



IMMUNISATION  
COALITION

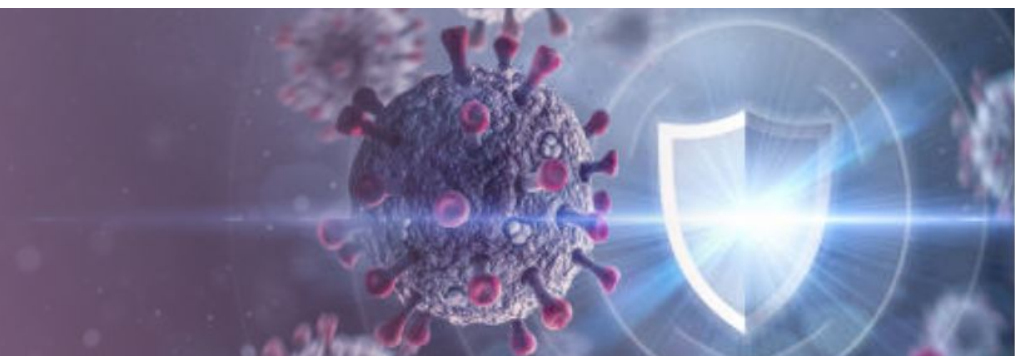


**Kristy Crooks**

Aboriginal Program Manager & PhD  
Scholar

## Protecting First Nations people: addressing the gap

11:40 am



# Acknowledgement of Country



IMMUNISATION  
COALITION



# Overview



# Hunter New England Local Health District



IMMUNISATION  
COALITION



HNELHD	
Aboriginal people	Non-Aboriginal people
87,941	873,618
<b>8 Aboriginal Community-Controlled Health Organisations</b>	
<b>8 discrete Aboriginal communities</b>	
<b>25% of the states total Aboriginal population, and the largest Aboriginal population per LHD area</b>	



Can't ignore colonial history...



