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Final Report

# Keeping Mob Safe: “Yarning about vaccinations”

Evaluation of vaccine conversation  
workshops with Aboriginal health  
workers, Aboriginal community  
members and peoples providing  
services to Aboriginal communities

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# Executive Summary

The "Keeping Mob Safe: Yarning about Vaccinations" study, initiated and led by the Public Health Aboriginal Team at Hunter New England Local Health District (HNELHD), aimed to assess the effectiveness of vaccine conversation training for Aboriginal Health Workers, health service providers, non-health workers, and Aboriginal community groups. The study focused on understanding:

1. Vaccine knowledge and confidence gained from attending workshops.
2. Communication confidence following workshops.
3. Satisfaction with workshop content and format.
4. Participant experiences and suggestions for improvement.

To address the decline in vaccination rates among Aboriginal peoples in HNELHD, we adapted and Indigenized an existing workshop developed by J. Leask (1, 2), and applied Indigenist research methodologies. Using a community-led and culturally informed approach, the workshops provided a space for discussions about vaccines, addressing concerns and barriers. The workshops were delivered by experts in public health, immunisation, and social science, ensuring participants received evidence-based information from reliable and trusted sources.

Using a mixed methods approach of surveys, yarning activities and post-workshop yarns, the research team gathered insights into the effectiveness of the workshops. Three online and two face-to-face workshops were conducted between June and November 2023. A total of 70 participants attended, with high satisfaction reported. Post workshop data showed that 78% of participants felt more confident discussing vaccine risks and benefits.

The workshops, facilitated and led by trusted and connected Aboriginal public health practitioners, had a positive impact on knowledge and collaboration. Participants emphasised the need for ongoing education and training to support vaccination uptake, particularly by engaging and training local Aboriginal and non-Aboriginal health workers. Meaningful and culturally appropriate engagement with local Aboriginal partners is crucial for maximising participation in future workshops.

In conclusion, this study highlights the importance of Aboriginal-led education in improving vaccine knowledge and confidence, and empowering service providers and community members to engage in supportive vaccine conversations.

# Introduction

Globally, First Nations people experience lower vaccination coverage for many vaccine preventable diseases and COVID-19 (3-6) due to the ongoing impacts of colonisation and systemic racism (7), health literacy and mixed messaging (8), barriers to vaccine access (8, 9), and negative experiences of previous pandemics (10).

Aboriginal and Torres Strait Islander people (hereafter respectfully Aboriginal) are a priority population for Australia's immunisation programs due to historically lower coverage and higher rates of vaccine preventable diseases (11, 12). This was demonstrated during COVID-19, with Aboriginal vaccination rates for COVID-19 remaining lower than non-Aboriginal populations (13).

While state and national immunisation strategies work to achieve and maintain immunisation coverage rates for Aboriginal peoples (11, 14) and successful targeted immunisation programs exist, the strategies generally fail to mention how this can be done in collaboration with Aboriginal communities (11, 14).

In HNELHD, Aboriginal children maintain high vaccination rates at 5 years of age, yet timeliness remains an ongoing concern. Prior to the COVID-19 pandemic, vaccination coverage for Aboriginal children and young people were quite high, and the immunisation gap had closed between Aboriginal children and non-Aboriginal children (15, 16). However, Australia experienced a notable decline in Aboriginal childhood vaccination rates between 2021 and 2022 (15), and globally the most significant in decades (17). In response to this, recognising the impact of delayed or missed vaccinations, misinformation and importance of culturally appropriate engagement, the HNE Public Health Aboriginal Team (PHAT) undertook a pilot project to deliver vaccine conversation workshops within HNELHD. The workshops aimed to support Aboriginal community leaders and health workers in having open and supportive conversations with Aboriginal peoples about the benefits of vaccination and to encourage greater vaccine confidence and uptake.

## Methodology

This study was conducted within HNELHD. Aboriginal community members, and Aboriginal and non-Aboriginal people from various health and non-health organisations were recruited. Participants were invited to attend workshops delivered both online and face-to-face, offering flexibility.

Decolonising methodologies guided this study, centering Indigenous knowledges, worldviews and experiences (18). The study was led by Aboriginal researchers, ensuring the design and delivery of the workshops incorporated Aboriginal perspectives throughout each phase of the study.

