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\(^1\) – 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.

\(^1\) [https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824](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.