The indirect impacts of COVID-19 on Aboriginal communities across New South Wales

Evidence to inform conversations on Aboriginal health issues — in response to COVID-19 and beyond

David Follent[1]
Cory Paulson[2]
Phillip Orcher[1]
Barbara O'Neill[3]
Debbie Lee[4]
Karl Briscoe[5]
Tara L Dimopoulos-Bick[1]

1 Agency for Clinical Innovation, Sydney, NSW.
2 Far West Mental Health Drug and Alcohol Service, Broken Hill, NSW.
3 Junction Neighbourhood Centre, Sydney, NSW.
4 First Peoples Disability Network, Sydney, NSW.
5 National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners, Canberra, ACT.

tara.dimopoulosbick@health.nsw.gov.au

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Nearly everyone has been affected in some way by the coronavirus disease 2019 (COVID-19) pandemic, and it is a public health risk for Aboriginal peoples and communities.[1] The impacts of the pandemic are pervasive, wide-ranging and continue to affect people and communities differently. Concerns about the indirect impacts of COVID-19, caused by missed, delayed and avoided health care — not as a direct consequence of COVID-19 infections — are shared internationally.[2-4]

While the prevalence of COVID-19 in New South Wales remains low,[5] local data show significant changes in health utilisation across the state. During the 4-month period from March to June 2020, compared with the same period in 2019, face-to-face primary care consultations decreased by 22.1%, breast screen activity by 51.5%, ambulance incidents by 7.2%, emergency department visits by 13.9%, public hospital inpatient episodes by 14.3%, and public hospital planned surgical activity by 32.6%.[6] Such decreases are not unique to NSW.[7]

Before COVID-19, Aboriginal people faced health disadvantages and inequitable access to health care. Any decrease in health care access for Aboriginal people through missed, delayed or avoided health care may lead to further adverse health outcomes and inequities.[1,4,8]

In recent months, we came together as a group of 12 Aboriginal community members from across NSW to share our experiences and perspectives regarding the indirect impacts of COVID-19. We live and work on Eora, Wilyakali, Bundjalung, Yuin and Gumbaynggirr lands. The discussions occurred over three separate sessions, each held a week apart between 24 August and 1 September 2020. Six members of the group (DF, CP, PO, BO, DL and KB) captured the key messages identified from the talks and synthesised the findings into three main themes: community supporting the community; the social determinants of health; and access to health care. These conversations were hosted and supported by the Critical Intelligence Unit established as part of the NSW Health COVID-19 response and the Agency for Clinical Innovation (TDB). Illustrative quotes shared by the co-authors have been selected to demonstrate salient points. The term "mob" has been used throughout to identify who we are and where we are from — our connection to our shared identity as Aboriginal people.

Community supporting the community is a real strength — in the pandemic, and always

In responding to COVID-19, we see that Aboriginal organisations are coming together, more than ever, to create a movement that will continue to inform positive change to address Aboriginal health issues.

> Mob are proud of how they are keeping each other safe. It is a point of pride that has strengthened community. Our mob are concerned about the safety of others and our elders. (CP)

Aboriginal leaders and Aboriginal community controlled health services are active in responding to COVID-19, drawing on experiences from the 2009 HINI influenza pandemic and implementing culturally appropriate resources.[9]

The pandemic has been disruptive, and community events and gatherings have been cancelled because of important and legitimate public health concerns. However, this does impact our community approach to health care, cultural practices and connection to country.[1,10]

> Our mob aren't able to connect for sorry business and funerals, marriages and births. The provision of our health care, along with the provision of our social and emotional wellbeing, has changed. And connectivity is the main ingredient for our mob to stay healthy. This is the biggest barrier. (CP)

Social determinants of health for Aboriginal people

Social determinants are the conditions in which people are born, grow, live and age, and how these factors influence our health and determine health inequalities.[11] Cultural determinants of health such as connection to country (land and water), traditional practices and kinship systems promote resilience and support social and emotional wellbeing for Aboriginal peoples and communities.[10,12]

The COVID-19 pandemic is likely to amplify the social determinants of health,[13,14] and our concern is these determinants will continue to affect access to health care and increase health inequalities.