The workshops were structured into four sections and included culturally informed activities designed to be fun and engaging. The activities aimed to promote learning and to help participants relate to and understand the information and concepts (Box 1.)

Using an iterative approach, the research team met regularly to refine the workshops, ensuring cultural respect and relevance by addressing participant feedback and community needs. A mixed-methods approach was used, including pre and post surveys and yarning, an Indigenous conversational method (19).

Yarning as a decolonising methodological approach upholds self-determination and empowerment principles. Three types of yarning were used:

- **Research yarning** gauged participants level of understanding of the topic.
- **Social yarning** was used to understand local issues, build rapport and trust, and allowing time for questions and feedback.
- **Collaborative yarning** enabled participants to share ideas, explore issues and make suggestions for future workshops

The study also applied Indigenist methodologies (20) and Participatory Action Research (PAR) to continuously refine the workshop content and delivery. Data from surveys and yarning activities were analysed by Aboriginal researchers through thematic analysis, to assess vaccine knowledge and understand participants' views, and identify key themes.

## Findings

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### Yarning activities during the workshops

Yarning approaches were interwoven throughout the workshops, focusing on participant questions, concerns, and barriers to getting vaccinated, as well as having the conversation about vaccination. Five key themes were identified:

1. **Information, knowledge, education** - Participants identified a lack of education and information about vaccines as a barrier to vaccination, noting distrust and concerns about vaccine safety, ingredients, and effectiveness. Some believed the mRNA vaccine could affect DNA, and questioned the safety, side effects, and timing of doses. They emphasised the need for community-led education, suggesting peer-led initiatives can improve trust and understanding about vaccinations.
2. **Trust and mistrust** - Participants highlighted how misinformation and conspiracy theories on social media, concerns about vaccine safety, and mistrust in the government's handling of COVID-19,

including changing recommendations, influenced vaccine decisions. Public health measures like lockdowns were viewed as government control, further worsening mistrust. Additionally, vaccine incentives at community events were seen by some as bribes, further complicating trust and vaccine discussions.

3. **Personal, community and cultural factors** - Participants shared that past negative childhood vaccination experiences, such as fear of needles and rough treatment while getting vaccinated, have influenced views about vaccination. Concerns were raised about parents opting not to vaccinate their children, preferring to let them decide for themselves. Many emphasised the importance of community support, trust, and cultural connections in vaccination, particularly preferring local, familiar healthcare providers. Participants highlighted the role of Aboriginal women in facilitating child vaccinations and stressed respecting individual choice. Some noted that religious beliefs and historical experiences with missionary-style education and lifestyle may still impact vaccination attitudes in certain communities.

4. **Access and logistics** - Participants identified several ongoing barriers to vaccination, including transport issues, vaccine stock shortages, difficulties getting to see a doctor, and long appointment wait times. Cultural safety was also raised, with suggestions to create a less traumatic and more positive vaccination experience for everyone.

5. **Communication and connection** - Participants emphasised the importance of building trust and open, two-way communication when discussing vaccination with Aboriginal people, particularly any new vaccines like the COVID-19 vaccine. Culturally appropriate conversations should address individual concerns, ask permission to discuss sensitive topics, and emphasise family, self-protection, and cultural safety. In small rural communities, Aboriginal Health Workers (AHWs) can face challenges maintaining relationships while navigating tough conversations, with some suggesting AHWs focus on sharing information, leaving more difficult discussions to other professionals. Building rapport, acknowledging concerns, and fostering connection were seen as essential for positive vaccine conversations.

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## Post survey data

Of the 70 participants, 59% (n=41) completed a post workshop survey. All were satisfied with the workshop (31 'very satisfied' [77.5%] and 9 'somewhat satisfied' [22.5%], with 1 missing data). Most participants (78%; n=32) were more confident in their ability to talk about the risks and benefits of COVID-19 and other vaccines to others. Additionally, 80% (n=33) felt more confident in finding appropriate resources on COVID-19 and other vaccination information (Figure 1). Eighty percent (n=33) rated the length of the workshops as 'just right' and 75% (n=30) were 'very satisfied' with the quality of the presenters. Furthermore 68% (n=26) stated the workshop was relevant to their work.



