

# **Addendum: Promotion of Influenza and COVID-19 Immunization in Remote and Isolated First Nations, Inuit and Métis Northern Communities**

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**Recommendations from the Task Group on Healthy Living**

**November 2020**

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**Task Group on Healthy Living Messaging**

## Forward

The Task Group on Healthy Living Messaging was established to develop and share culturally relevant public health healthy living messaging to support northern Indigenous communities in making informed decisions for their health during the COVID-19 pandemic. The information provided included ways to reduce the spread of the coronavirus (COVID-19) among the broader community, promote community and family wellness, and build resiliency and empowerment.

As the Co-chairs of the COVID-19 Public Health Working Group on Remote and Isolated Communities, we would like to express our gratitude to the members of the Task Group for their efforts and for producing this final report. These dedicated people volunteered their time and expertise during the COVID-19 pandemic that has already put an extraordinary pressure on those involved with the health care system. Below are the Public Health Working Group on Remote and Isolated Communities member organizations, health authorities and government partners who extend their thanks to the Healthy Living Messaging Task Group and have approved the recommendations and principles put forward in this report.

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<i>Council of Yukon First Nations</i>	<i>Inuit Tapiriit Kanatami</i>
<i>Dene Nation</i>	<i>Métis National Council</i>
<i>Department of National Defence</i>	<i>National Collaborating Centre for Indigenous Health</i>
<i>First Nations Health Authority</i>	<i>Northwest Territory Métis Nation</i>
<i>Government of Northwest Territories</i>	<i>Pauktuutit Women of Canada</i>
<i>Government of Nunavut</i>	<i>Public Health Agency of Canada</i>
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# Acknowledgement

This report is a result of collaborative work amongst federal, territorial and Indigenous partners.

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# Introduction

In July 2020, the Task Group on Healthy Living Messaging presented its recommendations to the Public Health Working Group on Remote and Isolated Communities through its report “Core Principles for Good Healthy Living Messages in First Nations, Inuit and Métis Remote and Isolated Northern Communities: Recommendations from the Task Group on Healthy Living”.

Seven core principles were identified as essential for effective communication and messaging. The seven core principles consist of:

1. Accessibility
2. Context Matters
3. Distinctions-Based
4. Clear and Concise Messaging
5. Taking a Strength-Based Approach
6. Grounding Messaging in Cultural Identity and Cultural Knowledge
7. Evidence Based / Wise Practices

These core principles formed the basis of the recommendations brought forward to the Public Health Working Group on Remote and Isolated Communities.

In addition to the recommendations on the application of the core principles, the Task Group also identified potential challenges and key considerations. One was the start of the 2020-2021 Influenza season in October. This would add a layer of complexity when the federal, provincial and territorial public health jurisdictions will be initiating the annual influenza immunization campaign, while promoting the implementation of public health measures and healthy living practices in communities. These initiatives will be taking place in parallel to discussions on the approval of potential COVID-19 vaccines.

Based on these considerations, the Public Health Working Group on Remote and Isolated Communities extended the Task Group on Healthy Living Messaging’s mandate to provide further recommendations to promote immunization against influenza, pneumococcal (when necessary), and coronavirus when a vaccine is available.

Based on the revised mandate, the Task Group revised its membership to include those that may have more knowledge related to immunization, and related campaigns and communication.

## Addendum

The Task Group assessed nineteen national and international communications documents using the core principles to determine strengths and gaps. Pursuant to the findings, the Task Group is recommending that all the original recommendations and core principles be thoroughly applied when developing communications material to promote influenza, pneumococcal immunization and subsequently coronavirus immunization when it becomes available.

To build on the report *“Core Principles for Good Healthy Living Messages in First Nations, Inuit and Métis Remote and Isolated Northern Communities: Recommendations from the Task Group on Healthy Living”* Report (July 2020), the Task Group agreed that it would be most effective to prepare an addendum that will examine how to best apply these core principles when promoting immunization.

More specifically, the addendum will examine the considerations when applying the core principles on accessibility; context matters; distinctions-based; clear and concise messaging; and a strength-based approach. The final two core principles on grounding messaging in cultural identity, cultural knowledge and evidence-based/wise practices should be applied as they were originally recommended.

