

The effectiveness of
strategies to address
vaccine hesitancy in
Aboriginal and Torres Strait
Islander peoples

An Evidence Snapshot brokered by the Sax Institute for the NSW Ministry of Health
February 2022.

This updated report was prepared by: Adeline Tinessia, Catherine King, Madeleine Randell and Julie Leask.
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Enquiries regarding this report may be directed to the:

Manager
Knowledge Exchange Program
Sax Institute
www.saxinstitute.org.au
knowledge.exchange@saxinstitute.org.au
Phone: +61 2 9188 9500

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Introduction

An evidence snapshot was commissioned by the NSW Ministry of Health to inform strategies that address a gap in vaccination coverage among Aboriginal and Torres Strait Islander peoples. This review was undertaken by vaccine uptake researchers at the University of Sydney and brokered by the Sax Institute.

The review was commissioned against a background of lower vaccine uptake in Aboriginal and Torres Strait Islander peoples that persisted nearly a year into the COVID-19 vaccine rollout. As of 4 February 2022, NSW recorded 84% second dose COVID-19 vaccination coverage among Aboriginal and Torres Strait Islander peoples compared with 94% in the overall population, representing a ten-percentage point gap in coverage.

As background to the review, insights from community sources suggested that vaccine hesitancy, rather than service access, may be a major driver of this lower coverage, influenced by historical issues that speak to the relationship between government and Aboriginal and Torres Strait Islander peoples, as well as misinformation people are exposed to on social media.

This review therefore examined strategies to address vaccine hesitancy among Indigenous people, focusing on COVID-19 vaccination and the program roll-out. It did not consider other aspects of the pandemic such as isolation and mask-wearing, nor did it consider non-COVID vaccination program rollouts in Aboriginal and Torres Strait Islander communities

While a rigorous search was conducted, it is possible that searches may have missed some peer reviewed or grey literature. The review was limited in scope, allowing up to 20 peer reviewed and 20 websites or grey literature reports, focusing on literature published in the last 2 years, identified using limited databases and search terms. The review was completed within a rapid time-frame of 6 weeks.

Review question

What strategies have been developed to address vaccine hesitancy in Aboriginal and Torres Strait Islander peoples in the context of COVID-19?

Methods

We searched Ovid MEDLINE All (1946 - 07 Jan 2022), OVID Embase (1974 - 05 January 2022), Ovid PsycINFO (1806 - December Week 4 2021) and Informit Indigenous collection as well as an extensive grey literature search including on Google Scholar and HealthInfoNet. We reviewed the title and abstracts of 55 peer reviewed papers. The database searches were undertaken on 06 January 2022 – 10 January 2022, and grey literature was searched by 4pm on 5th January 2022. Further details of the methods are available in Appendix 2.

Summary of findings

We identified 18 peer reviewed articles: 10 were commentaries (1-10) and 8 were empirical studies using cohort, cross-sectional, or qualitative methods (11-18). A further 8 grey literature documents were identified (19-26) and 37 promotional materials. As the roll-out of COVID-19 vaccination is a relatively recent phenomenon, not all articles reviewed have an evaluative component.

We found strong evidence to support community-centred approaches to address COVID-19 vaccine hesitancy in Aboriginal and Torres Strait Islander peoples. Trust in local health providers and cultural values of collective care were found to be important drivers for vaccination (20, 21). Gardner et al, noted that these drivers should be acknowledged in creating policies for further roll-out of vaccination and communication campaigns. Key roles of Aboriginal and Torres Strait Islander health workers focused on: liaising between the community and other local health providers; fostering trust between community leaders and local health workers; liaising with the vaccination team; communicating information on vaccination; ensuring culturally sensitive approaches (3, 4, 8, 10-13, 18, 26).

The experience of Indian and Alaskan First Nations communities in the United States (US) suggest that a decentralised approach in vaccination roll-out yields success in vaccination uptake (9, 11, 14, 15). While Indian and Alaskan First Nations communities were noted to be least likely to be vaccinated prior to the roll-out of the vaccination, the reported vaccination rates in these populations were the highest of all other minority racial or ethnic populations, despite logistical challenges and initial distrust of vaccination (15). The mobilisation of First Nations communities that controls the roll-out of the vaccination with the infusion of cultural values in vaccination campaigns was said to explain this success.

Trust in the scientific and medical community strongly associated with receiving COVID-19 vaccine in populations including Indian and Alaskan First Nations and Aboriginal and Torres Straits Islander peoples (11). Lack of trust in government on the other hand is a barrier to vaccination uptake. Fostering trust through active-listening and engaging local health workers. The experience from the US suggests there was a willingness to trust scientific information if presented by community members can be built if the messenger comes from within the community itself, confirming the need to engage with local, Indigenous health and medical practitioners and racially concordant care (10).

Ensuring the availability of the vaccine as well as an adequate workforce to administer the vaccine continues to be important. Studies/commentaries concluded that vaccination is best conducted in locations that minimise logistical issues for the communities to reduce further barriers. We report full results in Appendix 4.

Key findings

The following themes for success in addressing COVID-19 vaccine hesitancy were common across the peer reviewed literature, grey literature, and agency reports.

- **Know why people aren't vaccinated to tailor strategies:** The literature showed a key strategy was empowering community-engagement through active listening to determine the root cause and specific reasons for hesitancy.
- **Rollouts 'with us not for us'** Community control was a common theme of success. Policy recommendations were noted when they incorporated the Indigenous public sector, moreover when Aboriginal communities were consulted on policy development (26). ACCHOs were important for providing locally led and culturally safe healthcare delivery. Commentaries from Australia emphasised that vaccination campaigns should be designed by, and in collaboration with, Aboriginal and Torres Strait Islander peoples (4). Surveys concluded that communication campaigns needed to highlight the direct and indirect benefits of vaccination to the individual and community (21). Successful communication campaigns used non-expert language, Aboriginal languages, and culturally sensitive approaches with multiple modes of communication, including door knocking, social media, posters, and videos (24).
- **Keep it local:** Community-based approaches recognise knowledge of local language and understanding of health, history, culture and kinship. In the United States, decentralised approaches and community control of vaccination roll-outs and campaigns have resulted in higher-than-expected vaccination rates among American Indian and Alaskan Native communities (Box 1). In these communities, a decentralised tribal control of the vaccination roll-out resulting in greater community engagement and where cultural values were infused in campaigns. The grey literature and agency reports identified the importance of vaccination campaigns designed by and for Aboriginal and Torres Strait Islander peoples (23). These campaigns were communicated by local Aboriginal health workers and local vaccination champions. Health promotions were tailored to local communities to be culturally specific and emphasise that the vaccine is culturally acceptable. Local members of medical communities working along with community leaders were useful in vaccination campaigns as vaccination champions.
- **Make services convenient and culturally respectful:** Case studies showed that hesitancy may have a greater impact on uptake when there are many practical barriers to overcome (9). Logistical issues were managed through ensuring reliable supply of vaccines, an adequately trained workforce to carry out vaccination in the community, and having a service that is accessible and not prohibitive to get to (1, 20, 23). Vaccine delivery needs be managed in a culturally safe way.
- **Support the Aboriginal workforce:** the literature emphasised the importance of having Aboriginal health workers and practitioners lead the campaigns and consultations, even if the administration of vaccines was not undertaken by these workers (15, 22, 23).

Box 1. US Native American communities led the way in achieving high coverage (9).

Native American communities had suffered three times the risk of severe disease from COVID-19 as White Americans. At the start of the US national vaccine rollout, a national survey of American Indians and Alaskan Natives found a large amount of hesitancy in the community, often attributed to concerns about the rapid vaccine development and predominance of white government officials getting publicly vaccinated. The survey also examined vaccine intentions and found three quarters of respondents planned to base their vaccination decision on the needs of the community rather than the individual.

Two strategies were credited as increasing vaccination coverage to 89% by September in US Native American communities: (1) community control over supply, distribution and prioritisation and (2) community values of respect for elders and “community first”. For supply, the Biden administration agreed to a direct vaccine supply pipeline leaving communities to control distribution and not wait for state-based allotments and distribution strategies and to be able to define eligibility, for example for age 50 and over for older people. The Blackfeet community in Montana achieved 95% coverage, attributed to leaders having autonomy over prioritisation and distribution, incorporating cultural values and trusted community advocates in the rollout.