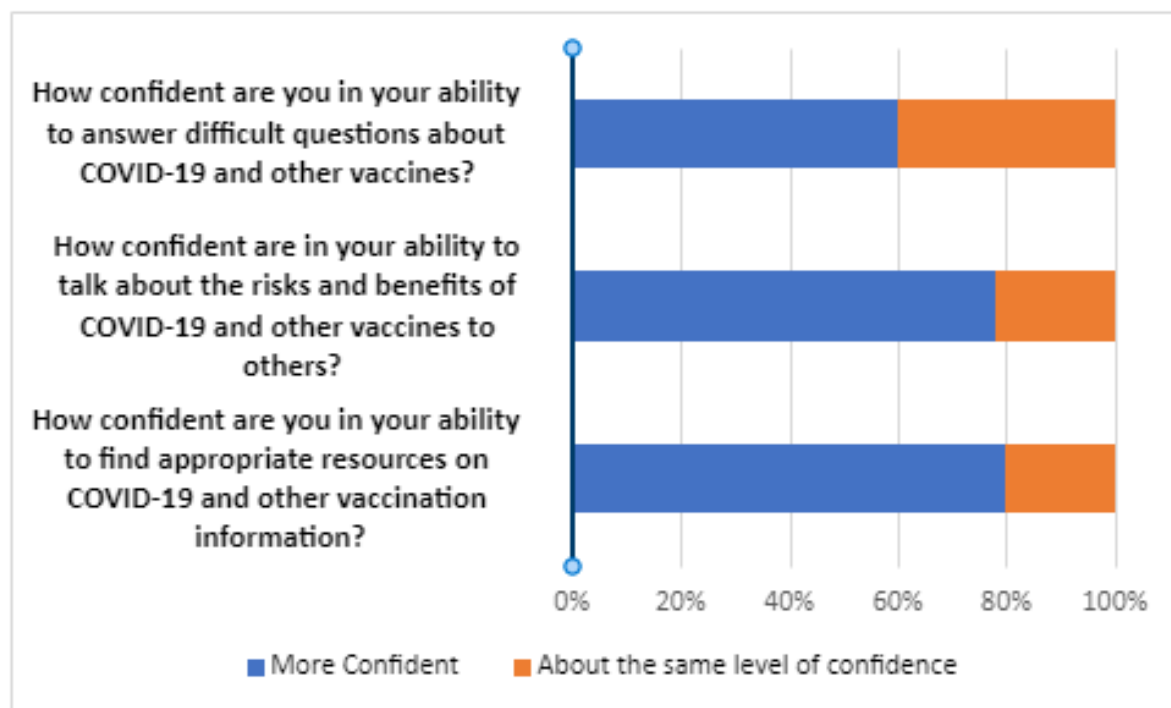


Figure 1 Participants confidence levels post-workshop

The top three things' participants liked about the workshop were:

1. **information** was delivered in a clear, concise, and easy to understand way
2. **interactive and engaging** methods including culturally informed activities like bingo and role plays.
3. **content and topic** presented a wide range of immunisation information.

## Post workshop yarning

Aboriginal researchers conducted post-workshop yarns with eight Aboriginal participants from diverse backgrounds, who are all strongly connected to their local communities and have cultural responsibilities beyond their work roles. The yarns ranged from 30 to 60 minutes. Participants shared the workshops' positive impact on community knowledge and collaboration with public health on important issues.

### Key findings:

1. **Workshop design and content:** participants appreciated the collaborative, respectful environment and valued the presence of trusted Aboriginal members of the research team, as well as public health experts. The in-person interactions, use of humour, and engaging activities like bingo and role plays were particularly well-received. Preferences varied between face-to-face and online formats, but the involvement of local Aboriginal community members was emphasized for building trust.
2. **Suggestions for improvement:** recommendations included shortening online sessions, focusing on key diseases, modifying role play scripts ensuring clear conversation styles, holding workshops in

community venues with transport support, and targeting high Aboriginal population areas and engaging young people were also suggested.

**3. *Applied learning:*** participants reported applying workshop learnings in their roles, such as addressing vaccine concerns without pressure and using casual, comfortable approaches to ease fears.

**4. *Future training toolkit:*** emphasizing the role of local health workers, participants recommended ongoing education, "train the trainer" programs, and a sustainable, adaptable toolkit with both hard copy and online resources. Sustainability relies on health service investment, stakeholder involvement, and cultural governance for continued feedback and support.



