CHRONIC AND INFECTIOUS DISEASES

BEST AND PROMISING PRACTICES IN PROMOTING VACCINE UPTAKE AND CONFIDENCE AMONG FIRST NATIONS, INUIT, AND MÉTIS POPULATIONS

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Vaccines are an important tool in disease prevention. Nevertheless, vaccine coverage across First Nations, Inuit, and Métis populations can often be lower than non-Indigenous populations due to structural, social, and interpersonal factors, which can result in health inequities. As such, eliminating barriers to vaccine uptake is an important strategy for reducing health inequalities among Indigenous[1] populations.

This fact sheet presents several examples of Indigenous-led programs that have shown some success in promoting vaccine uptake among Indigenous populations across diverse contexts, with the goal of highlighting best and promising practices. Efforts were made to ensure the examples profiled here are inclusive, being mindful of the need to include First Nations, Inuit, and Métis populations from different geographies across Canada; initiatives that focus on both childhood and adult age groups; as well as initiatives targeted at preventing different types of diseases.

Vaccine programs were identified primarily through a search of the Internet, with an initial focus on programs where sufficient information was publicly available, including about key partners, implementation details, and metrics of success. This search revealed gaps in information across the various initiatives, particularly around metrics of success and implementation, as well as limited Inuit and Métis initiatives and initiatives outside the context of COVID-19. As a result, the search strategy was expanded to include contact with some researchers who have expertise related to vaccination in Indigenous contexts to help identify other successful vaccination programs. Initiative leaders were also contacted to fill information gaps, where necessary, as well as to verify and approve content. Despite attempting to achieve diversity, there continues to be limited information for Inuit and Métis initiatives, as well as initiatives outside of the COVID-19 context.

[1] The term 'Indigenous' is used throughout this fact sheet to refer collectively to First Nations Peoples, Inuit, and Métis Peoples, as defined under Section 35 of the Canadian *Constitution Act* of 1982. When referring to a specific Indigenous group, the terms "First Nations", "Inuit", and "Métis" are used where relevant.

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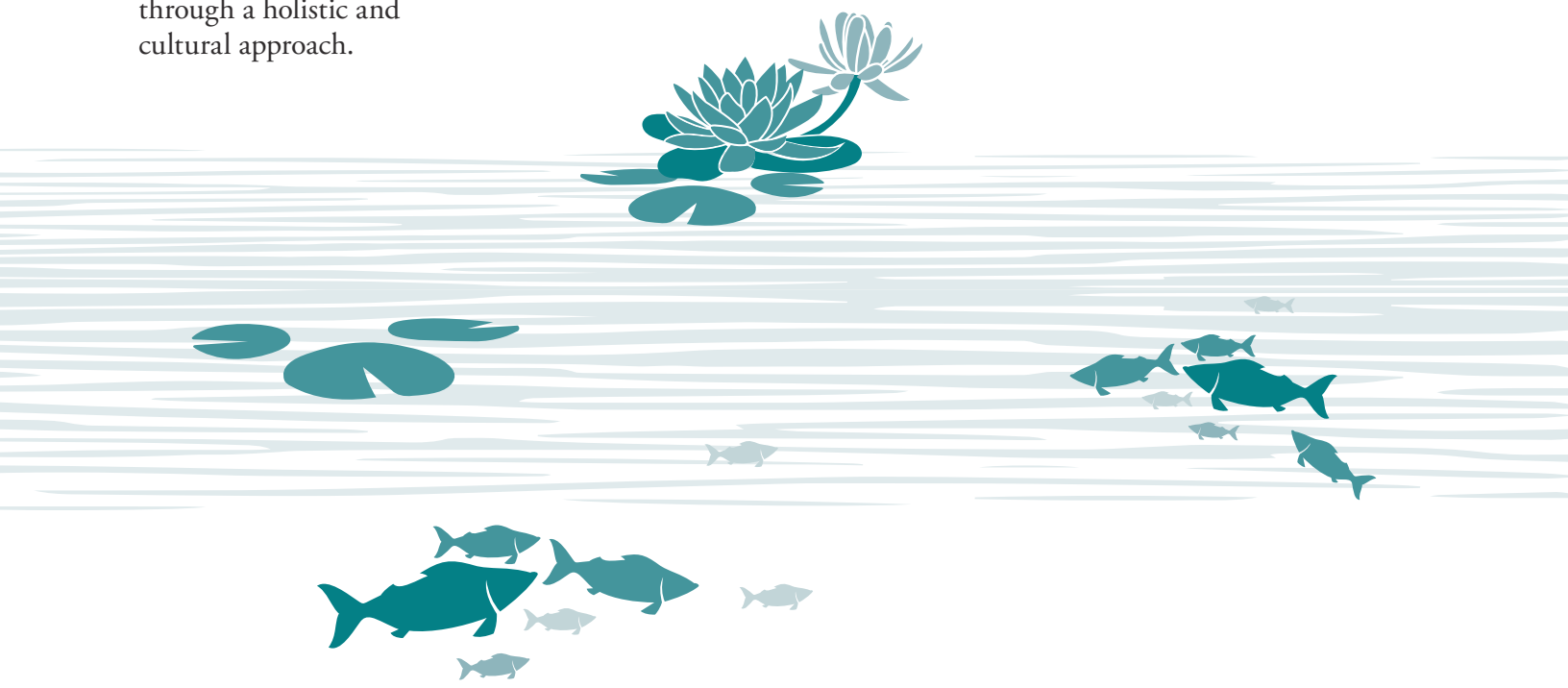
Maskwacis Health Services - Early Years Program

Maskwacis Health Services (MHS), situated on Treaty Six territory, provides health services to the Samson, Ermineskin, and Louis Bull First Nations in Alberta. Its services have evolved to address the unique social, cultural, and specific health needs of the First Nations communities they serve. MHS's approach to health care uses both traditional and contemporary healing methods, while "maintaining respect for cultural and spiritual beliefs" (Maskwacis Health Services, 2017, para. 2). MHS operates a community health centre that offers comprehensive primary medical care, including immunization services, for children and adults in the three First Nations communities, through a holistic and cultural approach.

For the communities MHS serves, delays in childhood vaccination may occur due to staff shortages, community isolation, vaccination processes and regulations, as well as a lack of transportation or time for parents/guardians. Like all families, parents/guardians may also have competing priorities or undergo situations where they are living in crises, migrating on and off reserve, or lacking support systems (MacDonald et al., 2022, 2023; Rattlesnake & Morin, 2023). For example, a one child/one appointment policy does not work well for First Nations parents who do not have transportation or child care readily available (MacDonald et al., 2022). As a result, it is not uncommon for community members to be only partially immunized.

Providing immunization services on reserve has shown to improve vaccine coverage among First Nations children served by the MHS. In fact, children who received their first vaccine in the community health centre were more likely to be fully vaccinated at ages two and seven years, compared to children who received their first vaccine dose outside the community, off-reserve (MacDonald et al., 2023).