Table 1—Summary overview of included papers from the peer reviewed literature

Author, year	Study design	Region	Strategies											
			Improving Vaccination Rates	Community-centred approach	Broad communication campaign	Using social media	Engaging local members of medical community	Reimbursement for counselling anti-vax	Decentralised vaccination approach	Local knowledge in vaccine campaigns	Reliable vaccine source	Financial Incentive	Culturally safe approach	
Choiseul JC. 2021	Commentary	Australia	X	x								x		
Danchin M and Buttery J 2021	Commentary	Australia	X	x	x				x					
Komesaroff PA et al. 2021	Commentary	NSW, Australia	X					x			x	x	x	
Naren T et al, 2021	Commentary	Vic, Australia	X	x				x		x				X
Bagasra AB, et al, 2021	Online Survey	USA	X	x		x	x							

Author, year	Study design	Region	Strategies											
			Improving Vaccination Rates	Community-centred approach	Broad communication campaign	Using social media	Engaging local members of medical community	Reimbursement for counselling anti-vax	Decentralised vaccination approach	Local knowledge in vaccine campaigns	Reliable vaccine source	Financial Incentive	Culturally safe approach	
Carson SL, et al, 2021	Qualitative	LA, USA	X		x		x				x			
Gerretsen P, et al. 2021	Online Survey	New York, California, Florida, Texas and English-Speaking Canada	x	x										
Haderlein T, et al. 2021	Cohort, Administrative data	USA	X	x		x	x				x			
Napoles MA, et al. 2021	Cross-sectional online survey	USA	x	x						x	x			
Prickett KC, et al. 2021	Online survey	New-Zealand	x	x						x				x

Author, year	Study design	Region	Strategies										
			Improving Vaccination Rates	Community-centred approach	Broad communication campaign	Using social media	Engaging local members of medical community	Reimbursement for counselling anti-vax	Decentralised vaccination approach	Local knowledge in vaccine campaigns	Reliable vaccine source	Financial Incentive	Culturally safe approach
Whitehead J, et al. 2021	Map Distribution, Descriptive Statistics	New Zealand	x	x					x	x			
Clark TC, et al. 2021	Policy Analysis, Case Studies	New-Zealand, Australia, Canada, US	x	x			x		x	x			
Haring RC, et al. 2021	Commentary	USA	x	x									
MacDonald NE, et al. 2021	Commentary	Canada	x				x						
Peteet B, et al. 2021	Commentary	USA	x	x	x								
Prescott GM and Prescott WA. 2021	Commentary	USA	x	x			x						

Author, year	Study design	Region	Strategies										
			Improving Vaccination Rates	Community-centred approach	Broad communication campaign	Using social media	Engaging local members of medical community	Reimbursement for counselling anti-vax	Decentralised vaccination approach	Local knowledge in vaccine campaigns	Reliable vaccine source	Financial Incentive	Culturally safe approach
Silberner J. 2021	Commentary	USA	x	x						x	x		
Vines S. 2021	Commentary	USA	x	x		x	x						

Appendices

Appendix 1—Search strategy

Key concepts

The database searches used key concepts related to COVID-19/SARS-COV-2, Immunisation/ Vaccination, Attitude/ Strategies and Interventions and First Nations peoples.

The full Ovid MEDLINE strategy is listed below:

Ovid MEDLINE

Search:

Database: MEDLINE(R) All including Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R) <1946-current>

Search Strategy:

-
- 1 exp COVID-19/
 - 2 exp SARS-CoV-2/
 - 3 ('2019 nCoV\$' or 2019-nCoV\$ or 2019nCoV\$ or 'n CoV\$' or n-CoV\$ or nCoV\$).tw.
 - 4 ('covid 19' or covid-19 or covid19).tw.
 - 5 ("Severe Acute Respiratory Syndrome Coronavirus 2" or "Severe Acute Respiratory Syndrome Coronavirus-2" or "SARS coronavirus 2" or "SARS coronavirus-2").tw.
 - 6 ('SARS CoV2' or SARS-CoV2 or SARSCoV2 or SARS-CoV-2).tw.
 - 7 1 or 2 or 3 or 4 or 5 or 6
 - 8 exp Immunization/
 - 9 exp Immunization Programs/
 - 10 exp Vaccines/
 - 11 (immunis\$ or immuniz\$ or vaccin\$).tw.
 - 12 8 or 9 or 10 or 11
 - 13 7 and 12
 - 14 exp COVID-19 Vaccines/
 - 15 13 or 14
 - 16 exp "Patient Acceptance of Health Care"/
 - 17 exp Health Knowledge, Attitudes, Practice/
 - 18 (attitude\$ or knowledge\$ or belie\$ or view\$ or opinion\$ or thought\$ or think\$ or perceive\$ or percepti\$ or perspective\$ or understand\$ or prefer\$ or practice\$ or behav\$ or trust\$).tw.
 - 19 exp Vaccination Refusal/
 - 20 (hesitan\$ or confiden\$ or accept\$).tw.

-
- 21 (strateg\$ or plan\$ or initiative\$ or interven\$ or effort\$ or approach\$ or polic\$ or program\$ or project\$ or proposal\$ or system\$ or method\$ or scheme\$ or arrang\$ or incentiv\$ or implement\$).tw.
- 22 exp Health Promotion/
- 23 exp Health Education/
- 24 exp Patient Education as Topic/
- 25 exp Education, Medical, Continuing/
- 26 (cme\$ or cpd\$).tw.
- 27 (promot\$ or educat\$ or inform\$ or teach\$ or taught).tw.
- 28 exp Communication/
- 29 communicat\$.tw.
- 30 (messag\$ or fram\$ or framing or dialogue\$).tw.
- 31 exp communications media/
- 32 exp video-audio media/
- 33 exp Webcasts as Topic/
- 34 (written or write or writing or text\$ or audio\$ or video\$ or image or images or visual or visuals or visually or animat\$ or cartoon\$ or graphic\$ or tweet\$ or post or posts or posting).tw.
- 35 (radio or radios or televis\$ or tv or media or webpage\$ or print\$ or email\$).tw.
- 36 (text adj1 messag\$).tw.
- 37 (social adj1 media\$).tw.
- 38 (podcast\$ or webcast\$ or webinar\$ or broadcast\$ or advertis\$ or pamphlet\$ or brochure\$ or news or article\$).tw.
- 39 inform\$.tw.
- 40 yarn\$.tw.
- 41 setting\$.tw.
- 42 (safe\$ adj4 place\$).tw.
- 43 (clinic or clinics).tw.
- 44 exp Leadership/
- 45 (leader\$ or champion\$ or advocate\$).tw.
- 46 exp Peer Influence/
- 47 peer\$.tw.
- 48 exp Health Services, Indigenous/
- 49 exp Financing, Government/
- 50 exp Healthcare Financing/
- 51 (financial\$ or fund\$ or pay\$ or paid).tw.
- 52 cash\$.tw.
- 53 free\$.tw.
- 54 reimburse\$.tw.
- 55 allowance\$.tw.
- 56 bonus\$.tw.
- 57 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56
- 58 15 and 57
- 59 exp Australia/
- 60 australia\$.tw.

-
- 61 (new south wales or nsw).tw.
 - 62 victoria\$.tw.
 - 63 tasmania\$.tw.
 - 64 south australia\$.tw.
 - 65 western australia\$.tw.
 - 66 northern territor\$.tw.
 - 67 queensland\$.tw.
 - 68 australian capital territor\$.tw.
 - 69 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68
 - 70 58 and 69
 - 71 exp Oceanic Ancestry Group/
 - 72 (aborigin\$ or torres strait or indigenous or koori\$).tw.
 - 73 71 or 72
 - 74 70 and 73
 - 75 maori\$.tw.
 - 76 exp Indians, North American/
 - 77 exp Indigenous Canadians/
 - 78 (eskimo\$ or inuit\$ or metis or aleut\$ or american indian\$ or native american\$ or tribal\$).tw.
 - 79 (first adj1 (nation or nations)).tw.
 - 80 75 or 76 or 77 or 78 or 79
 - 81 58 and 80
 - 82 74 or 81
 - 83 limit 82 to yr="2020 -Current"

Timeframe

This review included peer-reviewed and grey literature searched between 06 January 2022 and 10 January 2022

Exclusion criteria

We **excluded** studies that did not examine COVID-19 and its vaccinations, Aboriginal and Torres Strait Islander or Indigenous populations or First Nations populations or were published before 2020. We excluded correspondence, news, letters and editorials.

Sources

1. OVID Medline

Keywords: COVID-19, SARS-CoV-2, '2019 nCoV\$', 2019-nCoV\$, 2019nCoV\$, 'n CoV\$', n-CoV\$, nCoV\$, 'covid 19', covid-19, covid19, "Severe Acute Respiratory Syndrome Coronavirus 2", "Severe Acute Respiratory Syndrome Coronavirus-2", "SARS coronavirus 2", "SARS coronavirus-2", 'SARS CoV2', SARS-CoV2, SARSCoV2, SARS-CoV-2, Immunization, Immunization Programs, Vaccines, immunis\$, immuniz\$, vaccin\$, COVID-19 Vaccines, "Patient Acceptance of Health Care", Health Knowledge, Attitudes, Practice, attitude\$, knowledge\$, belie\$, view\$, opinion\$, thought\$, think\$, perceive\$, percepti\$, perspective\$, understand\$, prefer\$, practice\$, behav\$, trust\$, Vaccination Refusal, hesitan\$, confiden\$, accept\$, strateg\$, plan\$, initiative\$, interven\$, effort\$, approach\$, polic\$, program\$, project\$, proposal\$, system\$, method\$, scheme\$, arrang\$, incentiv\$, implement\$, Health Promotion, Health Education, Patient Education as Topic, Education, Medical, Continuing,

cme\$, cpd\$, promot\$, educat\$, inform\$, teach\$, taught, Communication, communicat\$, messag\$, frame\$, framing, dialogue\$, communications media, video-audio media, Webcasts as Topic, written, write, writing, text\$, audio\$, video\$, or image, or images, or visual, or visuals, or visually, or animat\$, or cartoon\$, or graphic\$, or tweet\$, post, posts, posting, radio, radios, televis\$, tv, media, webpage\$, print\$, email\$, (text adj1 messag\$),(social adj1 media\$), podcast, webcast\$, webinar\$, broadcast\$, advertis\$, pamphlet\$, brochure\$, news, article\$, inform\$, yarn\$, setting\$,(safe\$ adj4 place\$), clinic, clinics, Leadership, leader\$, champion\$, advocate\$, Peer Influence, peer\$, Health Services, Indigenous, Financing, Government, Healthcare Financing, financial\$, fund\$, pay\$, paid, cash\$, free\$, reimburse\$, allowance\$, bonus\$, Australia, australia\$, new south wales, nsw, victoria\$, tasmania\$, south australia\$, western australia\$, northern territor\$, queensland\$, australian capital territor\$, Oceanic Ancestry Group, aborigin\$, torres strait, indigenous, koori\$, maori\$, Indians, North American, Indigenous Canadians, eskimo\$, inuit\$, aleut\$, american indian\$, native american\$ and (first adj1 (nation or nations))