## Keeping mob safe: yarning about vaccinations



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### WHY THIS PROJECT MATTERS

First Nations people around the world have lower vaccination rates due to the ongoing effects of colonisation, systemic racism, health literacy issues, and barriers to access.

In Hunter New England Local Health District (HNELHD), Aboriginal children had high vaccination rates before COVID-19, but vaccine delays remain a concern. Between 2021 and 2022, Aboriginal childhood vaccination rates declined across Australia. To address overdue vaccinations, misinformation and the need for culturally safe conversations, the HNE Public Health Aboriginal Team ran vaccine conversation workshops in HNELHD.

### WHAT WE AIMED TO DO

This Aboriginal informed and led project supported Aboriginal community leaders and health workers to have open, honest, and supportive yarns about vaccines. The goal was to build confidence in vaccines and encourage more people to get vaccinated.



### HOW WE DID IT

- Between June–November 2023 we ran 3 online and 2 face-to-face workshops (metro & regional areas) in HNELHD
- 70 participants (37 online, 33 in person)
- Most were Aboriginal (68 out of 70)
- Mostly women (59 out of 70)



### WHAT WE LEARNED

- Yarning works: and helped people share concerns and feel comfortable discussing their experiences with vaccination.
- Trust matters: misinformation and past experiences shaped how people viewed vaccines. Having trusted Aboriginal facilitators made a big difference.
- Local & peer-led learning is powerful: people preferred getting vaccine info from their own community members rather than outside sources alone.
- Respecting choice: while many supported vaccination, respecting people's right to choose was important.
- Culturally safe spaces help: creating safe, welcoming spaces (both online and in-person) made it easier for people to engage and learn.

### WHAT WE FOUND

#### Lack of information & education:

- Many people didn't feel they had enough trusted information about vaccines.
- Concerns about vaccine safety, ingredients, and side effects led to uncertainty.

#### Trust & mistrust:

- Misinformation on social media made vaccine decisions harder.
- Changing government advice caused confusion and distrust.
- Some saw vaccine incentives as bribes, making conversations more difficult.

#### Community & cultural influences:

- Past negative experiences (like childhood vaccinations) impacted trust.
- Many felt more comfortable getting vaccinated by familiar, local providers.

#### Access & barriers:

- Transport issues, vaccine shortages, and long wait times made access difficult.
- Some clinics lacked cultural safety, making vaccination experiences negative.

#### Communication & connection matter:

- Trust and open conversations are key to discussing vaccines.
- Respectful, two-way discussions that acknowledge concerns work best.
- Aboriginal Health Workers (AHWs) play a crucial role, but some found it tough to balance relationships and difficult vaccine conversations.
- Participants suggested peer-led conversations and focusing on family, self-protection, and cultural safety.



#### What participants said:

- 100% were satisfied with the workshop:
  - 77% were very satisfied
  - 22% were somewhat satisfied
- 78% felt more confident talking about vaccines.
- 80% felt more confident finding reliable vaccine info.



Participants valued the interactive style, expert-led discussions, and the chance to yarn with others.

### WHAT CAN WE DO NEXT

- Develop a Train-the-Trainer Model – equip and support health workers to lead vaccine conversations.
- Create a Vaccine Conversation Toolkit – easy-to-use resources, both online and printed, to support ongoing discussions.
- Expand community-led education – more workshops led by trusted Aboriginal facilitators.
- Improve vaccine access – address transport, appointment availability, and cultural safety in healthcare settings.
- Strengthen support for AHWs – ongoing training, resources, and guidance to navigate vaccine conversations.



### WHAT THIS MEANS

Aboriginal informed and led education enables and empowers service providers and community members to engage in supportive vaccine conversations with Aboriginal people.



# Limitations

There were some limitations to this study. Not all participants completed the post workshop survey or contributed to the post workshop yarning, which may have distorted the findings of this research. While diverse voices were included, they do not represent all participants. Some may have shared only 'positive' feedback, given that the Aboriginal researchers conducting the yarning sessions also designed and facilitated the workshops. However, participants likely felt comfortable enough to provide honest feedback during all phases of the project, including anonymous surveys. These results reflect workshop participants' perspectives but may not represent the views of the wider Aboriginal community.

# Discussion

The "Keeping Mob Safe: Yarning about vaccination" workshops fostered a two-way learning process, where the research team shared information while gaining insights into participants' perspectives and concerns. Guided by PAR and decolonising research methodologies, yarning sessions provided an important insight into Aboriginal people's vaccine attitudes, lived experiences, and systemic barriers.

