



COVID-19: Indigenous resilience, a lever to support

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Notice

This document was written in a short period of time and is based on knowledge from previous work carried out by the Institut national de santé publique du Québec (INSPQ), from which certain excerpts have been taken in full, as well as on a non-exhaustive summary review and analyses of the scientific literature. The findings presented in this document may need to be reviewed as the scientific knowledge related to the current pandemic develops.

This document addresses public health authorities, particularly those who work with Indigenous populations.

Summary

The COVID-19 pandemic and its economic and social repercussions have highlighted the social and health inequalities that make Indigenous communities particularly vulnerable to the pandemic and its impacts.

In response to COVID-19, representatives from Indigenous communities and organizations have quickly taken measures and applied their knowledge to protect the people in their communities, especially elders and individuals with chronic illnesses. The strategies used are based on known community resilience factors: frequent and appropriate communication, strong local leadership, protection of and access to the territory, a response tailored to the needs of the community, and maintenance of family and social ties.

Focusing on community resilience may be a promising avenue for protecting the health and well-being of Indigenous people in Québec and around the world. Community resilience will be fostered by actions that:

- Consider the health of Indigenous populations from a holistic health perspective.
- ▶ Inform Indigenous people of their population's overall situation in regard to COVID-19 to better equip them to promote health measures and prevent infections and outbreaks in the communities or among people who visit them.
- ▶ Support a process to ensure the cultural safety of healthcare and services in order to improve access for Indigenous individuals with healthcare and social services needs.
- ▶ Broadly document/evaluate community resilience by examining the interaction between different resilience factors.



Introduction

In this brief document, we address Indigenous health in the context of the COVID-19 pandemic from a perspective of community resilience and the methods implemented by actors from Indigenous communities and organizations to protect the people in their communities. Based on an overview of the scientific and grey literature, as well as concrete examples shared in various forums (see the methodology in *Annexe 1*¹), this document aims to:

- ▶ Present an overview of the social and health inequalities that could increase Indigenous vulnerability to COVID-19.
- ▶ Characterize community resilience in Indigenous communities.
- ▶ Describe the initiatives put in place by Indigenous communities in Québec and around the world to protect against, prevent, and mitigate the impacts of COVID-19 on the population.

Indigenous health in the COVID-19 pandemic: addressing inequalities

In a pandemic context, social and health inequalities make Indigenous communities particularly vulnerable to COVID-19 and its impacts (1–9). In Québec, across Canada, and in the rest of the world, Indigenous people experience living conditions that have significant impacts on their health and well-being and that share similar negative historical causes (see Box 1).

- ▶ The social and economic development in many Indigenous communities is limited, which has led to unemployment, economic poverty, low education levels, and structural problems such as lack of infrastructure and adequate housing (8, 10).
- ▶ The geographical remoteness of some Indigenous communities from regional centres prevents people's access to certain public services and consumer goods, like fresh, healthy, and low-cost food (11–13).
- ▶ Indigenous people, especially those living in or visiting cities, may be victims of racism and discrimination like other racialized groups (14–19).
- Social inequalities have major impacts on the health of Indigenous populations (20).

Box 1: Historical causes for Indigenous vulnerability factors

Historical causes are increasingly cited by researchers and experts to explain social and health inequalities faced by Indigenous communities, which were subjected to European colonization around the world (14, 21–23).

Colonization is reflected in the laws, programs, and assimilation policies implemented by the Canadian government (Indian Act, residential schools, Sixties Scoop, etc.), and administered by other levels of government, with the aim of eliminating Indigenous languages, cultures, traditions and family ties in favour of adopting Western norms, values, beliefs and practices (14, 20, 24). These policies have considerably hindered Indigenous communities' social and economic development (25). Moreover, experts draw a link between discriminatory policies toward Indigenous people with the persistent health gaps that keep up between Indigenous and non-Indigenous people (20, 24, 26–29). The legacy of colonization continues to plague government policies that struggle to close the gaps of Indigenous health and living conditions. The structural scope of discrimination toward Indigenous people (8) (employment, health, housing, education, etc.) perpetuates social inequality and the intergenerational transmission of trauma (30–32).

Appendices have not be translated, please refer to the French version of this document at: https://www.inspq.qc.ca/publications/3075-resilience-autochtones-covid19

Socially vulnerable groups are more often in environments that are not particularly conducive to adopting protective measures against COVID-19, such as physical distancing, in addition to having limited access to medical care and quality information (33, 34). Table 1 illustrates the challenges faced by Indigenous peoples in the pandemic.