Limited to articles published from 01 Jan 2020 to 07 Jan 2022 (currency date of database)

2. Ovid EMBASE

Keywords: coronavirus disease 2019, Severe acute respiratory syndrome coronavirus 2, '2019 nCoV\$', '2019-nCoV\$', '2019nCoV\$', 'n CoV\$', 'n-CoV\$', 'nCoV\$', 'covid 19', covid-19, covid19, "Severe Acute Respiratory Syndrome Coronavirus 2", "Severe Acute Respiratory Syndrome Coronavirus-2", "SARS coronavirus 2", "SARS coronavirus-2", 'SARS CoV2', SARS-CoV2, SARSCoV2, SARS-CoV-2, immunization, vaccine, immunis\$, immuniz\$, vaccin\$, SARS-CoV-2 vaccine, attitude to health, attitude\$, knowledge\$, belie\$, view\$, opinion\$, thought\$, think\$, perceive\$, percepti\$, perspective\$, understand\$, prefer\$, practice\$, behav\$, trust\$, vaccination refusal, hesitan\$, confiden\$, accept\$, strateg\$, plan\$, initiative\$, interven\$, effort\$, approach\$, polic\$, program\$, project\$, proposal\$, system\$, method\$, scheme\$, arrang\$, incentiv\$, implement\$, health education, cme\$, cpd\$, promot\$, educat\$, inform\$, teach\$, taught, interpersonal communication, communicat\$, messag\$, frame\$, framing, mass medium, videorecording, webcast, written, write, writing, text\$, audio\$, video\$, or image, or images, or visual, or visuals, or visually, or animat\$, or cartoon\$, or graphic\$, or tweet\$, post, posts, posting, radio, radios, televis\$, tv, media, webpage\$, print\$, email\$, (text adj1 messag\$),(social adj1 media\$), podcast, webcast\$, webinar\$, broadcast\$, advertis\$, pamphlet\$, brochure\$, news, article\$, inform\$, yarn\$, setting\$,(safe\$ adj4 place\$), clinic, clinics, leadership, leader\$, champion\$, advocate\$, peer pressure, peer\$, indigenous health care, public finance, financial\$, fund\$, pay\$, paid, cash\$, free\$, reimburse\$, allowance\$, bonus\$, Australia, australia\$, new south wales, nsw, victoria\$, tasmania\$, south australia\$, western australia\$, northern territor\$, queensland\$, australian capital territor\$, Australian Aborigine, aborigin\$, torres strait, indigenous, koori\$, "Maori (people)", maori\$, American Indian, Eskimo, eskimo\$, inuit\$, aleut\$, american indian\$, native american\$ and (first adj1 (nation or nations))

Limited to articles published from 01 Jan 2020 to 05 Jan 2022 (currency date of database)

3. Ovid PsycINFO

COVID-19, '2019 nCoV\$', '2019-nCoV\$', '2019nCoV\$', 'n CoV\$', 'n-CoV\$', 'nCoV\$', 'covid 19', covid-19, covid19, "Severe Acute Respiratory Syndrome Coronavirus 2", "Severe Acute Respiratory Syndrome Coronavirus-2", "SARS coronavirus 2", "SARS coronavirus-2", 'SARS CoV2', SARS-CoV2, SARSCoV2, SARS-CoV-2, Immunization, immunis\$, immuniz\$, vaccin\$, Health Attitudes, attitude\$,

knowledge\$, belie\$, view\$, opinion\$, thought\$, think\$, perceive\$, percepti\$, perspective\$, understand\$, prefer\$, practice\$, behav\$, trust\$, vaccination refusal, hesitan\$, confiden\$, accept\$, strateg\$, plan\$, initiative\$, interven\$, effort\$, approach\$, polic\$, program\$, project\$, proposal\$, system\$, method\$, scheme\$, arrang\$, incentiv\$, implement\$, health promotion, Health Education, Client Education, Continuing Education, cme\$, cpd\$, promot\$, educat\$, inform\$, teach\$, taught, Communication, communicat\$, messag\$, frame\$, framing, Communications Media, mass media, written, write, writing, text\$, audio\$, video\$, or image, or images, or visual, or visuals, or visually, or animat\$, or cartoon\$, or graphic\$, or tweet\$, post, posts, posting, radio, radios, televis\$, tv, media, webpage\$, print\$, email\$, (text adj1 messag\$),(social adj1 media\$), podcast, webcast\$, webinar\$, broadcast\$, advertis\$, pamphlet\$, brochure\$, news, article\$, inform\$, yarn\$, setting\$, (safe\$ adj1 place\$), clinic, clinics, Leadership, leader\$, champion\$, advocate\$, Peer Relations, peer\$, Funding, financial\$, fund\$, pay\$, paid, cash\$, free\$, reimburse\$, allowance\$, bonus\$, australia\$, new south wales, nsw, victoria\$, tasmania\$, south australia\$, western australia\$, northern territor\$, queensland\$, australian capital territor\$, aborigin\$, torres strait, indigenous, koori\$, exp Indigenous Populations, maori\$, eskimo\$, inuit\$, aleut\$, american indian\$, native american\$ and (first adj1 (nation or nations))

Limited to articles published from 01 Jan 2020 to December Week 4, 2021 (currency date of database).

5. Informit Indigenous Collection (including Indigenous Collection, Health Collection, Families & Society Collection, Australian Public Affairs (APAFT), AGIS Plus, Humanities & Social Sciences Collection, New Zealand Collection, Asia Collection, TVNews and EduTV)

Keywords: 'covid 19', 'covid-19', covid19, '2019 ncov', '2019-ncov', '2019ncov', 'n cov', 'n-cov', 'ncov', 'sars cov 2', 'sars-cov2', sarscov2, 'sars-cov-2', immunis*, immuniz*, vaccin*, aborigin*, 'torres strait', indigenous, koori* and 'first nation*'

Limited to articles published from 01 Jan 2020 to 06 Jan 2022 (currency date of database)

6. Google Scholar

Keywords: COVID-19, immunisation, vaccine, Aboriginal, Indigenous, Australian and "first nations"

7. HealthInfoNet COVID-19 Resources.

Keywords: COVID-19, vaccine

Appendix 2—Search results

A	B	C	D	E	F	G
Database	Results	Remove duplicates	Excluded after title & abstract screening	Full text review	Excluded after full text review	FINAL INCLUDED
	n=	n=	n=	n=	n=	n=
1 Embase	68	68	45	23	12	11
2 Medline	50	18	9	9	7	2
3 PsycINFO	1	1	0	0	0	0
4 Google Scholar	52	50	27	23	18	5
TOTAL	485	137	81	55	37	18

Appendix 3—Data extraction tables

Table 3.1—Peer reviewed literature

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
Australian Studies						
Choiseul, JC, Emmerson, PJ, Eslanloo Pereira, T, Hosseinalipour, SM, Hasselgård-Rowe, J. What can be learned from the early stages of the COVID-19 vaccination rollout in Australia: A case study. 2021	Commentary	Australia	This paper analyses COVID-19 vaccination progress in Australia from sources published until May 2021.	x	Aboriginal and Torres Strait Islander peoples were prioritised due to higher-risk of suffering from underlying health conditions and having less access to healthcare. Aboriginal and Torres Strait Islander Advisory Group on COVID-19 has been convened to provide advice on preparedness, response and recovery planning for Indigenous populations and to prevent adoption of one-size-fits-all policies, which the paper considers a success.	
Danchin M, Buttery J. COVID-19	Commentary	Australia	This article analyses policies surrounding vaccination roll-	x	Strategies should include community engagement,	

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
vaccine hesitancy: a unique set of challenges. 2021			out. For high-risk vulnerable groups, including Aboriginal and Torres Strait Islander peoples, targeted and in-reach strategies are needed to improve vaccine roll-out.		empowering and working with community, faith and Indigenous leaders. Strong provider support with tailored-risk-benefit resources and Medicare reimbursement for counselling vaccine-hesitant individuals is needed. Broad and targeted communication campaigns highlighting direct and indirect benefits of vaccination.	
Komesaroff PA, Ah Chee D, Boffa J, Kerridge I, Tilton E. COVID-19 restrictions should only be lifted when it is safe to do so for Aboriginal communities. 2021	Commentary	NSW, Aus	NSW governments then proposed lifting of COVID-19 restriction at 70% fully vaccinated adult population would have devastating impact on Aboriginal populations due to low vaccination rates among Aboriginal communities.	X	Interventions include a guarantee of sufficient and reliable source of vaccines to Aboriginal and Torres Strait Islander communities and provision of adequate capacity and workforce to carry out vaccination programmes. Indigenous health workers are important to address vaccine hesitancy and address historical distrust of health system, confusion and fear through respectful dialogues with community members, along with effective health education and	

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
					financial incentives in the form of food vouchers or other benefits.	
Naren T, Burzacott J, West C, Widdicombe D. Role of Aboriginal health practitioners in administering and increasing COVID-19 vaccination rates in a Victorian Aboriginal Community Controlled Health Organisation. 2021	Commentary	Vic, Aus	Bendigo & District Aboriginal Co-operative (BDAC) made the decision for COVID-19 vaccination to be led, managed and administered by Aboriginal health practitioners to ensure community confidence and increase the vaccination rate among local Aboriginal and Torres Strait Islander community.	x	BDAC had a higher rate of vaccination when compared to other in Victorian districts and other states. Indigenous populations often feel more comfortable within an ACCHO and engage with the organisations more frequently for their healthcare and other supports and interventions. This is due to feeling culturally safer and more confident in quality of care.	

