

COVID-19 Pandemic Review: Lessons Learned for First Nations in Ontario Reporting on the Period Between March 2020 and January 2022 Prepared by:



Miigwetch to all Contributors

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Key Informants

 This report was made possible by the voluntary contributions of key informants and stakeholders who participated in the COVID-19 response for First Nations in Ontario, Canada.

Artistic Contributors

- Cover art painting by Anishinaabe shkinii-kwe/youth, Amy Gervais © 2022
- Illustrations by First Nations artist from Chippewas of Nawash First Nation in Neyaashiinigmiing, Ontario, <u>Claire Shannon-Akiwenzie</u> © 2022
- Additional images taken or created by Robyn K. Rowe 2022 ©

Background



Guided by First Nations and information received from the leadership, the Chiefs of Ontario set out to determine what lessons were learned and what sorts of recommendations for future pandemic preparedness could be made, from the perspectives of individuals who were in decision-making, leadership, and advisory roles between March 2020 and December 2021.

Methods Used:

- Document Analysis
- Literature Review
- Virtual Key Informant Interviews
 - Cross section of key First Nation leadership, Health Directors, community members, Elder, COO staff, government (federal, provincial)

Sharing Knowledge



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Report Highlights



Response

Resilience

Repercussions

Recommendations

Major Theme 1:

Realities

- Already overburdened
- System's Gaps and Ongoing Colonialism
- Unique Challenges
- Competitiveness (over funding and resources)
- Trauma and Grief





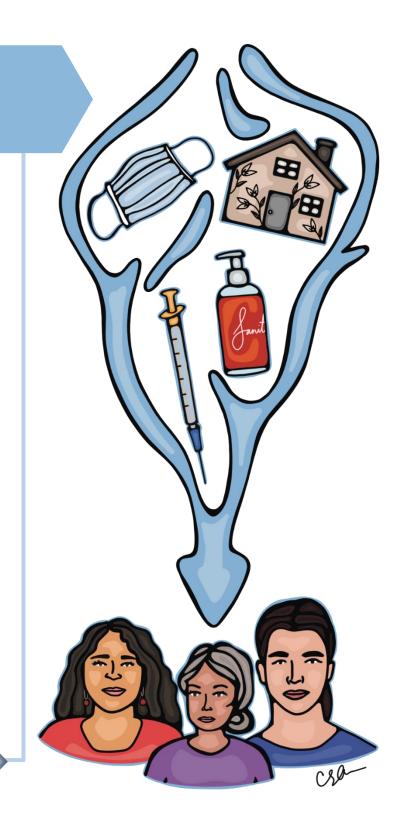
Major Theme 2

Responses

- Early awareness of COVID-19
- Regional Response
- National First Nations' Response

COVID-19 Interventions

- Lockdowns, Shutdowns, and Closures
- Funding and Supports
- School Closures
- Getting people home
- Evolving Priorities
- Work from Home Measures
- Responding to Diverse Community Needs
- Mental Health and Addictions Response
- Communication and Knowledge Mobilization
- Data-driven



Data-driven Responses

As early as March 2020, expert data analysts and epidemiologists within the COO's Health Sector and the Research and Data Management Sector were looking to existing COVID-19 data models being deployed in the United States, to begin understanding:

- 1) what a model would look like for First Nations;
- 2) what existing information was relevant to FNs, and
- 3) how modeling could help to predict the impact of COVID-19 for FNs in Ontario.

