



# ENGAGING INDIGENOUS COMMUNITIES WITH COVID 19 VACCINE IMPLEMENTATION



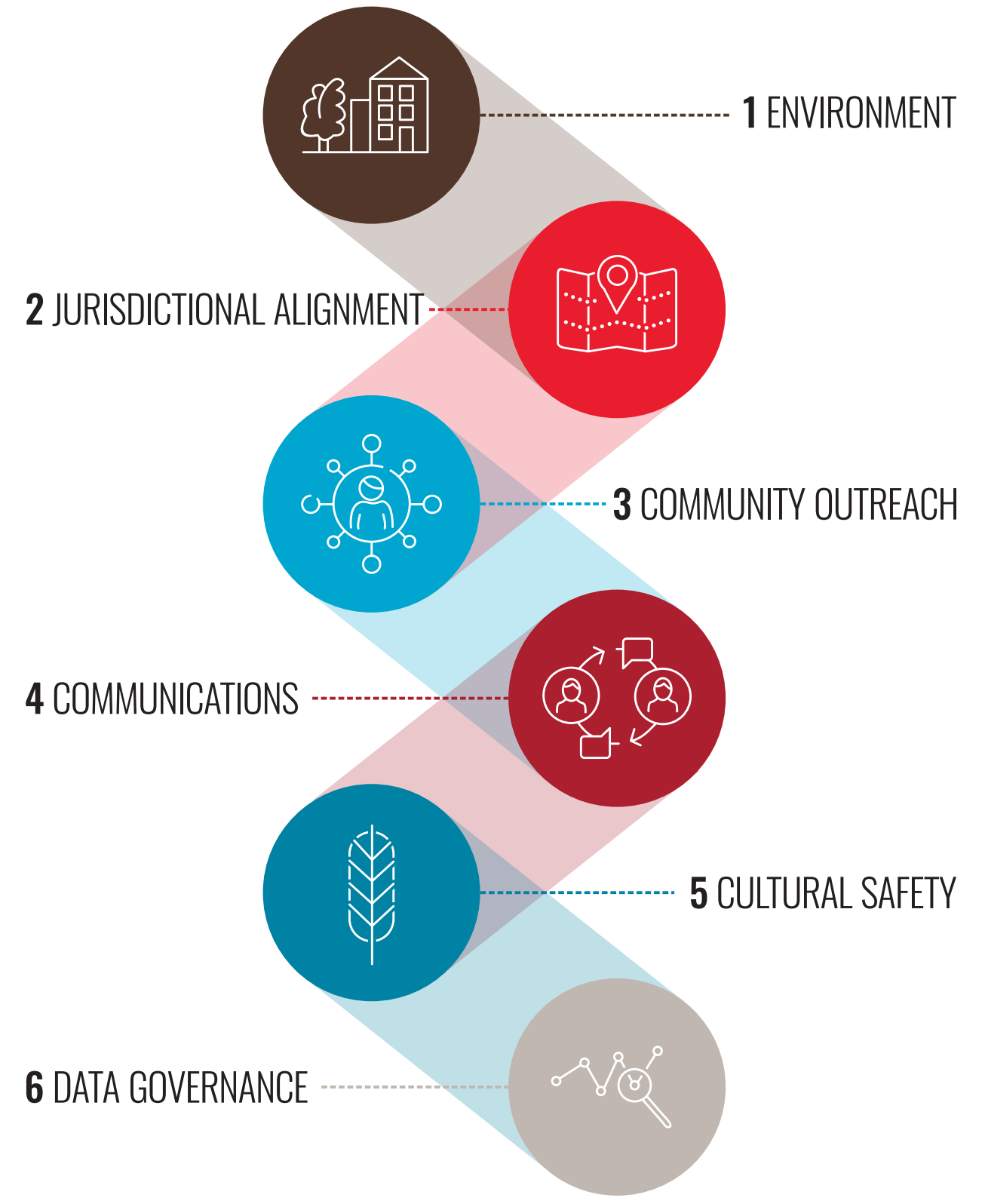


# PURPOSE

To provide guidance on communication/engagement strategies and culturally safe practices/policies for vaccine implementation for Indigenous people in Ontario.



# AREAS OF FOCUS





# ENVIRONMENT

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 and Inuit Family Health Teams
- Ontario Federation of Indigenous Friendship Centres
- Metis Nation of Ontario local chapters
- Inuit Associations and Affiliated Organizations

**NOTE 1** Your institutional catchment area may not have any of the Indigenous communities/agencies within it or may have some/all that are listed. It is essential to identify all potential Indigenous organizations within your local area.

**NOTE 2** 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.



# JURISDICTIONAL ALIGNMENT

Be aware of jurisdictional alignment and institutional accountability.

- Follow Jordan's Principle<sup>1</sup> – do not let the patient go without service because 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 Nations, off-reserve rural and remote communities, and urban Indigenous settings.

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



# COMMUNITY OUTREACH

Outreach to identified Indigenous communities/agencies within your catchment area and confirm the following:

**Where** The catchment areas align if additional communities/agencies need to be engaged

**When** Stage of involvement the Indigenous communities/agencies would like to be engaged

- idea conception
- planning
- implementation
- evaluation

**How** 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.

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

**Community Capacity** Current capacity/services offered by the communities/agencies:

- COVID assessment testing site
- self-isolation capacity
- food security
- mental health supports
- traditional healing/cultural supports

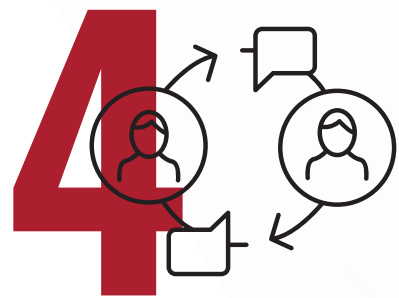
**Community Needs** If the community requires support, and if so, what support is needed – be prepared to provide the support

- Directly if able, or link them to the appropriate resources. If you require support from the community make sure it doesn't burden them. Working with the community should be based on reciprocity.

**Community Strengths** The strengths that the Indigenous communities/agencies have and are able to provide the institution in the COVID response, such as:

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



## COMMUNICATIONS

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, Métis and Inuit) to assist with development of key messaging for their respective communities.
- Collaborate with Indigenous groups within your institutional catchment area for effective, widespread dissemination of messaging:
  - ▶ Métis Nation of Ontario chapters
  - ▶ Inuit affiliation and associated organizations
  - ▶ On-reserve First Nation communities
  - ▶ Urban Indigenous settings/communities
- Determine if there are community leaders that are willing to support and advocate for vaccine uptake within their communities.



## CULTURAL SAFETY

Support and promote cultural safety approaches among institutional leadership and 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 is in place and a response mechanism to address racism (i.e. 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 the Indigenous population is diverse – no one size fits all mentality



## DATA GOVERNANCE

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 the importance of data collection, taking the time to respond to questions and inquires from community agencies and patients
- Co-develop data collection methods and selection of data fields
- Train frontline staff on the collection of data in a safe and effective method
- Anti-racism training 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.



"As the province, and the world, continue to navigate through COVID-19, supporting those most vulnerable for severe consequences in a collaborative and inclusive manner is imperative."

**- Caroline Lidstone-Jones, CEO, IPHCC**

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