IMMUNISATION  
COALITION



© LISWA 2001 Battye Library All Rights Reserved

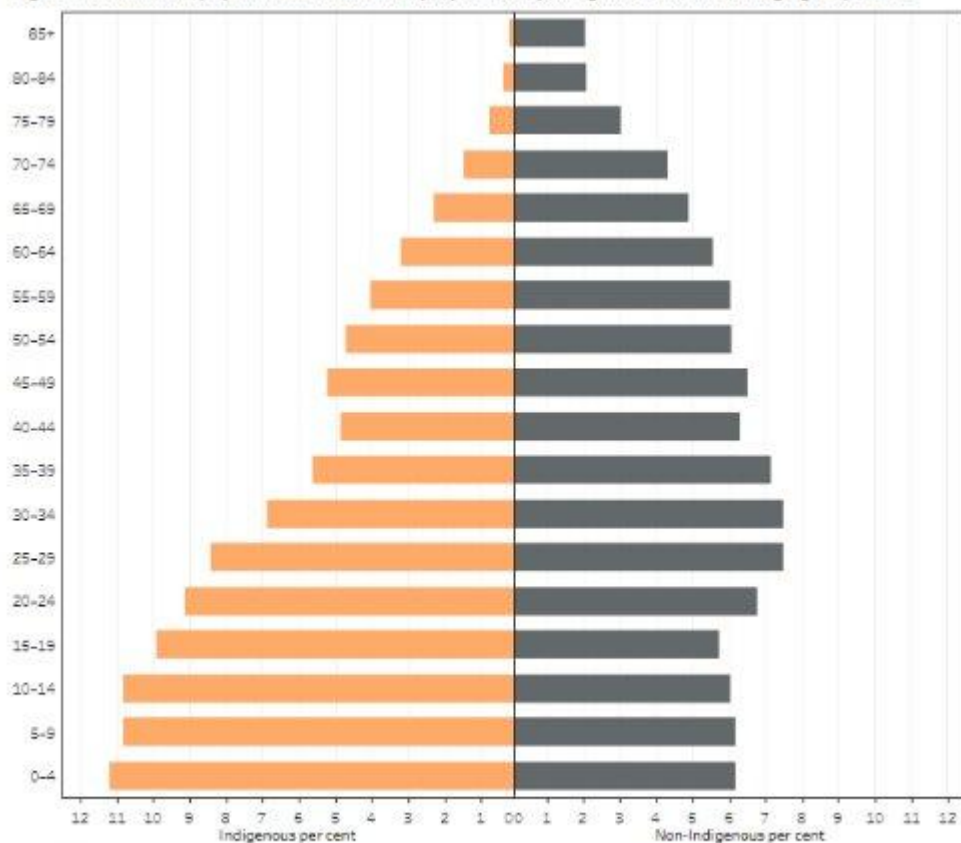


The lock hospitals were interlinked with other traumas of colonisation. Library of Western Australia

What do the newspapers REALLY tell us about the lock hospital histories? – Croakey Health Media

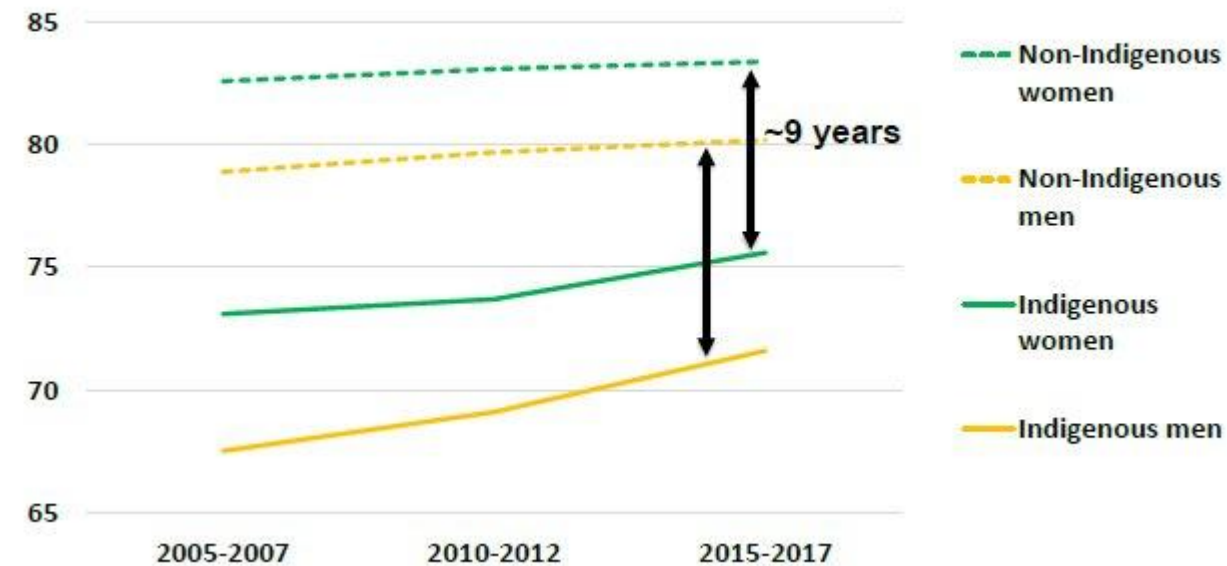
# We can't keep doing the same thing...

Figure 1: Australian population distribution projection, by Indigenous status and age group, 2020



Note: Data based on projections from 2016 Census of Population and Housing.  
Sources: ABS 2019a, ABS 2018a.  
<http://www.aihw.gov.au/>

Life expectancy (years)



# Aboriginal and Torres Strait Islander childhood vaccination coverage



IMMUNISATION  
COALITION



92.92%



84.75%

**91%**

of Aboriginal and Torres Strait Islander children aged 1 were fully immunised in 2022

**70,241**

Indigenous adults (14%) were unvaccinated against COVID-19, as at 31 May 2023

95.56%

96.37%

95.29%

96.09%

**73%** of Indigenous girls and **66%** of Indigenous boys had completed a full dose of human papillomavirus virus (HPV) vaccine by 15 years of age, in 2021

