



## Recommendations for Pandemic Planning, Response and Communication

The NCCAH looked through the many scientific and medical studies that emerged on the H1N1 influenza pandemic. From these, recommendations for future strategies to decrease the spread and severity of such outbreaks in Indigenous populations were noted. Grouped into three categories, the recommendations include preventive planning, effective emergency response, and communication.

### Preventive Planning

Pandemic planning is needed so that there are strategies in place for responding to health emergencies. It is also about preventing people from becoming ill in the first place. The H1N1 pandemic highlighted the unique needs and characteristics of Indigenous communities. For example, the delivery of health care services in some communities is shared by different levels of government. There are limited resources available within Indigenous communities, especially remote ones, to respond to outbreaks. As well, there are socio-economic disadvantages experienced by Indigenous people and communities that can contribute to the spread of illness. Therefore recommendations for preventative planning need to address these, among other, characteristics of Indigenous communities, like:

- improving housing conditions in Indigenous communities;
- guaranteeing equal access to the social and material goods that are necessary for protecting against infectious diseases like H1N1 influenza (e.g. clean running water and hand sanitizers);
- empowering communities with programs designed to reverse the social conditions that are at the root of health inequalities;
- increasing health care resources;
- developing culturally appropriate policies in partnership with Indigenous communities, and empowering their active involvement to take action on prevention strategies; and
- prioritizing vaccination for vulnerable populations, including Indigenous people.

### Effective emergency response

Strategies for disease control for rural and remote Indigenous communities are different than those needed in urban centres. Once individuals become infected, illness can spread rapidly in such communities and measures need to be taken to slow the spread of illness. Recommendations in this category include:

- **Making sure that medical resources and supplies are distributed to isolated communities in a timely fashion;** that there is a constant store of pandemic supplies; that medicines have long expiry dates for stocking; that communities have emergency funds to buy supplies; that governments come together to make better distribution plans; and that ICU resources are extended to isolated communities.
- **Improving access to health care;** ensuring health care workers give up vacation time during pandemic emergencies; recruiting full-time, permanent and culturally-competent nurses; sending diverse health care workers to communities during pandemic emergencies (e.g. mental health workers, respiratory therapists, disease educators etc.); and securing funding to set up additional health care sites during pandemics as needed.
- **Improving governmental collaboration and coordination; responding quickly and aggressively to pandemics in Indigenous communities;** enacting strategies to ensure better governmental communication; involving community in the development of local pandemic plans (incorporating medical and non-medical measures, local values and culture, First Nations holistic approaches to health; and plans for mass fatalities).
- **Improving surveillance; finalizing agreements to share surveillance information across jurisdictions in future pandemics;** facilitating research to inform decision-making during urgent public health threats; finding ways to communicate complex scientific information for better planning and decision-making.
- **Implementing public health interventions aimed at ensuring rapid diagnosis, early treatment, and aggressive mitigation of the spread of influenza pandemics like H1N1 in vulnerable populations.**

## Communication

Information received by Indigenous communities during the first wave of the 2009 H1N1 influenza pandemic was often misleading, contradictory, or inconsistent. Recommendations to improve the development and communication of messages include:

- ensuring messages are clear and consistent, and employ a variety of forms;
- timing is critical. Messages sent out after the peak of the pandemic do not indicate urgency among the public;
- utilizing a targeted approach. Include community realities and challenges instead of a one-size-fits-all approach;
- in communities which have historically been marginalized and where trust may be lacking, ensuring messages are reliable in order to build trust as well as instruct and inform;
- funnelling all information through one reliable source so that one consistent message is delivered;
- making communities equal partners in the planning and communicating of pandemic messages to establish legitimacy to and culturally-specific information, identify difficulties in reaching the community, and shift historical power imbalances; and
- delivering messages by local, or in-community, representatives so they resonate more with community members.

## Summary

There are many pieces and players that need to come together to improve pandemic planning and response in rural, remote and isolated Indigenous communities. Not only does the process of pandemic planning need to involve Indigenous communities, government and health professionals, it also needs to recognize and understand the unique characteristics of Indigenous communities. The H1N1 influenza outbreak was a reminder that there are specific factors that make rural, remote and isolated Indigenous communities more vulnerable to illnesses, not the least of which are the deep social, economic, political, and health services inequities they continue to experience. Responding to pandemics in Indigenous communities requires better systems for tracking and reporting of outbreaks. It involves improved communication and collaboration by, with and between government, health workers and Indigenous communities. Measures have to be in place so that all communities, regardless of location and material resources, are able to quickly access supplies and health services. Clear guidelines for health and government workers need to be established on how to work within the context of the unique characteristics of Indigenous communities. Different levels of community and government have to know their roles and responsibilities during an outbreak. All of these combined components of pandemic planning and response will better situate Indigenous communities to deal with future pandemic crises quickly, aggressively, and appropriately.

The three papers in this series include:

1. The 2009 H1N1 influenza pandemic among First Nations, Inuit and Métis peoples in Canada: Epidemiology and gaps in knowledge
2. Determinants of the prevalence and severity of influenza infection in Indigenous populations in Canada
3. Pandemic planning in Indigenous communities: Lessons learned from the 2009 H1N1 influenza pandemic in Canada



Additional NCC documents in this series are available at: <http://nccid.ca/collection/influenza/>



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