# Recommendations

## Application of Core Principles

### Accessibility

To ensure that the messaging, resources and tools have the broadest reach, they must be conveyed in an accessible manner. Messaging must include considerations for people with low literacy (i.e. consider setting a standard literacy level) or visual impairments (i.e. descriptive voices), disabilities such as autism or those whose first language is not English or French. Information conveyed in a variety of multimedia formats (videos, radio, Soundcloud, info graphics, motion graphics, newspapers, the inclusion of closed captioning and multi-Indigenous languages) provides options for people to receive the information in the manner that works best for them. Some platforms that offer visual-audio media with captions include, but are not limited to, YouTube, Instagram Reels, Facebook and TikTok. It is known that people need to hear a message several times and ideally in different ways to be committed to memory. A varied approach is recommended to reach a broad audience through multiple formats.

### Context Matters

It is recommended that immunization messaging be framed within a context that resonates and meets the target audience's unique circumstances. When developing messaging, the target audience must be clearly identified and the content must be adapted to the intended audience. The content differs when seeking the attentions of elders, parents, youth or leadership. For instance, avoid the use of images such as needles, an approach taken in the influenza campaign in Australia, as it may deter parents or children from immunization and enhance existing fear and apprehension.

To support the determination of who or what are trusted sources and who should be involved with sharing the information, there needs to be a clear understanding of the intended audience. Trust is a key component of a well-received message, trust in the message and the messenger and as well as understanding how to reach your intended audience. Engage with Elders and knowledge keepers to gain a better understanding of the community perspective and how to engage with the community members on this subject, as well as in the development and promotion of communications resources. Use a different format when engaging with youth; consider educating them through various social media platforms (i.e. Discord, TikTok, Instagram, and Facebook) and utilizing influencers to communicate the messaging (i.e. Indigenous social influencers, athletes, Youtubers, actors). Consider partnering with youth to lead resources and material development to empower them and this form of communicating information may be more effectively then if it comes from a place of authority.

## Distinctions-Based

It is recommended that immunization messaging is developed with a distinctions-based lens that acknowledges the different contexts for First Nations, Inuit and Métis, including diversity within these groups. It is similar to context, but more specific to Indigenous experiences, traditional knowledge and aligned with how community leaders speak to their community members. Also, within these groups, there exists tremendous diversity and regional variation.

When Indigenous language speakers do not produce items, care must be taken to ensure that the format, approach and wording are all reviewed with an Indigenous lens. This is to help ensure materials are interpreted and translated correctly so the dialect and associated nuances in the publication's message are not lost. A potential action item is to establish a toll-free hotline, offered in Indigenous languages, that individuals can access for information on immunization.

## Clear and Concise Messaging

To be more effective, it is recommended that immunization messaging use clear, concise and straightforward language. The most impactful example reviewed used the wording 'immunization saves lives', provided sources to get more information and highlighted five simple facts on the importance of immunization. This is particularly critical when there are multiple languages at play. Messaging with densely packed content can be confusing or overwhelming for target audiences and could potentially have a de-motivating effect; this was seen in the much of the healthy living messaging reviewed by the Task Group.

Often vaccine messaging is very clinical, containing many scientific facts that may overwhelm people when making a decision. However, messaging for those who are not health care professionals should remain simple, with only a few straightforward points to frame the importance of immunization. It is recommended that a fact sheet be produced for health care professionals containing relevant facts to communicate to the importance of immunization in clear and simple language. When misinformation is presented, it must be promptly contradicted by providing prompt and clear facts by trusted sources.

## Strength-Based Approach

To invest in the inherent strengths of communities, it is recommended that immunization messaging start from a strength-based approach. Messaging is more effective and relatable when communicated through the community and/or their established communication channels while taking into account their unique community context and history. Some community strengths may be the importance of keeping their elders and children healthy, protecting the health and safety of families and the community itself. Creating a safe space for communications and questions is equally as



important as creating a safe physical space, safeguarding privacy, to administer vaccines. When possible, the messages should come from a local community leader; this was one of the recommendations from Health Canada's lessons learned from the H1N1 2009 pandemic.

Immunization may be a sensitive subject that comes from a place of mistrust due to Canada's colonial history with First Nations, Inuit and Métis people. Trauma may exist. This can be addressed by providing trauma informed care by providing cultural competency and sensitivity training for frontline workers, as well as communications teams within government and professional organizations.