An important tool for helping parents/guardians overcome barriers to routine childhood vaccination and promote vaccine uptake on reserve is the MHS's Early Years Program. Initiated in 2018, the Early Years Program operates through "culturally-adapted training and [offers] a variety of activities including home visiting, group gatherings and preschool programming" (Trees Network, 2022, para. 1).

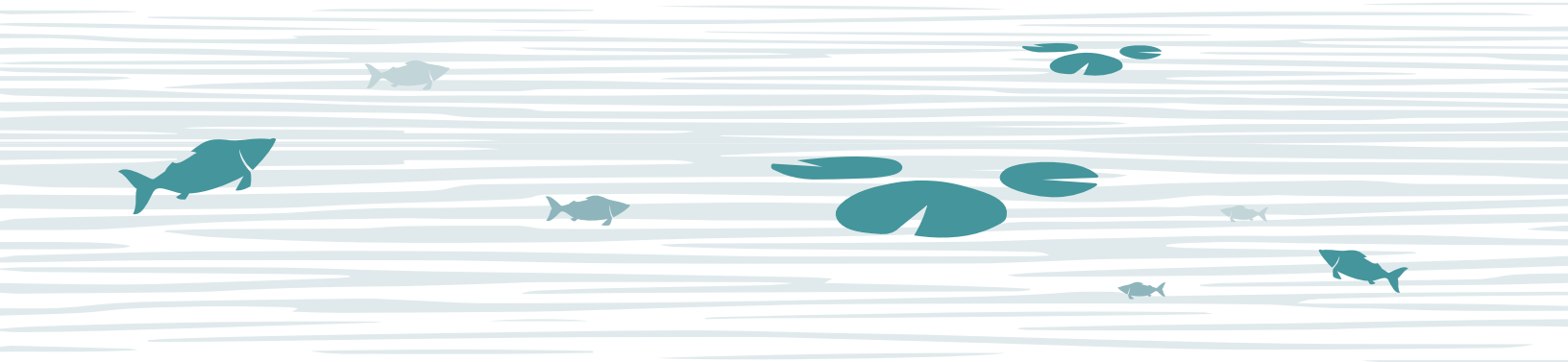


The program began as a pilot project in Ermineskin First Nation and has since expanded to Samson and Louis Bull First Nations,[2] with funding from Indigenous Services Canada and the Martin Family Initiative (Brain Canada, 2019; Rattlesnake & Morin, 2023). The Early Years Program was developed using research evidence that highlighted major gaps in prenatal childhood experiences in communities served by the MHS, particularly for children aged one-three years (Rattlesnake & Morin, 2023). The Early Years Program thus aims to fill these gaps. Programming was co-created with the three First Nations served by MHS, based on the belief that First Nations parents must be honoured and upheld as the first and most important teachers in a child's life (Rattlesnake & Morin, 2023). The Early Years Program is guided by an Elders Advisory Committee, with representation from all three communities.

Promoting vaccine uptake through home visits and group gatherings

The Early Years Program offers home visits with pregnant women and families with young children. The program hires community-based Home Visitors (one per 15 families) to promote family well-being and help improve life outcomes for children (Rattlesnake & Morin, 2023). Home Visitors carry a set of activity toolbox cards, adapted by community members to ensure they are culturally relevant. The cards are intended to be conversation starters and include activities across six sections spanning from prenatal to preschool entry.[3] Each card focuses on one aspect of healthy infant and child development that is to be the focus of a conversation. Routine childhood vaccination is one of the topics included in the activity toolbox cards for home visits. After Home Visitors have a conversation about routine childhood vaccination, the card is given to parents/guardians as a reminder. The Early Years Program was adapted during the COVID-19 pandemic to accommodate a virtual environment, with activity cards placed on iPads purchased by MHS and provided to families.

The relationships that are built between Early Learning Program staff and their clients help to address barriers to vaccination. Home Visitors enter their client's homes with an attitude of *what can this family teach me?* as opposed to *what can I teach them?* This approach is built to address power differentials, maintain relationships, and establish trust between staff and parents/guardians (Rattlesnake & Morin, 2023). Program staff take pride in having a low turnover and high retention rate and a supportive team working environment (Rattlesnake & Morin, 2023).



[2] Until recently, Maskwacis Health Services also served Montana First Nations, and thus the program was also expanded to this First Nation (C. Rattlesnake, personal comm., August 8, 2024).
[3] The toolbox cards are developed with funding from the Martin Family Initiative (Rattlesnake & Morin, 2023).

Building trust and respect in a community takes time (Smylie et al., 2001). Having this staff continuity helps nourish trusting relationships with clients that require staff commitment and patience to grow over time. The trust established between program staff members and families/ guardians can be leveraged when providing advice to parents and caregivers about getting their children vaccinated.

Having nurses on Early Learning Program staff has also been beneficial for establishing trust with clients. The nurses attend community events and discuss the importance of vaccination, which helps community members get to know the nurses, establishes trust, and fosters a more comfortable environment for clients seeking vaccination for their children (Rattlesnake & Morin, 2023).

Popularity for home visits has grown rapidly since the program's inception. The program has grown from four staff members serving 28 families in 2018 to 33 staff members serving 476 families in 2023 (Rattlesnake & Morin, 2023).

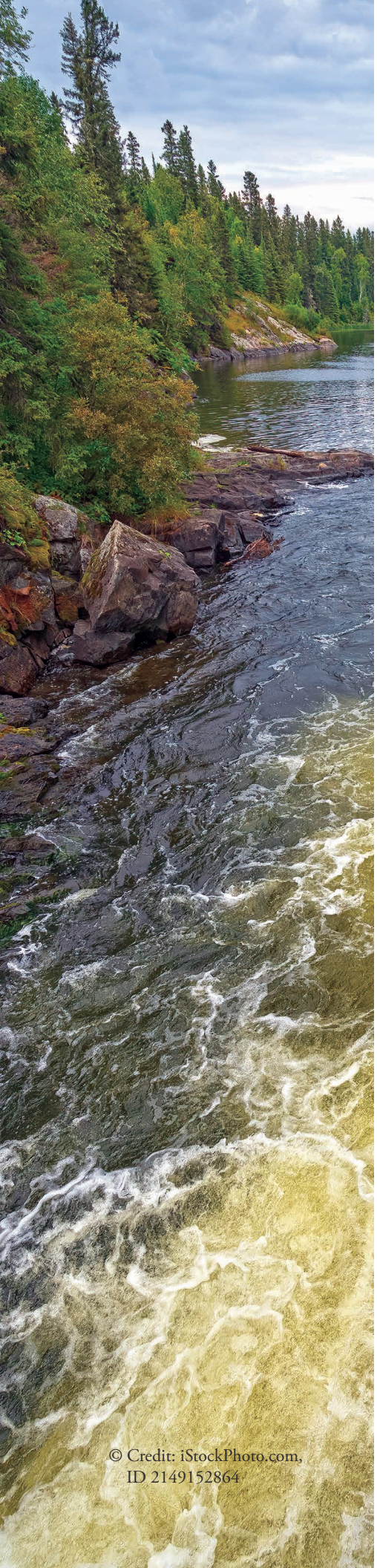
Promoting vaccine uptake through a holistic and cultural approach

The Early Years Program also promotes vaccine uptake by addressing personal and cultural barriers to vaccination, through a holistic and cultural approach that supports the health and well-being of Maskwacis children and families. Culture is infused throughout the program – through the Indigenous art posted in Early Year Program locations, the use of culturally appropriate activity toolbox cards and immunization posters, access to both contemporary and traditional medicines, like smudging, and the provision of wrap-around services (Rattlesnake & Morin, 2023).

