Talking points: Dawn

Power point 2: What is success?

We are thankful every day that to-date only around 150 Aboriginal and Torres Strait Islander peoples have contracted COVID-19 and there have been no deaths.

Since January 2020, our community-controlled health services around the country have been vigilant and active resulting in no cases in remote communities.

Prevention has been key to these low numbers of Aboriginal and Torres Strait Islander peoples contracting COVID-19. The closure of borders and the communication campaigns developed by our health services to suit their communities as soon as the virus reached Australia played a critical role in preventing the spread. Although we did dodge a bullet earlier on with the episode in the north of Western Australia.

By contrast, as stated by Washington Post:

'COVID-19 has killed Native Americans at a rate faster than any other group in the United States'.

In Australia, Aboriginal and Torres Strait Islander peoples' infection rate is 6 times less than that of the wider Australian community

There have been no cases in remote regions. However, our job is not done until we have our people vaccinated. Then we will breathe a lot easier.

Talking points: Dawn

Power point 3: Why have we been successful to-date?

There is no doubt that our Aboriginal and Torres Strait Islander Community Controlled Health Sector led and designed the response throughout Australia to protect our communities.

We have a network of 141 Aboriginal Community Controlled Health Services located in remote, regional and urban areas. Collectively they have 450 clinics. The network also includes their state and territory peak bodies and NACCHO at the national level.

We are all connected and work together to develop strategies including the response to COVID-19 and providing advice to the Australian, State and Territory Governments. We provide policy and program advice in addition to developing policy and adopting new approaches for the delivery of aspects of comprehensive primary health care.

Currently NACCHO is documenting a core services framework which articulates our model of comprehensive primary health care. One of the participants at a consultation session stated,

"To call yourself a comprehensive primary health care service, you need more than a 'sick care service'. You also need to be public health advocates to garner action on poverty and overcrowding. You must invest in communities, develop leaders and reclaim community empowerment, you must look to act on social determinants of health as well".

These are the values that were brought to the table when dealing with the response to the pandemic. Each service is controlled by the Community receiving the health service.

Talking points: Dawn and Lorraine

Power point 4: Partnership

Dawn

Federal Level

The partnership with the Australian Government at the beginning of the development of the Government's response to addressing COVID-19 was a key element to the success to-date.

The Australian Government established an Indigenous COVID-19 Advisory Committee which continues currently.

The members of the committee include:

- Aboriginal Doctors and CEOs from Community Controlled Health Services
- NACCHO Affiliates Public Health Medical Officers
- an Aboriginal Communicable disease expert
- State and Territory Government health officials, and'
- Other clinicians

The ongoing contributions committee members have made and continue to make has enabled the successful response to date. They have worked long hours in addition to their day jobs.

The willingness of the Australian Government to pursue the closure of borders early last year following the request from our communities was courageous and necessary. The funding support provided direct to our health services by the Australian Government has been instrumental in assisting our sector with their response.

Lorraine

For KAMS the pandemic response started in January 2020

In the ACCHO sector we are inclusive of community and we know to get messaging out we need to be very community focused and while responding rapidly, not appearing to be in a rush.

In March 2020, the WA government declared a State of Public Health Emergency which provided the WA Government with additional controls and measures in order to effectively respond to the COVID-19 pandemic. These

measures have included a Kimberley biosecurity border, travel restrictions, quarantine and self-isolation orders and restrictions on public gatherings.

Also in March 2020, a regional COVID interagency team was set up which met daily (occasionally twice daily) in the beginning and continues to meet weekly. This group includes the Kimberley Police Superintendent, regional director WACHS, representatives from DP&C, Dept of Communities, the Kimberley Land Council, DFES and KAMS. The coordination and information sharing it has allowed has been fundamental to the success of keeping COVID out of our communities in the Kimberley.

Our connection with the Commonwealth and NACCHO, our state pandemic response teams and regional organisations has allowed a prioritisation of Aboriginal cultural and spiritual ways, self-determination and empowerment. Shared decision making, good governance and community control - ensuring Aboriginal and Torres Strait Islander Community Controlled Organisations, and state Affiliates have representation and input into all aspects of COVID-19 planning and response in their communities, and decision-making processes has been high on our agenda.

We've developed a collaborative partnership model which includes key Public Health, Clinical health services and community, with Aboriginal and Torres Strait Islander representation embedded in the central pandemic management teams across the Kimberley. We've been represented by our Aboriginal staff in working groups and expert panels including the Commonwealth COVID-19 Indigenous Advisory Group, the Commonwealth COVID-19 POCT advisory group, the WA COVID-19 Aboriginal Advisory group, COVID-19 clinical evidence care panels, Kimberley Regional Emergency Operations Committee and the Kimberley Operational Area Support Group.

Principles that guided and continue to guide KAMS operational response during COVID-19 include:

- Complying with all government issued advice and directions.
- Implementation of advice and policies to ensure the organisation and clinics aligned to government directives and, to continue to operate to the extent possible.
- Modifying work practices to limit any impact to continuity of services to patients and communities.
- Modifying work practices to limit the potential impact of COVID-19 on staff, patients and the Kimberley community.