*Although, the final two core principles have only been slightly modified, they are critical when communicating with members of First Nations, Inuit and Métis communities and will be repeated in the following sections.*

## **Cultural Identity and Cultural Knowledge**

It is recommended that good messaging be grounded in cultural identity, traditional ways and culturally relevant actions.

Indigenous peoples are working hard to revitalize cultural practices that have been negatively impacted by colonialism. Culture is so important for the health and wellbeing of Indigenous peoples that it is considered a social determinant of Indigenous peoples' health. In recognition of this, the Task Group supports messaging that is grounded in cultural knowledge and teachings. Not only is this culturally appropriate, but it also builds the cultural identity of Indigenous community members through knowledge sharing while simultaneously documenting these important teachings for future generations.

This is an opportunity for communities to come together and learn from each other, as well as to share knowledge and customs with the wider population. Innovative resources have been created by individuals and communities with a cultural teaching emphasis. Developing these resources as governments in close partnership with Indigenous communities and respected knowledge holders is extremely important.

From a systemic perspective, increased Indigenous representation within government can also facilitate imbedding cultural knowledge into the development of resources that meaningfully reflect the diversity and wealth of Indigenous traditional knowledge on health and wellness.

## **Wise Practices**

It is recommended that wise practices, alongside evidence-based and practice-based evidence, guide the information in resources and messaging. *There are currently no*

*identified wise practices with respect to promoting immunization or addressing vaccine hesitancy.*

As a final principle, and in alignment with those foregoing, are wise practices. Identified as an alternative to “best practices”, wise practices acknowledge that pathways to achieving desirable outcomes are contextual and inclusive of diverse knowledge systems. From an Indigenous perspective, wise practices are informed by Indigenous ways of knowing, principles, and solutions. Best practices, in contrast, have been critiqued for its universal and de-contextual approach. In other words, best practices assumes a one-size fits all approach without taking into account the unique circumstances and histories of communities. Given the tremendous cultural diversity within Indigenous communities across Canada, it is important to note that wise practices recognize the wisdom in each Indigenous community and in the community’s own stories of achieving success<sup>i</sup>.

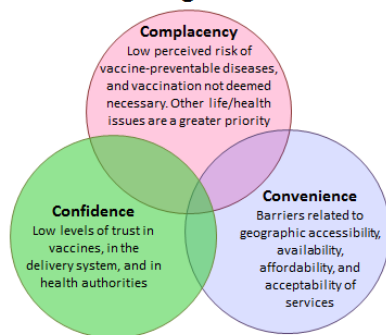
## Vaccine Hesitancy

Immunization is a personal choice. To effectively promote the importance of immunization, especially during times of fear and uncertainty, it may be helpful to understand vaccine hesitancy and its contributing factors.

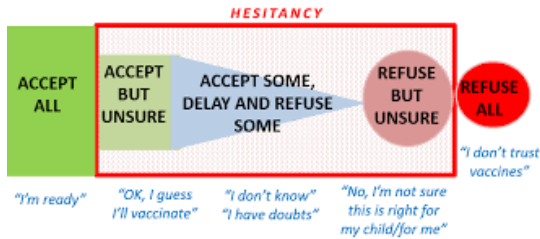
Vaccine hesitancy refers to a delay in acceptance or refusal of vaccination despite availability vaccination services. Vaccine hesitancy is complex and context specific, carrying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence.<sup>ii</sup>

Figure 1<sup>iii</sup>

### Factors contributing to vaccine hesitancy



Vaccine hesitancy constitutes a continuum that exists between complete vaccine acceptance and refusal with both hesitancy and refusal related to skepticism in vaccination.<sup>iv</sup>



Where an individual falls within the continuum may differ when considering vaccines part of the recommended public health schedule, influenza vaccine and the forthcoming COVID-19 vaccine(s). Health care providers should tailor their approach according to where the individual falls within the continuum. When there is skepticism of the efficacy of the influenza vaccine; this can be addressed by explaining how the virus strands are identified for the seasonal flu and why at times it is less effective. Some individuals may be apprehensive to get the COVID-19 vaccine either due to fear, lack of information or perception that the approval process is too accelerated, and would prefer to wait until they have a better understanding of the potential side effects and long-term effects.