The Early Years Program works to provide direct services to families, meeting them where they are at in terms of location and need. In addition to the home visits, the Early Years Program offers an 8-week preschool program, which starts at two years of age and helps young children transition to school. It also offers group gatherings, where participants have an opportunity to gather together, engage in cultural activities, and learn together, with the importance of vaccination just one of many topics covered at the gatherings (Rattlesnake & Morin, 2023). Bus services are employed to enhance accessibility to services and for hosting program activities. For example, buses can be parked in the middle of a townsite to encourage parents/guardians to visit the site and play with their children. These programs are well attended and offer the benefit of social interaction, enhanced pride in culture, and a variety of intellectual and social benefits that are integral to the promotion of health and well-being in Maskwacis communities (Rattlesnake & Morin, 2013).

The Early Years Program offers supports and wrap-around services to all members of the family. This includes transportation to and assistance with prenatal appointments, vaccinations, housing supports, income supports, and birth and band registrations. The Program also includes a focus on educating the whole family – parents/guardians and grandparents – about why vaccination is important, which can help break down any entrenched community attitudes, beliefs, or behaviours that can act as barriers to vaccination.

The Early Years Program's cultural, wraparound, and whole family approach empowers parents/guardians to address their health needs and gain confidence in a vaccination regime for their children. While trying to increase vaccination rates in the community was not an initial goal of the Early Years Program, the program has nevertheless led to improved vaccine uptake among families served by the MHS. Families participating in the Early Years Program are six times more likely to be up-to-date with vaccinations compared to families that are not part of the program (Rattlesnake & Morin, 2023).



Protect our People Manitoba campaign

The Protect our People Manitoba campaign was launched as a grassroots campaign to encourage vaccine confidence and uptake among First Nations people in Manitoba during the COVID-19 pandemic (Government of Manitoba, 2021). The campaign was initiated and led by a core group of First Nations leaders from the Southern Chiefs' Organization, Manitoba Keewatinowi Okimakanak Inc., the Assembly of Manitoba Chiefs, Keewatinohk Inniniw Minoayawin Inc., and the First Nations Health and Social Secretariat of Manitoba. The campaign was launched in partnership with the Manitoba Government, who funded the project. Together, all partners made up the Manitoba First Nations Pandemic Response Co-ordination Team. The team was tasked with deploying teams to help support and manage outbreaks in First Nations communities, ensuring cultural considerations were taken into account in the deployment of vaccines, and overcoming any barriers to vaccine uptake, including dispelling myths regarding the COVID-19 vaccine (Boutsalis, 2021; Monkman, 2021). The team met weekly to discuss messaging and strategies for communicating accurate information about the vaccines to First Nations people, using culturally appropriate languages, to empower populations to make informed decisions about getting the vaccine (C. Redekop, personal comm., June 11, 2024).

Vincent Design, an Indigenous-led marketing agency, handled the branding and marketing for the campaign. The campaign evolved across multiple phases as the pandemic progressed.

The first phase of the Protect our People Manitoba campaign was initiated in early 2021, with communications coinciding with the rollout of the COVID-19 vaccine. This part of the campaign was heavily focused on First Nations individuals aged 18-35, using primarily social media platforms (C. Redekop, personal comm., June 11, 2024). It involved developing partnerships between trusted community leaders and recognized First Nations social media influencers, who shared their own stories and experiences with COVID-19 and discussed why the vaccine was important and how it can protect people and communities. The social media influencers also used hashtags to spread awareness (Government of Manitoba, 2021). The influencers included:

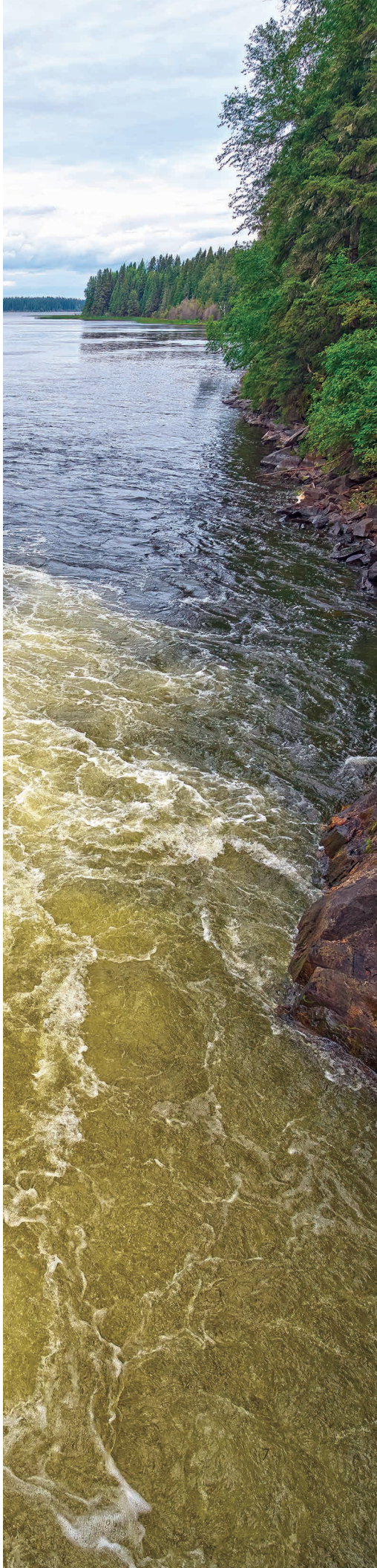
- TikTok influencer Sherry McKay, from Sagkeeng First Nation;
- Musicians William Prince from Peguis First Nation and Leonard Sumner from Little Saskatchewan First Nation;
- Entrepreneur Brandi Woodhouse from Pinaymootang First Nation;
- Cree TikTok influencer Michell Chubb;

- Anishinaabe singer and songwriter Leonard Sumner from Little Saskatchewan First Nation; and
- Author and community organizer Michael Redhead Champagne from Winnipeg's North End.