- KAMS implemented a number of planning and decision-making groups to assist in a timely and effective COVID-19 response for the organisation.

KAMS set up three important response groups:

Leadership Group – responsible for decisions related to management and oversight of the KAMS COVID response

Clinical Response Group – give advice to the leadership group on clinical response.

Communications Group – developed and distributed approved communication materials

This structure was vital to the coordinated and timely response we were able to make.

Talking points: Lorraine

Power Point 5: Innovation

- Telehealth
- POCT
- Recognition of the importance of the Aboriginal Health Practitioners in the response and vaccine roll out
- Widening of contract tracing role to ACCHS

Telehealth has played a big role in our ability to maintain primary care services in the KAMS remote clinics. We reduced the number of providers moving into and out of communities but maintained good support and developed some robust processes for telehealth which will be used into the future, especially where weather reduces the services we can provide.

Point of Care Testing As part of the COVID-19 response the Australian Govt funded a COVID-19 point of care program for Aboriginal health services, who are located more than 2 hours away from laboratories, recognizing that delays in test results can hinder public health responses, and a positive COVID case in a remote Aboriginal community had the potential to rapidly cause an outbreak leading to high levels of morbidity and mortality. The point of care selected for the program was the GeneXpert platform, many of the remote clinics already had this testing capability for STI testing and were familiar with the technology.

The ability to identify and isolate cases as soon as possible through point of care testing has made a significant difference to the remote community clinic responses and ability to respond to positive cases. Prior to POCT in communities we were having to isolate symptomatic patients and evacuate them by air and road into Broome for testing and further isolation while awaiting test results – this was a logistical nightmare, used a lot of resources and caused a lot of concern for community members not to mention a reluctance to present with symptoms. Through our affiliated services and remote clinics, we have 7 POCT sites with 32 staff trained to do the testing and to date well over 1000 tests having been carried out. We estimate that we prevented 125 air evacuations and 144 road evacuations in the first 7 months.

Vaccine preparation and roll out

What have we been successful at:

- Educating community about COVID
- Educating community about vaccination
- Finding out what will work for each community
- Finding out what each community wants
- Getting that information to the communities

Teams travelling around communities yarning about COVID and the vaccines

Aboriginal staff and community champions have been integral to the success of this approach

Contact Tracing Trained our local Aboriginal staff in what contact tracing is and how important it is and prepared them for being able to augment the state's ability to contact trace in our small, remote and often mobile communities. Our staff know their own community and know where people are and how to get in contact with them.

Talking point: Lorraine and Dawn

Power point 6: Prevention beyond COVID-19

Lorraine

If you could start with some clinical practices. For example separate entrances of social distancing in the services waiting rooms for flu and continuation of COVID.

Use of POCT for testing for a range of diseases.

KAMS is committed to continuing to provide quality healthcare to patients and communities while at the same time, providing a safe workplace for staff and a safe environment for the communities in which we work. We were very mindful of the risk our own staff posed to the communities and as a result immediately requested that clinical staff remained as isolated from the general population as possible and not travel outside the Kimberley. We reduced the number of staff and services flying into communities and managed extra clinics via telehealth.

What has been most important in our success

Communication:

- between the KAMS Leadership and staff, between KAMS and WACHS-KPHU, KAMS and other lead agencies such as WA Police, Dept of communities, Kimberley Land Council and DFES, and most importantly between KAMS and community members
- Localized messaging and graphics designed by our communications teams in language and in creole and rolled out quickly
- Local community consultation and involvement
- Being engaged in the remote community pandemic plans

Governance and Leadership

- Having a head start with our IP and C leadership and forethought
- Followed by the rapid implementation of a reporting and management structure within KAMS
- Keeping an eye on staff and patient safety first and foremost while maintaining services
- clearly define roles and responsibilities

Clinical Response

- KAMS COBVID Toolkit
- Standard operating procedures
- Isolation rooms for testing and triage
- POCT – we wouldn't have coped without it
- Workflows using different entrances – already in place for cultural reasons were "tweaked" to consider infectious diseases triage

Dawn

Our Community Controlled health sector has demonstrated that we are an integral part of the architecture in delivering the response to COVID-19 to prevent the spread of this deadly disease in Australia. We are not surprised about this.

After all our oldest Health Service celebrates its 50th anniversary and many others were established decades ago. They were established out of a need for Aboriginal and Torres Strait Islander peoples to not only have access to health care but also care that is culturally safe.

The cultural authority is guaranteed through the governance of each service by its Community elected Board.

Our model is an act of self- determination. Our model is true to the universal principles of primary health care as articulated in the 1978 Alma Ata Declaration.

For Aboriginal and Torres Strait Islander peoples we have always understood our health is broader than physical health. Our health and well-being is intrinsically connected to the land, language, culture and each other and in particular our elders.

If we protect our elders and children through prevention, we protect our culture and our peoples for generation to come. It is how we have survived.