Based on our own lived experiences and anecdotal community feedback, we are hearing that food security has increased for some Aboriginal people in response to COVID-19. People are fearful of going into large shopping centres — fearful of catching COVID-19. In some rural and remote areas, local shops are pushing up their prices, and people are left with no choice but to buy cheaper (and often less healthy) options to feed their families.

> Increase in government payments has resulted in the one and only shop in community providing food jamming their prices up. The price of food and water is beyond compare when

> you are paying $10 for a loaf of bread. Because of COVID-19, people don't want to come into town to do their shopping. (DL)

We are concerned that restricted access to health care in response to border closures will impact the health and wellbeing of Aboriginal peoples.

> Some communities are being hit hard. To give a raw example, people are being refused medical treatment and are driving 600–800 km just to get any sort of medication or treatment around their health. (DL)

We are also concerned that a lack of cultural safety displayed during COVID-19 will lead to Aboriginal people being confronted with racism when trying to access health care.[15]

COVID-19 has made accessing health care even more difficult

Deciding to seek health care is difficult, and for some Aboriginal people, access to care has become more challenging during COVID-19 with reduced availability of services. Many doctors and services have temporarily shut their doors to new patients, and this is likely to have a profound impact on people's health.

More generally, there have been efforts to overcome access challenges posed by COVID-19 through the use of telehealth and virtual care. In our opinion, telehealth for diagnosis and e-prescribing can be useful; however, there are challenges to using telehealth such as limited access to equipment and internet connection, and reluctance from some people to disclose personal information over a device.

> When we look at the provision of health care for our mob, one of the biggest barriers is having to sit in front of a computer. And talk to a computer, rather than a human connection. Our mob like to connect and have a yarn. (CP)

Our view is that paying attention to the intersections of culture and diversity is essential to understanding the indirect impacts of COVID-19. Within Aboriginal communities, there are minority groups who are significantly affected by COVID-19. Minority groups include people with existing chronic conditions, people with disabilities, people experiencing homelessness, people living in rural and remote areas, and people who identify as lesbian, gay, bisexual, transgender, queer, asexual and questioning. Sistergirl and brotherboy are terms used for gender diverse people within some Aboriginal or Torres Strait Islander communities.[16]

> If the mob aren't receiving health related treatment, how this is feeding into direct or indirect impacts on disabilities. And how we can pick this up through the health system as disability is not in closing the gap. If we aren't addressing it at a higher level, we are never going to address it at the ground level. (DL)

We are also concerned about an increase in risk for our older people living with disability. These risks have been outlined by Aboriginal people with disability and their representative organisations, advocates and allies in international and national calls to action for governments to ensure Aboriginal disability-inclusive public health, social and economic responses to the pandemic that put our mob at the forefront of any future planning in the health system.[17]

The recent drought, bushfires and now COVID-19 are compounding risk factors for mental health issues and suicide. There is concern that some government measures to control the spread of COVID-19 are triggering for mob — especially for those with trauma histories.[18] We know mental health issues and suicide rates are high for our peoples,[8,19] and we are concerned this level of disadvantage will worsen in response to COVID-19. We support the recommendations made by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention at the University of Western Australia to manage COVID-19 recovery and address adverse impacts.[19] The recommendations focus on the right to self-determination, the health and mental health workforce, social and cultural determinants of health, digital and telehealth inclusion, and evaluation that includes Indigenous data sovereignty. These recommendations directly align with our lived experiences and were running themes throughout our discussions and overall assessment of the indirect impacts of COVID-19 in our communities across NSW.

Where to next?

We prepared this article to inform future conversations on Aboriginal health issues in response to the COVID-19 pandemic and beyond. Our view is that drawing on the lived experience and realities of Aboriginal peoples, taking firm action on the social determinants of health and working collaboratively with Aboriginal peoples and communities is the most effective way to address the indirect impacts of COVID-19.

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References are available online.

