ year olds

1st Dose coverage: 84%
2nd Dose coverage: 75%

16+ year olds

• 1st Dose coverage: **85**%

• 2nd Dose coverage: **76%**

20 highest dose 1 vaccinated LGAs				
	LGA	Dose 1 %	Dose 2 %	
1	Surf Coast (S)	93%	88%	
2	Loddon (S)	92%	84%	
3	Indigo (S)	92%	80%	
4	Hindmarsh (S)	91%	82%	
5	Strathbogie (S)	90%	86%	
6	Mitchell (S)	90%	81%	
7	Nillumbik (S)	90%	83%	
8	Glenelg (S)	90%	80%	
9	Gannawarra (S)	90%	82%	
10	Knox (C)	89%	82%	
11	Boroondara (C)	89%	84%	
12	Kingston (C) (Vic.)	89%	83%	
13	Queenscliffe (B)	89%	89%	
14	Towong (S)	89%	76%	
15	Manningham (C)	89%	84%	
16	Murrindindi (S)	89%	85%	
17	Moyne (S)	88%	82%	
18	Moonee Valley (C)	88%	83%	
19	Whitehorse (C)	88%	82%	
20	Moreland (C)	88%	81%	

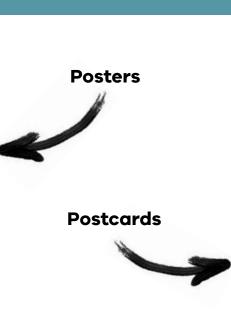
20 lowest dose 1 vaccinated LGAs				
	LGA	Dose 1 %	Dose 2 %	
1	West Wimmera (S)	70%	63%	
2	Horsham (RC)	76%	67%	
3	Corangamite (S)	77%	69%	
4	Latrobe (C) (Vic.)	78%	59%	
5	Brimbank (C)	78%	66%	
6	Baw Baw (S)	79%	67%	
7	Greater Shepparton (C)	79%	67%	
8	Hobsons Bay (C)	80%	73%	
9	Buloke (S)	80%	75%	
10	Wellington (S)	81%	66%	
11	Yarra (C)	81%	71%	
12	Wodonga (C)	81%	70%	
13	Ararat (RC)	81%	67%	
14	Mildura (RC)	81%	64%	
15	Campaspe (S)	81%	70%	
16	Swan Hill (RC)	81%	68%	
17	Greater Dandenong (C)	82%	70%	
18	Stonnington (C)	82%	77%	
19	East Gippsland (S)	82%	68%	
20	Pyrenees (S)	82%	74%	

Aboriginal Community Controlled Organisations have been leading the way in keeping community safe, demonstrating just how valuable community-led vaccination initiatives can be

Engagement across the Sector & Community

- Mobile vaccination vans operated by the VACCHO are being deployed in regional locations and a newly commissioned vaccination van coordinated by the VAHS servicing metro Melbourne.
- **Culturally sensitive pop-ups for Aboriginal and Torres Strait Islander Victorians** are also ramping up, with clinics being hosted at local Gathering Places as well as sport and youth-focussed organisations.
- **Additional surge workforce**, supported by the Royal Flying Doctor Service and Star Health, has been providing supplementary support to Mildura, Gippsland, Shepparton and key areas in metropolitan Melbourne with large Indigenous populations.
- A targeted SMS and social media campaign are reminding and encouraging community members to get vaccinated.
- A dedicated COVID-19 Aboriginal Infoline has been set up to talk to culturally safe staff.
- Community Unity Immunity Campaign new resources and merchandise
- A series of <u>Vax Facts</u> for Aboriginal community is in development in collaboration with VACCHO, which will be complemented by animated videos produced by Little Rocket.
- Online Vaccination info/yarning sessions are being held, which are being led by community organisations, VACCHO
 And DoH Vic
- Training and resources are being developed for service providers and Aboriginal community members to build confidence in COVID-19 Vaccinations. These resources are being developed by A/Prof Margie Danchin, supported by Dept of Health First nation Doctor Ngaree Blow.