International Studies

Bagasra AB, Doan S, Allen CT. Racial differences in institutional trust and	Cross-sectional, Online Survey	USA	Study examines racial differences in institutional trust and vaccine status among a nationally representative	x	American Indian/Alaskan Natives reporting lower trust, resulting in highest vaccination refusal rates. Strategies should include	The study did not examine specific factors that
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Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
COVID-19 vaccine hesitancy and refusal. 2021			sample of adults in the United States		community engagement and use of social media. Approaches should engage local members of medical communities.	impacted vaccine hesitancy.
Carson SL, Casillas A, Castellon-Lopez Y, Mansfield N, Morris D, Barron J, et al. COVID-19 vaccine decision-making factors in racial and ethnic minority communities in Los Angeles, California. 2021	Qualitative	USA	The study evaluates what factors do members of multi-ethnic communities at high risk for COVID-19 infection and morbidity in Los Angeles County, California, cite as influencing vaccine decision-making and acceptability.	X	Themes include unreliable information, historical mistrust of medical professionals, concern for inequitable access, accessibility barriers, fear of political or pharmaceutical industry influences, inadequate exposure to trusted messengers or information, desire for autonomy, burden of vaccine schedule on caregivers/families. To address, participants suggested dissemination of information from trusted messengers, culturally centred care and practitioner recommendations, comprehensive messaging of crucial information.	The study did not compare or quantify specific differences across racial and ethnic groups or by age. The study's findings may not be generalisable to other high-risk groups or geographic areas. Virtual participation requirements may have led to a selection bias against those with limited telephone or internet access.

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
Gerretsen P, Kim J, Quilty L, Wells S, Brown EE, Agic B, Pollock BG, Graff-Guerrero A, Vaccine hesitancy is a barrier to achieving equitable herd immunity among racial minorities. 2021	Cross-sectional, Online survey	New York, California, Florida, Texas and English-Speaking Canada	This study aimed to determine if COVID-19 vaccine hesitancy, and its factors vaccine complacency and confidence, are more prominent among disproportionately affected racial minority groups	x	Vaccine hesitancy higher among Indigenous peoples when compared to white people even when sociodemographic factors considered. Interventions should use a culturally sensitive, community-centred approach to attain equitable herd immunity.	Only English-speaking participants who are familiar with computers could participate, and sample size for Indigenous participants were small.
Haderlein TP, Wong S, Jones KT, Moy EM, Yuan AH, Washington DL. Racial/ethnic variation in Veterans Health Administration COVID-19 vaccine uptake. 2021	Cohort, administrative data	USA	This study evaluates race/ethnicity as a predictor of Veterans Health Administration COVID-19 vaccination	X	The survey indicates that American Indians/ Alaska Natives were less likely to access Veterans Health Administration COVID-19 vaccination in comparison to white people. However, this is only true for those residing in Contract Health Service Delivery Area counties, as they access vaccination using community-based clinics and prefer receiving COVID-19 vaccination guidance from community members with a	The effects of potential racial/ethnic differences in use of non-VA/alternative vaccination sites cannot be determined because COVID-19 vaccine uptake was measured from VA encounter data.

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
					shared cultural knowledge. Strategies include listening sessions with diverse Veterans and staff, targeted electronic communications, and outreach activities to foster trust before and during the COVID-19 vaccine rollout. There are also lower logistical barriers for VA that may mitigate racial/ethnic disparities.	
Maria Napoles A, Stewart AL, Strassle PD, Quintero S, Bonilla J, Alhomsy A, et al. Racial/ethnic disparities in intent to obtain a COVID-19 vaccine: A nationally representative United States Survey. 2021	Cross-sectional online survey	USA	The study assessed intent to be vaccinated and concerns among 7 U.S. racial/ethnic groups.	X	American Indian/Alaskan Native respondents were second least likely to be vaccinated but have the highest reported vaccination rates. The most important concerns were side-effects, safety, and effectiveness. Challenges are remoteness, initial scepticism, distrust and limited resources. Interventions include mobilisation of tribal communities, decentralised tribal control and infusion of cultural values in vaccination campaigns.	Use of online survey can under-represent the most vulnerable group, survey was not administered in Asian/Pacific Island languages, political beliefs were not recorded, intent was surveyed which may not correlate with future vaccination

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
						behaviour. Detailed information related to access was not assessed.
Prickett KC, Habibi H, Carr PA. COVID-19 vaccine hesitancy and acceptance in a cohort of diverse New-Zealanders. 2021	Cross-sectional, online survey	New-Zealand	Respondents who identified as Maori reported lower rates of vaccine acceptance and higher rates of being unlikely to take the vaccine.	x	The result of the survey indicates that ethnicity was not statistically associated with vaccine hesitancy, when other sociodemographic variables were considered. Public health efforts aimed at increasing vaccine acceptance among Māori and Pacific peoples should instead focus on inequities in health care access to increase uptake. This requires Māori governance and leadership, culturally-responsive health care delivery, resourcing of trusted community providers, and supports for access.	Participants must have access to an electronic device and the internet and are likely slightly more advantaged. It also would not include those living in institutionalised settings, such as prisons or supported living situations. The findings are correlational not causal.

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
Whitehead J, Scott N, Carr PA, Lawrenson R. Will access to COVID-19 vaccine in Aotearoa be equitable for priority populations? 2021	Map distribution, descriptive statistics	New-Zealand	A key challenge is achieving the equitable and universal delivery of a vaccine in NZ because persistent and increasing health inequities particularly in Maori communities.	X	Clusters of high Maori population are in rural areas, with significant travel times to vaccine delivery sites. Government must work in partnership with Māori people and engage effectively. Outreach services need to go beyond health facilities. Using local knowledge and experiences will help to overcome barriers, such as institutional racism.	Since information on the exact locations of potential vaccination sites has not been made publicly available, this analysis is based on assumptions about where such sites could be located, i.e. pop-up clinics are not included.
Clark TC. Best. O, Bourque Bearskin L, Wilson D, Power T, Phillips-Beck,T, et al. COVID-19 among Indigenous communities, case studies on	Policy Analysis, Case Studies	New-Zealand, Australia, Canada, US	This paper presents case studies from Aotearoa New Zealand, Australia, Canada, and the United States of America and explores aspects of government policies, public health actions, and Indigenous nursing leadership	x	To address vaccine hesitancy, the paper noted that Nurses on the Fort Belknap Reservation (Northern Montana) devised a vaccination strategy starting with healthcare personnel, essential workers and Tribal elders that prioritised Native language speakers. It noted that	Case studies not representative of all actions that have been taken by Indigenous peoples in the four nations. Indigenous Peoples are diverse, with

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
Indigenous nursing responses in Australia, Canada, New-Zealand and the United States, 2021			for Indigenous communities during a pandemic.		the role of tribes or tribal organisations overseeing vaccine-roll out in respective communities in the US resulted in high COVID-19 vaccination rates compared to government control. Culturally safe strategies and adequate resourcing is needed for current and future pandemics.	different pandemic experiences and government responses that could not be fully explored within the confines of this paper.
Haring RC, Blanchard JW, Korchmaros JD, Lund JR, Haozous EA, Raphaelito J, et al. Empowering equitable data use partnerships and Indigenous data sovereignties amid pandemic genomics, 2021	Commentary	USA	Concerns arise that Indigenous nations traded short-term needs for COVID-19 testing, surveillance, and vaccination with long-term, unrestricted access by non-tribal entities to Indigenous peoples' genomes which may undermine Indigenous data sovereignties.	x	There is a need for Data Use Agreements (DUAs) to empower tribal members as decision-makers in agreements involving data from their communities. When creating DUAs Respect and Collaboration Early in Negotiations must be upheld, Specificity of Terms Is Key to Trust-Building, Good Data Stewardship Entails Safeguarding, and relationship building must be sustainable.	
MacDonald, NE, Comeau J, Dubé E,	Commentary	Canada	The Royal Society of Canada Working Group on COVID-19	x	Recommendations include using local vaccine champions, respectful	

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
Graham J, Greenwood M, Harmo S. et al. Enhancing COVID-19 vaccine Acceptance in Canada. 2021			Vaccine Acceptance developed a framework with four major factor domains that influence vaccine acceptance (people, communities, health care workers; immunisation knowledge; health care and public health systems including federal/provincial/territorial/indigenous factors)		approaches to deal with lived experiences affecting vaccine acceptance, having health care systems and public health programs support twice weekly evidence based briefing notes/updates, COVID-19 vaccine program optimise data collection so that they are user-friendly for care worker, those doing health planning and for the public, COVID-19 vaccine programs implement appropriate models that strengthen preventative care within the health system.	
Peteet B, Belliard JC, Abdul-Mutakabbir J, Casey S, Simmons K. Community-academic partnerships to reduce COVID-19 vaccine hesitancy in	Commentary	USA	COVID-19 disproportionately affect people of colour. Vaccine hesitancy is higher in minoritized communities.	X	Healthcare institutions need to collaborate with community stakeholders to increase access to vulnerable populations and rebuild trust prior to offering interventions. Community-academic partnerships between academic health centres and community organisations can	

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
minoritized communities. 2021					enhance public health educational efforts to reduce vaccine hesitancy.	
Prescott GM, Prescott WA. Health information technology and utilisation and impact on COVID-10 vaccination. 2021	Commentary	USA	American Indian or Alaska Natives had lower health literacy. How does this impact COVID-19 vaccination rates.	X	Interventions should include mobile vaccination service, engaging faith/community leaders, education surrounding COVID-19 and vaccination from local pharmacists, in-person scheduling and transportation.	
Silberner J. How Native Americans led the way in the US vaccination efforts. 2021	Commentary	USA	Data from US CDC indicates that as of Sep 2021, Native Americans have had the best COVID-19 vaccination rates when compared to other ethnic groups, despite the community's vulnerabilities.	x	Community leaders ascribe the US government's decision to allow Native American communities to control vaccine distribution; and traditional ethnic values including respect for elders, "community first" philosophies, and a willingness to trust science if the messenger comes from within the community itself.	