[3.02 Immunisation - AIHW Indigenous HPF](#)

**43.5%** of Indigenous Australians aged 50–64, **64.6%** of those aged 65–74, and **67.7%** of those aged 75 and over had an influenza vaccination in 2021

ABORIGINA



DATA AS AT: 31 December 2023  
SOURCE: Australian Immunisation Register

## What's the issue...

- First Nations peoples are a priority population for Australia's immunisation programs
- Racism, culturally unsafe and inappropriate health services, and access issues are some reasons low vaccination coverage
- However, most First Nations parents are supportive of immunisation
- Lack of information, knowledge and education
- Trust and mistrust
- Family, community and cultural factors
- Communication – changing information causes confusion, and mistrust.
- Access and logistics – lack of GP appointments, long waitlists impacts on timely vaccination.
- Fixed appointments don't work – hybrid approaches are better! (for everyone!)



# Common things we hear...

Excuses	Reframe that thought
Families don't access our service	Talk with community and colleagues to gain better understanding why families are not accessing immunisation services. Are there simple access issues that make it hard for families to get to the service?
Families are vaccine hesitant	Are they really?... Talk with families to understand their concerns, and develop a trusting relationship
Don't have time and it's taking staff away from their job	So what...take the vaccines to the communities. Talk to First Nations peoples/organisations and take vaccines to the community.
Don't have the budget to provide flexible immunisation services	Build it into your existing budget and staffing profile. If it's a priority, swap it out of your budget for something else.
Don't have First Nations staff in the service	Vaccination is everyone's business. Build relationships and partnerships with First Nations peoples and organisations to formulate flexible approaches.
Don't know who or how to engage First Nations peoples or communities	Ask a First Nations colleague to co-facilitate a community meeting with you
	Develop a cultural governance model to work with and engage First Nations peoples in decision-making about vaccination approaches.
	Talk to a First Nations colleague, contact local Aboriginal Health Unit for advice. Take a blank sheet of paper, have a yarn and a cuppa to understand communities needs and priorities
Don't know when is a good time to (re)engage community (using the excuse of competing priorities)	Talk to the First Nations organisation or rep about their priorities and go from there

# What action looks like...



## RESEARCH ARTICLE

Open Access



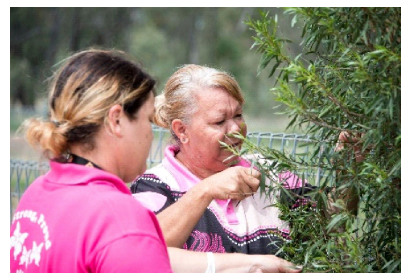
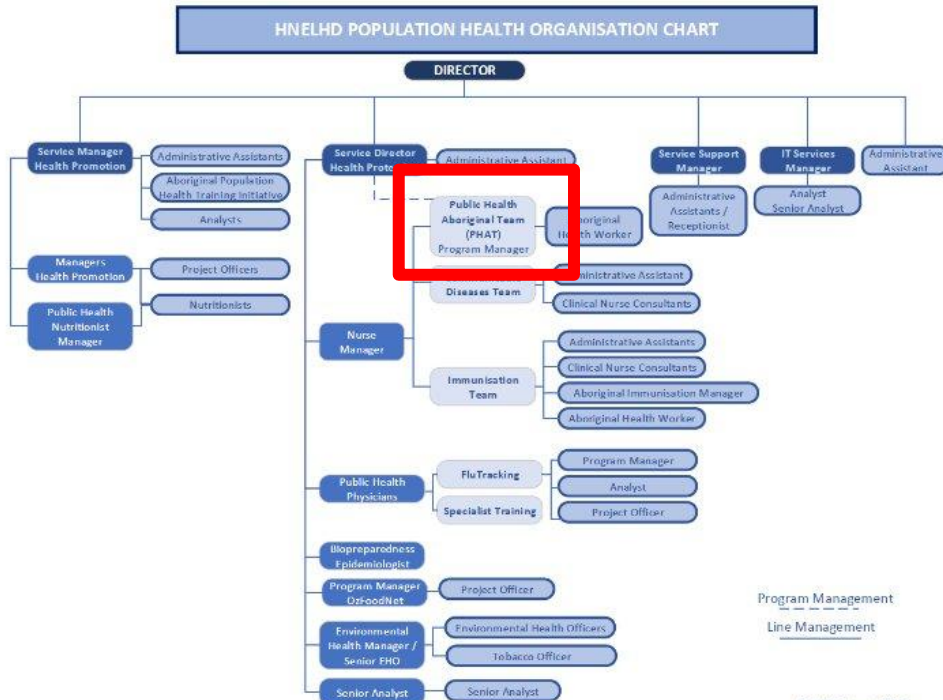
# Closing the gap in Australian Aboriginal infant immunisation rates – the development and review of a pre-call strategy