All campaign digital files can be downloaded from the COVID-19 Vaccine Rollout -Stakeholder Resources site



Bi Fold Pamphlet



"Getting Ready" **Pamphlet**





Prepare for your **COVID-19 vaccination** Please bring the following to your vaccination appointment:

- . Photo ID, if you have one
- . Medicare card, if you have one If you are pregnant or have speak with your healthcare



Contact your local Aboriginal health service or doctor to get your free vaccination, or call 1800 675 398

Getting Ready for Your COVID-19 Vaccine



Community Unity



on vaccine preparation and side effects, go to:

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COVID-19 Vaccine Information for Aboriginal and Torres Strait Islander Community in Victoria.

Prepare for your COVID-19 vaccination

To reduce pain and discomfort at the vaccination site, people can:

- apply a clean, cool, wet washcloth over the area
- · use or exercise their arm.
- To reduce discomfort from fever, advise people to:
- · drink plenty of fluids
- dress lightly

after 24 hours

- Advise people to call a doctor
- or healthcare provider if: · the redness or tenderness at the vaccination site increases
- · their side effects are warrying them or do not seem to be going away after a few days

COVID-19 Vaccine Side Effect Information

Side effects are usually minor, expected and similar to what occurs with other vaccines. They are normal and a sign that the

Common side effects include:

- · pain where you had the injection
- muscle aches
- headache
- fever and chills
 - joint pain
- . These symptoms are usually mild and go away within a couple of days.

Serious side effects are extremely rare Contact your local Aboriginal health service or doctor if you are worried about any potential side effects, you have new or unexpected symptoms or if any expected side effects have not come away after a few days (particularly in the 4-20 days after

- g headache (mild or strong) pain or pressure in your chest
- difficulty breathing
- blurred vision
- weakness of face or limbs
- confusion or seizure (fit)
- shortness of breath
- · chest pain
- persistent abdominal pain
- leg swelling
- · pin-prick rash or bruising not at the
- injection site that cannot be explaine

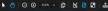
Call 000 if you have a serious reaction such as difficulty breathing, chest pain a fast heartheat, seizure/fit or collapse

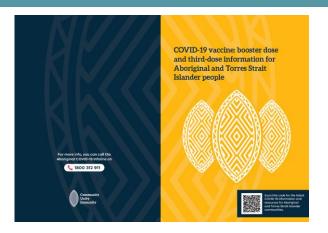
Be sure to tell your doctor that you have recently received the vaccine. For symptoms which are not urgent, you can see your regular healthcare provider (usually your doctor).

The benefits of protecting our family and Elders far outweigh any potential side effects that may occur.

For more information on vaccine preparation and side effects, go to:

www.coronavirus.vic.gov.au/about-covid-19-vaccines





Booster dose Pamphlet



You're not fully vaccinated against COVID-19 vaccine: COVID-19 until you get your second vaccine dose. Being fully vaccinated second-dose helps to keep yourself, your family, Elders and community safe. information for It also helps you to get back to Aboriginal and seeing the people you haven't been able to see, and doing the things **Torres Strait** you've missed doing. Islander people Why you need your second dose of COVID-19 vaccine With two doses of the vaccine, you are 90 per cent less likely to get very sick or need to go to hospital with COVID-18 Without a second dose, you don't have the best protection and can still get very sick from COVID-18. The more people who get fully vaccinated, the less COVID-19 can spread. With enough of us fully vaccinated, we will have community immunity.

Information about booster doses

What vaccine will I get as my

Most people will receive the Pfizer

vaccine as their booster dose. You can

AstraZeneca vaccine as their booster

If you've not sure which booster dose is best for you, speak with your Aboriginal

health service or doctor.

dose if they had a bad reaction from

yaccine as their booster dose. You can get this booster dose regardless of which COVID-19 vaccine you received for your

booster dose?

COVID-19 booster doses are now available to anyone aged 18 and over who had their second dose of a COVID-19 vaccine more than six months ago.

Why should I get a booster dose?

The more people who get fully vaccinated, the less COVID-19 can spread. And with enough of us What is community immunity?

what is community immunity?

Some people carnot have a vaccination
for medical reasons, so they depend on
those of us who can get vaccinated to do
o. This limits the opread of the virus and
helps keep them safe. This is what we coll community immunity

Where can I get my booster dose? You can walk into any vaccination centre to get your booster dose. You don't have to book.

You can contact your local Abariginal health service or doctor to get your free vaccination, or call \$800 675 398.