Author, title. Year	Study design	Setting	Short description	Measures of effect*	Results/Outcomes	Comments
Vines S. The trust gap between the coronavirus vaccine and communities of colour: what midwives can do to help. 2021	Commentary	USA	Historical medical mistrust has contributed to COVID-19 vaccine hesitancy resulting in greater disparity particularly within Black communities. Midwives have the potential to positively influence COVID-19 vaccination rates and build trust.	X	Needing to listen to persons of colour and acknowledge their reasons for vaccine hesitancy and medical mistrust. Employing relationship-centred care by probing perspectives concerning the vaccine, using shared decision making, listening with respect, and showing empathy and support, racially concordant care, and storytelling can help relieve vaccine hesitancy in communities of colour.	

*No evaluative data yet available.

Table 3.2— Peer reviewed commentary

Author, Year	Summary	Authors recommend interventions?
<p>Bagasra AB, Doan S, Allen CT. 2021</p>	<p>A cohort study examining racial differences in institutional trust and vaccine status among a nationally representative sample of adults in the United States.</p> <p>Trust in the scientific community was the strongest predictor for already receiving at least one dose of the COVID-19 vaccine with Indian/Alaskan Natives reporting lower trust when compared to other demographic group, resulting in highest vaccination refusal rates.</p>	<p>Yes, Strategies should include:</p> <ul style="list-style-type: none"> - Listening to communities to determine root cause of hesitancy. - Conducting community-based research to tease out more specific reasons of hesitancy. - Using social media that draws on scientists' and medical professionals' expertise in non-expert language. - Community based approaches involving engaging local members of medical communities with community leaders.
<p>Danchin M, Buttery J. 2021</p>	<p>This commentary analyses policies surrounding vaccination roll-out. For high-risk vulnerable groups, including Aboriginal and Torres Strait Islander peoples, targeted and in-reach strategies are needed to improve vaccine roll-out.</p>	<p>Yes, through:</p> <ul style="list-style-type: none"> - Community engagement, empowering and working with community, faith and Aboriginal leaders. - Strong provider support with tailored-risk-benefit resources and Medicare reimbursement for counselling vaccine-hesitant individuals. - Broad and targeted communication campaigns highlighting direct and indirect benefits of vaccination.
<p>Gerretsen P, Kim J, Quilty L, Wells S, Brown EE, Agic B, Pollock BG, Graff- Guerrero A. 2021</p>	<p>This study aimed to determine if COVID-19 vaccine hesitancy, and its factor vaccine complacency and confidence, are more prominent among disproportionately affected racial minority groups.</p>	<p>Yes. Public health and other relevant government services should address vaccine hesitancy among racial minorities using a culturally sensitive, community-centred approach to attain equitable herd immunity.</p>

Author, Year	Summary	Authors recommend interventions?
	<p>The result of the study indicated that vaccine hesitancy was higher among Indigenous (Native American and Indigenous People of Canada) when compared to White participants, even when sociodemographic factors were controlled.</p>	
<p>Maria Napoles A, Stewart AL, Strassle PD, Quintero S, Bonilla J, Alhomsy A, et al. 2021</p>	<p>This cross-sectional study assessed intent to be vaccinated and concerns among 7 U.S. racial/ethnic groups. American Indian/Alaska Native respondents were second least likely to be vaccinated behind Black/African Americans. The most important concerns were side-effects, safety, and effectiveness. That being said, reported vaccination rates for this group are the highest of all other racial/ethnic groups according to CDC COVID tracker, despite challenges with remoteness, initial scepticism, distrust and limited resources.</p>	<p>Yes. Authors suggest that the higher-than-expected vaccination rates can be explained by mobilisation of tribal communities, decentralised tribal control and infusion of cultural values in vaccination campaigns.</p>
<p>Komesaroff P.A, Ah Chee D, Boffa J, Kerridge I, Tilton E.</p>	<p>NSW Government's then proposed lifting of COVID-19 restriction at 70% fully vaccinated adult population would have devastating impact on Aboriginal populations due to low vaccination rates among Aboriginal communities.</p>	<p>Yes. To minimise the impact of COVID-19 on Aboriginal populations through vaccinations, the paper views that there is a need for</p> <ul style="list-style-type: none"> - Guarantee of sufficient and reliable source of vaccines to Aboriginal and Torres Strait Islander communities. - Provision of adequate capacity and workforce to carry out vaccination programmes that includes culturally knowledgeable Aboriginal and Torres Strait Islander workers to engage with communities. - Indigenous health workers should be engaged for

Author, Year	Summary	Authors recommend interventions?
		<p>respectful dialogues with community members,</p> <ul style="list-style-type: none"> - Effective health education in Aboriginal languages developed by local. Aboriginal community. - Financial incentives in the form of food vouchers or other benefits.
<p>Haderlein TP, Wong MS, Jones KT, Moy EM, Yuan AH, Washington DL. 2021</p>	<p>This cohort study evaluates race/ethnicity as a predictor of Veterans Health Administration COVID-19 vaccination. This study identified that Blacks, Hispanics and Asian veterans were more likely than Whites to access Veterans Health Administration COVID-19 vaccinations. American Indians/ Alaska Natives were less likely but only those residing in Contract Health Service Delivery Area counties who may access vaccination using community based clinics and preference of receiving COVID-19 vaccination guidance from community members with a shared cultural knowledge.</p>	<p>Yes. The authors highlighted successful strategies include:</p> <ul style="list-style-type: none"> - Listening sessions with diverse veterans and staff, - Targeted electronic communications, and outreach activities to foster trust before and during the COVID-19 vaccine rollout. - Lower logistical barriers for VA that may mitigate racial/ethnic disparities.
<p>Naren T, Burzacott J, West C, Widdicombe D. 2021</p>	<p>This commentary looks at Bendigo & District Aboriginal Co-operative (BDAC) decision for COVID-19 vaccination to be led, managed and administered by Aboriginal health practitioners to ensure community confidence and increase the vaccination rate among local Aboriginal and Torres Strait Islander community. BDAC has until the time of writing vaccinated first-dose of 70.2% of eligible Indigenous population, in comparison to 44.8% in Victoria, 26.8% in Queensland, and 20.6% in WA.</p>	<p>Yes. Indigenous population often feel more comfortable within an ACCHO and engage with the organisations more frequently for their healthcare and other supports and interventions, due to feeling more culturally safe and confident in quality of care. Aboriginal health practitioners play an instrumental role in this approach to health care and tackle the stigma.</p>

Author, Year	Summary	Authors recommend interventions?
<p>Carson SL, Casillas A, Castellon-Lopez Y, Mansfield LN, Morris D, Barron J, et al. 2021</p>	<p>This qualitative study evaluates what factors do members of multi-ethnic communities at high risk for COVID-19 infection and morbidity in Los Angeles County, California, cite as influencing vaccine decision-making and acceptability. Factors that influence decision to take COVID-19 vaccines include unclear/unreliable information resulting in misconception, Historical mistrust of medical professionals, Concern for inequitable access or differential treatment in vaccination, accessibility barriers, accommodation barriers, eligibility uncertainty, fear of political or pharmaceutical industry influences, inadequate exposure to trusted messengers or information, desire for autonomy, burden of vaccine schedule on caregivers/families.</p>	<p>Yes, participants suggested:</p> <ul style="list-style-type: none"> - Dissemination of information from trusted messengers and providing navigational support to address structural barriers. - Culturally centred care and practitioner recommendations. - Comprehensive messaging of crucial information, particularly about vaccine safety and efficacy. - Identify the societal conditions and harms that lead to these unique vaccination barriers.
<p>Silberner J. 2021</p>	<p>Data from US CDC indicates that as of Sep 2021, Native Americans have had the best COVID-19 vaccination rates when compared to other ethnic groups, despite the community's vulnerabilities and low trust in federal government action on health.</p>	<p>Yes. Community leaders ascribe this success to two things:</p> <ul style="list-style-type: none"> - The US government's decision to allow Native American communities to control vaccine distribution; - Traditional ethnic values including respect for elders, "community first" philosophies, and a willingness to trust science- if the messenger comes from within the community itself.
<p>Prescott GM, Prescott WA. 2021</p>	<p>American Indian or Alaska Natives had lower health literacy. Patients living below the federal poverty level also had lower health literacy. Patients who have lower health literacy tend to use less Health Information Technology (HIT). HIT are widely used for COVID-19 vaccinations. Notable urban and</p>	<p>Yes. Interventions should include:</p> <ul style="list-style-type: none"> - Mobile vaccination service, - Engaging faith/community leaders, - Education surrounding COVID-19 and vaccination from local pharmacists