Table 1 COVID-19 challenges for Indigenous peoples

Challenges	Examples	
High prevalence of chronic illnesses	The high levels of health problems among Indigenous populations may make them more susceptible to COVID-19-related complications (5, 7).	
Compliance with protective measures	Housing that is small, poorly ventilated, overcrowded, or lacking access to drinking water renders it difficult to adhere to protective measures such as physical distancing, handwashing, and isolating infected individuals (35).	
Access to information	Access to information for protection and prevention in Indigenous languages is uncommon, even though Indigenous languages are still spoken fluently in Québec, Canada (36), and other parts of the world (37).	
Access to medical care	Health and social services resources are limited in certain communities (13). Geographical remoteness may limit or restrict access to treatment in cases of illness or complications (13). Access to healthcare and social services may be limited by availability of resources, historical experiences with healthcare systems, and contemporary negative interactions (13, 14, 19, 25, 38–41).	
Economic impacts	The economic implications of the protective measures in place can strain the capacity of Indigenous people to meet their financial obligations or essential needs (42).	
Psychosocial impacts	Mental health disparities are observed between Indigenous and non-Indigenous people (43). The psychosocial implications of the pandemic could aggravate these disparities (44).	

Fearing the repercussions of COVID-19 on their communities, and basing their actions on their knowledge of and experiences with previous health crises, Indigenous peoples in Québec and around the world have actively mobilized their communities in response to health directives by adapting measures and putting forward innovation solutions that align with their view of the world.

Indigenous community resilience

A number of researchers and experts suggest that to protect communities' health and well-being in a pandemic, the focus not only be placed on individual support and services, but also on the various social contexts and the ways in which these contexts influence social inequalities in health, including mental health (45, 46). In this regard, intervention models that include elements that reinforce community support and implement actions that promote community resilience have shown positive results (6, 47–50). A definition of community resilience is proposed in Box 2.

Box 2: What is community resilience?

Community resilience is the capacity of a community's members to adapt to an environment of change, uncertainty, unpredictability, and surprise by mobilizing community resources. Members of resilient communities intentionally develop individual and collective capacities to respond to change, support the community, and develop new trajectories to ensure the future and prosperity of their community (56). When facing adversity, communities that are able to limit risk factors and increase resilience factors seem to develop a greater capacity to weather disturbances (51). Some conditions are required to achieve this:

- Recognition and commitment of community resources to respond to crises while respecting the principles of equity and inclusion
- ▶ The community members' participation in researching flexible solutions adapted to the situation
- Strong local leadership that coordinates efforts and prioritizes deliberation, planning, innovation, collective learning, and sharing expertise to achieve community objectives
- ▶ Highlighting the results and successes achieved by the community in response to the crisis

Source: https://www.inspq.qc.ca/sites/default/files/covid/3016-resilience-cohesion-sociale-sante-mentale-covid19.pdf (52)

Beyond the distinctiveness and diversity of Indigenous peoples, their community resilience draws its strength from Indigenous cultures. These cultures are part of a relational worldview that develops with the interactions between the individual and their environment, and they are grounded in values, knowledge, practices, and experiences (39, 53–60).

Culture is the foundation of individual and collective identity. Family, language, territory, and a holistic view of health (including a balance between spiritual, emotional, physical, and mental dimensions) are significant identity markers for many Indigenous peoples around the world. Along with governance, they are considered determinants of Indigenous health and well-being. These markers also play a role in the rehabilitation of Indigenous cultures and in this sense, constitute resilience factors (39, 54, 60–62).

Scientific evidence², including systematic reviews, supports that actions based on community resilience factors rooted in the culture can facilitate communities' adaptation and as a result, contribute to protecting individuals from anxiety, depression, suicide attempts, domestic violence, and the use of alcohol, tobacco, and substances (54, 61, 63, 64).

Promising strategies in an Indigenous context

In response to COVID-19, representatives from Indigenous communities and organizations in Québec and elsewhere have quickly taken measures and applied their knowledge to protect their people, especially elders and individuals with chronic illnesses, in accordance with the protective measures adopted by government public health authorities. Some strategies implemented based on known resilience factors are presented in Table 2. They were selected using the results of scientific monitoring (see *Annexe 1*³) and research on the websites of government agencies and Indigenous organizations (6, 65–78). This list is not exhaustive.

These strategies are examples of applying community resilience factors recognized in the scientific and grey literature (51, 59, 79–81), particularly those applied to protection (82), and recently cited in COVID-19 guidance documents (6, 47, 49, 83, 84). They are promising avenues, the effects of which are to be monitored in the current context. Available empirical analyses mainly address specific factors, studied in isolation from one another, without considering the interactions between them. As community resilience is a multifactorial

² See Annexe 2 for details on the references used, categorized by level of evidence.

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concept, these data provide only a partial view of the situation. An analysis that takes these interactions into account could better determine resilience potential and should be more widely studied (81, 82, 85).