In addition to working with social media influencers, the multi-phased campaign included radio public service announcements throughout Manitoba in English and various Indigenous languages (C. Redekop, personal comm., June 11). Dr. Marcia Anderson, the public health lead of the Manitoba First Nation Pandemic Response Coordination Team and a member of the Vaccine Implementation Task Force, was an integral participant in the vaccine campaign (C. Redekop, personal comm., June 11). She released videos on her social media accounts that talk about medical research regarding the vaccines and answered questions posed by influencers to help debunk misinformation and myths about COVID-19 and vaccines, which, in turn, helped boost vaccine confidence. The campaign also involved the preparation and distribution of culturally relevant communication materials (posters, fact sheets, etc.), which were sent to First Nations communities in the province, along with the vaccines, personal protection masks, and vaccination stickers.

As the pandemic progressed into subsequent – booster shot – phases, the campaign evolved to include community leaders and practitioners to convey vaccination messaging and an expanded campaign focus (C. Redekop, personal comm., June 11, 2024). A key spokesperson during this part of the campaign was Melanie MacKinnon, a Cree nurse from Misipawistik Cree Nation, Executive Director of Ongomiizwin Health Services, and Head of the Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences at the University of Manitoba (University of Manitoba, 2021). Melanie MacKinnon co-led the Manitoba First Nation Pandemic Response and Coordination Team, which at this point, worked to overcome jurisdictional barriers to provide a rapid response to the pandemic in First Nations communities and contributed to a streamlined and prioritized vaccine rollout. Other spokespeople included Elders and community engagers.

The focus of the campaign was also expanded to other vaccination contexts. This included the development of communications materials focused on COVID-19 booster shots and materials targeted at other Indigenous populations, including urban Indigenous agencies who conducted outreach programs and held testing and vaccine clinics for Inuit and Métis groups (C. Redekop, personal communication, June 11, 2024). At this point in time, the advisory group of stakeholders in the campaign was also expanded to include representatives from the Manitoba Inuit Association and the Manitoba Métis federation.



The expanded focus also included the development of communications materials focused on other vaccines, such as flu shots, as well as on mental health issues arising from the pandemic. With this expanded focus of the campaign, Vincent Design engaged with Indigenous leadership to ensure resources included culturally appropriate iconography from those groups. By the end of the campaign, nearly every urban Indigenous clinic and most rural and remote First Nations communities participated in the campaign and had materials from the campaign posted in their clinics and communities.

Overall, the vaccination campaign rolled out by the Manitoba First Nations Pandemic Response Co-ordination Team contributed to high COVID-19 vaccination rates among First Nations people, particularly First Nations people living on reserve. As of October 30, 2021, 81.7% of First Nations people living on reserve were fully[4] vaccinated and 11.4% were partially[5] vaccinated; while among First Nations living off reserve, 63.3% were fully vaccinated while 6.2% were partially vaccinated (Anderson, 2024). The proportion of First Nations people living off reserve who were fully vaccinated (63.3%) was comparable to the national average in Canada, which was considered, at that time, to be among the highest vaccination coverage in the world for a population (Boyd, 2021). Culturally appropriate health messaging, including the importance of community and culture, and use of social media and community influencers were considered key factors of the campaign that supported this achievement (C. Redekop, personal comm., June 11, 2024). In fact, a key contributor to the campaign pointed out that at its inception, the campaign was initially headed in a different direction in terms of its objectives. When the Pandemic Response Co-ordination Team received feedback indicating the importance of community and culture to young First Nations people, the campaign's objectives shifted to incorporate a greater focus on community and culture in an attempt to resonate with a wider and younger audience. This attempt, Redekop states, was achieved (personal communication, June 11, 2024).

Operation Remote Immunity

Co-developed by the Ontario Ministry of Health, the Nishnawbe Aski Nation (NAN), and Ornge – an air ambulance service, Operation Remote Immunity (ORI) was launched in early 2021 to administer COVID-19 vaccines in 32 remote (fly-in) First Nations communities in northern Ontario (Boyd, 2021; Mikhail et al., 2023). These communities had insufficient health infrastructure to conduct their own mass vaccination campaigns. Reaching the 32 remote First Nations communities required a "meticulously planned operation" and "a culturally sensitive and context-specific approach to healthcare provision that accounts for diversity in culture and beliefs, as well as specific challenges, including historical injustice in the medical system" (Burton et al., 2023, p. 5).

Early in the pandemic, the Ontario government formed a COVID-19 Vaccine Distribution Task Force, with Indigenous representation, to provide and lead the province's immunization efforts (Burton et al., 2023). The Task Force engaged with Indigenous leaders

[4] Defined as receiving two doses of the COVID-19 vaccine.
[5] Defined as receiving one dose of the COVID-19 vaccine.

in discussions about healthcare barriers in remote communities, prioritization of Indigenous communities in vaccine rollout, and resources required for a successful campaign. When a COVID-19 outbreak occurred in northern Manitoba, the ORI initiative began, spurring action to develop a plan for a "vaccine campaign tailored to fit the needs and challenges of First Nation communities in northern Ontario" (Burton et al., 2023, p. 6).

The ORI initiative was an Indigenous co-led and collaborative effort. Nishnawbe Aski Nation (NAN) was responsible for drafting a proposal which outlined the resources and non-governmental contractors needed to carry out the initiative. NAN developed 12 guiding principles that ORI would work within to ensure the operation was a success. These included, among others, that vaccination teams must be fully vaccinated; ORI must be implemented in a phased approach by region; team members must undergo cultural sensitivity training; translation and translators must be provided at vaccination clinics; Ornge must take the lead on logistical planning; and alternative locations to administer vaccines must be sought out so not to overwhelm local nursing stations (Ornge, 2021; Turner, 2021). The Task Force mobilized broad political support from within the Ontario government and local communities, while Ontario's Ministry of Health ceded considerable decision-making authority to other ministries and to northern Indigenous communities and political leaders (Burton et al., 2023). These efforts helped create a "shared understanding of Indigenous communities' needs and priorities" in relation to the vaccination campaign (Burton et al., 2023, p. 6). Also involved in this collaborative effort were the Weeneebayko Area Health Authority (WAHA), northern Public Health Units, the Northern Ontario School of Medicine University (NOSMU), Indigenous Services Canada (ISC), the Canadian Rangers, and the Canadian Armed Forces (Burton et al., 2023; ISC, 2022).

The Ontario government and Indigenous leaders set a target of delivering two doses of the COVID-19 vaccine to remote Indigenous communities by the end of April 2021 (Burton et al., 2023). Ornge provided the initial operational and logistical leadership of ORI because of its demonstrated efforts to connect remote communities with the provincial healthcare system

and its extensive experience in working in northern Indigenous communities (Burton et al., 2023). Other organizations stepped in to co-lead the vaccination campaign at various stages of the initiative, including WAHA and ISC. Logistics were coordinated with Indigenous communities prior to each vaccination mission to ensure local input was considered and implemented. Vaccination teams administered vaccines at temporary clinics established in predetermined community sites, as well as in the homes of those who were unable to visit the clinic. Vaccination teams also maintained vaccine records to track adverse events, confirm vaccination status, and follow-up with clients on booster doses (Burton et al., 2023). Students from the NOSMU were deployed in one- to two-week rotations, as part of their "service-learning electives," to assist with administering the vaccines, joined by some faculty members (Mikhail et al., 2023).