Author, Year	Summary	Authors recommend interventions?
	<p>rural divide when it comes to receiving the COVID-19 vaccine, many rural communities are in pharmacy “deserts” and those who are not are having difficulty in being approved as vaccine providers or having enough supply, or with limited internet service</p>	<ul style="list-style-type: none"> - In-person scheduling and transportation.
<p>Vines S. 2021</p>	<p>Historical medical mistrust has contributed to COVID-19 vaccine hesitancy resulting in greater disparity particularly within Black communities. Midwives have the potential to positively influence COVID-19 vaccination rates and build trust.</p>	<p>Yes by:</p> <ul style="list-style-type: none"> - Building trust is by listening to persons of colour and acknowledge their reasons for vaccine hesitancy and medical mistrust. - Employing relationship-centred care by probing perspectives concerning the vaccine through open-ended questions. - Using shared decision making. - Using racially concordant care to improve interpersonal relationships. - Storytelling. - Midwives must respect the person's autonomy and decision making.
<p>Whitehead J, Scott N, Carr PA, Lawrenson R. 2021</p>	<p>A key challenge is achieving the equitable and universal delivery of a vaccine in NZ because persistent and increasing health inequities particularly in Maori communities. Clusters of high Maori population are in rural areas, with significant travel times to potential sites of vaccine delivery (i.e. stadiums). 1/4 of the population that lives 30+mins from GP clinics are Maori.</p>	<p>Yes.</p> <ul style="list-style-type: none"> - Government must work in partnership with Māori and engage effectively with other communities. - Outreach services need to go beyond the current distribution of health facilities, such as schools. - Using local knowledge and experiences will help to overcome barriers, such as institutional racism, that would

Author, Year	Summary	Authors recommend interventions?
		otherwise result in inequitable vaccine rollouts.
<p>Peteet B, Belliard JC, Abdul-Mutakabbir J, Casey S, Simmons K. 2021</p>	<p>COVID-19 disproportionately affects people of colour. Vaccine hesitancy is higher in minoritized communities.</p>	<p>Existing evidence suggests that pro-vaccine interventions need to: (1) be empathetic to the fears of participants, (2) make a personal connection, (3) deliver accurate information in a non-confrontational manner, and (4) avoid belabouring historical maltreatment and unsupported conspiracies. Healthcare institutions need to collaborate with community stakeholders to increase access to vulnerable populations and rebuild trust prior to offering interventions. Community-academic partnerships between academic health centres and community organisations can enhance public health educational efforts to reduce vaccine hesitancy.</p>
<p>Haring RC, Blanchard JW, Korchmaros JD, Lund JR, Haozous EA, Raphaelito J, Hudson M, Tsosie KS. 2021</p>	<p>Concerns arose that Indigenous nations traded short-term needs for COVID-19 testing, surveillance, and vaccination with long-term, unrestricted access by non-tribal entities to Indigenous peoples' genomes which may undermine Indigenous data sovereignties. The assertion of Indigenous governances to self-determine public health initiatives for their own people brought swift changes in COVID-19 incidence rates for some tribal nations.</p>	<p>There is a need for Data Use Agreements (DUAs) to empower tribal members as decision-makers in agreements involving data from their communities. DUAs need to address inequitable power dynamic that occurs in research-setting. When creating DUAs respect and collaboration early in negotiations must be upheld, specificity of terms is key to trust-building, good data stewardship entails safeguarding, and relationship building must be sustainable.</p>
<p>Prickett KC, Habibi H, Carr PA. 2021</p>	<p>Respondents who identified as Maori reported lower rates of vaccine acceptance (64.8% vs. 70.7% among the total sample) and higher rates of being unlikely to take the vaccine</p>	<p>Yes, through:</p> <ul style="list-style-type: none"> - Maori governance and leadership

Author, Year	Summary	Authors recommend interventions?
	(21.5% vs. 14.2% among the total sample). Ethnicity was not statistically associated with vaccine hesitancy, suggesting that public health efforts aimed at increasing vaccine acceptance among Maori and Pacific peoples should focus on inequities in health care access to increase uptake.	<ul style="list-style-type: none"> - Culturally-responsive health care delivery - Resourcing of trusted community providers - Supports for access. - Combat known inequities in health care access.
Clark TC, Best O, Bourque Bearskin L, Wilson D, Power T, Phillips-Beck T, et al. 2021	This paper presents case studies from Aotearoa New Zealand, Australia, Canada, and the United States of America and explores aspects of government policies, public health actions, and Indigenous nursing leadership for Indigenous communities during a pandemic.	<p>Yes. Examples of how vaccine hesitancy are addressed include:</p> <ul style="list-style-type: none"> - A vaccination strategy starting with healthcare personnel, essential workers and Tribal elders that prioritised Native language speakers. - Tribes or tribal organisations overseeing vaccine-roll out in respective communities. - Culturally safe strategies and adequate resourcing is needed for current and future pandemics.
Choiseul JC, Emmerson PJ, Eslanloo Pereira, T, Hosseinalipour, SM, Hasselgård-Rowe J. 2021	This paper analyses COVID-19 vaccination progress in Australia from sources published until May 2021. Aboriginal and Torres Strait Islander peoples were prioritised due to higher-risk of suffering from underlying health conditions and having less access to healthcare	Aboriginal and Torres Strait Islander Advisory Group on COVID-19 has been convened to provide advice on preparedness, response and recovery planning for Indigenous populations and to prevent adoption of one-size-fits-all policies, which the paper considers a success.
MacDonald NE, Comea J, Dubé E, Graham J, Greenwood M, Harmon S, et al. 2021	The Royal Society of Canada Working Group on COVID-19 Vaccine Acceptance developed a framework with four major factor domains that influence vaccine acceptance (people, communities, health care workers; immunisation knowledge; health care and public health systems including federal/provincial/territorial/indigenous	Recommendations include using local vaccine champions, respectful approaches to deal with lived experiences affecting vaccine acceptance, having health care systems and public health programs support twice weekly evidence based briefing notes/updates, COVID-19 vaccine program optimise data

Author, Year	Summary	Authors recommend interventions?
	factors). Vaccine confidence amongst Indigenous Peoples in Canada is also complex with distrust linked to the violence of colonialism	collection so that they are user-friendly for care worker, those doing health planning and for the public, COVID-19 vaccine programs implement appropriate models that strengthen preventative care within the health system.

Table 3.3—Grey literature data extraction

Author, Title, Year, URL	Summary	Authors recommend interventions?
<p>Bromfield, N, Governance of the COVID-19 crisis in Australia: public policy during crisis. 2021 https://www.researchgate.net/profile/Nicholas-Bromfield/publication/357013266_Governance_of_the_COVID-19_crisis_in_Australia_public_policy_during_crisis/links/61b8010e63bbd932428fe5c8/Governance-of-the-COVID-19-crisis-in-Australia-public-policy-during-crisis.pdf</p>	<p>This chapter analyses crisis evaluation that is a tricky and political activity characterised by contested perceptions and complicating evidence. In terms of Indigenous Australians the Aboriginal and Torres Strait Islander Advisory Group on COVID-19, who developed and delivered the MPATSI.</p>	<p>The Aboriginal and Torres Strait Islander Advisory Group on COVID-19 incorporated Indigenous public sector and third sector stakeholders and public health experts. The group recommended policies co-designed with Indigenous peoples, including legislative changes to minimise travel to remote and vulnerable communities, culturally specific health promotion materials, infectious disease modelling, epidemiological tracking, rapid testing, and infrastructure and workforce preparations.</p>
<p>Gardner K, Bolt, R, Doyle M, Graham S, Murphy D, Beetson K, et al. Blaxland M, Rapid qualitative assessment of COVID-19 health needs in urban Sydney Aboriginal</p>	<p>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 report provides rapid evidence to support community and other responses, using strengths-based research approaches.</p>	<p>Yes, by</p> <ul style="list-style-type: none"> - Developing messages that promote vaccine acceptability - Focus messages on providing accessible scientific information - Build trust in vaccine messages by making them specific to Aboriginal audiences - Develop strategies to address perceived practical barriers to vaccination

Author, Title, Year, URL	Summary	Authors recommend interventions?
<p>communities: report 1. (2021 A.) http://unsworks.unsw.edu.au/fapi/datastream/unsworks:73689/bin1bf2cb12-0bc5-4c15-bfbc-2da76cec2d72?view=true&xy=01</p>		
<p>Gardner, K, Bolt, R, Doyle, M, Graham, S, Murphy, D, Beetson, K, et al. Rapid qualitative assessment of COVID-19 health needs in urban Sydney Aboriginal communities: report 2. (2021 B.) http://unsworks.unsw.edu.au/fapi/datastream/unsworks:75685/binac98239e-1193-49f8-b7a0-884da209fd06?view=true&xy=01</p>	<p>This report highlights inhibitors and drivers of vaccination uptake. Distrust in government is an inhibitor while trust in health providers, cultural values of collective care, need for specific information for Aboriginal people are drivers.</p>	<p>Yes. Suggestions include:</p> <ul style="list-style-type: none"> - Providing information about scientific methods of vaccine production. - Science-based information about what vaccine contains, how it's made and how it works. - Demonstrate how vaccination is a way to get back to normal life. - Specific messaging for Aboriginal audiences based on data from Aboriginal populations - Vaccine roll-out best focused towards GP and AMS