To find other places where you can get your booster vaccination with culturally safe staff, visit Vaccine Information for Aboriginal and Torres Strait Islander people | Coronavirus Victoria

Information about third doses

given to people who have certain serious

A third dose for these people is a good idea, as it helps them get the same level of protection against COVID-19 as other people. You should get a third dose of the

vaccine if you have one of the illnesses or conditions listed on this page. If you're not sure if you should get a third

After your booster dose or third dose

You might have side effects. Side effects are normal, usually mild, and go after a day or two. You might not have any side effects at all, but if you do, they include

- . pain where you had the needle muscle aches
- · fever or chills.
- · joint poin. Serious side effects are very rare

service or doctor if you are worried, of if any side effects have not gone away after a few days. Call 800 if you have a serious reaction such as trouble breathing, chest pain, a fast heartbeat, a setsure (fit) or if you collapse.

Fertility, pregnancy and

There's no evidence to show that COVID-19 vaccines affect fertility in men or women.

. You do not need to stop

trying to become pregnant do not need to delay their second COVID-19 breastfeeding after vaccination. The protection you get from the vaccine can also be in your breast milk, so

vaccine dose.

Stay COVIDSafe, even after your booster or third dose Even after a booster dose or third dose, you still need to be COVIDSafe. Remember, there's some people that

reasons, so staying COVIDSafe helps keep them safe.

- wash your hands with soop and
- water often, or use hand sanitiser people (physically distance)
- wear a face mask inside or when you can't physically distance cough and sneeze into a tissue or
- Get tested for COVID-19 if you feel even a little unwell

Don't go to a vaccine appointment if you feel unwell or think you may have COVID-19.

Second dose **Pamphlet**



COVID-19 vaccine: second-dose information for Aboriginal and Torres Strait Islander people

What is community immunity?

Same people cannot have a vaccination for medical reasons, so they depend on those of us who can get vaccinated to do so. This limits the spread of the virus and helps keep them safe. This is what we call community immunity.

When do I need my second dose If you received the AstraZeneca vaccine, you need

your second dose 6 weeks after your first dose. If you received the Pfizer vaccine, you need your second dose 3 weeks after your first dose.

If you received the Moderna vaccine, you need your second dose 4 weeks after your first dose.

What vaccine is given for a second dose? Your second dose will be the same type of vaccine

Where can I get my second dose? Any Aboriginal or Torres Strait Islander person goed 12 years or over can walk into any vaccination centre to get a vaccine. You don't

have to book

- . If you have your first dose at a vaccination clinic, a nurse can help you make your second appointment. . You can contact your local Aboriginal health
- service or doctor to get your free vaccination, or call 1800 675 398. You can also find a service using Vaccine Clinic
- Finder (healthdirect.gov.au).
- . To find other places where you can get your second vaccination with culturally safe staff visit Vaccine Information for Aboriginal and Torres Strait Islander people I

After your second dose

You might have side effects. Side effects are normal, usually mild, and go after a day or two.
You might not have any side effects at all, but if you do, they can include

- · pain where you had the needle
- tiredness muscle aches
- · fewer or chills

· joint pain. Serious side effects are very rare. Contact your local Aboriginal health service or doctor if you are worried, or if any side effects have not gone away after a few days. Call 000 if you have a serious reaction such as trouble breathing, chest pain, a fast heartbeat, a seizure (fit) or if you collapse.

Fertility, pregnancy and breastfeeding There's no evidence to show that COVID-19

- · People who are pregnant or who are trying to become pregnant do not need to delay their
- second COVID-19 vaccine dose. . Getting two doses of the vaccine also offers the highest level of protection for you and your
- . You do not need to stop breastfeeding after vaccination. The protection you get from the vaccine can also be in your breast milk, so can

Stay COVIDSafe, even if fully vaccinated.

It will take 7-14 days for your second dose to give you the best protection. But even after that, you still need to be COVIDSafe. Some people cannot get vaccinated for some medical reasons, so staying COVIDSafe helps keep them safe. To stay COVIDSafe:

- · wash your hands with soap and water often, or use hand sanitiser when you can't wash your
- . keep 1.5 metres distance from other people
- (physically distance) · wear a face mask inside or when you can't
- physically distance . cough and sneeze into a tissue or your elbow.
- Get tested for COVID-19 if your
- · feel even a little unwell
- . have been to an exposure site.
- . have been in close contact with someone who might have COVID-19.