Key challenges identified included misinformation, fears, cultural considerations, and healthcare access issues, aligning with other research (21). Participants emphasised the need for a strong Aboriginal health workforce, sustained immunisation programs, and culturally tailored vaccine education. There was strong support for a train-the-trainer model to enhance vaccine conversations.

Workshops led by trusted and connected Aboriginal people using clear, jargon-free language were highly valued. Participants highlighted the importance of community-led initiatives, strong community engagement, improved communication strategies, and collaboration with key Aboriginal stakeholders to enhance vaccine uptake and trust in healthcare services.

Findings suggest that this culturally informed Aboriginal-led model can be adapted for broader use across other health initiatives, reinforcing the need for community-driven, strengths-based approaches to health education and service delivery.

Achieving vaccine equity for Aboriginal peoples requires adequate resources and empowering communities to lead local initiatives.

# Conclusion and implications

This study demonstrates that Aboriginal-led and culturally tailored programs can enhance vaccine knowledge and confidence, enabling effective vaccine conversations with Aboriginal peoples. The inclusion of experts in public health, immunisation, and social science further enhanced the credibility and impact of the workshops.

Addressing vaccine hesitancy through culturally sensitive approaches, like the adapted workshop model used in this study, may improve vaccine uptake. Further research would be required to see if addressing vaccine hesitancy through vaccine conversation workshops increase Aboriginal immunisation coverage.

Sustained efforts to build trust and deliver accurate information are crucial for achieving equitable immunisation outcomes for Aboriginal peoples. These findings highlight the need for localised and tailored strategies to enhance vaccine understanding and uptake within Aboriginal communities, offering valuable insights for current immunisation program and rollout of future vaccines.

Immunisation programmes should involve everyone, with adequate resources and support for community workshops led by Aboriginal and Torres Strait Islander people (11, 14, 22).

The findings of this project have been published in the Australian and New Zealand Journal of Public Health, ensuring that the knowledge gained can inform future research and practice (23).

## Recommendations

It is recommended that NSW Health support the development of an Aboriginal specific Vaccination Conversation Toolkit and training module. This would enable NSW Health and ACCHO staff to access culturally appropriate resources to support vaccine discussions with Aboriginal and Torres Strait Islander people.

See below table of recommendations and actionable steps to support the implementation of vaccine conversation training to increase vaccine knowledge and confidence for Aboriginal and Torres Strait Islander peoples:

Strategy & Actions	Focus & Strategic Alignment
<b>1. Support ongoing Aboriginal-led vaccine education and training for communities.</b> <ul style="list-style-type: none"> <li>• Fund Aboriginal-led education initiatives for communities</li> <li>• Include up-to-date information on vaccine-preventable diseases and coverage</li> </ul>	<b>Focus:</b> Community education and empowerment <b>Alignment:</b> NSW Immunisation Strategy 2024–2028 <ul style="list-style-type: none"> <li>• Embed immunisation in routine healthcare</li> <li>• Enhance community awareness and understanding</li> </ul>
<b>2. Develop resources and training toolkits for health professionals.</b> <ul style="list-style-type: none"> <li>• Fund development of accessible, culturally appropriate vaccine resources and toolkits</li> </ul>	<b>Focus:</b> Health workforce education and support <b>Alignment:</b> NSW Immunisation Strategy 2024–2028 <ul style="list-style-type: none"> <li>• Embed immunisation in routine healthcare</li> <li>• Enhance community awareness and understanding</li> </ul>
<b>3. Strengthen and build the Aboriginal health workforce.</b> <ul style="list-style-type: none"> <li>• Recruit and support Aboriginal Health Workers, Practitioners, and admin staff</li> </ul>	<b>Focus:</b> Workforce development <b>Alignment:</b> NSW Immunisation Strategy 2024–2028 <ul style="list-style-type: none"> <li>• Maximise workforce capacity to support immunisation</li> </ul>
<b>4. Strengthen Aboriginal partnerships and community engagement.</b> <ul style="list-style-type: none"> <li>• Partner with ACCHSs, NGOs, and communities</li> <li>• Privilege Aboriginal voices</li> <li>• Share local vaccination coverage data</li> </ul>	<b>Focus:</b> Community partnerships and engagement <b>Alignment:</b> NSW Health Aboriginal Health Plan 2024–2034 <ul style="list-style-type: none"> <li>• Priority Reform 1: Partnerships &amp; shared decision-making</li> </ul> NSW Immunisation Strategy 2024–2028 <ul style="list-style-type: none"> <li>• Use data better to improve outcomes</li> </ul>
<b>5. Implement cultural governance</b> <ul style="list-style-type: none"> <li>• Implement joint governance.</li> <li>• Ensure majority Aboriginal membership</li> <li>• Establish Aboriginal Advisory Group</li> </ul>	<b>Focus:</b> Cultural governance and decision-making <b>Alignment:</b> NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework
<b>6. Extend workforce capacity and enhance cultural safety.</b> <ul style="list-style-type: none"> <li>• Expand scope for Aboriginal immunisers</li> <li>• Fund immunisation training with support</li> <li>• Emphasise culturally safe health services</li> </ul>	<b>Focus:</b> Workforce policy and cultural safety <b>Alignment:</b> NSW Immunisation Strategy 2024–2028 <ul style="list-style-type: none"> <li>• Maximise workforce capacity</li> <li>• Increase cultural safety</li> </ul>

