



# Engaging Indigenous Communities with COVID Vaccine Implementation

1) Conduct an **environmental scan** to identify Indigenous communities/agencies within institutional catchment area. This includes the following:

- First Nation/on-reserve communities
- Aboriginal Health Access Centres
- Indigenous Community Health Centres
- Indigenous Interprofessional Primary Health Care Teams
- Indigenous Family Health Teams
- Inuit Family Health Teams
- Ontario Federation of Indigenous Friendship Centres
- Metis Nation of Ontario local chapters
- Inuit Associations and Affiliated Organizations

*\*note: your institutional catchment area may not have any of the Indigenous communities/agencies within it or may have some some/all that are listed. It is essential to identify all potential Indigenous organizations within your local area.*

*\*\*note: catchment areas of Indigenous communities/agencies may not align with your institutional catchment areas. It is essential to take the jurisdictional direction from the local Indigenous communities/agencies.*

2) Be aware of **jurisdictional alignment** and institutional accountability

- Follow Jordan's Principle<sup>1</sup> – do not let the patient go without service in the presence of jurisdiction ambiguity.
- Engage with Indigenous Services Canada – regional lead – to ensure there is an alignment, and not duplication, of services.
- Be aware of federal, provincial and regional accountability for **all** Indigenous communities, including but not limited to, on-reserve First Nation, off-reserve rural/remote communities, and urban Indigenous settings.

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<sup>1</sup> <https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824>

3) **Outreach** to identified Indigenous communities/agencies within catchment areas, confirming the following:

- The catchment areas align and if additional communities/agencies need to be engaged
- Stage of involvement the Indigenous communities/agencies would like to be engaged
  - idea conception
  - planning
  - implementation
  - evaluation
- The level of involvement the communities/agencies would like
  - part of planning tables, committees, advisory circles...
  - dissemination site for health service delivery (vaccine)
  - providing/receiving staff to support vaccination clinics
- Determine current capacity/services offered by the communities/agencies
  - COVID assessment and testing site
  - self-isolation capacity
  - food security
  - mental health supports
  - Traditional healing/cultural supports...
- Determine if the community requires support, and if so, what support is needed – being prepared to provide the support as able.
  - Take the direction from the community – do not go engage with the community expecting to be the ‘saviour’, but at the same time, do not expect to receive support without willing to give something in return – reciprocity is key.
- Recognize the strengths that the Indigenous communities/agencies have and are able to provide the institution in the COVID response, such as:
  - Physical space for COVID vaccine clinics
  - Health staff (nurses, physicians, allied health, Traditional Healers, cultural coordinators, navigators, community wellness workers...)
  - PPE supply
  - Public education
  - Communication to community-specific health providers
  - Support with prioritization of vaccine dissemination based on risk stratification

*\*note: the first point of contact for these Indigenous communities/agencies typically include one of the following:*

- *Health Director/Community Health Nurse*
- *Executive Director*
- *Chief Executive Officer*

*\*\*note: it is imperative that you involve the local Indigenous communities/agencies at the onset of putting your COVID Vaccine Planning Table together to ensure they are meaningfully engaged in the planning process.*

- 4) When it comes to **communication**, recognize the diversity among the Indigenous population and target your communication strategies accordingly. Consider the following:
- Engage Indigenous communities (First Nation, Metis, Inuit) to assist with development of key messaging for their respective communities.
  - Collaborate with Indigenous groups for effective, widespread dissemination of messaging
    - Metis Nation of Ontario chapters within institutional catchment area
    - Inuit affiliation and associated organizations within institutional catchment area
    - On-reserve First Nation communities within institutional catchment area
    - Urban Indigenous settings/communities within institutional catchment area
  - Determine if there are community leaders that are willing to support and advocate for vaccine uptake within their communities.
- 5) Support and promote **cultural safety approaches** among institutional staff. This may include, but is not limited to:
- Participate in cultural safety training, such as IPHCC
  - Ensure policies and procedures are inclusive of Indigenous population, such as:
    - Complaint policy in place and response mechanism to address racism (e.g., change in services provided when self-identifying as Indigenous)
    - Ensure policies are in place to support bringing issues forward (e.g., Whistleblower policy)
    - Recognize that Indigenous population is diverse – no one size fits all mentality
- 6) Ensure **data governance** agreements are in place to support Indigenous data collection and sharing of information. Strategies may include, but are not limited to:
- Inform communities of importance of data collection, taking the time to respond to questions and inquires from community agencies, patients...
  - Co-develop data collection method and selection of data fields
  - Train frontline staff on collection of data in a safe and effective method
  - Anti-racism training to be delivered to frontline staff to establish a safe environment for self-identification
  - Indigenous communities must benefit from the use of the information (i.e., being informed of the vaccination uptake numbers among community members).
  - Putting a data collection and reporting strategy in place to track racism when it is captured and subsequent actions taken.