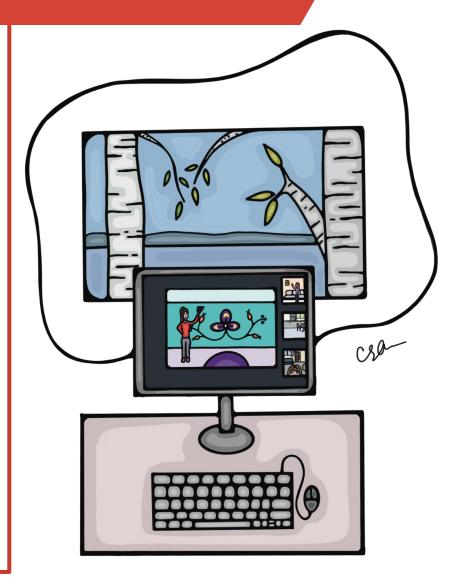


Major Theme 3

Resilience

- Community Strengths During COVID-19
- The Value of Pandemic Planning
- Good Planning, Better Results
- Funding, Research, and Support
- First Nations-led Advocacy
- Going above and Beyond Mandates
- Adapting to Change
- Working from Home
- The Vaccine
- First Nations' COVID-19 Data and Reporting

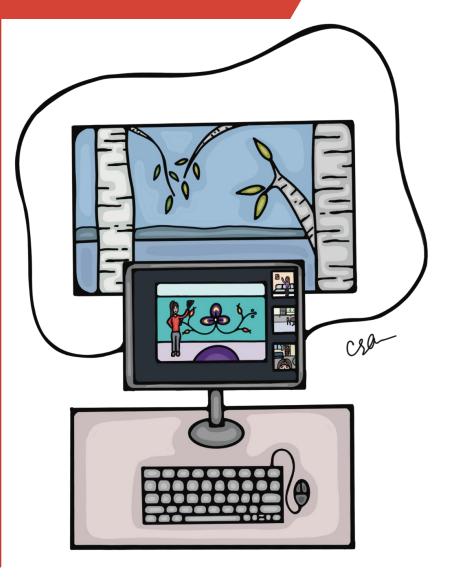




First Nations' COVID-19 Data and Reporting

"We needed to know where the virus was moving. So, you know, which municipalities had cases which First Nations had cases. We needed that to get that information to First Nations."

• FN Key Informant





Prioritizing Mental Wellness

• Taking care of Mind, Body, and Spirit

Cra

- Food Security
- Caring for Each Other
- Protecting our Elders
- Getting Direction from Elders
- Sharing Gifts in Quarantine
- Staying Connected
- Preserving Culture

Non-medical homemade facemasks and crafts.

Resilience

Major Theme 4

Repercussions

- Diversity of First Nations' Experiences
- Pandemic Mandates and Remoteness
- Isolation and Overcrowding
- Competition over Resources
- Impacts to Continuity of Care
- Unintended consequences for workers
- Changes in community leadership
- Supply and Demand
- Virtual Environments
- Burden of Technology
- Information Overload
- Duplication of Efforts
- Capacity including limited reporting capacity
- Duplication of Data Efforts
- COVAX and Vaccine Data
- Ineffectiveness of Vaccine Data Capture



Key Learnings

During the pandemic, pre-existing health and social inequities became wider.

- There was a framework that was not finalized before COVID-19 pandemic
- Local, provincial and federal public health and pandemic response:
 - Lack of coordination, e.g., funding rollout
 - Didn't take into consideration unique and diverse community needs
- Duplication of efforts, for example data reporting: federal, provincial, community
- Communities exerted sovereignty in their own pandemic responses
- Preparation should include planning for supplies, clarity in responsibilities between communities, PTOs, Tribal Councils, provincially-funded Indigenous health centres
- Measure of staying well needs to go beyond COVID-19 infections.
 - Considerations for unintended mental health, isolation, economic consequences



Final Words

While efforts to respond to COVID-19 were quick and efficient in many instances, they did not do enough to address long-standing underlying community burdens.

- Data governance agreements and processes at ICES to get data out quickly was 10+ years in the making.
- Pre-existing pandemic plans in some communities were ready.
- The ability for First Nations to overcome obstacles was highlighted throughout the pandemic.
- Preparation requires genuine commitments to eliminate past harms by providing sufficient resources, funding, support, and capacity.
- All levels of government should work together towards ensuring that First Nations have the necessary policies in place to continue to function effectively and well during any type of emergency, including a pandemic.
- Need to put together a process to guide and coordinate future responses;
- Need a First Nations-led framework that is agreed to by provincial and federal governments;



Miigwetch | Thank you

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