The publications analyzed, including two systematic reviews, demonstrate that communication, leadership, protection of and access to the territory, adaptation to community needs, and the maintenance of family and social ties may contribute to the resilience of Indigenous communities during the COVID-19 pandemic (61, 82, 84). In addition to discussing strategies to promote community resilience, a number of the publications consulted propose methods for adapting these strategies for a pandemic, as reported in the second column of the table. It should be noted that the level of scientific support for these methods was not assessed.

Table 2 Examples of initiatives implemented by Indigenous people in response to COVID-19 according to resilience factor

Resilience factors	Examples of strategies initiated by Indigenous people to ensure the health and well-being of the population in the COVID-19 context	
Frequent and appropriate communication	Communication, education, and awareness raising: Dissemination of messages from the provincial and federal governments on online platforms in their original version or translated into an Indigenous language (6) (67) (68) (73) Adaptation of communication tools that are based in Indigenous concepts of health	COVID-19 — CONSEILS SANTÉ Voici 9 conseils pour vous garder en santé physique et mentale contre le virus de la COVID-19. 1. Lever voe maleur de la covid-19. 2. Cardez use distance deux mêtres avec deux mêtres avec les autres deux mêtres avec les autres les serven (20 secondes) 1. Partiquer ou faire les deux mêtres avec les parties ever coups fort et les mentales et en coups fort et les mentales et en coups fort et les mentales et en coups fort et la labez-de par la faire les mentales de votre mulsion seudement d'air partie et s'autre coups fort et la montale de la mentale de la m
	Dissemination of information points and public notices, in collaboration with public health authorities Community meetings in Indigenous first languages; pamphlets; radio shows; WhatsApp; social media (66)	Source: First Nations of Québec and Labrador Health and Social Services Commission (75)

Table 3 Examples of initiatives implemented by Indigenous people in response to COVID-19 according to resilience factor (cont'd)

Resilience factors	Examples of strategies initiated by Indigenous people to ensure the health and well-being of the population in the COVID-19 context	
Strong local leadership Governance and crisis management:		
	Strategic leadership (86)	
	Community meetings, establishing decision-making committees, documenting collective decisions (6) (66) (69)	
	Coordinating with regional governments and public health authorities (76)	
Protection of and	Safety and control of access:	
access to the territory	Temporarily closing communities through road and airport checkpoints (66) (70) (71) (87)	
	Preventative isolation of residents and workers returning to the community (77)	
	Access to the territory:	
	Granting permission for stays on the territory (88)	
	Subsistence and food security (e.g. hunting, fishing, and trapping) (89)	
A response adapted to the community's needs	Housing assistance to facilitate physical distancing:	
	Renting temporary accommodations outside communities to house individuals who are infected or in a situation of domestic violence, or to reduce the number of people living in a shared household (66)	
	Healthcare accessibility:	
	Testing clinics in communities (66)	
	Continuation of medical appointments (telemedicine or mobile clinics) to avoid travel in atrisk areas	
	Reducing fears of stigmatization (65)	
Maintained family and	Social support:	
social ties	Support for families and elders (78) (72)	
	Organizing virtual gatherings (e.g. powwows)	
	What about gathering and participating in ceremony?	
	Those who do not have symptoms of the virus may want to gather and participate in ceremony. Consider the following when making this decision:	
	→ Assess the risk in your own community and ask what is appropriate. Consider your own risk and how it could affect others; now is a time to protect Elders and ceremonial people.	
	 → Gathering in enclosed spaces with many people is not a good idea at this time; small groups, outside, maintaining distance with no touching or hugging is a better option. 	
	 → Do ceremonies as a family. Avoid multiple households coming together at this time. → Participate in the National calls for prayers, pipe ceremonies, jingle dress dancers with others from across Turtle Island with your family in your own home. We are stronger together. 	
	Source: Idle No More and Indigenous Climate Action (78)	

Findings and some suggestions for the second wave

Globally, the available data appears to demonstrate that Indigenous people have been, up until now, relatively spared by the pandemic (86, 90). At this time, as concerns are mounting about the impact of a second wave on the population's well-being and the effect of pandemic fatigue (91), community resilience appears to be a promising avenue (52). Certain conditions/actions that have emerged from the literature and from experiences in the first wave seem to support Indigenous community resilience.

- ▶ Consider the health of Indigenous populations from the standpoints of protection as much as that of the promotion of well-being through a holistic health perspective (92, 93).
- ▶ Inform Indigenous people of their population's COVID-19 assessment to better equip Indigenous organizations to promote health measures and prevent infections and outbreaks in Indigenous communities or among people who visit them (7, 69, 94).
- ▶ Begin the process of cultural safety in healthcare and services to improve access for Indigenous individuals with healthcare and social services needs (95, 96).
- ▶ Broadly document/evaluate community resilience, and examine the interactions between different resilience factors (81, 82, 85).

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