Then, stoy borns until you receive a negative result Dan't go to a vaccine appointment if you feel

unwell or think you may have COVID-19. More information

For more info, you can call the Aboriginal COVID-19 infoline on 1800 312 915.











Post Vaccination Sticker



Is there anything missing in the Communications Pack that your community need?

Vaccine Ambassador Program Update

- Vaccine Ambassador Summit held on 28 October 2021 was an opportunity to reflect on the wonderful achievements of our Vaccine Ambassadors
- Progress Report will be due at the end of December, it is an opportunity for reflection on the challenges, successes and key learnings of the Vaccination activities conducted over August – December 2021.



Program extensions have been granted with renewed funding until June 2022

Uncle Jack – Community Unity Immunity Campaign Video



Thank You



Vaccine Ambassador August Progress Report Analysis



74 / 137 Organisations submitted progress report on August 2021

Organisations who submitted a Progress Report

- 40 Community Health
- 21 Local Councils
- 7 Women's Health
- 1CALD
- 4 ACCOs

Limitations

- Variation in interpretation of the questions resulting in varied responses
- Reports not mandatory so results only show a snapshot of the program

Analysis

- Descriptive analysis of activities with Thematic analysis of qual responses
- Process questions focussed on:
 - Has the program been implemented as intended?
 - What factors both positive and negative have affected the implementation?



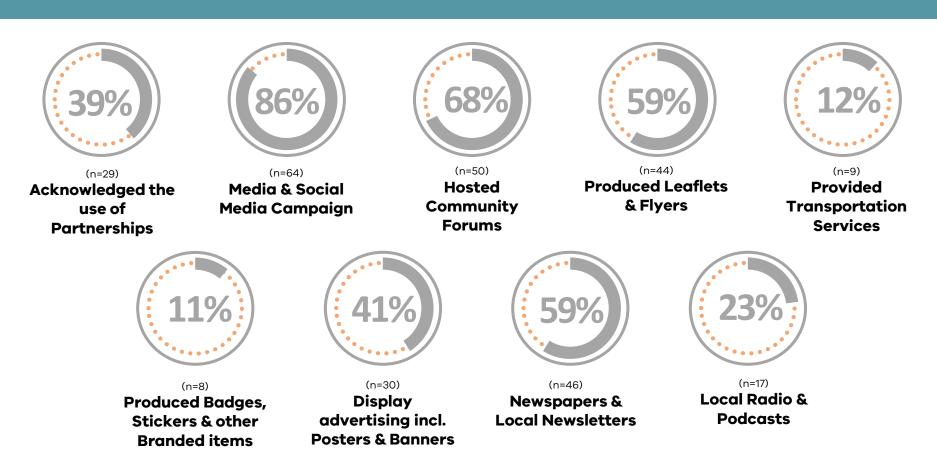








Summary of Activities



Other Activities Conducted



Surveys and / or needs analysis of key stakeholder groups (n=14)



(n=3)

Food packages



Conducted outreach activities

(n=1)

Incentives



7% TV commercial



3% (n=1)

Utilised vaccination engagement for other Primary Health checks



5% Text messages



(n=4)

(n=3)

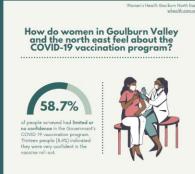
5%



Employed bicultural workers (n=4)

4% Outbound call campaigns







Case Study: Victorian Council of Social Services (VCOSS)





"Back to the Good Things" Video Campaign

- Across channels the video has been viewed more than 450,000 times
 - 24,000+ YouTube
 - 405,000+ Twitter
 - 36,000+ Facebook
- Translated into nine languages
- Received wide-spread media attention across ABC, Nine News, The Guardian and 3AW



"Vaccine Victoria" Digital Forums

- VCOSS hosted regular forums for community organisations, service groups, local council and other peak bodies
- Over 900 people have attended these sessions

Vaccination Engagement HQ

 Developed an online portal to draw together key vaccination information and resources from across the community sector



Communication Materials

- Development of original creative materials to amplify government messaging about vaccination update and messaging
- Fortnightly Newsletters distributed to 5,100 subscribers to VCOSS eNEWs