Author, Title, Year, URL	Summary	Authors recommend interventions?
<p>McCalman J, Longbottom M, Fagan, S, Fagan R, Andrews S, Miler A, Leading with local solutions to keep Yarrabah safe: a grounded theory study of an Aboriginal community-controlled health organisation's response to COVID-19. 2021 https://healthbulletin.org.au/articles/leading-with-local-solutions-to-keep-yarrabah-safe-a-grounded-theory-study-of-an-aboriginal-community-controlled-health-organisations-response-to-covid-19/</p>	<p>This paper examines the efforts of one ACCHO, which in the absence of dedicated funding, pivoted its operations in response to COVID-19 using grounded theory methods. Gurriny Yealamucka Health Service (Gurriny) is the only primary healthcare service in the discrete Indigenous community of Yarrabah, Far North Queensland</p>	<p>Yes, through:</p> <ul style="list-style-type: none"> - Strengthening its communications, - Youth wellbeing programs, - Training and preparation for infection control, contact tracing and case management, - Through the establishment of local isolation and quarantine facilities and a vaccination program. - ACCHOs to provide locally-led, holistic, comprehensive and culturally safe management of healthcare delivery.
<p>National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners,</p>	<p>This report highlights the need for Aboriginal and Torres Strait Islander Health Practitioners' inclusion in the rollout of the COVID-19 Vaccine Program and other public health initiatives. It highlights that although the practitioners' had qualifications necessary to administer vaccines, in</p>	<p>Recommendations are to fast-track the harmonisation of medicine authorities for Aboriginal and Torres Strait Islander Health Practitioners as a matter of priority to ensure a qualified, trained and culturally safe workforce is available to support the vaccine rollout to Aboriginal and</p>

Author, Title, Year, URL	Summary	Authors recommend interventions?
<p>Embedding the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce 2021 https://www.naat.sihwp.org.au/sites/default/files/position_statement_embedding_the_workforce.pdf</p>	<p>some States and Territories they do not have the legal authority.</p>	<p>Torres Strait Islander peoples and communities</p>
<p>NSW Ministry of Health, COVID-19 vaccination program communication toolkit for Aboriginal and/or Torres Strait Islander peoples. 2021 https://healthinfo.net.ecu.edu.au/key-resources/resources/43695/?title=COVID-19+vaccination+program+communication+toolkit+for+Aboriginal+and%2For+Torres+Strait+Islander+peoples&contentid=43695_1</p>	<p>This toolkit aims to assist Elders, Aboriginal and Torres Strait Islander organisation staff and those working with Aboriginal and Torres Strait Islander people in NSW to understand the COVID-19 vaccination program and why it is important to be vaccinated.</p>	<p>Yes. The toolkit provides examples of:</p> <ul style="list-style-type: none"> - Communicating current information about the COVID-19 vaccines and the vaccination program - Increasing awareness of the current COVID-19 rules in place in NSW - Reinforcing the importance of practicing COVID safe behaviours, even after vaccination.

Author, Title, Year, URL	Summary	Authors recommend interventions?
<p>Reilly L, Adams M, Rees SJ, The intensifying threat of COVID-19 among First Nations People of Australia. 2021 https://jamanetwork.com/journals/jama-health-forum/fullarticle/2787659</p>	<p>This paper states that suboptimal national strategic preparation and changing vaccine advice have resulted in poor access to vaccines, lack of trained workforce for vaccine roll-out and vaccine hesitancy among Australian First Nations peoples. Authors note that in Far North Queensland, ad hoc approaches to vaccine promotion among First Nation communities resulted in misinformation and little effort was made to counter it.</p>	<p>Yes, it featured Apunipima, an Aboriginal Community Controlled Health Organisations (ACCHOs), in promotion strategies by using social media and facilitating vaccine delivery in remote locations. It argued that together with expanding access to vaccine, pro-vaccination campaigns designed by First Nations peoples and communicated by local health workers is needed.</p>
<p>Stefanoff, L, Relational Medicine: Covid, colonialism and fighting the memes of conspiracy in the Northern territory. 2021 https://www.nintone.com.au/resources/rao/relational-medicine-covid-colonialism-and-fighting-the-memes-of-conspiracy-in-the-northern-territory/</p>	<p>This article looks at misinformation in Northern territory and the challenges that it causes and relational medicine that is successfully countering it in remote Central Australian community settings. It noted that national and state/territory road-maps to vaccinations do not accommodate the challenges of historical non-medical understandings of life and death for public health communications. Conventional health infographic and poster art online is at risk of misinformation. A variety of misinformation and conspiracy theories emerged with intersections in religion, technology and health.</p>	<p>Yes. Interventions recommended include:</p> <ul style="list-style-type: none"> - Proactive community health and social service organisations, - Inclusion of Aboriginal media sector, - Early vaccine supply secured, - Salary bonus, - Mobile clinics including in music festival, sporting events and town camps, barbecue lunches, - Food vouchers. - The use of knowledge of local language and understanding of health, history and culture and kinship - low-budget phone-made productions released online, - Door-to-door Aboriginal health worker conversations in least vaccinated communities is viewed as a success.

Table 3.4—Jurisdictional searches

Name of site	Link to site
New South Wales Health (2021). Keep our mob safe COVID-19 resources. Sydney: New South Wales Health.	https://www.health.nsw.gov.au/Infectious/covid-19/Pages/aboriginal-resources.aspx#vaccination
Australian Government Department of Health (2021). COVID-19 vaccination - Aboriginal and Torres Strait Islander vaccine provider resources. Canberra: Australian Government Department of Health.	https://www.health.gov.au/resources/collections/aboriginal-and-torres-strait-islander-vaccine-provider-resources
Katherine West Health Board (2021)	https://www.kwhb.com.au/#
Kimberley Aboriginal Medical Services (2021)	https://kams.org.au/kimberley-covid-19-vaccine-information-resources/
Menzies School of Health Research (2021)	https://www.menzies.edu.au/page/Research/COVID-19/Resources/
Australian Government Department of Health (2021).	https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/indigenous
National Aboriginal Community Controlled Health Organisation (2021)	https://www.naccho.org.au/covid-19-resources

Table 3.5—Examples of Communication Materials

Name of site	Type of material	Link to site
<p>Western Australia Department of Health (2021). COVID-19 vaccination: information and mythbusters. Perth: Western Australia Department of Health</p>	<p>Posters</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/44460/?title=COVID-19+vaccination%3A+information+and+mythbusters&contentid=44460_1</p>
<p>Government of Western Australia (2021). Roll up for WA COVID-19 vaccination posters. Perth: Government of Western Australia.</p>	<p>Posters</p>	<p>https://healthinonet.ecu.edu.au/key-resources/publications/44446/?title=Roll+up+for+WA+COVID-19+vaccination+posters&contentid=44446_1</p>
<p>Aboriginal Health Council of Western Australia (2021). Roll up for WA: roll up young mob / don't hesitate, vaccinate!. Perth: Aboriginal Health Council of Western Australia.</p>	<p>Posters</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/44459/?title=Roll+up+for+WA%3A+roll+up+young+mob+%2F+don%27t+hesitate%2C+vaccinate%21&contentid=44459_1</p>
<p>Australian Government Department of Health (2021). Don't wait, vaccinate! How a COVID-19 outbreak can affect communities. Canberra: Australian Government Department of Health.</p>	<p>Posters</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/44415/?title=Don%27t+wait%2C+vaccinate%21+How+a+COVID-19+outbreak+can+affect+communities&contentid=44415_1</p>
<p>Queensland Aboriginal and Islander Health Council (2021). Make the choice: COVID-19 vaccination resources. Brisbane: Queensland Aboriginal and Islander Health Council.</p>	<p>Posters</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/44312/?title=Make+the+choice%3A+COVID-19+vaccination+resources&contentid=44312_1</p>
<p>Central Land Council (2021). COVID-19 misunderstandings cleared up. Alice Springs, NT: Central Land Council.</p>	<p>Posters</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/43861/?title=COVID-19+misunderstandings+cleared+up&contentid=43861_1</p>

