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Aboriginal Community Controlled Health Organisations are taking a leading role in COVID-19 health communication

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Health communication during a health crisis, such as the COVID-19 pandemic, is vital to reduce the impact on populations. To ensure the communication is effective, audience segmentation is required with specific resources that have been developed for each segment. In addition, the messages need to be clear, mutual trust between the communicator and the audience needs to be developed and maintained, and resources should focus on cultural values.¹⁻³ The evidence around effective crisis communication indicates that it needs to be timely, clear, concise and appropriate to the target audience.¹⁻⁶ Communication is particularly important for those at higher risk during the crisis,^{3,5-11} such as people who are immunocompromised, the elderly, and Aboriginal and Torres Strait Islander people.⁷ Aboriginal and Torres Strait Islander people are at increased risk from COVID-19 due to a range of factors associated with higher rates of non-communicable diseases¹² and a lack of access to health services in remote communities.¹³ Additionally, there are socio-cultural factors that put Aboriginal and Torres Strait Islander people at risk, such as high mobility for family or cultural reasons.¹³ Despite the increased risk to Aboriginal and Torres Strait Islander people from COVID-19, there has been little specific communication tailored for them from governments since the pandemic commenced. This is despite the overwhelming evidence that health promotion messages need to be tailored for Aboriginal and Torres Strait Islander people.^{8-9,13-20}

To fill the gap, Aboriginal Community Controlled Health Organisations (ACCHOs) have demonstrated their capacity to deliver

scientifically valid, evidence-based and culturally translated COVID-19 prevention messages. The ACCHO sectors' understanding of population health has led to a strong history of culturally centred health promotion and social marketing materials.^{8-9,14,16,18-20} Even before the World Health Assembly declared COVID-19 a global pandemic (11 March),²¹ ACCHOs and their peak bodies had developed messages for their communities. The ACCHO sectors' communications on COVID-19 have been produced in addition to their usual service delivery and using existing funding.

Effective social marketing campaigns segment a target audience and develop resources that are culturally appropriate. Culturally appropriate resources include target specific language choices, imagery and an understanding of culturally specific behaviour change motivations.²²⁻²⁴ Four examples of ACCHOs that have delivered tailored resources include the Aboriginal Health and Medical Research Council of NSW (AH&MRC), Apunipima Cape York Health Council (Apunipima), Aboriginal Health Council of Western Australia (AHCWA) and National Aboriginal Community Controlled Health Organisation (NACCHO). Each of the examples provided resources that were tailored specifically for Aboriginal and Torres Strait Islander people by including Aboriginal vernacular, Aboriginal and Torres Strait Islander art and images of Aboriginal and Torres Strait Islander people, and some included Indigenous languages. Additionally, the material reflected Aboriginal and Torres Strait Islander people's kinship structures by promoting self-isolation and good hygiene as a way of taking care of family and community.

The AH&MRC, the NSW ACCHO peak body,²⁵ has disseminated existing and new resources promoting COVID-19 prevention online via their website,²⁶ Facebook,²⁷ Twitter,²⁸ YouTube²⁹ and Instagram.³⁰ Additionally, they created the Aboriginal Community Controlled Health Service Pandemic Response Tool Kit.³¹ The materials were either resources developed by their member services (ACCHOs) or mainstream materials that have been repurposed and contextualised for Aboriginal and Torres Strait Islander people.

Apunipima, a Cape York ACCHO in Queensland,³² has also been communicating with Aboriginal and Torres Strait Islander people about how to protect themselves from COVID-19 via Facebook³³ and TikTok, and by distributing printed resources. The first Facebook post (6 March 2020)³⁴ used simple, evidenced-based prevention messages about handwashing. Subsequently, they produced infographics and short localised video updates.³⁴

AHCWA, the Western Australian ACCHO peak body,³⁵ has also developed infographics promoting prevention measures such as hand washing³⁶⁻³⁷ and COVID-19 symptoms.³⁸ AHCWA resources and updates have been published on their website.³⁷

NACCHO, the national ACCHO peak body,³⁹ has been amplifying communications from ACCHOs and the jurisdictional affiliates, such as the AH&MRC and AHCWA. They have shared these resources via their website,⁴⁰ the NACCHO communiqué,⁴¹ their Facebook page⁴² and Twitter.⁴³

ACCHOs, as comprehensive healthcare services whose core business is population-level health, have the skills, expertise and knowledge to create and execute appropriate COVID-19 prevention messages. Part of their success has been the trust that Aboriginal and Torres Strait Islander people place in them primarily because they deliver culturally appropriate service.^{10,44-45} In a time of crisis, they are best placed to deliver health promotion and crisis communication to Aboriginal and Torres Strait Islander people. ACCHOs and their peak bodies, therefore, need to be resourced appropriately to ensure that Aboriginal and Torres Strait Islander people have the best possible information to reduce the risk to themselves, their families and their communities.

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