# Appendices

## Box 1. Structure and content of the Keeping Mob Safe: Yarning about Vaccinations workshops.

**Introductions** enabled participants to ‘(re)connect and yarn’. Facilitators introduced themselves and invited participants to share “*what’s your name, where you’re from, who’s your mob*”. An Acknowledgement of Country showed respect for the traditional owners of the land on which the workshops took place.

**Part 1 & 2:** provided updates of current COVID19 and influenza activity, explored key vaccine preventable diseases, vaccine development, safety and monitoring, and the NSW immunisation schedule and recommended vaccines for Aboriginal and Torres Strait Islander people.

**Part 3:** addressed reasons for vaccine hesitancy, and behavioural and social drivers for vaccine uptake. Existing vaccine conversation scripts were adapted and shown as two video role plays: 1) Unsupportive conversation; and 2) Supportive conversation (using positive communication practices).

**Part 4:** included information, resources and strategies to encourage participants to become vaccine advocates.



## Box 2. Suggestions for training toolkit

### Health Worker training:

- Use existing training frameworks like Train the Trainer to build the skills and knowledge of Health Workers to deliver the workshops in their communities, that is delivered face to face or virtual.

### Training package:

- *Content:* should include comprehensive vaccine information, immunisation and safety awareness, vaccination data, conversation video role plays, videos of immunisation nurses sharing their vaccination experiences, and interactive activities to engage participants.
- *Online access:* to learning modules and workshop package toolkit (such as presentations, videos, recordings and resources). Yearly refresher training to be encouraged by managers as part of ongoing professional development and training.

### Information and Resources:

- *Information* available through an accessible online platform (hub) with links to existing resources, including Aboriginal specific resources, such as FAQs on vaccine safety, and conversation tools to assist health workers in having supportive vaccination conversations.
- *Resources for health workers:* include a toolkit for health workers to access online and hard copy resources, like conversation tools, flipcharts, posters and pamphlets, that can be used as visual tools to support vaccine conversations, as well as health workers access to immunisation recall systems to help with follow up of due and overdue vaccinations.
- *Resources for community to support vaccine uptake* include an electronic app that can be used for all ages, like the NSW Health “Save the Date to Vaccinate” app for children, a community member information pack about vaccines and the development of a hard copy diary for people without smartphone devices to record when they are due for their vaccinations.

### Flexible Workshop Delivery:

- *Face-to-face and online options:* involve local community members and leaders in face-to-face workshops for deeper engagement and support the option for online workshops to enable remote participation. For example, workshops like “Keeping Mob Safe: Yarning about Vaccinations” could be delivered face-to-face or virtually by health staff to deliver local workshops and provide greater reach for participation.

### Connection and collaboration:

- *Embed time for more yarning* throughout the workshops to enable participants to connect and identify ways to collaborate and engage with health workers more broadly on various health conditions.
- *Collaborate with key partners and stakeholders* including Aboriginal Medical Services, local health and non-health organisations, and trusted community members, to plan and deliver vaccine workshops as well as sharing resources to overcome logistical barriers, like workshop venue and transportation, to improve community participation and networking between agencies.



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