

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
15 June 2020 / 15 juin 2020**

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**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2020-OPH-KPQ-0005

SUBJECT: RECONCILIATION, INDIGENOUS HEALTH EQUITY AND COVID-19

**OBJET: RÉCONCILIATION, ÉQUITÉ EN MATIÈRE DE SANTÉ AUTOCHTONE
ET COVID-19**

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa prenne connaissance de ce rapport.

COMMITMENT TO RECONCILI-ACTION

Ottawa Public Health (OPH) honours the Algonquin Anishinaabeg people, on whose unceded traditional territory the City of Ottawa is located. OPH extends this respect to all First Nations, Inuit and Métis peoples, their ancestors, their Elders, and their valuable past and present contributions to this land.

OPH recognizes the impact and legacy of colonization and ongoing systemic racism on the health and well-being of First Nations, Inuit and Métis peoples, aspires to be a culturally humble and safe organization, and is strongly committed to public health actions that promote reconciliation and the health and well-being of First Nations, Inuit and Métis peoples and communities.

BACKGROUND

The purpose of this report is to provide the Board of Health with an update on Ottawa Public Health's (OPH) actions that promote reconciliation and advance health equity for First Nations, Inuit and Métis peoples in Ottawa.

In particular, this report will describe OPH efforts to support community-driven actions that address the distinct needs of local Indigenous peoples related to the COVID-19 pandemic, and recommendations for future emergency response and pandemic planning, that are equitable and inclusive of the needs of First Nations, Inuit and Métis peoples in Ottawa.

The OPH Reconcili-ACTION Plan was approved by the Ottawa Board of Health in June 2018. An evaluation framework to facilitate continuous monitoring of organizational progress and impacts of reconciliation activities on First Nations, Inuit and Métis peoples in Ottawa was created in 2019, followed by the identification of performance measures for 2020 (See Document 1, attached). Data collection related to these performance measures was to be initiated across OPH teams in the first quarter (Q1) of 2020. However, OPH priorities for this work shifted to respond to the immediate needs of First Nations, Inuit and Métis partners and community members in the context of the COVID-19 pandemic.

A summary of OPH Reconcili-ACTION initiatives that haven taken place since the last update are included in Document 2, attached.

DISCUSSION

Distinct Needs

Indigenous Peoples have been consistently identified as a priority population who are disproportionately affected by health and social inequities.ⁱ During the COVID-19 pandemic, urban Indigenous leaders are witnessing the amplification of these inequities. Some of the noted concerns include: escalating violence against Indigenous women and children; isolated Indigenous Elders/older adults; heightened mental health issues; Indigenous over-representation in group homes, shelters and correctional institutions; lack of culturally-appropriate communication strategies; jurisdictional confusion; perpetual lack of sustainable funding; challenges around data collection; and ongoing systemic and institutional racism and discrimination against Indigenous peoples.ⁱⁱ

Compounding these concerns, pre-existing medical conditions and limited access to the social determinants of health, including culturally safe services, place Indigenous communities at even higher risk for poor health and social outcomes.^{iii,iv} Similarly, Indigenous Peoples are uniquely affected by physical distancing requirements. Emergency measures have temporarily halted cultural activities such as sweat lodges in order to slow the transmission of the virus. While necessary for health reasons, these controls run contrary to Indigenous Peoples' approach to relying on familial and community support in times of crisis and make it more difficult for communities to maintain critical ties to their cultures and traditions.^v

Since the start of the pandemic, local Indigenous service organizations have reported significant increases in demand for support related to housing/homeless issues, food insecurity (i.e. especially with the closure of programs that would normally provide meals), personal safety concerns (i.e. including access to safe spaces for self-isolation), and transportation needs to facilitate access to COVID testing centres. Escalating mental health issues have been particularly worrisome, including increased anxiety, suicidal ideation, and the triggering of Post-Traumatic Stress Disorder possibly related to historical government responses to outbreaks (e.g. TB epidemics).

Additional local challenges include: acquiring personal protective equipment; lack of free Wi-Fi in public spaces; and staffing shortages due to situation-related stress and anxiety, risk of burn-out for remaining employees, and resulting gaps in essential services, including community outreach.^{vi}

Consistent with calls from national Indigenous leaders,^{vii} there is consensus among local partners that it is crucial to capture an accurate and fulsome account of the

physical and social impacts of the COVID-19 pandemic on First Nations, Inuit and Métis peoples in Ottawa.

Collecting sociodemographic data (SDD), including racial identity from COVID-19 cases, is an important part of this picture in order to monitor the burden of infection within particular communities. Indigenous partners have expressed concerns that the proposed SDD collection process will under-represent the true burden of COVID-19 in First Nations, Inuit and Metis peoples in Ottawa, and have related concerns about this data being used to determine resources and investments in the future (e.g. vaccine availability; resource allocation during subsequent pandemics).^{viii}

OPH Response

OPH respectfully acknowledges the distinct pandemic-related needs of First Nations, Inuit and Métis peoples in Ottawa, and is committed to working with Indigenous partners on strategies that can address the identified concerns and appropriately capture the story of the impact of COVID-19 on urban Indigenous populations.

Concerted efforts to respond to some of the highlighted social inequities and operational issues have been led by the City of Ottawa's [Human Needs Task Force](#) and the [Champlain Health Region Incident Command](#) (CHRIC) respectively. OPH and Indigenous partners are represented on these multi-organization initiatives.