Name of site	Type of material	Link to site
Torres Health (2021). COVID-19 update: keep COVID safe. Thursday Island, QLD: Torres Health.	Posters	https://healthinfonet.ecu.edu.au/key-resources/resources/43867/?title=COVID-19+update%3A+keep+COVID+safe&contentid=43867_1
Deadly Choices (2021). The facts on the COVID-19 vax: step up for the job. Brisbane: Institute for Urban Indigenous Health.	Posters	https://healthinfonet.ecu.edu.au/key-resources/resources/43744/?title=The+facts+on+the+COVID-19+vax%3A+step+up+for+the+job&contentid=43744_1
NSW Ministry of Health (2021). COVID-19 vaccination program communication toolkit for Aboriginal and/or Torres Strait Islander peoples (pp. 40). Sydney: NSW Ministry of Health.	Posters	https://healthinfonet.ecu.edu.au/key-resources/resources/43695/?title=COVID-19+vaccination+program+communication+toolkit+for+Aboriginal+and%2For+Torres+Strait+Islander+peoples&contentid=43695_1
Aboriginal Health and Medical Research Council of New South Wales (2021). COVID-19 vaccine yarn-up resources. Sydney: Aboriginal Health and Medical Research Council of New South Wales.	Posters	https://healthinfonet.ecu.edu.au/key-resources/resources/43392/?title=COVID-19+vaccine+yarn-up+resources&contentid=43392_1
Queensland Aboriginal and Islander Health Council (2021). Get the facts about the vax: Deadly brave strong vaccinated. Brisbane: Queensland Aboriginal and Islander Health Council.	Posters	https://healthinfonet.ecu.edu.au/key-resources/resources/42730/?title=Get+the+facts+about+the+vax%3A+Deadly+brave+strong+vaccinated&contentid=42730_1
Government of Western Australia (2021). Roll up for WA: protecting community and culture. Perth: Government of Western Australia (Audio recording in English and Kriol, Martu, Ngaanyatjarra languages)	Videos and Voice Recording	https://healthinfonet.ecu.edu.au/key-resources/resources/44333/?title=Roll+up+for+WA%3A+protecting+community+and+culture&contentid=44333_1

Name of site	Type of material	Link to site
Menzies School of Health (2021). "We're dealing with life and death here": talking about the COVID-19 vaccine in the NT. Darwin	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/44344/?title=%E2%80%9CWe%E2%80%99re+dealing+with+life+and+death+here%E2%80%9D%3A+talking+about+the+COVID-19+vaccine+in+the+NT&contentid=44344_1
Red Dust Role Models (2021). Red Dust coronavirus message. Melbourne: Red Dust Role Models.	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/44257/?title=Red+Dust+coronavirus+message&contentid=44257_1
BushTV, Camping on Country (2021). #vaxtheoutback with Ernie Dingo: campaign video. Yeppoon, QLD: BushTV.	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/44213/?title=%23vaxtheoutback+with+Ernie+Dingo%3A+campaign+video&contentid=44213_1
Australian Government Department of Health (2021). For all of us. Canberra: Australian Government Department of Health	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/44071/?title=For+all+of+us&contentid=44071_1
Herdman, R.M, Gundjarranbuy, R, Davies, J. (2021). COVID-19 vaccine info for Yolŋu. Darwin: Menzies School of Health Research	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/42910/?title=COVID-19+vaccine+info+for+Yol%21%8Bu&contentid=42910_1
Northern Land Council (2021). Get the jab! Kakadu National Park women rangers. Darwin: Northern Land Council	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/43986/?title=Get+the+jab%21+Kakadu+National+Park+women+rangers&contentid=43986_1
Ballarat and District Aboriginal Co-Operative (2021). BADAC jab rap. Ballarat, VIC: Ballarat and District Aboriginal Co-Operative.	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/43906/?title=BADAC+jab+rap&contentid=43906_1
Purple House, Highway Learning (2021). Coronavirus vaccine animation. Alice Springs, NT: Purple House	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/43827/?title=Coronavirus+vaccine+animation&contentid=43827_1

Name of site	Type of material	Link to site
<p>Australian Government Department of Health (2021). Getting your COVID-19 vaccine - animation for Aboriginal and Torres Strait Islander peoples. Canberra: Australian Government Department of Health.</p>	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/43799/?title=Getting+your+COVID-19+vaccine+-+animation+for+Aboriginal+and+Torres+Strait+Islander+peoples&contentid=43799_1
<p>Australian Government Department of Health (2021). COVID-19 vaccination - radio - Protect yourself against COVID-19 (Indigenous languages). Canberra: Australian Government Department of Health.</p>	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/43781/?title=COVID-19+vaccination+-+radio+-+Protect+yourself+against+COVID-19+%28Indigenous+languages%29&contentid=43781_1
<p>Deadly Choices (2021). The facts on the COVID-19 vax: step up for the jab. Brisbane: Institute for Urban Indigenous Health.</p>	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/43744/?title=The+facts+on+the+COVID-19+vax%3A+step+up+for+the+jab&contentid=43744_1
<p>Australian Government Department of Health (2021). COVID-19 vaccination - videos - Ella Kris and Elsie from Thursday Island. Canberra: Australian Government Department of Health.</p>	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/43512/?title=COVID-19+vaccination+-+videos+-+Ella+Kris+and+Elsie+from+Thursday+Island&contentid=43512_1
<p>Katherine West Health Board (2021). KWHB vaccine animation. Katherine, NT: Katherine West Health Board</p>	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/43497/?title=KWHB+vaccine+animation&contentid=43497_1
<p>Australian Government Department of Health (2021). COVID-19 vaccines are now available for Aboriginal and Torres Strait Islander adults. Canberra: Australian Government Department of Health.</p>	Video	https://healthinfonet.ecu.edu.au/key-resources/resources/43228/?title=COVID-19+vaccines+are+now+available+for+Aboriginal+and+Torres+Strait+Islander+adults&contentid=43228_1

Name of site	Type of material	Link to site
<p>Australian Government Department of Health (2021). Coronavirus (COVID-19) radio ads in Aboriginal and Torres Strait Islander languages: 'living the new normal', 'protect our communities', 'mental health support' and 'stay COVID free, do the three'. Canberra: Australian Government Department of Health.</p>	<p>Audio Recordings</p>	<p>https://healthinfonet.ecu.edu.au/key-resources/resources/43158/?title=Coronavirus+%28COVID-19%29+radio+ads+in+Aboriginal+and+Torres+Strait+Islander+languages%3A+%27living+the+new+normal%27%2C+%27protect+our+communities%27%2C+%27mental+health+support%27+and+%27stay+COVID+free%2C+do+the+three%27&contentid=43158_1</p>
<p>Australian Government Department of Health (2021). COVID-19 vaccination videos with Professor James Ward. Canberra: Australian Government Department of Health</p>	<p>Video</p>	<p>https://healthinfonet.ecu.edu.au/key-resources/resources/43089/?title=COVID-19+vaccination+videos+with+Professor+James+Ward&contentid=43089_1</p>
<p>Menzies School of Health Research (2021). COVID-19 vaccine Q and A with Charlie King and Dr Jane Davies. Darwin: Menzies School of Health Research.</p>	<p>Video</p>	<p>https://healthinfonet.ecu.edu.au/key-resources/publications/42907/?title=COVID-19+vaccine+Q+and+A+with+Charlie+King+and+Dr+Jane+Davies&contentid=42907_1</p>
<p>Australian Government Department of Health (2021). Professor Tom Calma AO talks about why we need the added protection of vaccines for COVID-19. Canberra: Australian Government Department of Health</p>	<p>Video</p>	<p>https://healthinfonet.ecu.edu.au/key-resources/resources/42446/?title=Professor+Tom+Calma+AO+talks+about+why+we+need+the+added+protection+of+vaccines+for+COVID-19&contentid=42446_1</p>
<p>Wilkes, T, Blyth, C. (2021). Aboriginal people and COVID-19. Perth: Aboriginal Health Council of Western Australia.</p>	<p>Video</p>	<p>https://healthinfonet.ecu.edu.au/key-resources/resources/44474/?title=Aboriginal+people+and+COVID-19&contentid=44474_1</p>
<p>Kimberley Aboriginal Medical Services, Rhythm Content (2021). Get vaccinated against COVID-19. Broome, WA: Kimberley Aboriginal Medical Services.</p>	<p>Video</p>	<p>https://healthinfonet.ecu.edu.au/key-resources/resources/44475/?title=Get+vaccinated+against+COVID-19&contentid=44475_1</p>

Name of site	Type of material	Link to site
<p>Kimberley Aboriginal Medical Services (2021). Pfizer needle for ages 12-59. Broome, WA: Kimberley Aboriginal Medical Services.</p>	<p>Video</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/44476/?title=Pfizer+needle+for+ages+12-59&contentid=44476_1</p>
<p>Western Australia Department of Health (2021). Dr Dan McAullay: COVID-19 and flu vaccination. Perth: Western Australia Department of Health</p>	<p>Video</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/44477/?title=Dr+Dan+McAullay%3A+COVID-19+and+flu+vaccination&contentid=44477_1</p>
<p>Katherine West Health Board (2021). Get ready for COVID-19 [animations]. Katherine, NT: Katherine West Health Board.</p>	<p>Video</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/44577/?title=Get+ready+for+COVID-19+%5Banimations%5D&contentid=44577_1</p>
<p>Eades, S, Western Australia Department of Health (2021). Dr Sandra Eades on COVID-19 vaccination: vaccination protects vulnerable people / young people can protect their families and elders. Perth: Western Australia Department of Health</p>	<p>Video</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/44478/?title=Dr+Sandra+Eades+on+COVID-19+vaccination%3A+vaccination+protects+vulnerable+people+%2F+young+people+can+protect+their+families+and+elders&contentid=44478_1</p>
<p>Katherine West Health Board (2021). Warlpiri COVID-19 advice: 'COVID-19 sickness', 'scared of vaccine?' and 'protect your mob!'. Katherine, NT: Katherine West Health Board.</p>	<p>Video</p>	<p>https://healthinonet.ecu.edu.au/key-resources/resources/44576/?title=Warlpiri+COVID-19+advice%3A+%27COVID-19+sickness%27%2C+%27scared+of+vaccine%3F%27+and+%27protect+your+mob%21%27&contentid=44576_1</p>

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