The ORI initiative involved three rounds of missions (Burton et al., 2023). The first mission (ORI 1.0), led by Ornge, administered 25,000 doses of the Moderna vaccine to eligible First Nations adults from February to April 2021. The second mission (ORI 2.0), launched in May 2021, was led by WAHA in northeastern Ontario and by Ornge in the northwest region. This mission resulted in 6,000 doses of the Pfizer-BioNTech vaccine for youth aged 12 to 17. ORI 3.0 was launched in November 2021 and concluded in early 2022. It involved a partnership between ISC, WAHA, and the Sioux Lookout First Nations Health Authority, with assistance from the Canadian Air Force and Rangers. Approximately 9,700 doses of the COVID-19 vaccine were administered in this mission, including first, second, third, and pediatric doses (Burton et al., 2023). With the initiative winding down, ORI shifted its focus to offering flexible support to First Nations communities, as needed and upon request by community leadership, including assistance for community-led immunization clinics, testing, and case and contact management (ISC, 2022).

ORI faced significant challenges due to logistical considerations (Burton et al., 2023). To overcome perceptions that Ornge lacked expertise in providing vaccination services, the organization responded by being highly adaptable. They recruited emergency paramedic staff from Ontario's Emergency Medical Assistance Teams and implemented the Incident Management Systems (IMS) Framework – an operational model used by the military which had a clear command structure, clearly defined roles and responsibilities, and vertical and horizontal accountability processes (Burton et al., 2023). The IMS framework was critical for ensuring the rapid deployment of human resources, efficient logistics coordination, and thorough engagement with local communities, while supporting on-the-ground autonomy and flexibility to address unpredictability with the pandemic.

ORI also had to work to overcome the ongoing effects of settler colonialism and pervasive anti-Indigenous racism in the healthcare system. These effects contribute to culturally unsafe health care and a lack of trust in mainstream health services for Indigenous Peoples, which are key barriers to vaccine uptake in this population (Crooks et al., 2023). Many of the staff and volunteers involved in the ORI campaign were not from northern First Nations communities and thus had limited contextual awareness of the geography, cultures, and living conditions First Nations people faced in these remote communities (Burton et al., 2023). Mandatory cultural safety training was thus implemented to mitigate any harmful impacts to vaccine uptake resulting from stereotyping, racism, and/or discrimination. All team members, including students, were required to complete the Ontario Public Service Cultural Safety Training, delivered through the San'yas Indigenous Cultural Safety Training Program (Burton et al., 2023; Mikhail et al., 2023). While instances of racism still occurred

throughout the implementation of ORI, cultural safety training was considered a genuine effort aimed at helping to "protect Indigenous recipients from harmful stereotypes, mitigate casual racism, and address the historical violence that non-Indigenous medical professionals have unleashed on Indigenous communities for many generations" (Burton et al., 2023, p. 14). Task team leaders and vaccine administrators took time to listen to community members who were vaccine-hesitant and to answer their questions. These actions contributed to mutual understanding and building trust between individuals, regardless of whether the individual decided to be vaccinated or not.

The central role that Indigenous leadership played in ORI also helped to foster relationships and build trust (Burton et al., 2023, p. 14). Indigenous leaders were integrated early into the government's Vaccine Distribution Task Force and were involved in decision-making at the provincial level, including in the decision to prioritize vaccine rollout in remote Indigenous communities (Burton et al., 2023). As logistical lead, Ornge prioritized NAN's 12 guiding principles right from the start to ensure that community leaders were integral actors and decision makers in the planning process. They obtained consent on behalf of the community at the start of the ORI campaign and ORI teams worked in partnership with communities throughout the campaign. ORI enlisted communities to co-lead the vaccination efforts, ensured communities had input into logistical operations, and worked closely with Indigenous leaders and chiefs in their efforts to encourage community members to get vaccinated (Burton et al., 2023). To encourage vaccination, influential First Nations community leaders were engaged in public service announcements and educational initiatives about the COVID-19 vaccine, to increase community awareness of the vaccines, combat misinformation, and help overcome any concerns or fears that community members might have had about the vaccine (Mikhail et al., 2023). Such educational campaigns were conducted in the local Indigenous language and took place through door-to-door visits, social media platforms, and community radio. Indigenous leaders were also assigned key roles, such as local Indigenous vaccination site leader, drivers, support for Rangers, and local translators (Burton et al., 2023). Attention was paid to maintaining regular communication with First Nations leaders and chiefs and to respecting their views throughout the campaign (Burton et al., 2023). These actions helped foster relationships and build trust with First Nations community members throughout the ORI.

The ORI operation was considered highly successful by parties involved, with over 800 missions deployed across the three phases[6] of the pandemic (Burton et al., 2023; ISC, 2022). Indigenous Services Canada (2022) identified three key factors that contributed to the ORI's success: dedicated resources and staffing at the community level to support clinic coordination and health promotion; collaboration across all levels of government; and effective cross-organizational communication. A comprehensive evaluation of the ORI identified other factors as critical to the success of the operation (Burton et al., 2023). These included: guidance from Indigenous leaders in the initial design, planning, and execution of ORI; the efficient operational and logistical leadership of Ornge to ensure logistics were adapted to specific local contexts; and the critical trust-building measures implemented by co-leadership (Burton et al., 2023).

[6] These phases corresponded to expansion of the key populations targeted for vaccination, as vaccine doses became more readily available. Phase 1 focused on healthcare workers and high-risk populations, including adult First Nations, Inuit, and Métis populations. Phase 2 corresponded with the expansion of urban Indigenous populations, while Phase 3 opened up vaccination to all eligible Ontarians (Government of Ontario, 2022).

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Métis Nation of Alberta model of COVID-19 vaccination

The Opitemisiwak Métis Government of the Métis Nation within Alberta (MNA) is an Indigenous government that represents the voice of Métis citizens living in Alberta. At the onset of the pandemic, the MNA worked to respond to the needs of its citizens by providing financial and wellness supports, access to personal protective equipment, and ongoing messaging regarding public health orders (King et al., 2022). When vaccines were introduced, MNA also hosted forums on Zoom where community members could talk to experts and ask questions about the vaccines. These forums proved to be an effective tool for enhancing vaccine confidence (K. King & R. Bartel, personal comm., July 2, 2024).

