

Action Plan

Version February 05, 2021

Communications

- Educate local, regional, health services through communications distribution
- Educate provinces and decision makers communications distribution
- Vaccine information for urban Indigenous community members – seek to improve vaccine acceptance (note: many positive examples emerging from on-reserve campaigns underway)
- Amplify messaging from ISC Minister Marc Miller, has been speaking publicly in media of importance of all Indigenous vaccination, not just on-reserve or remote northern populations
- Share success stories where Indigenous urban vaccination engagement is taking place, and as they happen, success stories of successful clinics (*for example, Yukon public health actively working with local First Nations for elders clinic in health centre, and considering dedicated blocks of time for community members at Whitehorse super-centre site*)
- Rely on Indigenous health experts for sharing the need as well as opportunities/ways of increasing access to and uptake of COVID-19 vaccine in the urban Indigenous population

Awareness and Advocacy

- Checklist for mainstream health services to ensure engagement with Indigenous governments and organizations
- Advocating for urban Indigenous people on the priority lists – elders/seniors, homeless and frontline workers through multiple channels (see Communications and Engagement)
- Ask Indigenous organizations and ISC representatives currently sitting at provincial planning/decision tables to continue speaking up for urban Indigenous relations at risk and in need of vaccine
- “how we can help” list of how engaging Indigenous governments and organizations will help with vaccine awareness and clinic participation
- Presentation to Canadian Immunization Committee Vaccine Supply Working Group by NAFC and ISC (completed January 28, 2021) (*note: deck may be shared, French translation in progress*)
- Continue to amplify initial National Advisory Committee on Immunization priority recommendations that included Indigenous communities potentially at risk, which includes homeless or socially disadvantaged communities, not just remote, as additional vaccine supplies become available
 - Reframe “isolation” to not just mean geographical isolation, but also social and systemic isolation – many Urban Indigenous are isolated from local health care services due to lack of access, systemic racism
- National Advisory Committee on Immunization consideration of including all Indigenous, regardless of location, as a priority group for Q2 (April, May, June) vaccination
- Members briefing upwards within regional and national Indigenous organizations, as well as local, provincial and federal members doing likewise

- Amplify epidemiological evidence (where available) that demonstrates certain urban Indigenous groups are at higher risk of COVID-19 and severe outcomes (BC, MB)

Engagement

- Weekly Urban First Nations, Inuit and Métis COVID-19 Task Group meetings
- Continue to reach out to municipal and provincial public health MOH's and agencies and invite them to the Urban Task Group
- Give an Urban Indigenous update at the weekly ISC Vaccine Working Group meetings so as to reach out to PT reps there (note: would be kept to a minimum amount of time)
- Continue to follow up with ISC Regional Offices to see if there are opportunities for them to assist in networking or regional advocacy to their respective PT contacts.

Readiness and Capacity

For helping with opportunity, readiness and capacity of Urban Indigenous organizations and settings:

- As more vaccine becomes available, provinces may be more willing to consider and support targeted urban Indigenous vaccine efforts – remind them through multiple channels of need for advance planning (not just a few days notice willingness to provide a vaccination service, or vaccine supply)
- Leverage capacity in existing urban Indigenous health centres, who only need vaccine supply to proceed, as early wins
- Share different models of how urban vaccination services designed for Indigenous success could be successful using various outreach, communication, location and service delivery models (*completed, to be updated as new information becomes available*)
- Share information on how to setup and operate clinics (e.g. reference materials shared with health centres) which will be of value whether working with a municipal public health agency, or independently
- Identify, support, nurture and network for partner opportunities between local vaccine services and urban Indigenous support organizations/groups for effective urban Indigenous vaccine delivery
- Identify where there are gaps (supplies, vaccinators, experience, transportation etc.) and help problem solve options (partnering with other organizations, hiring own staff on contract, CRC, ICSF-3 funding etc.)
- Ensure awareness of ICSF-3 funding application process
- Consider aggregate proposal of funding to larger organizations who can then support smaller groups, for locations not comfortable proceeding on their own
- Carry out survey of members of current environment, readiness, opportunities, barriers, needs (draft attached)
- Work underway of an "Issues List" (draft attached) and possible solutions
- Do presentations on successful initiatives for other members to learn from (note: also amplify through communications to influence provinces and territories)

- Need for urban specific communications using networks relevant to urban Indigenous communities in their local municipalities
- Identify where mobile clinic kits might be needed and secure
- Consider how to ensure second doses are provided for vulnerable populations (e.g. homeless)