Patrick M. Cashman<sup>1\*</sup>, Natalie A. Allan<sup>1</sup>, Katrina K. Clark<sup>1</sup>, Michelle T. Butler<sup>1</sup>, Peter D. Massey<sup>1,2</sup> and David N. Durrheim<sup>1,2,3</sup>

**PROTECT YOUR MOB FROM FLU**

It's in your hands  
[health.nsw.gov.au/flu](http://health.nsw.gov.au/flu)

NSW GOVERNMENT



## Development and implementation of a shared governance model in a mainstream health unit: a case study of embedding Aboriginal voices in organisational decision making

K. Crooks<sup>1,2,3,4,5,6\*</sup>, B. Tully<sup>1,7,8</sup>, L. Allan<sup>1,9</sup>, K. Gillham<sup>1,10</sup>, D. Durrheim<sup>1,11</sup> and J. Wiggers<sup>12</sup>

+ Author Affiliations

*Australian Health Review* 46(2) 178-184 <https://doi.org/10.1071/AH20369>

Submitted: 24 December 2020 Accepted: 27 July 2021 Published: 23 December 2021



It must be rocket science...

$\Sigma F = ma = p'(t) = -G\Delta t$   
 $m\Delta v + u\Delta m + \Delta v\Delta m = -G\Delta t$   
 $m \frac{\Delta v}{\Delta t} + u \frac{\Delta m}{\Delta t} + \Delta v \frac{\Delta m}{\Delta t} = -G$   
 $\Delta t \rightarrow 0$   
 $m v'(t) + u m'(t) = -mg$   
 $v'(t) + g = -u \frac{m'(t)}{m} \quad || \int dt$   
 $v(t) + u \ln(m) = -gt + C$   
 $v(0) = 0 \Rightarrow C = u \ln(m_0)$