Education (i.e. very clear and visual fact sheets) is key to contradict any false information being spread and reassure the public of the safety of vaccines; keep everyone well informed and feeling safe.

Frequent openness, honesty, dialogue, empathy, compassion, and respect are foundational ethical and effective values in risk communication. The goal cannot be to change everyone's mind. There has always been, and always will be individuals that are unwilling or unable, due to medical contradictions to certain vaccines, to be vaccinated. Vaccine acceptance must remain at a level sufficient to achieve effective community immunity.<sup>v</sup>

## Considerations Moving Forward

Other considerations should also be taken into account when developing communications tools and promoting immunization in First Nations, Inuit and Métis remote and isolated communities across Canada.

In response to the pandemic, there is a constant stream of public health information being disseminated and some of which is changing as new data and facts are discovered. It may be overwhelming and difficult at times to keep up to date on all that is shared. With social media, misinformation and unfounded theories are spread just as quickly on a wide range of platforms (i.e. Reddit, TikTok, Facebook, and Discord). This may prevent individuals from getting tested or from complying with public health measures increasing the risk of transmission of the virus.

As we continue to move into the second wave of the pandemic, there is increased fear as well as fatigue and unwillingness to adhere to restrictions. Trying to promote uptake of the influenza vaccines and possibly, the COVID-19 vaccines may be more challenging and will require some creativity to maintain the public's attention and instill trust in the process. The re-opening of businesses, organizations and schools may be associated with an increase in the number of cases; although this may look differently in northern communities.

In the section on context matters, the importance of knowing the intended audience is identified, this is particularly essential when working with youth. Depending on the jurisdiction, some youth are at the age of medical consent and can refuse vaccines; even if they are encouraged by their parents/guardians. Peer support is important; as some youth may be resistant of being "told" what to do by government bodies or authority figures. Having youth actively engaged at a grassroots level is extremely important to ensure that they feel in control of their bodies and future.

## Conclusion

Whether the topic is healthy living messaging, promotion of immunization, or any other issues affecting First Nations, Inuit and Métis communities, it is recommended that all seven core principles be applied to achieve effective and engaging messaging, tools and resources.

1. Accessibility
2. Context Matters
3. Distinctions-Based
4. Clear and Concise Messaging
5. Taking a Strength-Based Approach
6. Grounding Messaging in Cultural Identity and Cultural Knowledge
7. Evidence Based / Wise Practices

Depending on the issues being addressed, the considerations or approach to applying these principles may vary. Due to the complexity of vaccines and personal stance on whether to accept or refuse a vaccine, it is important that the information be up to date, frequent, transparent, clear, factual and relatable.

Northern remote and isolated First Nations, Inuit and Métis communities live very unique experiences and face their own specific set of challenges that need to be taken into consideration. An effective approach is to actively engage and partner with First Nations, Inuit and Métis communities and organizations to ensure that the information being relayed is relevant and culturally appropriate, while empowering communities to take action and protect their people. First Nations, Inuit and Metis community members are the best positioned to advise on their realities and challenges, as well as how to overcome them to meet their unique needs.

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<sup>i</sup> Wesley-Equimaux, Cynthia and Calliou, Brian (2010). Best Practices in Aboriginal Community Development: A Literature Review and Wise Practices Approach. <http://communities4families.ca/wp-content/uploads/2014/08/Aboriginal-Community-Development.pdf>

<sup>ii</sup> MacDonald NE; SAGE Working Group on Vaccine Hesitancy. Vaccine hesitancy: Definition, scope and determinants. *Vaccine*. 2015 Aug 14;33(34):4161-4. doi: 10.1016/j.vaccine.2015.04.036. Epub 2015 Apr 17. PMID: 25896383.

<sup>iii</sup> Dhawan, S. et al. (2017). Conversations to build trust in vaccination: A training module for health workers. Powerpoint presentation. World Health Organization.

<sup>iv</sup> Ibid

<sup>v</sup> Williams, Jennifer (2019). Wicked Risk How to have a conversation addressing vaccine hesitancy in the Emergency Department. BC Emergency Medicine Network.