Guided by the [OPH Ethical Framework for Pandemic Planning](#), [Indigenous-specific wise practices from previous pandemics](#),^{ix} and valuable direction from the Ottawa Aboriginal Coalition, Akausivik Inuit Family Health Team, and the Ottawa Regional Métis Council, OPH will continue to provide additional support during the COVID-19 pandemic in the following areas:

- Communications
 - Regular check-ins with Indigenous partners; weekly OPH COVID updates and ERMS alerts as required; search for and share Indigenous-specific COVID resources with partners for distribution via their regular networks and channels of communication; enhance access to Indigenous-specific COVID resources on the *First Nations, Inuit and Métis Resources* landing page on the [OPH COVID website](#), including resources that promote various Indigenous languages (e.g. [Physical Distancing - Stop the Spread of COVI-19 in Indigenous Communities](#))
- Surveillance

- With [OCAP®](#) principles of ownership, control, access and possession in mind: collaborate with OAC members on Indigenous-specific SDD collection methodology, analysis/interpretation and dissemination; ensure that data limitations are clearly noted, including the impact that public health and political directives have had on people coming forward to get tested; and explore opportunities to support the OAC's broader research questions related to the impact of COVID-19 on all First Nations, Inuit and Métis peoples in Ottawa. According to the OAC, this is not just a story of numbers, but also access, level and quality of service, and social economic factors that have an impact on all urban Indigenous Peoples (personal communication, May 14, 2020).
- Case Management / Clinical Inquiries
 - Actively support Indigenous partners with interpretation of context-specific COVID-19-related guidelines, provide liaison services to facilitate timely responses to clinical inquiries from OPH content experts, facilitate collaborative COVID case management with Indigenous partners as needed, advocate for equitable access to culturally safe COVID testing and resources, and share COVID-related employee training and information resources with partners (e.g. donning and doffing PPE).

What is clear from the literature and from what OPH has learned in speaking to partners, is that pandemic planning must be community-driven and tailored to the unique characteristics and priorities of Indigenous communities in order to be effective.^x Going forward, OPH will continue to:

- Engage with First Nations, Inuit and Métis partners to identify and address urgent and longer-term public health needs related to the COVID-19 pandemic;
- Collaborate with partners on the best strategies for understanding the full health and social impacts of COVID-19 pandemic on First Nations, Inuit and Métis peoples in Ottawa;
- Ensure that Indigenous perspectives are included in future emergency response and pandemic planning, and that plans are equitable, coordinated and implemented with First Nations, Inuit and Métis partners;

- Raise awareness about Indigenous health inequities and advocate for sustainable and equitable funding to address the social determinants of health; and
- Collaborate with Indigenous partners to determine which Reconcili-ACTION Plan activities are the most appropriate and relevant at this time.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

The content of this report was informed by communication with, and feedback from, the following groups:

- Ottawa Aboriginal Coalition and individual members
- Ottawa Regional Métis Council
- Akausivik Inuit Family Health Team
- Melissa Hammell, independent Anishinaabe consultant and facilitator of OPH Talking Circles
- OPH Reconcili-ACTION Network
- OPH employees

LEGAL IMPLICATIONS

There are no legal impediments to receiving this report for information.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

As identified in the 2019-2022 Strategy, OPH works in partnership with First Nations, Inuit, and Métis peoples and communities to advance Indigenous health equity as part of its commitment to reconciliation.

SUPPORTING DOCUMENTATION

Document 1 – *OPH Reconcili-ACTION Plan – 2020 Performance Measures*

Document 2 - *OPH Reconcili-ACTION Plan – 2020 Summary of Activities*

DISPOSITION

This report is provided to the Board of Health for information.

ⁱ Greenwood, M., de Leeuw, S., & Lindsay, N. (2018). *Challenges in health equity for Indigenous Peoples in Canada*. Retrieved May 19, 2020, from <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2930177-6>

ⁱⁱ Varley, L. (March 29, 2020). What COVID-19 means for urban Indigenous communities. *CBC – The Sunday Edition* (interview with M. Enright). Retrieved March 29, 2020, from <https://www.cbc.ca/radio/thesundayedition/the-sunday-edition-for-march-29-2020-1.5509908/what-covid-19-means-for-urban-indigenous-communities-1.5509942>

ⁱⁱⁱ National Collaborating Centre for Aboriginal Health (2016). *Determinants of the prevalence and severity of influenza infection in Indigenous populations in Canada*. Retrieved March 30, 2020, from <http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/175/NCCAH-FS-InfluenzaDeterminants-Part02-Halseth-EN-Web.pdf>

^{iv} Palmater, P. (20 Mar 2020). *Priority pandemic plan needed for First Nations*. Retrieved May 19, 2020, from <https://policyoptions.irpp.org/magazines/march-2020/priority-pandemic-response-needed-for-first-nations/>

^v Gunn, K. (8 Apr 2020). *Indigenous Peoples and COVID-19: Protecting people, protecting rights*. Retrieved May 19, 2020, from <https://www.firstpeopleslaw.com/index/articles/449.php>

^{vi} Ottawa Aboriginal Coalition [OAC]. (25 Mar 2020). *COVID-19 Pandemic*. Personal communication (meeting minutes). Ottawa, ON: Author.

^{vii} Patel, R. (9 May 2020). *Canada must improve COVID-19 data collection for Indigenous communities, minister says*. Retrieved May 28, 2020, from <https://www.cbc.ca/news/politics/indigenous-covid-19-data-collection-1.5563433>

^{viii} Ottawa Aboriginal Coalition [OAC]. (30 Apr 2020). *OPH - Collection of socio-demographic data (SDD) during COVID-19*. Personal communication (memorandum). Ottawa, ON: Author.

^{ix} National Collaborating Centre for Aboriginal Health. (2016). *Pandemic planning in Indigenous communities: Lessons learned from the 2009 H1N1 influenza pandemic in Canada*. Retrieved March 30, 2020, from <http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/176/NCCAH-FS-InfluenzaPandemic-Part03-Halseth-EN-Web.pdf>

^x IBID.