1 Crooks K, Casey D, Ward JS. First Nations peoples leading the way in COVID-19 pandemic planning, response and management. *Med J Aust* 2020; 213: 151–152. https://www.mja.com.au/journal/2020/213/4/first-nations-peoples-leading-way-covid-19-pandemic-planning-response-and

2 Sud A, Jones ME, Broggio J, et al. Collateral damage: the impact on outcomes from cancer surgery of the COVID-19 pandemic. *Ann Oncol* 2020; 31: 1065–1074.

3 Newby JM, O'Moore K, Tang S, et al. Acute mental health responses during the COVID-19 pandemic in Australia. *PLoS One* 2020; 15: e0236562.

4 Power T, Wilson D, Best O, Brockie T, et al. COVID-19 and Indigenous peoples: an imperative for action. *J Clin Nurs* 2020; 29: 2737–2741.

5 McAnulty JM, Ward K. Suppressing the epidemic in New South Wales. *N Engl J Med* 2020; 382: e74.

6 Sutherland K, Chessman J, Zhao J, et al. Impact of COVID-19 on healthcare activity in NSW. *Australia. Public Health Res Pract* 2020; 30: 3042030.

7 Moynihan R, Sanders S, Michaleff ZA, et al. Pandemic impacts on healthcare utilisation: a systematic review [preprint]. *medRxiv* 2020; 2020.10.26.20219352.

8 Yashadhana A, Pollard-Wharton N, Zwi AB, Biles B. Indigenous Australians at increased risk of COVID-19 due to existing health and socioeconomic inequities. *Lancet Regional Health Western Pacific* 2020; 1: 100007.

9 Eades S, Eades F, McCaullay D, et al. Australia's First Nations' response to the COVID-19 pandemic. *Lancet* 2020; 396: 237–238.

10 Carson B, Dunbar T, Chenhall R, Bailie R editors. Social determinants of Indigenous health. London: Routledge, 2007.

11 World Health Organization. Social determinants of health. https://www.who.int/social_determinants/en/ (viewed Oct 2020).

12 Kingsley J, Munro-Harrison E, Jenkins A, Thorpe A. "Here we are part of a living culture": understanding the cultural determinants of health in Aboriginal gathering places in Victoria, Australia. *Health Place* 2018; 54: 210–220.

13 Abrams EM, Szefler SJ. COVID-19 and the impact of social determinants of health. *Lancet Resp Med* 2020; 8: 659–661.

14 Shah GH, Shankar P, Schwind JS, Sittaramane V. The detrimental impact of the COVID-19 crisis on health equity and social determinants of health. *J Public Health Manag Pract* 2020; 26: 317–319.

15 Australian Health Practitioner Regulation Agency. Aboriginal and Torres Strait Islander Health Strategy – statement of intent. https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx (viewed Jan 2021).

16 Child Family Community Australia. LGBTIQA+ communities: glossary of common terms. CFCA resource sheet – Nov 2019. https://aifs.gov.au/cfca/publications/lgbtiq-communities (viewed Jan 2021).

17 Hindman L. COVID-19: ethical decision-making for First Peoples living with disability. First Peoples Disability Network Australia, 2020. https://fpdn.org.au/covid-19-ethical-decision-making-for-first-peoples-living-with-disability/ (viewed Jan 2021).

18 Katz I, Jones A, Newton B, Reimer E. Life journeys of victim/survivors of child sexual abuse in institutions: an analysis of Royal Commission private sessions. Royal Commission into Institutional Responses to Child Sexual Abuse. Canberra: Commonwealth of Australia. 2017. https://www.arts.unsw.edu.au/sites/default/files/documents/Life_journeys_of_victims_survivors_of_child_sexual_abuse_in_institutions.pdf (viewed Jan 2021).

19 Dudgeon P, Derry K, Wright M. A national COVID-19 pandemic issues paper on mental health and wellbeing for Aboriginal and Torres Strait Islander Peoples. Perth: University of Western Australia, 2020. https://apo.org.au/sites/default/files/resource-files/2020-06/apo-nid306661.pdf (viewed Jan 2021). ■