Challenges and Barriers

- Lockdown and restrictions (13 out of 33 comments)
- Mixed Messaging from Government and Mainstream media (8 out of 33 comments)
- Vaccination supply (5 out of 33 comments)
- Reaching those with limited or no access to technology and internet (5 out of 33 comments)
- Inequalities to vaccine access including limited number of vaccination sites, and transport to/from sites (5 out of 33 comments)
- Virtual limitations vs face to face (4 out of 33 comments)
- Vaccine hesitation and fear (4 out of 33 comments)
- Managing community expectations of the vaccine roll out (3 out of 33 comments)
- Difficulty monitoring Anti-vax comments on social media (3 out of 33 comments)
- Church, community groups and businesses wanting to remain impartial to vaccine conversation (2 out of 33 comments)
- Government mistrust for particular stakeholder groups (2 out of 33 comments)
- Funding delay (1 out of 33 comments)
- Data limitations (1 out of 33 comments)
- Too much information (1 out of 33 comments)

"We have experienced a number of Covid lockdowns that have required the suspension of the program for short durations. Communicating to residents on the reduced services has been difficult to manage and the need to manage expectations of the program across the Council website, social media and print media has been essential to maintain the initial support for the program." (Golden Plains Shire Council)

"Balancing community expectations against the realities of the vaccine roll-out strategy, our ability to deliver vaccines to the community with the resources available e.g., pharmacy staff, nursing staff, location of clinics." (Colac Area Health)

"Lack of internet access, mobile phone reception limited the ability to book the vaccination [...] Lastly the inability to measure impact has been challenges for example no local data on vaccine {coverage} has been available until the last few weeks of August" (Grampians Community Health)

Enablers

- Community forums and events (11 out of 42 comments)
- Partnerships (9 out of 42 comments)
- Utilising Community members and leaders in messaging (7 out of 42 comments)
- Surveying and focus groups of key stakeholders to identify needs and inform campaign design (7 out of 42 comments)
- Utilising translated information (5 out of 42 comments)
- Face-to-face opportunities (4 out of 42 comments)
- Social media campaigns (4 out of 42 comments)
- Providing information and assistance on how to book vaccinations (3 out 42 comments)
- Utilising strong key messages (3 out of 42 comments)
- Community vaccination uptake (3 out of 42 comments)
- Mobile services and outreach (3 out of 42 comments).
- Volume of resources provided (2 out of 42 comments)
- Connecting to new clients (1 out of 42 comments)
- Using emotional / story-based messaging (1 out of 42 comments)

"Through individual contact we achieved 85% vaccination rate in over 60 years of age" (Dandenong and District Aboriginal Co-Operative)

"Positive community forums and using community members (Elders, families, young people to promote clinics / increasing mainstream media profile has connected VAHS to new clients." (Victorian Aboriginal Health Service)

"Many migrant and refugee women also valued the involvement and advice of doctors and health professionals in community engagement sessions" (Victorian Aboriginal Health Service)

"CALD Communities have gone from hesitancy to active questioning, information sought at a local level and roles of community leaders high." (Connect Health and Community)

> "87% said the webinar improved their understanding of vaccinations" (Carers Victoria)

"The resources that have been developed have been invaluable for getting information out there very quickly, we haven't had to re-invent the wheel" (Ranges Community Health)

Key Learnings

Partnerships

- Collaboration and coordination with partners to ensure consistent messaging, share resources and insights
- Partnerships and endorsement from local leaders and prominent community members
- Bicultural networks

Listening to Community

- Benefits of gaining local community thoughts, feedback and insights to assist in planning and targeted communications depending on access needs
- Face-to-face sessions and forums provided a safe-space for concerns to be raised
- Mobile (inc. outreach) and after-hours services

Communication

- Clear, consistent and positive messaging
- Customised and targeted information across different stakeholder groups
- Communication collateral (including translated information) not just in written and online formats
- Linking out to information that is likely to constantly change (i.e., eligibility)
- Providing information about the process of vaccination (i.e., what to expect / what to wear)
- Balancing information acknowledging COVID fatigue and other community needs (e.g., access to mental health resources)
- Utilising multiple platforms identifying that people seek out and engage with information differently