The MNA developed infographics and kept up-to-date information about the pandemic on their website, sharing information from trusted sources in a culturally appropriate way (K. King & R. Bartel, personal comm., July 2, 2024). MNA also administered a survey to identify what Métis citizens knew about vaccines and where they wanted to get them from, which allowed the MNA to tailor information and vaccination programs to citizen's needs.

Additionally, the MNA conducted educational campaigns targeted at populations that were not meeting vaccine targets, such as youth and populations aged 18-37. The most successful of the MNA campaigns was the creation of an Auntie-Virus video, with the character – Auntie – being a giant syringe that battled with COVID-19 (K. King & R. Bartel, personal comm., July 2, 2024). The video begins like a Star Wars movie, with the title – *The rise of Auntie-Virus* – and the message, "The fight against COVID-19 continues. The Métis Nation of Alberta steps up the defense with Auntie-Virus leading the charge. Auntie's secret weapon? The first ever Métis-led COVID-19 vaccine clinic…" scrolling from the bottom of the screen to the top (MNA, 2021). The video then continues with Auntie-Virus (the protagonist) seeking out the COVID-19 virus (the antagonist), who is running and hiding from it. The video ends with an 'epic' battle between these two main characters, with Auntie-Virus emerging victorious,[7] and the message to "book your vaccine now!"

[7] The video can be accessed from **https://www.facebook.com/ABMetis/videos/the-rise-of-auntie-virusweve-stepped-up-the-covid-19-defence-with-auntie-virus-l/447589556467353**.

During Phase 2 of the province's COVID-19 rollout plan, which began on March 15, the MNA initiated plans to operate their own vaccination clinics and expanded vaccination efforts to include younger First Nations, Inuit, or Métis age groups and urban Indigenous populations across the province (King et al., 2022). To do so, the MNA first had to obtain approval from Alberta's Ministry of Health Public Health and Compliance Division and make arrangements with Alberta Health Services (AHS) to ensure AHS staff would be on site to administer the vaccines, especially Métis and First Nation staff. After the necessary approval was received and staffing was confirmed, the MNA's Health Department, working in partnership with the Alberta Ministry of Health and AHS, implemented Canada's first Métis-designed and led immunization clinic in a site in Edmonton (King et al., 2022). Métis-led COVID-19 vaccination clinics were also held in Lac La Biche, Fort MacMurray, Calgary, and a second clinic in Edmonton, to varying degrees of success (K. King & R. Bartel, personal comm., July 2, 2024). Most of the clinics offered only the first dose of the vaccine, in part due to delays in getting approvals for subsequent clinics, leading many Métis to seek out immunization elsewhere. As the first Métis-led clinic held in Edmonton was considered the most successful of the Métis-led vaccination clinics in Alberta, this case study focuses on that specific clinic.

Advertising for the Métis-led clinic occurred at least one week in advance and was targeted specifically to MNA citizens (K. King & R. Bartel, personal comm., July 2, 2024). The clinic prioritized the vaccination of Métis citizens who were considered high-risk, based on clinical assessments, and ran over four days.

Prior to the start of each new clinic day, a team huddle was held to orient any new healthcare staff about why the clinic was important, how colonization and traumas associated with loss of trust tie into the creation of a safe space, and how team members can practice cultural safety. This team huddle contributed to a sense of allyship between Indigenous and non-Indigenous healthcare providers (K. King & R. Bartel, personal comm., July 2, 2024).

Once clients arrived at the clinic, the MNA was responsible for managing all aspects of information, including the verification of Métis status and communication of eligibility for vaccination with clients. AHS staff would review provincial health insurance information to ensure that the immunization was recorded in provincial records and as a final verification of their care eligibility. Métis and First Nations nurses and physicians were on-site to answer clients' questions and alleviate any fears or apprehensions about the COVID-19 vaccine and instill vaccine confidence. Approximately 70% of clients who visited the clinic were Métis, while most others were First Nations (K. King & R. Bartel, personal comm., July 2, 2024).

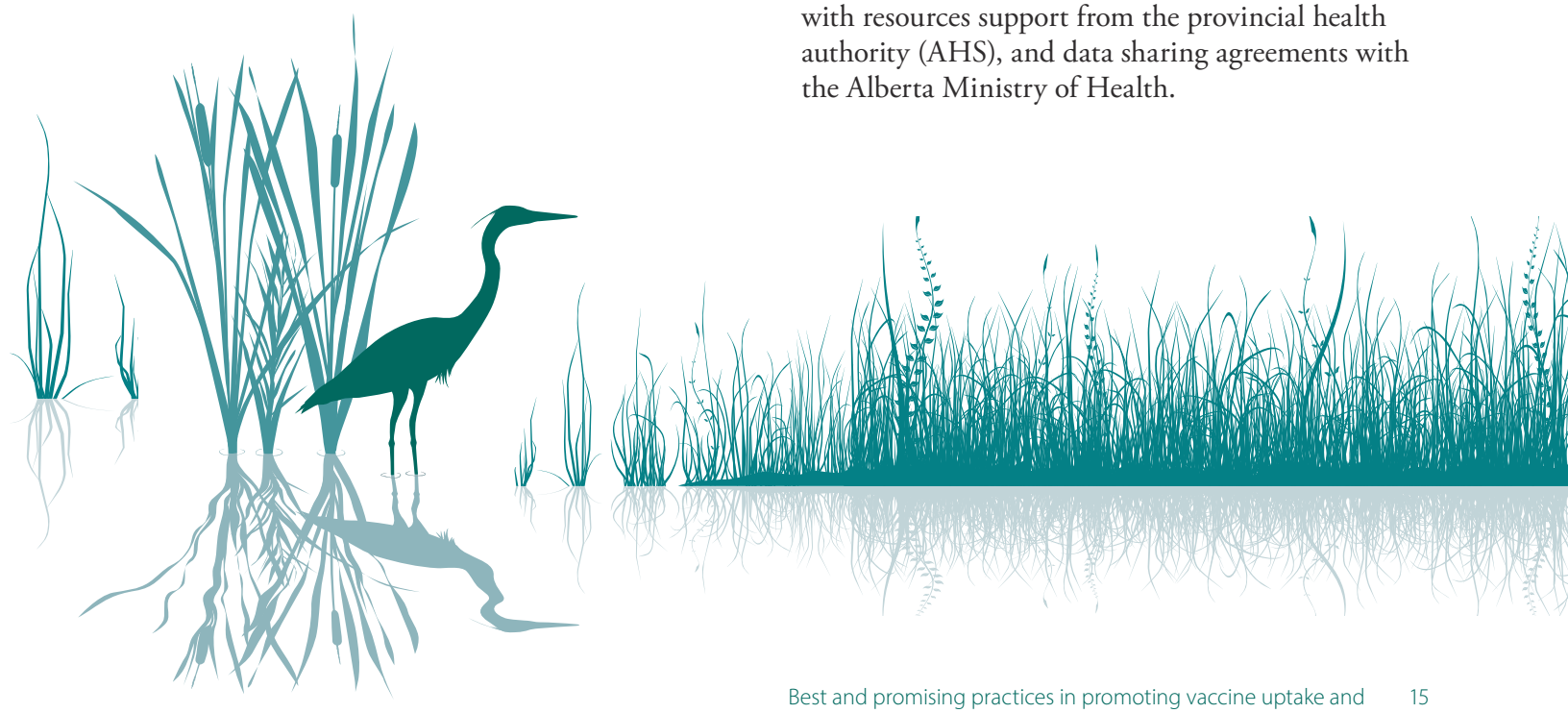
The Métis-led COVID-19 vaccination clinic was unique to AHS-led clinics because of its use of a site known to previously host Métis celebratory events. This placement engrained cultural safety into the clinic's practices (King et al., 2022). As such, cultural safety was promoted at the clinic by:

- ensuring Métis clients had access to Indigenous health professionals, including Métis and First Nation registered nurses and physicians;
- establishing a "locally controlled online and telephone booking experience focused on respecting Métis data sovereignty and honouring Métis experiences;"
- greeting people seeking vaccination as though they were at a gathering rather than an appointment;
- having MNA assist with the confirmation of appointments, eligibility, and completion of the COVID-19 screening questionnaire;
- having MNA staff responsible for public health measures rather than AHS staff or security, including the provision of masks and monitoring adherence to public health measures;
- having low-barrier registration and vaccination services, including for non-Métis family members;
- using MNA navigators to assist people as they transition from one area of the clinic to another;
- having high-profile Métis community leaders demonstrate their commitment to the process by being publicly vaccinated and supporting educational efforts to promote vaccination in the community;
- playing Métis fiddle music and presenting a slide show in the post-vaccination area that highlighted previous community events; and
- sharing a gift of much-loved traditional food (bannock and jam) as participants exited the clinic (King et al., 2022).

Having trusted primary health providers on site allowed Métis community members to ask vaccine-related and personal health-related questions. Moreover, providing visual and auditory cultural entertainment in the waiting area offered clients a sense of familiarity (King et al., 2022). Issues and conflicts that would arise at the clinic were resolved by the MNA in a relational way rather than through security staff (K. King & R. Bartel, personal comm., July 2, 2024). Collectively, these actions helped foster trust between community members and health professionals and increase vaccine confidence. Over the four days the clinic operated, 1,301 people were vaccinated for COVID-19 (King et al., 2022).

While no formal feedback was obtained, event organizers indicated that vaccination coverage in Alberta for the first COVID-19 dose was approximately 86% among Métis people, higher than the provincial average, while the second dose was about the same as the provincial average; however, rates for obtaining a third or fourth dose declined (R. Bartel, personal comm., July 2, 2024). By this time, opportunities to administer subsequent doses grew more challenging as vaccination efforts shifted to pharmacies and government support for Métis-led clinics plummeted.

Nevertheless, social media commentary and MNA videos suggest that clients were overwhelmingly satisfied with the Métis-led clinic (King et al., 2022). The clinic could be considered as a success based on LaFrance and Nichols' (2008) framework of fundamental values that guide Indigenous evaluation methods: "being a people of place," "recognizing our gifts," "honouring family and community," and "respecting sovereignty" (as cited in King et al., 2022, p. 85). The first value was achieved by the location of the MNA clinic, as it was known to host Métis celebrations and was located within the Métis traditional homeland and close to the MNA government headquarters. The second value – "recognizing our gifts" – was met by also building the clinic on traditional kinship relationships, working with volunteers and community members in the organization and delivery of services, and engaging participants through traditional food, music, and support. The third value – "honouring family and community" – was achieved by offering low-barrier registration vaccination services, including for non-Métis family members and carers. The clinic also had Métis community leaders demonstrate their commitment to getting vaccinated. Finally, the fourth value, "respecting sovereignty," was employed by having immunization services led, organized, and delivered by the MNA, with resources support from the provincial health authority (AHS), and data sharing agreements with the Alberta Ministry of Health.



MNA's Métis-led clinic can also be considered a success by several other metrics. At a time when people were feeling incredibly isolated, the clinic had the unintentional outcome of fostering community (R. Bartel, personal comm., July 2, 2024). The clinic also had an unexpected effect for the non-Indigenous staff who helped administer the vaccines. The feeling of being a part of the community that non-Indigenous staff gained from their exposure to Métis culture at the clinic and in the team huddles fostered a strong sense of allyship (K. King & R. Bartel, personal comm., July 2, 2024). Such exposure attests to the value of experiential learning in promoting cultural humility among healthcare providers, which is a key strategy for promoting cultural safety (Cahn & Smoller, 2020; Mattingly, 2022).

However, clinic organizers also identified a key challenge they encountered that could impact the future success of pandemic-related vaccination efforts. While the provincial government provided funding for the Métis-led clinic, the government did not account for the limited capacity within the MNA to conduct their own vaccination clinics. The MNA had no dedicated staff and resources to respond promptly to the COVID-19 public health emergency. Existing MNA staff members thus had to organize the clinic and conduct the vaccination education component of the campaign from the "side of their desks." The clinic organizers therefore call on the provincial and federal governments for continuous, sustainable investments to support the permanency of their emergency management and health promotion teams. Such investment is needed for the MNA to build their capacity to enable them to respond quickly and effectively to future pandemic events (R. Bartel, personal comm., July 2. 2024).

Vaccination challenges and successes in Nunavik

The Nunavik Regional Board of Health and Social Services (NRBHSS) provides health and social services to 14 Inuit communities located in a vast, sparsely populated region (approximately 14,000 residents) in Arctic Quebec. This region is bordered to the west by Hudson Bay, the north by Hudson Strait, and the east by Ungava Bay and Labrador (NRBHSS, 2024a). Vaccine uptake and confidence have been identified as barriers to vaccination in this region. While routine childhood vaccination has been generally well regarded and accepted in Nunavik communities prior to the COVID-19 pandemic, other vaccines have not been as well received (Dubé et al., 2023). For example, uptake of pneumococcal vaccine for children born in 1994-2005 was similar among Nunavik children compared to the provincial average (Cléophat at al., 2014). Likewise Nunavik's Public Health evaluations documented very high rates of complete vaccine coverage for Nunavik children at 24 months for the 1996-1997 and 2010-2011 birth cohorts, at 91.6% and 87.9%, respectively (C. Burdet, personal comm., August 9, 2024). The pandemic has, however, contributed to a documented decline in routine childhood vaccination coverage among young Nunavik children.

For example, only 52.9% of children aged 24 months were deemed adequately protected for measles in February 2024, well short of the targeted 95% vaccination coverage needed to achieve herd immunity (NRBHSS, 2024b). Similar declines were documented in Public Health Nunavik and INSPQ's 2022 evaluation for all childhood vaccines for Nunavik children at 24 months of age, with only 56% having complete coverage (C. Burdet, personal comm., August 9, 2024).

