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LETTER TO THE EDITOR

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Stay Strong: Aboriginal leaders deliver COVID-19 health messages

COVID-19 caused by Severe Acute Respiratory Syndrome-Coronavirus-2 (SARS-CoV-2) has constituted a pandemic unparalleled in modern history. The spread, case numbers and socioeconomic consequences have resulted in pandemic control measures attempting to "flatten the curve." Australia recorded its first case of COVID-19 on the 25th of January 2020. The federal government responded to the virus spread by escalating human movement controls: during February any person arriving from countries with high rates of infection were expected to quarantine for 14 days in a third country before entering Australia. On the 11th of March when the World Health Organisation declared COVID-19 a global pandemic there were more than 118 000 cases in 114 countries and 4291 people had died.[1] Seven days later the death toll in Australia had risen to six and the government effectively closed the border by raising international travel advice to its peak level – "do not travel." By this stage, mainstream media channels were saturated with international COVID-19 stories which focused on the rising rates of transmission and death contributing to confusion and panic. As restrictions on human movement intensified (border controls, social distancing and limiting public gatherings) panic buying of food, hoarding of toilet paper and other extreme herd behaviour resulted. Fear about COVID-19 spread faster than the virus in the sparsely populated Northern Territory of Australia where 30% of the population identifies as Aboriginal. Myths circulated communities: Aboriginal peoples are immune; heat kills the virus so people in Australia's tropical north are immune; the disease had been unleashed to kill Aboriginal peoples. The NT has experienced the lowest rate of infections nationally – around half that seen in other Australian jurisdictions; no cases have occurred in Aboriginal peoples and no community transmission has occurred to date. Described as the "safest place in Australia," this may be attributed to pandemic control measures implemented before the rates of infection took hold.

Despite the relative safety of the NT bubble, enforced by human biosecurity controls including a ban on all nonessential travel to and from Aboriginal communities, leaders were worried. During previous pandemics (H1N1 in 2009), Aboriginal peoples were not identified as a priority group and experienced higher rates of illness.[2] The ongoing impacts of colonisation have been well documented as a driver of Indigenous poor health. For Aboriginal peoples in the NT rates of rheumatic heart, cardiovascular, lung and end-stage kidney disease and psychological distress are disproportionately high.[3] Families were scared that COVID-19 could make their children with rheumatic heart disease or partners with chronic kidney disease more unwell. Fears were well-founded: most people with severe or fatal COVID-19 have had underlying chronic conditions.[4]

About 7 weeks after the first reported Australian SARS-CoV-2 case, the Federal Government launched a COVID-19 information campaign for the general population: stay at home, wash your hands, use appropriate cough etiquette and practice social distancing.[5] There are 150 Aboriginal languages spoken in Australia[6] and initially just four radio advertisements were translated into languages indigenous to Australia: Warlpiri, Pitjantjatjara, Meriam Mer and Torres Strait Creole.[5] Recognising the need to develop information in Aboriginal languages for the 60% of Aboriginal people in the NT who speak one of the 100 languages,[6] NT land councils, Aboriginal controlled health organisations, arts and language centres produced (often entertaining) videos with the same government-sanctioned message to be shared on social media platforms, particularly Facebook which has been used by Aboriginal peoples to build and express self-determination narratives.[7] However, targeted materials for people with pre-existing chronic conditions, most vulnerable to the threat of COVID-19, were missing.

In response to community concerns, a Darwin-based nephrologist, a health communication researcher and a media producer partnered with Aboriginal leaders to fill the information gap. NT medical practitioners also recognised that in times of crisis, medication adherence becomes a low priority. A message tailored for patients with comorbidities focussed on wellness was crafted: (a) Stay strong – take your medicine, attend dialysis, get your rheumatic fever prevention needles, if you have breathing problems use your medicine; (b) stop smoking; (c) wash your hands with soap; (d) talk to a clinic health worker if you are worried; (e) stay calm, stay on country and care for family. "Stop smoking" was included due to high rates of smoking amongst Aboriginal people[8] and given concern about a higher severity of COVID-19 disease in smokers compared to nonsmokers. The message encouraged people to take control of their health and to cross-check with a reliable source the accuracy of information.[9] To ensure videos remained relevant during the pandemic, information about transmission rates or changes in government protocols was not included.

Elders, cultural educators, former politicians and health professionals from Darwin, Barunga, Lajamanu, Wurrumiyanga and Galiwinku created five short videos in English, Kriol, Warlpiri, Tiwi and Djambarrpuyngu catering to the largest language groups across the Top End of the NT (http://www.menzies.edu.au/resources/?keywords=coronavirus). Two of the leaders were undergoing treatment for serious illnesses: end-stage kidney disease and cancer. In addition, to the medical messages which were workshopped with leaders (not delivered as a script), community concerns were addressed. About 400 km southeast of Darwin in Barunga, leaders were worried those

with comorbidities were avoiding the clinic fearing that nonIndigenous workers could transport the virus with them. This fear was addressed by explaining the quarantine protocols for persons travelling to communities. On the Tiwi Islands, 100 kms from Darwin, Elders asked family not to share cigarettes, concerned that could transmit the virus. Smartphones were used to film messages in selfie mode, by grandkids, via video conference and by a dialysis nurse in Lajamanu, 900 kms southwest of Darwin. Messages were back translated to the nonIndigenous English-speaking video producers by other language speakers. To rapidly disseminate the messages, videos were freely shared with government departments, clinicians, Aboriginal community-controlled health organisations, chronic illness peak bodies, local radio and TV networks, and Facebook (including remote community noticeboards), Twitter and health professionals WhatsApp groups (with a message encouraging clinicians to show patients videos). One month after posting, the videos reached 20 thousand views.

While COVID-19 messages created for the general population and translated into local Aboriginal languages were vital, many were created using actors overdubbed by anonymous interpreters. Successful dissemination of health information requires more than a translation. Mainstream public health campaigns have been known to inspire resistance amongst Aboriginal and Torres Strait Islander peoples,[10] whereas messages delivered by trusted members of the community who can act as a cultural broker between the medical advice and their community have been shown to be more effective.[8,10,11]

Pre-existing personal and professional relationships between doctors, communication professionals and NT community leaders meant health promotion messages for chronically ill people from Aboriginal communities could be produced and disseminated rapidly (within 2 weeks) despite COVID-19 movement restrictions. Aboriginal leaders best placed to reassure their communities, delivered supportive health advice and addressed community anxiety in culturally appropriate ways.

AN ETHICS APPROVAL STATEMENT

No requirement for ethics.

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CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest.

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SUPPORTING INFORMATION

Additional Supporting Information may be found online in the Supporting Information section.