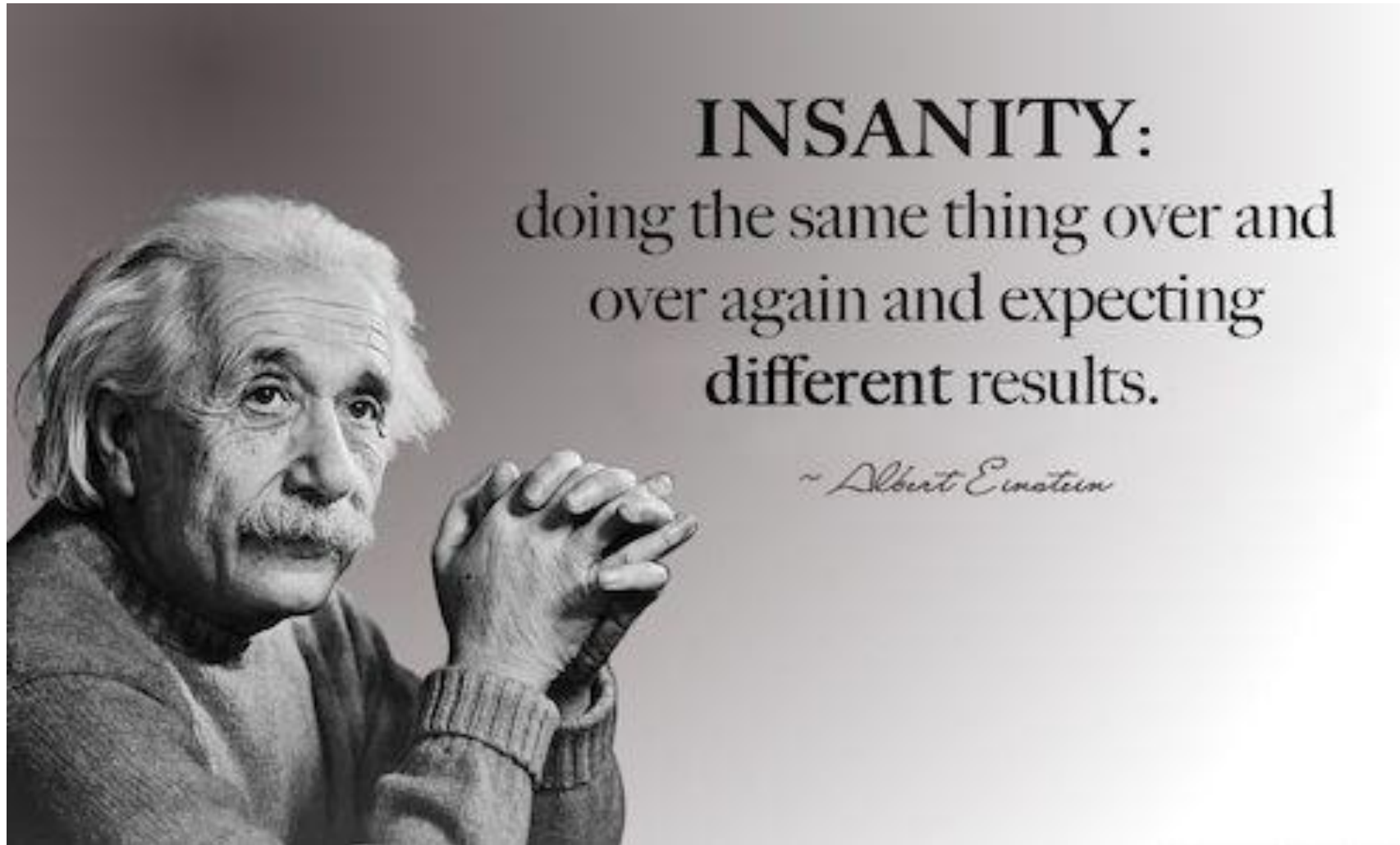
$$v(t) = -gt + u \ln \frac{m_0}{m}$$



Is the health service insane?



IMMUNISATION  
COALITION



## All is not equal...

- Public health response is “do the best for the most and forget the rest”
- Public health need to ensure that those peoples who are impacted the most, receive the most support.
- We can't do this alone, and the burden cannot continue to fall on us.
- Don't come to us for answers, come to us with solutions
- Self-determination and empowerment into practice, proven problematic, because government fearful of “losing control” over decision-making and allocation of resources
- First Nations peoples need to be involved at all levels of decision-making that affect First Nations peoples

# Conclusions

- First Nations culture and connection to Country and community is a strength
- First Nations peoples are important and our lives matter
- First Nations peoples want to get vaccinated
- First Nations peoples are curious and want more information about getting vaccinated
- First Nations peoples not responsible for carrying the load of the colonial project.
- It's the barriers that health services put up that make it harder for First Nations peoples to access vaccines
- Health services just need to invest in flexible approaches that make it easier for First Nations families.



IMMUNISATION  
COALITION

# Q&A

**Protecting First Nations people:  
addressing the gap**



**Cristy Crooks**

Aboriginal Program Manager & PhD  
Scholar