In the case of COVID-19, this lack of acceptance and uptake was reflected in a much lower COVID-19 vaccination rate among residents of Nunavik compared to the average in Quebec. For example, despite being prioritized for the COVID-19 vaccine, as of January 2022, only 55% of eligible Nunavik residents had received two doses of COVID-19 vaccines, compared to 80% of Quebec residents (Nunatsiaq News, 2022).

Several studies have identified barriers affecting vaccine confidence and uptake among residents of Nunavik. Dubé and colleagues (2023) noted a greater reluctance to vaccination among young people in the region. They also identified communication barriers, including lack of adequate information about vaccines – how they work and their safety, culturally inappropriate communication methods; misinformation about vaccines in communities and on social media; and language barriers. Organizational and systemic barriers were also identified, including implementation of a slightly different childhood immunization schedule as compared to the rest of Quebec,[8] the challenges of managing vaccine stocks and vaccine registration due to Internet connectivity issues, particularly in remote locations; the difficulty of reaching people in isolated communities, the lack of trust in mainstream healthcare providers and issues with staff retention; past negative experiences with vaccination and fear of needles; and social norms and peer influence (Burdet, personal comm., August 9, 2024; Dubé et al., 2023).

Nunavik's Public Health Department has been working to better understand and implement actions that will contribute to vaccination successes among Nunavik residents. As such, community-based initiatives were intensified to address the challenges of COVID-19 vaccine uptake among Nunavimmiut[9] (C. Burdet, personal comm., July 26, 2024). In the summer and fall of 2021, the NRBHSS partnered with the Red Cross to conduct door-to-door outreach campaigns in Nunavik communities. Throughout 2021, FM radio shows were hosted in Inuktitut, enabling local residents to voice their concerns and ask questions about the vaccines. Organizers from the Vaccine Preventable Illnesses team noted that these shows were, at times, very intense, lasting up to 3-4 hours, with immunization and pandemic measures being the focus of community debate (C. Burdet, personal comm., July 26, 2024). The radio shows were hosted by well-respected community members and healthcare providers, including a retired nurse who spoke Inuktitut; a prominent community member from Puvirnituq who was recognized for her ability to express complex health concepts, such as collective immunity and mRNA vaccines, in the local language of Inuktitut; and public health immunization advisors who could talk about

[8] Nunavik's schedule includes Bacillus Calmette-Guérin (BCG) vaccine, used against disseminated tuberculosis, and an extra anti-pneumococcal dose at 6 months of age (Burdet, personal comm., August 9, 2024).
[9] The term "Nunavimmiut" means Inuit inhabitants of Nunavik, in the local language of Inuktitut.

the technical and medical aspects of vaccination and COVID-19. In some communities, the radio shows coincided with the arrival of fly-in teams of immunizers and Red Cross teams who supported community-based vaccination efforts. Other prominent community members, such as mayors, town managers, nurses, and other important local figures, would sometimes join in as "hosts" on the radio shows or join the call-in broadcasts as participants. While there are no evaluations indicating the success of these efforts, the radio shows did enable community-wide dialogue during a time of social distancing, "social bubbles," and vaccination passports.

Nunavik's Public Health Department has also been implementing and partnering on initiatives to promote childhood vaccines among Nunavimmiut to respond to the decline in vaccine coverage for two-year olds in the wake of the COVID-19 pandemic (C. Burdet, personal comm., July 26, 2024). The NRBHSS Public Health's Vaccine Preventable Illnesses Team partnered with researchers at Laval University and the Institut national de santé publique du Québec to identify the root causes of this decline and the barriers and drivers to childhood immunization among Nunavimmiut. Among many findings, the study noted that Inuit collaborators (e.g., interpreters, public health officers, midwives, community wellness workers) expressed difficulties in accessing Inuktitut vocabulary to talk about vaccination and concepts of immunity, which posed a barrier to engaging in conversations on vaccines and helping Nunavimmiut to make informed choices in immunizing their children.

To address this barrier, Public Health's Vaccine Preventable Illnesses Team has been conducting focus groups with Inuit from both coasts of Nunavik who are recognized by their peers as knowledgeable in Inuktitut and health concepts to select and devise appropriate terms to express concepts related to vaccines, in the hope that these terms can become a useful tool to respectfully engage Nunavimmiut (on the full vaccine-hesitancy spectrum) in conversations about vaccines (C. Burdet, personal comm., July 26, 2024). For instance, researchers have identified that a word commonly used to say "vaccination" in Inuktitut translates into "to stab." As "to stab" is not very 'child-friendly,' the Vaccine Preventable Illnesses Team is working on an alternative, more 'friendly' and accurate term. It is therefore anticipated that the development of this language tool may make a real difference for vaccination practices and confidence among Nunavimmiut (C. Burdet, personal comm., July 26, 2024).

Conclusion

The case studies presented here highlight some common themes in facilitating vaccine uptake and promoting vaccine confidence among First Nations, Métis, and Inuit populations. In particular, the case studies highlight the importance of building relationships and trust between health service providers and clients and involving Indigenous leadership in all aspects of a public health campaign, from instigation, to planning, through to implementation and evaluation. To ensure that educational information about vaccination resonates better with Indigenous communities, the case studies demonstrate that strategies must support and provide a platform for Indigenous leaders and Elders to lead as role models and trusted messengers, and culturally appropriate media and messaging in health promotion must be used. Other strategies to improve vaccine uptake include deliberate and effective cross-jurisdictional and organizational collaboration (Burton et al., 2023); incorporation of Indigenous knowledge into programming (Burton et al., 2023; Rattlesnake & Morin, 2023); and low-barrier registration and immunization services (King et al., 2022). Building vaccine programs using holistic, wrap-around, and culturally appropriate approaches also proved effective to remove cultural barriers to vaccine uptake (Rattlesnake & Morin, 2023).

The case studies emphasize the need for community-based approaches, tailored to the unique circumstances of specific Indigenous populations. This need is exemplified in Nunavik's ongoing development of a language tool to address barriers to vaccine uptake. A culturally safe environment and trusted healthcare providers are key facilitators to promoting vaccine uptake among Indigenous populations. As such, there is also a need to address any inequities in funding and reduced capacities that some Indigenous organizations, like the Métis Nation of Alberta, may face that could impede their ability to develop and administer their own vaccination campaigns in the future. All Indigenous organizations must have sustainable support to build their human resource and financial capacity and ensure their preparedness for the next public health emergency.

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Talk to others in your community, reflect on the content of this fact sheet, and contemplate how you could make a difference in the health and well-being for yourself, your family or your community.

ENGAGE

Find local friendship centers, community organizations or groups where you can volunteer or participate in healthy positive actions. You too can share knowledge and make a difference in the health and well-being of First Nations, Inuit, and Métis Peoples' of Canada.

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